ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Please mark one: Bill Request or	Date of Request: <u>01/16/2025</u> Resolution Request	
Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map <u>HERE</u>)		
☐ Yes ⊠ No		
1. Type of Request:	eement (IGA) Rezoning/Text Amendment	
☐ Contract/Grant Agreement ☐ Intergovernmental Agr		
□ Dedication/Vacation □ Appropriation/Supplemental □ DRMC Change □ Other: □		
		2. Title:
Amends a Revenue Intergovernmental Agreement with Colorado Department of Health Care Policy and Financing (HCPF) to ad \$1,271,659.77 for a new total of \$4,661,712.95 to continue receiving payments from HCPF as incentive for providing Medicaid eligibility-related work within the County of Denver. No change to contract duration, citywide (SOCSV-202263930-00/SOCSV-202263930-05). 3. Requesting Agency: Denver Human Services (DHS)		
4. Contact Person:		
Contact rerson: Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council	
Name: Christian Maddy	Name: Crystal Porter, Tami Tapia	
Email: christian.maddy@denvergov.org	Email: crystal.porter@denvergov.org , tami.tapia@denvergov.org	
HCPF and DHS share the costs of this work performed by D The purpose of this IGA is to create and revise performance human/social services to achieve certain performance standards.	hin Denver County as required under C.R.S. §25.5-1-101 et seq. DHS as defined in those statutes. -based benchmarks and deliverables for county departments of ards related to County Administration, Medical Assistance Eligibility, ies. DHS has the ability to earn Performance Incentive Payments to	
6. City Attorney assigned to this request (if applicable): Rat	ana Haidari	
7. City Council District: Citywide		
8. **For all contracts, fill out and submit accompanying Ko	ey Contract Terms worksheet**	
To be completed by I	Mayor's Legislative Team:	
Resolution/Bill Number:	Date Entered:	

Key Contract Terms

Type of Contract: IGA > \$500KVendor/Contractor Name (including any dba's): Colorado Department of Health Care Policy and Financing Contract control number (legacy and new): (SOCSV-202263930-00/SOCSV-202263930-05) (Jaggaer) Location: Citywide Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many? __5___ 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 Jaggaer: 7/01/2021 to 6/30/2023 Amendment 2: SOCSV-202263930-02 Jaggaer: 7/01/2021 to 6/30/2024 Amendment 3: SOCSV-202263930-03 Jaggaer: 7/01/2021 to 6/30/2024 Amendment 4: SOCSV-202263930-04 Jaggaer: 7/01/2021 to 6/30/2025 Proposed Amendment 5: SOCSV-202263930-05 Jaggaer: 7/01/2021 to 6/30/2025 Contract Amount (indicate existing amount, amended amount and new contract total): **Current Contract Amount** Additional Funds **Total Contract Amount** (A)(B)(A+B)\$3,390,053.18 \$1,271,659.77 \$4,661,712.95 **Current Contract Term** Added Time New Ending Date 7/01/2021 to 6/30/2025 No Change 6/30/2025 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? This is a Revenue IGA Has this contractor provided these services to the City before? \boxtimes Yes \square No **Source of funds:** Federal, received through CO State To be completed by Mayor's Legislative Team:

Resolution/Bill Number: __

Date Entered: ___

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
To be completed by Mayor's Legislative Team:
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