OPTION LETTER #5

| State Agency | | Option Letter Number |
|--|--------------|-------------------------------------|
| Colorado Department of Human Services, Office of | | 5 |
| Behavioral Health | | |
| Contractor | | Original Contract Number |
| City and County of Denver - Denver County | | 15 IID 72503 |
| Probation | | |
| Current Contract Maximum Amount | | Option Contract Number |
| Initial Term | | 19 IHJA 109623 |
| State Fiscal Year 2015 | \$110,580 | |
| State Fiscal Year 2015 | \$8,302.46 | |
| OL 1 | \$6,502.40 | |
| Extension Terms | | Contract Performance Beginning Date |
| State Fiscal Year 2016 | \$110,580 | 11/17/2014 |
| OL 2 | | |
| State Fiscal Year 2017 | \$110,580 | |
| OL 3 | \$110,500 | |
| State Fiscal Year 2018 | \$110,580 | Current Contract Expiration Date |
| OL 4 | \$110,360 | 6/30/2019 |
| State Fiscal Year 2019 | \$87,763 | |
| OL 5 | | |
| Total for All State Fiscal Years | \$538,385.46 | |

1. OPTIONS:

A. Option to extend for an Extension Term

2. REQUIRED PROVISIONS:

- A. In accordance with Exhibit C of the Original Contract referenced above, the State hereby exercises its option for an additional term, beginning 7/1/2018 and ending on the current contract expiration date shown above, at the rates stated in Exhibit A-1, as amended.
- B. The Contract Maximum Amount table on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown above.

3. OPTION EFFECTIVE DATE:

A. The effective date of this Option Letter is upon approval of the State Controller or 7/1/2018, whichever is

| later. | |
|--|--|
| | In accordance with §24-30-202 C.R.S., this Option is not valid |
| STATE OF COLORADO | until signed and dated below by the State Controller or an |
| John W. Hickenlooper, Governor | authorized delegate. |
| Department of Human Services | STATE CONTROLLER |
| Reggie Bicha, Exequtive Director | Robert Jaros, CPA, MBA, JD |
| Ry: Camille Harding, Division Director | By: Clint Woodruff / Travis Yoder/Andrea Eurich |
| of Community Behavioral Health | E |
| Date: 5/29/18 | Option Effective Date: June 20, 2018 |
| | |

| Contract Control Number: | |
|---|--|
| IN WITNESS WHEREOF, the parties h Denver, Colorado as of | ave set their hands and affixed their seals at |
| SEAL | CITY AND COUNTY OF DENVER |
| ATTEST: | By |
| APPROVED AS TO FORM: | REGISTERED AND COUNTERSIGNED |
| By | By |
| | By |



Contract Control Number:

| Ву: _ | |
|--------|-------------------|
| Name: | (please print) |
| Title: | (please print) |
| | ST: [if required] |
| Name: | |
| Title: | (please print) |



Exhibit A-1

Statement of Work City and County of Denver/Denver County Probation Second Judicial District Probation Department

1. PURPOSE AND SCOPE OF AGREEMENT. The purpose of this Agreement is to memorialize the parties' understandings regarding the parameters under which Denver County Probation will authorize payment assistance for Level II Education/Level II therapy at a OBH licensed program and/or required interventions for persistent drunk drivers who are unable to pay for their services for clients of Denver County Probation and under which OBH will reimburse Denver for such services pursuant to HB 06-1171and HB 10-1347.

DUTIES OF DENVER BY AND THROUGH DENVER COUNTY PROBATION DEPARTMENT.

 Denver County Probation may use these funds for individuals who meet the following criteria:

Defendant shall be considered a persistent drunk driver, considered to be indigent, or be incarcerated.

ii. These funds can only be used for Level II Education and Treatment services, court ordered alcohol treatment programs, approved ignition interlock devices, and continuous monitoring technology or devices. Defendant shall demonstrate financial need utilizing existing probation guidelines.

iii. Defendant is on probation.

- a. These funds can only be used for Level II DUI services at a OBH licensed program and/or required interventions, including but not limited to, ignition interlock, continuous monitoring, disulfiram or other medications to reduce alcohol use.
- b. A voucher can be issued to assist in paying for Level II DUI services at a OBH licensed program and to assist in paying for required interventions. Denver will issue vouchers to individuals meeting criteria delineated in subparagraph a (above) in a form substantially equivalent to Exhibit B.
- c. The Second Judicial District will receive a percentage of the PDD fund allocation based on a formula utilizing OBH's data showing district size and percentage of PDD offenders in that district compared to the state average.
- d. Denver will invoice OBH monthly.
- Probation will pay OBH licensed treatment providers and authorized vendors. Level II
 DUI services will be paid only for actual services received.
- f. Maintain documentation for three years of payment for Level II DUI services at a OBH licensed program and/or authorized vendors, including date of payment, amount of payment, payee, and the name of county probationer and case number.

DUTIES OF OBH.

- a. Review and approve for payment Denver County Probation Department's invoices and contact if invoices are incomplete.
- b. Review Denver County Probation Department's supporting documentation as necessary.

Exhibit A-1

4. PAYMENT RATES

a. The PDD contractor, City and County of Denver-Denver County Probation, in conjunction with OBH and the PDD Steering Committee, will annually complete a process for review of rates charged to the Department (OBH). The baseline for rates was created by an examination of rate ranges across all judicial districts during SFY17. The parties agree that any rate in excess of 5% greater than the previous year will require direct communication and approval from OBH. The Contractors will submit the rates to the Department for review and request for approval.

The contractor will implement an invoice review process to assure rates paid to providers do not exceed the established rates for the State Fiscal Year. To assure reasonable rates, the parties agree that any invoiced rate in excess of 5% greater than the established State Fiscal Year rates will require a justification from the Chief Probation Officer (or insert authorizing staff) requesting approval from OBH.