**ORDINANCE/RESOLUTION REQUEST**

**Date of Request: 12/4/2014**

**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 a contract with the Colorado Department of Health Care Policy and Financing (HCPF), Colorado's Medicaid Agency, through contract control number 2014-19599, for HCPF's County Medicaid Incentive Program Agreement which will allow Denver Department Human Services to earn incentives up to $920,637.51 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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   - **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:**
   b. **Duration: January 1, 2015 – June 30, 2015**
   c. **Location:** Denver Department of Human Services
   d. **Affected Council District: All**
   e. **Benefits:** Maximum Incentive Funding of $920,637.51
   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: _____