

**OPTION LETTER #SE-1**

<b>State Agency</b> Department of Health Care Policy and Financing	<b>Option Letter Number</b> SE-1
<b>Contractor</b> Foothills Gateway, Incorporated	<b>Original Contract Number</b> 20-134782
<b>Current Contract Maximum Amount</b>	<b>Option Contract Number</b> 20-134782OLSE-1
<b>State General Fund Programs</b>	<b>Contract Performance Beginning Date</b> July 1, 2019
Initial Term State Fiscal Year 2019-20 \$23,302,027.00	<b>Current Contract Expiration Date</b> June 30, 2022
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> \$1,748,046.87 State Fiscal Year 2022-23 \$0.00 State Fiscal Year 2023-24 \$0.00 Total for All State Fiscal Years \$63,496,260.00	
<b>Medicaid Programs</b>	
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 \$0.00 State Fiscal Year 2023-24 \$0.00	

**1. OPTIONS:**


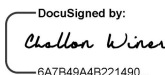
- A. Option to modify Contract Current Contract Maximum Amount Table and Rates Table.

**2. REQUIRED PROVISIONS:**

- A. 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 due to a scrivener's error on Option Letter #3 in the Current Contract Maximum Amount table, this is hereby updated and replaced with the Current Contract Maximum Amount table shown above.
- B. The Contract Rates table has been updated to adjust for previous formatting errors, no other changes have been made to this section.

**3. OPTION EFFECTIVE DATE:**

- A. The effective date of this Option Letter is upon approval of the State Controller or April 1, 2022, whichever is later.

<b>STATE OF COLORADO</b> <b>Jared S. Polis, Governor</b> Department of Health Care Policy and Financing Kim Bimestefer, Executive Director  DocuSigned by:  0B6A84797EA8493... By: _____ Date: <u>4/1/2022</u>	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. <b>STATE CONTROLLER</b> <b>Robert Jaros, CPA, MBA, JD</b>  DocuSigned by:  6A7B49A4B221490... By: _____ Option Effective Date: <u>4/1/2022</u>
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<b>ADMINISTRATIVE FUNCTIONS RATE TABLE</b>		
<b>Description</b>	<b>Rate</b>	<b>Frequency</b>
Operations Guide	\$7,596.10	Annually – Year 1 of the Contract
Operations Guide Update	\$1,357.01	Annually – Years 2, 3, 4, and 5 of the Contract
Community Outreach Plan	Small Agency: \$1,269.81 Medium Agency: \$2,337.77 Large Agency: \$3,405.72	Annually
Complaint Trend Analysis	Small Agency: \$1,528.16 Medium Agency: \$2,058.80 Large Agency: \$2,588.52	Quarterly
Critical Incident Reporting	\$6.01	Monthly, Per Member Enrolled
Critical Incident Follow-Up Performance Standard	\$3,294.11	Quarterly
Case Management Training	\$615.51	Semi-Annually
Appeals – Creation of Packet	\$350.26	Per Packet
Appeals – Attendance at Hearing	\$467.83	Per Hearing
Human Rights Committee	\$5.67	Monthly, Per Member Enrolled
Waiting List Management	\$90.93	Per Contact
IDD Determination – Non-Medicaid	\$428.14	Per Determination
Delay Determination – Non-Medicaid	\$254.72	Per Determination
Expedited DD Determination Testing for PASRR Level II Evaluations	Actual Costs Up to \$458.42	Per Evaluation
Initial Level of Care Screening And Assessment	\$225.37	Per Screening and Assessment
Continued Stay Review (CSR) – Level of Care Screening And Assessment	\$203.94	Per Screening and Assessment
Rural Travel Add-On (Initial, CSR, Pilot Screen, Pilot Assessment) For Rural Counties	\$35.70	Per Initial or CSR
HCBS-CES Application Initial	\$180.30	Per Application
HCBS-CES Application CSR	\$136.03	Per Application
SIS Assessment	\$340.25	Per Assessment

HCBS-CHRP ICAP Assessment	\$157.47	Per Assessment
IDD Determination	\$437.17	Per Determination
Delay Determination	\$260.09	Per Determination
Pilot – Initial Level of Care Screen	\$200.36	Per Screen
Pilot – Continued Stay Review (CSR) – Level of Care Screen	\$186.40	Per Screen
Pilot – Initial Basic Needs Assessment	\$252.97	Per Assessment
Pilot – Continued Stay Review (CSR) – Basic Needs Assessment	\$237.44	Per Assessment
Pilot – Initial Comprehensive Needs Assessment	\$316.21	Per Assessment
Pilot – Continued Stay Review (CSR) – Comprehensive Needs Assessment	\$302.19	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	\$1,191.00	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	\$482.84	Per Plan