

ORDINANCE/RESOLUTION REQUEST

Date of Request: **July 16, 2018**

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: (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves a fourth amendment with the Colorado Department of Health Care Policy and Financing (HCPF), Colorado’s Medicaid Agency, through contract control number SOCSV2014-19599-04, for HCPF’s County Medicaid Incentive Program Agreement which will allow Denver Human Services to earn financial incentives up to \$985,660.42 for the current state fiscal year based upon meeting specific program outcomes as found in the agreement.

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: Janet Van Meter	Name: Vincent Rivera
Email: Janet.Vanmeter@denvergov.org	Email: Vincent.Rivera2@DenverGov.org

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

The Colorado Department of Health Care Policy and Financing (HCPF), the State Medicaid Agency, is contracting with Denver Human Services to provide incentive funding when/if the program meets outcomes as outlined in the agreement.

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: RR18 0798

Date Entered: _____

Key Contract Terms

Type of Contract: Revenue Agreement

Vendor/Contractor Name: State of Colorado acting by and through the Department of Health Care Policy and Financing

Contract control number: SOCSV2014-19599-04

Location: Denver, Colorado

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** 4

Contract Term/Duration:

Original Agreement-SOCV2014-19599-00: 1/1/2015 to 6/30/2015
 First Amendment-SOCV2014-19599-01: 7/1/2015 to 6/30/2016
 Second Amendment-SOCV2014-19599-02: 7/1/2016 to 6/30/2017
 Third Amendment-SOCV2014-19599-03: 7/1/2017 to 6/30/2018
 Proposed Fourth Amendment-SOCV2014-19599-04: 7/1/2018 to 6/30/2019

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

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$3,920,318.38	\$985,660.42	\$4,905,978.80

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/2015 – 6/30/2018	12 Months	6/30/2019

Scope of work:

The proposed fourth amendment creates financial incentives for counties that achieve certain incentive performance standards related to Medicaid eligibility and cooperation with other Medicaid related entities.

- Eligibility Timeliness and Backlog Performance Incentive Payment: 30% of funding - \$221, 773.58
- Case Maintenance Performance Incentive Payment: 15% of funding - \$110,886.79
- Long Term Services and Supports (LTSS) Performance Incentive Payment: 15% of funding - \$110,886.79
- Training Performance Incentive: 15% of funding - \$110,886.79
- Child Welfare Performance Incentive Payment: 15% of funding - \$110,886.79
- Improved Member Correspondence Performance Incentive Payment: 10% of funding - \$73,924.53
- Total Maximum Available for all pool distributions: \$246,415.15

Was this contractor selected by competitive process? N/A

If not, why not? This is revenue from the State

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

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Date Entered: _____

Source of funds: State of Colorado

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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