

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Amends an agreement with the Colorado Department of Health Care Policy and Financing (HCPF), for HCPF's County Medicaid Incentive Program Agreement which will allow Denver Department Human Services to earn incentives up to \$1,004,682.88 for the current state fiscal year based upon meeting specific program outcomes as found in the agreement (2014-19599-01).
  
- 2. Requesting Agency:** Human Services
  
- 3. Contact Person *with actual knowledge of proposed ordinance***  
**Name:**  
**Phone:**  
**Email:**
  
- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***  
**Name:**  
**Phone:**  
**Email:**
  
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
  - a. Scope of Work**
  
  - b. Duration**
  
  - c. Location**
  
  - d. Affected Council District**
  
  - e. Benefits**
  
  - f. Costs**
  
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

**Bill Request Number: RR15-0765**

**Date: 10/13/2015**