OPTION LETTER #7

State Agency	Option Letter Number		
Department of Health Care Policy and Financing	7		
Contractor	Original Contract Number		
Rocky Mountain Human Services	21-160441		
Current Contract Maximum Amount	Option Contract Number		
No Maximum for any SFY	21-160441OL7		
	Contract Performance Beginning Date		
	July 1, 2020		
	Current Contract Expiration Date		
	June 30, 2024		

1. OPTIONS:

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

36. 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(s) 8.1.2 of Exhibit B-2, Statement of Work, of the Original Contract referenced above, the State hereby exercises its option to modify the Contract rates specified in Section 8.1.1. The Contract rates attached to this Option Letter replace the rates for the deliverables identified in the table below, in the Original Contract as of the Option Effective Date of this Option Letter. No other rates in this contract will be changed.

37. OPTION EFFECTIVE DATE:

A. The Effective Date of this Option Letter is upon approval of the State Controller or 07/01/2023, whichever is later.

	In accordance with C.R.S. §24-30-202, this Option is not valid		
STATE OF COLORADO	until signed and dated below by the State Controller or an		
Jared S. Polis, Governor	authorized delegate.		
Department of Health Care Policy and Financing	STATE CONTROLLER		
Kim Bimestefer, Executive Director	Robert Jaros, CPA, MBA, JD		
By:	By:		

ADMINISTRATIVE FUNCTION RATE TABLE			
DESCRIPTION	RATE	FREQUENCY	
Operations Guide	\$ 7,750.55	One Time Payment per Initial	
Operations Guide Update and Summary	\$ 1,394.16	Each Annual Update	
Complaint Trend Analysis	\$ 3,781.41	Per Quarterly Deliverable	
Continuous Quality Improvement Plan	\$ 496.78	Per Plan	
Critical Incident Reporting	\$ 1.58	Per Month Per Enrollment	
Critical Incident Follow-Up Completion Performance Standard	\$ 2,405.78	Per Quarter	
Case Management Training	\$ 636.03	Per Bi-Annual Deliverable	
Committee Updates		Per Bi-Annual Deliverable	
Appeals – Creation of Packet	-	Per Appeal Packet	
Appeals - Attendance at Hearing		Per Appeal Hearing Attended	
Initial Level of Care Screening and Assessment	.	Payment per Assessment	
Continued Stay Review – Level of Care Screening and Assessment	\$ 193.28	Payment per Assessment	
Monitoring	\$ 102.69	Payment per Monitoring Visit (Up to 2 Visits per Year)	
On-Going Case Management Tier One (1-700)	\$ 94.16	Monthly, Payment per Member per Activity	
On-Going Case Management Tier Two (701-2750)	\$ 89.59	Monthly, Payment per Member per Activity	
On-Going Case Management Tier Three (2751+)	\$ 77.09	Monthly, Payment per Member per Activity	
Rural Travel Add-On (Initial, CSR, In-Person	\$ 36.73	Payment per Activity	
Monitoring) for Rural and Frontier Counties			
Initial Level of Care Screen	\$ 206.15	Per Screen	
Annual Reassessment - Level of Care Screen	\$ 191.79	Per Screen	
Initial Needs Assessment - Required Questions Only	\$ 260.28	Per Assessment	
Annual Reassessment Needs Assessment - Required Questions Only	\$ 244.31	Per Assessment	
Initial Needs Assessment – Voluntary Questions Included	\$ 325.36	Per Assessment	
Annual Reassessment Needs Assessment – Voluntary Questions Included	\$ 310.93	Per Assessment	
Completed Training on Colorado Single Assessment	Upon	Calculated Allocation	
and Person-Centered Support Plan Instruments Training	Training		
on the Care and Case Management Information	Completion		
Technology System (CCM), Assessment, and Support Plan Instruments			
Completed Case Management Training on the Care and Case Management (CCM) Information Technology	Upon Training	Calculated Allocation	
system	Completion		