

ORDINANCE/RESOLUTION REQUEST

Date of Request: 6/16/2016

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. **Title:** Requests approval for an amendment with the Colorado Department of Health Care Policy and Financing (HCPF), Colorado’s Medicaid Agency, through contract control number 2014-19599-02, for HCPF’s County Medicaid Incentive Program Agreement which will allow Denver Department Human Services to earn incentives up to \$1,018,481.64 for the current state fiscal year based upon meeting specific program outcomes as found in the agreement.

3. **Requesting Agency:**
Denver Department of Human Services

4. **Contact Person:**
▪ **Name:** Ron Mitchell
▪ **Phone:** 720-944-2903
▪ **Email:** Ron.Mitchell@denvergov.org

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▪ **Name:** Ron Mitchell
▪ **Phone:** 720-944-2903
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6. **General description of proposed ordinance including contract scope of work if applicable:**
The Colorado Department of Health Care Policy and Financing (HCPF), the State Medicaid Agency, is contracting with Denver to provide incentive funding when/if the program meets outcomes as outlined in the contract.

- a. **Contract Control Number:** 2014-19599-02
- b. **Duration:** July 1, 2016 – June 30, 2017
- c. **Location:** Denver Department of Human Services
- d. **Affected Council District:** All
- e. **Benefits:** Maximum Incentive Funding of \$1,018,481.64
- f. **Costs:** None

7. **Is there any controversy surrounding this ordinance? Please explain.** No

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____