

OPTION LETTER #5

| | |
|--|--|
| State Agency Department of Health Care Policy and Financing | Option Letter Number 5 |
| Contractor Foothills Gateway, Incorporated | Original Contract Number 20-134782 |
| Current Contract Maximum Amount | Option Contract Number 20-134782OL5 |
| State General Fund Programs | Contract Performance Beginning July 1, 2019 |
| Initial Term State Fiscal Year 2019-20 \$23,302,027.00 | Current Contract Expiration Date June 30, 2024 |
| 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> \$194,479.63 State Fiscal Year 2022-23 \$20,682,930.00 <i>Estimated Contractor Share</i> \$276,628.00 State Fiscal Year 2023-24 \$21,303,418.00 <i>Estimated Contractor Share</i> \$2,021,034.00 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.

| | |
|---|---|
| <p>STATE OF COLORADO Jared S. Polis, Governor Department of Health Care Policy and Financing Kim Bimestefer, Executive Director</p> <p>DocuSigned by: <i>Kim Bimestefer</i></p> <p>By: _____ 0B6A84797EA8493... Date: 4/18/2023 19:48 PDT</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>DocuSigned by: <i>Natpan Weatherford</i></p> <p>By: _____ 5E7821C38FAC42A... Option Effective Date: 4/19/2023 07:52 PDT</p> |
|---|---|

Administrative Rates Table

| Description | Rate | Frequency | Funding Source |
|---|-----------------------------|---|-----------------------|
| Operations Guide Update | \$ 1,396.22 | Annually - Years 2, 3, 4, and 5 of the Contract | Federal/State Funded |
| Community Outreach Plan - Small | \$ 1,306.50 | Annually per Plan | Federal/State Funded |
| Community Outreach Plan - Medium | \$ 2,405.31 | Annually per Plan | Federal/State Funded |
| Community Outreach Plan - Large | \$ 3,504.11 | Annually per Plan | Federal/State Funded |
| Complaint Trend Analysis - Small | \$ 1,572.31 | Quarterly | Federal/State Funded |
| Complaint Trend Analysis - Medium | \$ 2,118.29 | Quarterly | Federal/State Funded |
| Complaint Trend Analysis - Large | \$ 2,663.30 | Quarterly | Federal/State Funded |
| Continuous Quality Improvement Plan | \$ 496.78 | Annually, Per Plan | Federal/State Funded |
| Critical Incident Reporting and Investigation | \$ 6.18 | Monthly, Per Member Enrolled | Federal/State Funded |
| Critical Incident Follow-Up Completion and Entry Performance Standard | \$ 3,389.28 | Quarterly | Federal/State Funded |
| Case Management Training | \$ 636.03 | Semi-Annually | Federal/State Funded |
| Appeals – Creation of Packet | \$ 521.18 | Per Packet | Federal/State Funded |
| Appeals – Attendance at Hearing | \$ 481.34 | Per Hearing | Federal/State Funded |
| Human Rights Committee | \$ 5.83 | Monthly, Per Member Enrolled | Federal/State Funded |
| Waiting List Management | \$ 93.55 | Per Contact | State Funded |
| DD Determination (Medicaid Eligible) | \$ 449.81 | Per Determination | Federal/State Funded |
| Delay Determination (Medicaid Eligible) | \$ 267.61 | Per Determination | Federal/State 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 PASRR Level II Evaluations | Actual Costs Up to \$471.67 | Per Evaluation | Federal/State Funded |
| Initial Level of Care Assessment (100.2) | \$ 231.87 | Per Screening and Assessment | Federal/State Funded |
| Continued Stay Review – Level of Care Assessment (100.2) | \$ 209.83 | Per Screening and Assessment | Federal/State Funded |
| HCBS-CES Applications – Initial | \$ 185.50 | Per Application | Federal/State Funded |
| HCBS-CES Applications – CSR | \$ 139.96 | Per Application | Federal/State Funded |
| SIS-A Assessments | \$ 350.09 | Per Assessment | Federal/State Funded |
| HCBS-CHRP Support Need Level Assessment | \$ 162.02 | Per Assessment | Federal/State Funded |

| | | | |
|--|-----------------------|-------------------------------------|----------------------|
| Initial Level of Care Screen | \$ 206.15 | Per Screen | Federal/State Funded |
| Annual Reassessment – Level of Care Screen | \$ 191.79 | Per Screen | Federal/State Funded |
| Initial Needs Assessment – Required Questions Only | \$ 260.28 | Per Assessment | Federal/State 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

| 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 | State Funded |
| State SLS Monitoring | \$ 103.72 | Per Contact (4 Contacts Per 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 |

| | | | |
|--|-----------|--|--------------|
| OBRA-SS Monitoring | \$ 103.72 | Per Contact (4 Contacts Per Year) | State Funded |
| OBRA-SS Expenditure Reporting | \$ 362.31 | Monthly, Per Reporting | State Funded |
| FSSP Ongoing Case Management | \$ 81.41 | Monthly, Per Member Per Activity | State Funded |
| FSSP Needs Assessment | \$ 32.60 | Per Assessment (1 Assessment per Year for 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 |
| Family Support Council Meetings | \$ 410.09 | Per Meeting (Up to 6 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 |
| State SLS and OBRA-SS Rural Travel Add-On (ISP, Monitoring) For Rural Counties | \$ 36.73 | Per In Person ISP and Monitoring Contact | State Funded |