State of Colorado Contract Modification

Option Letter #2SE1

State Agency
Department of Health Care Policy and Financing

Contractor
Foothills Gateway, Inc.

Option Letter Number
Option Letter 2

Original Contract Number
C24-188030

Option Contract Number
C24-188030OL2SE1

GAE
2026 - 2247

Contract Performance Beginning Date
March 1, 2024

Current Contract Expiration Date
June 30, 2027

Current Contract Maximum Amount
Medicaid Programs
No Maximum for any SFY
State General Fund Programs

State Fiscal Year 2026-27	$21,319,738.00
Estimated Contractor Share	$2,198,354.55

1. **Options:**

   Option to modify Contract rates.

2. **Required Provisions:**

   In accordance with Exhibit B, Statement of Work, in Section 9.3.5. of the Original Contract referenced above, the State hereby exercises its option to modify the Contract rates specified in Exhibit C – 7 Rates. The Contract rates attached to this Option Letter replace the rates in the Original Contract as of the Option Effective Date of this Option Letter.

   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. This Option Letter #2SE1 corrects scrivener's errors in Option Letter #2 to update the Contract Current Maximum Amount table and the Exhibit that follows.

3. **Option Effective Date**

   The effective date of this Option Letter is upon approval of the State Controller or July 1, 2026, whichever is later.

STATE OF COLORADO

Jared S. Polis, Governor

Department of Health Care Policy and Financing

Name: Bonnie Silva

Title: Office of Community Living Director

DocuSigned by:
Bonnie Silva
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Date: 07/06/2026 | 15:33 MDT

STATE CONTROLLER

Robert Jaros, CPA, MBA, JD

Name: Alicia Severn

Title: Procurement Director

DocuSigned by:
Alicia Severn
D9446FCCE33C45E...

Option Effective Date: 07/07/2026 | 07:09 MDT

In accordance with §24-30-202, C.R.S., this Option is not valid until signed and dated above by the State Controller or an authorized delegate.

EXHIBIT C-7, RATES

Case Management Agency (CMA) Subaward Rates Table				
Description	**Rate**	**Frequency**	**Payment Type**	**Funding Source**
Operations Guide	$7,747.45	Annually – Year 1 of the Contract	Deliverable	Federal/State Funded
Operations Guide Update	$1,395.66	Annually – Years 2+ of the Contract	Deliverable	Federal/State Funded
Long-Range Plan	$3,472.44	Annually	Deliverable	Federal/State Funded
Committee Updates	$1,050.30	Semi-Annually	Deliverable	Federal/State Funded
Continuous Quality Improvement Plan	$496.59	Annually	Deliverable	Federal/State Funded
Complaint Trend Analysis	$3,779.90	Quarterly	Deliverable	Federal/State Funded
Case Management Training	$635.78	Semi-Annually	Deliverable	Federal/State Funded
Creation of Packet - Appeals	$520.97	Per Packet	Report	Federal/State Funded
Attendance at Hearing - Appeals	$481.15	Per Hearing	Report	Federal/State Funded
IDD Critical Incident Reporting (HCBS – CES, HCBS – CHRP, HCBS – DD, HCBS – SLS, IDD+CFC)	$6.17	Monthly, Per Member Enrolled	Report	Federal/State Funded
LTSS Critical Incident Reporting (HCBS – BI, HCBS – CHCBS, HCBS - CIH, HCBS - CwCHN, HCBS - CMHS, HCBS – EBD, LTSS + CFC, CFC Only)	$1.58	Monthly, Per Member Enrolled	Report	Federal/State Funded
HCBS Critical Incident Follow-Up Performance Standard	$3,387.93	Quarterly	Deliverable	Federal/State Funded
Human Rights Committee (HCBS – CES, HCBS – CHRP, HCBS – DD, HCBS – SLS)	$5.83	Monthly, Per Member Enrolled	Report	Federal/State Funded
Initial Level of Care Assessment (100.2)	$277.95	Per Assessment	Report	Federal/State Funded
CSR Level of Care Assessment (100.2)	$209.75	Per Assessment	Report	Federal/State Funded
Initial Needs Assessment	$255.07	Per Assessment	Report	Federal/State Funded
Annual Reassessment Needs Assessment	$239.42	Per Assessment	Report	Federal/State Funded
Initial LOC Screen	$318.85	Per Assessment	Report	Federal/State Funded
Annual Reassessment LOC Screen	$266.89	Per Assessment	Report	Federal/State Funded

Rapid Reintegration Barrier Questions	$47.57	Per Assessment	Invoice or Report	Federal/State Funded
Rapid Reintegration Assessment and Support	$105.58	Per Assessment	Invoice or Report	Federal/State Funded
Post Rapid Reintegration Survey Questions	$22.38	Per Survey	Invoice or Report	Federal/State Funded
Interim Support Level Assessment (ISLA)	$288.29	Per Assessment	Report	Federal/State Funded
Initial At-Risk Diversion – In Person	$102.61	Monthly	Invoice or Report	Federal/State Funded
Initial At-Risk Diversion - Virtual	$85.70	Monthly	Invoice or Report	Federal/State Funded
HCBS-CHRP Support Level Needs Assessment	$161.95	Per Assessment	Invoice	Federal/State Funded
Initial HCBS-CES Application	$185.43	Per Application	Report	Federal/State Funded
CSR HCBS-CES Application	$139.90	Per Application	Report	Federal/State Funded
Medicaid Eligible IDD Determination	$449.63	Per Determination	Report	Federal/State Funded
Medicaid Eligible Delay Determination	$267.50	Per Determination	Report	Federal/State Funded
IDD Determination Testing	$471.48	Actual Costs up to Rate for Testing	Invoice	Federal/State Funded
Rural Travel Add-On	$36.71	Per Required in Person Contact for Rural and Frontier Agencies	Report	Federal/State Funded
Pre-Transition Per Member Per Month (PMPM)	$158.51	Monthly, Per Member	Invoice	Federal/State Funded
Pre-Transition Support Plan Completion	$98.00	Per Plan, Per Member	Invoice	Federal/State Funded
Day of Discharge PAR Approval Outcome-Based Payment	$196.00	Per PAR, Per Member	Invoice	Federal/State Funded
Final Person-Centered Support Plan Completion Outcome-Based Payment	$98.00	Per Plan, Per Member	Invoice	Federal/State Funded
HCBS-DD Waiting List Management	$93.51	Per Contact	Report	Federal/State Funded
Case Management Agency (CMA) State Only Rates Table				
SGF Waiting List Management	$93.51	Per Contact	Report	State Funded
Non-Medicaid Eligible IDD Determination	$449.63	Per Determination	Report	State Funded
Non-Medicaid Eligible Delay Determination	$267.50	Per Determination	Report	State Funded

Non-Medicaid Eligible IDD Determination Testing	$471.48	Actual Costs up to Rate for Testing	Invoice	State Funded
State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Administrative Review: MANE	$342.20	Per Incident	Report	State Funded
State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Administrative Review: Non-MANE	$45.78	Per Incident	Report	State Funded
State SLS, OBRA-SS, and FSSP Human Rights Committee	$123.22	Per Member Reviewed	Invoice	State Funded
State SLS and OBRA-SS Complaints Trend Analysis	$216.28	Quarterly	Deliverable	State Funded
State SLS, OBRA-SS, and FSSP CIR Follow-Up Performance Standard	$50.77	Quarterly	Deliverable	State Funded
State SLS, OBRA-SS, and FSSP Ongoing Case Management	$89.84	Monthly, Per Activity	Report	State Funded
State SLS and OBRA-SS Monitoring – In Person	$102.61	Per Contact	Report	State Funded
Rural Travel Add-On	$36.71	Per Required in Person Contact for Rural Agencies	Report	State Funded
State SLS and OBRA-SS Monitoring - Virtual	$85.70	Per Contact	Report	State Funded
State SLS Expenditure Report	$613.24	Monthly	Invoice	State Funded
OBRA-SS Expenditure Report	$362.17	Monthly	Invoice	State Funded
FSSP Needs Assessment	$32.59	Per Assessment	Report	State Funded
FSSP Expenditure Report	$545.44	Monthly	Invoice	State Funded
Family Support Council Meetings	$409.92	Per Meeting	Invoice	State Funded
FSSP Annual Report & Evaluation	$1,127.96	Annually	Deliverable	State Funded