

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by **11 a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 08/18/2023

Please mark one: Bill Request or Resolution Request

1. Type of Request:

- Contract/Grant Agreement Intergovernmental Agreement (IGA) Rezoning/Text Amendment
 Dedication/Vacation Appropriation/Supplemental DRMC Change
 Other:

2. **Title:** Approves a City Amendment #2 (CO State referred to as Option Letter #1 State Fiscal Year 2024) to Revenue Agreement with Colorado Department of Health Care Policy and Financing adding \$1,229,112.97 for maximum contractual commitment of \$3,385,797.40 and extending the term one year, with a new term from 7/01/2021 to 6/30/2024 through contract control number SOCSV-202263930-02 Jaggaer.

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

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Renee Newton	Name: Crystal Porter, Tami Tapia
Email: renee.newton@denvergov.org	Email: crystal.porter@denvergov.org , tami.tapia@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

DHS requests authorization to approve City Amendment #2 (CO State referred to as Option Letter #1 State Fiscal Year 2024) to Revenue Agreement with Colorado Department of Health Care Policy and Financing that adds another \$1,229,112.97 for a new contract maximum of \$3,385,797.40 and adds one year for a new contract term of 7/01/2021 to 6/30/2024. The relevant contract control number is SOCSV-202263930-02 Jaggaer. This contract extension will support the ability of Denver Human Services to achieve certain performance standards related to County Administration and Medical Assistance Eligibility in cooperation with Medical Assistance related entities, such as Colorado Department of Health Care Policy and Financing.

6. **City Attorney assigned to this request (if applicable):** Andrew Riester

7. **City Council District:** City Wide

8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

Key Contract Terms

Type of Contract: IGA/Revenue

Vendor/Contractor Name: Colorado Department of Health Care Policy and Financing

Contract control number: SOCSV-202263930-02 Jaggaer

Location: City wide

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** 2

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):

Original Contract: SOCSV-202263930-00 Jaggaer: 7/01/2021 to 6/30/2023

Amendment 1: SOCSV-202263930-01, SOCSV-202263930-01 Jaggaer: 7/01/2021 to 6/30/2023

Proposed Amendment 2: SOCSV-202263930-02, SOCSV-202263930-02 Jaggaer: 7/01/2021 to 6/30/2024

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$2,156,684.43	\$1,229,112.97	\$3,385,797.40

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
7/01/2021 to 6/30/2023	One year	6/30/2024

Scope of work:

- Provide DHS with financial incentives to improve efficiency and accuracy as to eligibility determinations for Medical Assistance benefits.
- Assist DHS in the process of achieving certain performance standards related to County Administration and Medical Assistance Eligibility in cooperation with Medical Assistance related entities, such as Colorado Department of Health Care Policy and Financing.
- Provide DHS with performance data for comparative analytics for the purposes of qualifying for the financial incentives under the contract.

Was this contractor selected by competitive process? No **If not, why not?** N/A

Has this contractor provided these services to the City before? Yes No

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Date Entered: _____

Source of funds: CO State

Is this contract subject to: W/MBE DBE SBE XO101 ACDBE N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A

Who are the subcontractors to this contract? N/A

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