OPTION LETTER #5					
State Agency		Option Letter Number			
Department of Health Care Policy and Fi	nancing	5			
Contractor		Original Contract Number			
Southern Colorado Developmental Disabilities Services,		20-134791			
Incorporated					
Current Contract Maximum Amount		Option Contract Number			
		20-134791OL5			
State General Fund Programs		Contract Performance Beginning			
Initial Term	*2222222222222	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	\$211,739.00				
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				

OPTION LETTER #5

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.

	In accordance with C.R.S. §24-30-202, this Option is not valid		
STATE OF COLORADO	until signed and dated below by the State Controller or an		
Jared S. Polis, Governor	authorized delegate.		
Department of Health Care Policy and Financing	STATE CONTROLLER		
Kim Bimestefer, Executive Director	Robert Jaros, CPA, MBA, JD		
DocuSigned by:	DocuSigned by:		
By: kim Bimestefer	DocuSigned by: Mathan Weatherford By:		
0B6A84797EA8493	5E7821C38EAC42A		
Date: 4/18/2023 19:48 PDT	Option Effective Date: 4/19/2023 07:52 PDT		

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

Administrative Rates Table

				Federal/State
Initial Level of Care Screen	\$	206.15	Per Screen	Funded
	Ψ	200.15		Federal/State
Annual Reassessment – Level of Care Screen	\$	191.79	Per Screen	Funded
Annual Reassessment – Level of Care Sereen	ψ	1)1.//		Tunded
Initial Needs Assessment – Required				Federal/State
Questions Only	\$	260.28	Per Assessment	Funded
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
	¢	210.02	Dente	r caeran state
Voluntary Questions Included	\$	310.93	Per Assessment	Funded
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	ψ	50.75		1 unucu
Assessment and Person-Centered Support		Calculated		Federal/State
Plan Instruments	Allocation		Upon Training Completion	Funded
		Anocadon		Tunucu
Completed Case Management Training on the				D 1 1/0
Care and Case Management (CCM)		Calculated		Federal/State
Information Technology System		Allocation	Upon Training Completion	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

			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
State SLS and OBRA-SS Rural Travel Add-			Per In Person ISP and	
	\$	36.73		State Funded
On (ISP, Monitoring) For Rural Counties	Φ	30.75	Monitoring Contact	State Funded