# **OPTION LETTER #5**

State Agency		Option Letter Number
Department of Health Care Policy and Fina	ncing	5
Contractor		Original Contract Number
Developmental Disabilities Resource C	enter	20-134775
Current Contract Maximum Amount		Option Contract Number
		20-134775OL5
State General Fund Programs		Contract Performance Beginning
Initial Term	<b>***</b>	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	\$1,650,677.00	
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: Jim Simustifut By: DocuSigned by: A/18/2023 | 19:48 PDT Date: Dotion Effective Date: DocuSigned 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. STATE CONTROLLER Robert Jaros, CPA, MBA, JD By: DocuSigned by: A/19/2023 | 07:52 PDT Option Effective Date: A/19/2023 | 07:52 PDT

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		
		, :		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 Plan	Federal/State Funded		
Community Outleach Flair - Large	Ф	3,304.11	Annually per Flan	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	Senii 7 mildariy	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)	\$	440.91	Per 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		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	¢	120.06	Per Application	Federal/State		
HCBS-CES Applications – CSR	\$	139.96	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		

				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 Dequired				Federal/State
Initial Needs Assessment – Required	\$	260.28	Per Assessment	Funded
Questions Only	Ф	200.28	Per Assessment	runded
Annual Reassessment Needs Assessment –				Federal/State
Required Questions Only	\$	244.31	Per Assessment	Funded
Initial Needs Assessment – Voluntary				Federal/State
Questions Included	\$	325.36	Per Assessment	Funded
Annual Reassessment Needs Assessment –				Federal/State
Voluntary Questions Included	\$	310.93	Per Assessment	Funded
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Rural Travel Add-On (In Person Screens			Per In Person Screen and	Federal/State
Needs Assessments, 100.2 Assessments)	\$	36.73	Assessment	Funded
Completed Training on the Colorado Single				
Assessment and Person-Centered Support	Calculated			Federal/State
Plan Instruments	Allocation		Upon Training Completion	Funded
Completed Case Management Training on the				
Care and Case Management (CCM)		Calculated		Federal/State
Information Technology System		Allocation	Upon Training Completion	Funded

**State General Fund Programs Rates Table** 

State General Fund Flograms Rates Table					
Description		Rate	Frequency	Funding Source	
Description		Kate	Frequency	runuing 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	
8					
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	Φ.	216.26		G . T . 1 1	
Analysis - Large	\$	216.36	Quarterly	State Funded	
Critical Incident Follow-Up Completion and					
Entry Performance Standard	\$	50.79	Quarterly	State Funded	
			Monthly, Per Member Per		
State SLS Ongoing Case Management	\$	142.94	Activity	State Funded	
			Per Contact (4 Contacts Per		
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	
			Monthly, Per Member Per		
OBRA-SS Ongoing Case Management	\$	137.05	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-	a	Per In Person ISP and	
On (ISP, Monitoring) For Rural Counties	\$ 36.73	Monitoring Contact	State Funded