

**OPTION LETTER #3**

<b>State Agency</b> Department of Health Care Policy and Financing	<b>Option Letter Number</b> 3
<b>Contractor</b> Colorado Bluesky Enterprises, Incorporated	<b>Original Contract Number</b> 20-134763
<b>Current Contract Maximum Amount</b>	<b>Option Contract Number</b> 20-134763OL3
<b>State General Fund Programs</b>	<b>Contract Performance Beginning Date</b> July 1, 2019
Initial Term	<b>Current Contract Expiration Date</b> June 30, 2022
State Fiscal Year 2019-20                      \$23,302,027.00	
Estimated Contractor Share                      \$760,817.24	
Extension Terms	
State Fiscal Year 2020-21                      \$19,864,414.00	
State Fiscal Year 2021-22                      \$20,329,819.00	
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:**


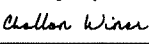
- A. Option to modify Contract rates

**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 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.
- B. 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 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	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>
By: _____  <small>DocuSigned by: 0BBAB4797EAB493...</small>	By: _____  <small>DocuSigned by: 6A7B49A4B221490...</small>
Date: <u>3/16/2022</u>	Option Effective Date: <u>3/17/2022</u>

<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 & Investigation	\$6.01	Monthly, Per Member Enrolled
Critical Incident Follow-Up Completion and Entry 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
<b>PILOT – CONTINUED STAY REVIEW (CSR) – COMPREHENSIVE NEEDS ASSESSMENT</b>	\$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

