

**OPTION LETTER #4**

<b>State Agency</b> Department of Health Care Policy and Financing	<b>Option Letter Number</b> 4																		
<b>Contractor</b> Blue Peaks Developmental Services, Incorporated	<b>Original Contract Number</b> 20-134761																		
<b>Current Contract Maximum Amount</b>	<b>Option Contract Number</b> 20-134761OL4																		
<b>State General Fund Programs</b> Initial Term State Fiscal Year 2019-20	<b>Contract Performance Beginning</b> July 1, 2019																		
<table border="0"> <tr> <td>State Fiscal Year 2019-20</td> <td>\$23,302,027.00</td> </tr> </table>	State Fiscal Year 2019-20	\$23,302,027.00	<b>Current Contract Expiration Date</b> June 30, 2023																
State Fiscal Year 2019-20	\$23,302,027.00																		
<table border="0"> <tr> <td colspan="2"><b>Extension Terms</b></td> </tr> <tr> <td>State Fiscal Year 2020-21</td> <td>\$19,864,414.00</td> </tr> <tr> <td>State Fiscal Year 2021-22</td> <td>\$20,329,819.00</td> </tr> <tr> <td><i>Estimated Contractor Share</i></td> <td><i>\$194,479.63</i></td> </tr> <tr> <td>State Fiscal Year 2022-23</td> <td>\$20,682,930.00</td> </tr> <tr> <td><i>Estimated Contractor Share</i></td> <td><i>\$276,628.00</i></td> </tr> <tr> <td>State Fiscal Year 2023-24</td> <td>\$0.00</td> </tr> <tr> <td>Total for All State Fiscal Years</td> <td>\$84,179,190.00</td> </tr> </table>	<b>Extension Terms</b>		State Fiscal Year 2020-21	\$19,864,414.00	State Fiscal Year 2021-22	\$20,329,819.00	<i>Estimated Contractor Share</i>	<i>\$194,479.63</i>	State Fiscal Year 2022-23	\$20,682,930.00	<i>Estimated Contractor Share</i>	<i>\$276,628.00</i>	State Fiscal Year 2023-24	\$0.00	Total for All State Fiscal Years	\$84,179,190.00			
<b>Extension Terms</b>																			
State Fiscal Year 2020-21	\$19,864,414.00																		
State Fiscal Year 2021-22	\$20,329,819.00																		
<i>Estimated Contractor Share</i>	<i>\$194,479.63</i>																		
State Fiscal Year 2022-23	\$20,682,930.00																		
<i>Estimated Contractor Share</i>	<i>\$276,628.00</i>																		
State Fiscal Year 2023-24	\$0.00																		
Total for All State Fiscal Years	\$84,179,190.00																		
<table border="0"> <tr> <td colspan="2"><b>Medicaid Programs</b></td> </tr> <tr> <td colspan="2">Initial Term</td> </tr> <tr> <td>State Fiscal Year 2019-20</td> <td>\$5,830,152.00</td> </tr> <tr> <td colspan="2">Extension Terms</td> </tr> <tr> <td>State Fiscal Year 2020-21</td> <td>\$8,157,493.00</td> </tr> <tr> <td>State Fiscal Year 2021-22</td> <td>No Contract Maximum</td> </tr> <tr> <td>State Fiscal Year 2022-23</td> <td>No Contract Maximum</td> </tr> <tr> <td>State Fiscal Year 2023-24</td> <td>\$0.00</td> </tr> <tr> <td>Total for All State Fiscal Years</td> <td>\$13,987,645.00</td> </tr> </table>	<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	No Contract Maximum	State Fiscal Year 2023-24	\$0.00	Total for All State Fiscal Years	\$13,987,645.00	
<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	No Contract Maximum																		
State Fiscal Year 2023-24	\$0.00																		
Total for All State Fiscal Years	\$13,987,645.00																		

**1. OPTIONS:**


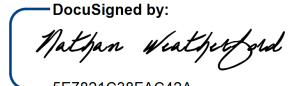
- A. Option to extend for an Extension Term  
B. Option to modify Contract rates

**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, 2022 and ending on the current contract expiration date shown above, at the rates stated in the Original Contract, as amended.  
B. 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.  
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, 2022, whichever is later.

<p><b>STATE OF COLORADO</b> <b>Jared S. Polis, Governor</b> Department of Health Care Policy and Financing Kim Bimestefer, Executive Director</p> <p>DocuSigned by:  0B6A84797EA8493...</p> <p>By: _____ Date: <u>5/20/2022</u></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;"><b>STATE CONTROLLER</b> <b>Robert Jaros, CPA, MBA, JD</b></p> <p>DocuSigned by:  5E7821C38FAC42A...</p> <p>By: _____ Option Effective Date: <u>5/20/2022</u></p>
--	--

<b>ADMINISTRATIVE FUNCTIONS RATE TABLE</b>		
<b>Description</b>	<b>Rate</b>	<b>Frequency</b>
Operations Guide	\$7,748.02	Annually – Year 1 of the Contract
Operations Guide Update	\$1,384.15	Annually – Years 2, 3, 4, and 5 of the Contract
Community Outreach Plan	Small Agency: \$1,295.21 Medium Agency: \$2,384.52 Large Agency: \$3,473.83	Annually
Complaint Trend Analysis	Small Agency: \$1,558.72 Medium Agency: \$2,099.98 Large Agency: \$2,640.29	Quarterly
Critical Incident Reporting	\$6.13	Monthly, Per Member Enrolled
Critical Incident Follow-Up Performance Standard	\$3,359.99	Quarterly
Case Management Training	\$630.53	Semi-Annually
Appeals – Creation Of Packet	\$516.68	Per Packet
Appeals – Attendance At Hearing	\$477.18	Per Hearing
Human Rights Committee	\$5.78	Monthly, Per Member Enrolled
Waiting List Management	\$92.75	Per Contact
Idd Determination – Non-Medicaid	\$436.70	Per Determination
Delay Determination – Non-Medicaid	\$259.81	Per Determination
Expedited DD Determination Testing For Pasrr Level II Evaluations	Actual Costs Up to \$467.59	Per Evaluation
Initial Level off Care Screening And Assessment	\$229.87	Per Screening and Assessment
Continued Stay Review (CSR) – Level of Care Screening And Assessment	\$208.02	Per Screening and Assessment
Rural Travel Add-On (Initial, CSR, Pilot Screen, Pilot Assessment) For Rural Counties	\$36.41	Per Initial or CSR
HCBS-CESs Application Initial	\$183.90	Per Application
HCBS-CES Application CSR	\$138.75	Per Application
SIS Assessment	\$347.06	Per Assessment
HCBS-CHRP ICAP Assessment	\$160.62	Per Assessment

IDD Determination	\$445.92	Per Determination
Delay Determination	\$265.30	Per Determination
Pilot – Initial Level of Care Screen	\$204.37	Per Screen
Pilot – Continued Stay Review (CSR) – Level of Care Screen	\$190.13	Per Screen
Pilot – Initial Basic Needs Assessment	\$258.03	Per Assessment
Pilot – Continued Stay Review (CSR) – Basic Needs Assessment	\$242.19	Per Assessment
Pilot – Initial Comprehensive Needs Assessment	\$322.54	Per Assessment
Pilot – Continued Stay Review (CSR) – Comprehensive Needs Assessment	\$308.24	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	\$1,214.82	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	\$492.49	Per Plan

<b>STATE GENERAL FUND PROGRAM RATE TABLE</b>		
<b>Description</b>	<b>Rate</b>	<b>Frequency</b>
State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Investigation: MANE	\$332.36	Per Incident
State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Investigation: Non-MANE	\$44.46	Per Incident
State SLS, OBRA-SS, and FSSP Human Rights Committee	\$119.67	Per Packet
State SLS and OBRA-SS Complaints Trend Analysis	Small Agency: \$124.02 Medium Agency: \$166.04 Large Agency: \$210.06	Quarterly
State SLS and OBRA-SS CIRS Trend Analysis	Small Agency: \$203.90 Medium Agency: \$329.30 Large Agency: \$477.20	Quarterly
State SLS Ongoing Case Management	\$138.78	Monthly, Per Member Enrolled
State SLS In Person Monitoring	\$100.70	Per Contact
State SLS Expenditure Report	Small Agency: \$382.08 Medium Agency: \$481.87 Large Agency: \$595.62	Monthly
OBRA-SS Ongoing Case Management	\$133.06	Monthly, Per Member Enrolled
OBRA-SS In Person Monitoring	\$100.70	Per Contact
OBRA-SS Expenditure Report	\$351.76	Monthly
FSSP Ongoing Case Management	\$79.04	Monthly, Per Member Enrolled
FSSP Needs Assessment	\$31.65	Per Assessment
FSSP Expenditure Report	Small Agency: \$280.44 Medium Agency: \$399.65 Large Agency: \$529.77	Monthly
FSSP Support Council Meetings	\$398.15	Up to Six Annually
FSSP Annual Report	\$591.84	Annually
FSSP Program Evaluation	\$503.70	Annually
State SLS and OBRA-SS Rural Travel Add-on (ISP, Monitoring) for Rural Counties	\$35.66	Per In-Person ISP and Monitoring Contact