

OPTION LETTER #4

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| State Agency Department of Health Care Policy and Financing | Option Letter Number 4 |
| Contractor Rocky Mountain Human Services | Original Contract Number 20-134771 |
| Current Contract Maximum Amount | Option Contract Number 20-134771OL4 |
| State General Fund Programs Initial Term State Fiscal Year 2019-20 \$23,302,027.00 | Contract Performance Beginning July 1, 2019 |
| Extension Terms State Fiscal Year 2020-21 \$19,864,414.00 State Fiscal Year 2021-22 \$20,329,819.00 <i>Estimated Contractor Share</i> \$3,603,495.83 State Fiscal Year 2022-23 \$20,682,930.00 <i>Estimated Contractor Share</i> \$4,137,645.41 State Fiscal Year 2023-24 \$0.00 Total for All State Fiscal Years \$84,179,190.00 | Current Contract Expiration Date June 30, 2023 |
| 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 \$0.00 Total for All State Fiscal Years \$13,987,645.00 | |

1. OPTIONS:


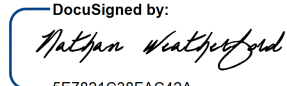
- A. Option to extend for an Extension Term
- B. Option to modify Contract rates

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, 2022 and ending on the current contract expiration date shown above, at the rates stated in the Original Contract, as amended.
- B. In accordance with Exhibit A-4, Section 7.6.4 of the Original Contract referenced above, the State hereby exercises its option to modify the Contract rates specified in Exhibit A-4, Statement of Work, Section 7.6.3. 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, 2022, whichever is later.

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| <p style="text-align: center;">STATE OF COLORADO Jared S. Polis, Governor Department of Health Care Policy and Financing Kim Bimestefer, Executive Director</p> <p style="text-align: center;">DocuSigned by:  B1B18782AC11437...</p> <p>By: _____ Date: <u>5/20/2022</u></p> | <p>In accordance with C.R.S. §24-30-202, this Option is not valid until signed and dated below by the State Controller or an authorized delegate.</p> <p style="text-align: center;">STATE CONTROLLER Robert Jaros, CPA, MBA, JD</p> <p style="text-align: center;">DocuSigned by:  5E7821C38FAC42A...</p> <p>By: _____ Option Effective Date: <u>5/20/2022</u></p> |
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| ADMINISTRATIVE FUNCTIONS RATE TABLE | | |
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| Description | Rate | Frequency |
| Operations Guide | \$7,748.02 | Annually – Year 1 of the Contract |
| Operations Guide Update | \$1,384.15 | Annually – Years 2, 3, 4, and 5 of the Contract |
| Community Outreach Plan | Small Agency: \$1,295.21 Medium Agency: \$2,384.52 Large Agency: \$3,473.83 | Annually |
| Complaint Trend Analysis | Small Agency: \$1,558.72 Medium Agency: \$2,099.98 Large Agency: \$2,640.29 | Quarterly |
| Critical Incident Reporting | \$6.13 | Monthly, Per Member Enrolled |
| Critical Incident Follow-Up Performance Standard | \$3,359.99 | Quarterly |
| Case Management Training | \$630.53 | Semi-Annually |
| Appeals – Creation of Packet | \$516.68 | Per Packet |
| Appeals – Attendance at Hearing | \$477.18 | Per Hearing |
| Human Rights Committee | \$5.78 | Monthly, Per Member Enrolled |
| Waiting List Management | \$92.75 | Per Contact |
| IDD Determination – Non-Medicaid | \$436.70 | Per Determination |
| Delay Determination – Non-Medicaid | \$259.81 | Per Determination |
| Expedited DD Determination Testing for PASRR Level II Evaluations | Actual Costs Up to \$467.59 | Per Evaluation |
| Initial Level of Care Screening And Assessment | \$229.87 | Per Screening and Assessment |
| Continued Stay Review (CSR) – Level of Care Screening And Assessment | \$208.02 | Per Screening and Assessment |
| Rural Travel Add-On (Initial, CSR, Pilot Screen, Pilot Assessment) For Rural Counties | \$36.41 | Per Initial or CSR |
| HCBS-CES Application Initial | \$183.90 | Per Application |
| HCBS-CES Application CSR | \$138.75 | Per Application |
| SIS Assessment | \$347.06 | Per Assessment |
| HCBS-CHRP ICAP Assessment | \$160.62 | Per Assessment |

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| IDD Determination | \$445.92 | Per Determination |
| Delay Determination | \$265.30 | Per Determination |
| Pilot – Initial Level of Care Screen | \$204.37 | Per Screen |
| Pilot – Continued Stay Review (CSR) – Level of Care Screen | \$190.13 | Per Screen |
| Pilot – Initial Basic Needs Assessment | \$258.03 | Per Assessment |
| Pilot – Continued Stay Review (CSR) – Basic Needs Assessment | \$242.19 | Per Assessment |
| Pilot – Initial Comprehensive Needs Assessment | \$322.54 | Per Assessment |
| Pilot – Continued Stay Review (CSR) – Comprehensive Needs Assessment | \$308.24 | Per Assessment |
| Soft Launch Training on the Care and Case Management Information Technology System (CCM), Assessment, and Support Plan Instruments | Calculated Allocation | Upon Training Completion |
| HCBS-DD Waiting List Enrollment Capacity Building | \$1,214.82 | As Authorized |
| Training on the Care and Case Management Information Technology System (CCM), Assessment, and Support Plan Instruments | Calculated Allocation | Upon Training Completion |
| Continuous Quality Improvement Plan | \$492.49 | Per Plan |

| STATE GENERAL FUND PROGRAM RATE TABLE | | |
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| Description | Rate | Frequency |
| State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Investigation: MANE | \$332.36 | Per Incident |
| State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Investigation: Non-MANE | \$44.46 | Per Incident |
| State SLS, OBRA-SS, and FSSP Human Rights Committee | \$119.67 | Per Packet |
| State SLS and OBRA-SS Complaints Trend Analysis | Small Agency: \$124.02 Medium Agency: \$166.04 Large Agency: \$210.06 | Quarterly |
| State SLS and OBRA-SS CIRS Trend Analysis | Small Agency: \$203.90 Medium Agency: \$329.30 Large Agency: \$477.20 | Quarterly |
| State SLS Ongoing Case Management | \$138.78 | Monthly, Per Member Enrolled |
| State SLS In Person Monitoring | \$100.70 | Per Contact |
| State SLS Expenditure Report | Small Agency: \$382.08 Medium Agency: \$481.87 Large Agency: \$595.62 | Monthly |
| OBRA-SS Ongoing Case Management | \$133.06 | Monthly, Per Member Enrolled |
| OBRA-SS In Person Monitoring | \$100.70 | Per Contact |
| OBRA-SS Expenditure Report | \$351.76 | Monthly |
| FSSP Ongoing Case Management | \$79.04 | Monthly, Per Member Enrolled |
| FSSP Needs Assessment | \$31.65 | Per Assessment |
| FSSP Expenditure Report | Small Agency: \$280.44 Medium Agency: \$399.65 Large Agency: \$529.77 | Monthly |
| FSSP Support Council Meetings | \$398.15 | Up to Six Annually |
| FSSP Annual Report | \$591.84 | Annually |
| FSSP Program Evaluation | \$503.70 | Annually |
| State SLS and OBRA-SS Rural Travel Add-on (ISP, Monitoring) for Rural Counties | \$35.66 | Per In-Person ISP and Monitoring Contact |