



## Legislation Details (With Text)

**File #:** 22-1209      **Version:** 1

**Type:** Bill      **Status:** Passed

**File created:** 9/24/2022      **In control:** Safety, Housing, Education & Homelessness Committee

**On agenda:** 10/24/2022      **Final action:** 10/24/2022

**Title:** A bill for an ordinance approving a proposed Option Letter to an Intergovernmental Agreement between the City and County of Denver and the Colorado Department of Health Care Policy & Financing for the administration of medical assistance benefit eligibility. Approves a revenue agreement with the Colorado Department of Health Care Policy and Financing (HCPF) for \$1,855,142.92 and through 6-30-2023 for Denver Human Services achieving performance-based deliverables related to County administration of medical assistance benefit eligibility and cooperation with other medical assistance-related entities for State FY21/22 and FY22/23, citywide (SOCSV-202263930). The last regularly scheduled Council meeting within the 30-day review period is on 11-7-2022. The Committee approved filing this item at its meeting on 10-5-2022.

**Sponsors:**

**Indexes:** Lucas Palmisano

**Code sections:**

**Attachments:** 1. BR22-1209\_DHS\_Justification Letter\_202263930, 2. BR22-1209\_DHS\_HCPF - Medicaid Incentive Program - OL1 - Bill Request - SOCSV-202263930, 3. 22-1209\_Filed\_Bill\_Colorado\_Department\_of\_Health\_Care\_Policy\_&\_Financing-mg, 4. Colorado\_Department\_of\_Health\_Care\_Policy\_&\_Financing\_(Medicaid\_Incentive\_Revenue), 5. 22-1209 Filed Bill\_Colorado Department of Health Care Policy & Financing, 6. 22-1209 - signed, 7. 22-1209 For an ordinance approving a proposed Option Letter to an Intergovernmental 6 Agreement between the City and County of Denver and the Colorado

Date	Ver.	Action By	Action	Result
10/25/2022	1	Mayor	signed	
10/24/2022	1	Council President	signed	
10/24/2022	1	City Council		
10/17/2022	1	City Council	ordered published	
10/5/2022	1	Safety, Housing, Education & Homelessness Committee	approved by consent	

### Contract Request Template (Contracts; IGAs; Leases)

**Date Submitted:** 10-3-2022

**Requesting Agency:** Denver Human Services  
**Division:**

**Subject Matter Expert Name:** Mimi Scheuermann

**Email Address:** [Mimi.Scheuermann@denvergov.org](mailto:Mimi.Scheuermann@denvergov.org) <<mailto:Mimi.Scheuermann@denvergov.org>>

**Phone Number:**

**Item Title & Description:**

(Do not delete the following instructions)

These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).

Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.

**A bill for an ordinance approving a proposed Option Letter to an Intergovernmental Agreement between the City and County of Denver and the Colorado Department of Health Care Policy & Financing for the administration of medical assistance benefit eligibility.**

Approves a revenue agreement with the Colorado Department of Health Care Policy and Financing (HCPF) for \$1,855,142.92 and through 6-30-2023 for Denver Human Services achieving performance-based deliverables related to County administration of medical assistance benefit eligibility and cooperation with other medical assistance-related entities for State FY21/22 and FY22/23, citywide (SOCSV-202263930). The last regularly scheduled Council meeting within the 30-day review period is on 11-7-2022. The Committee approved filing this item at its meeting on 10-5-2022.

**Affected Council District(s) or citywide? Citywide**

**Contract Control Number: SOCSV-202263930**

**Vendor/Contractor Name (including any "DBA"):** Colorado Department of Health Care Policy and Financing (HCPF)

**Type and Scope of services to be performed:**

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

**Location (if applicable): Citywide**

**WBE/MBE/DBE goals that were applied, if applicable (construction, design, Airport concession contracts): N/A**

**Are WBE/MBE/DBE goals met (if applicable)? N/A**

**Is the contract new/a renewal/extension or amendment?**

New

**Was this contractor selected by competitive process or sole source?**

**N/A- grant**

**For New contracts**

**Term of initial contract:**

7/01/2021- 6/30/2023

**Options for Renewal:**

**How many renewals (i.e. up to 2 renewals)?**

**Term of any renewals (i.e. 1 year each):**

**Cost of initial contract term:**

\$1,855,142.92

**Cost of any renewals:**

**Total contract value council is approving if all renewals exercised:**

**For Amendments/Renewals Extensions:**

**Is this a change to cost/pricing; length of term; terms unrelated to time or price (List all that apply)?**

***If length changing***

**What was the length of the term of the original contract?**

**What is the length of the extension/renewal?**

**What is the revised total term of the contract?**

***If cost changing***

**What was the original value of the entire contract prior to this proposed change?**

**What is the value of the proposed change?**

**What is the new/revised total value including change?**

***If terms changing***

**Describe the change and the reason for it (i.e. compliance with state law, different way of doing business etc.)**