BILL/ RESOLUTION REQUEST

| 1. | Title: Amends a contract with the Colorado Department of Health Care Policy and Financing |
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| | (HCPF), Colorado's Medicaid Agency by adding another year for a new end date of 6-30-2017 |
| | for HCPF's County Medicaid Incentive Program Agreement which will allow Denver |
| | Department Human Services to earn incentives up to \$1,018,481.64 for the current state fiscal year based upon meeting specific program outcomes as found in the agreement (2014-19599-02). |
| 2. | Requesting Agency: Human Services |

| 3. | Contact Person with actual knowledge of proposed ordina | nce |
|----|---|-----|
| | Name: | |
| | Phone: | |
| | Email: | |

4. Contact Person with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary

Name: Phone: Email:

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved
 - a. Scope of Work
 - b. Duration
 - c. Location
 - d. Affected Council District
 - e. Benefits
 - f. Costs
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.

Bill Request Number: RR16-0465 Date: 6/21/2016