



Legislation Text

File #: 22-0515, Version: 1

## Finance Item/Grant Request Template

**Date Submitted: 5-2-22**

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

**Subject Matter Expert Name:**

**Email Address:**

**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 amending an Agreement with the Colorado Department of Health Care Policy and Financing by adding \$927,571.46 for a new total of \$1,855,142.92 and one (1) year for a new end date of 6-30-2022 for achieving performance-based deliverables related to County administration, medical assistance eligibility and cooperation with other medical assistance-related entities, citywide (SOCSV-202055468).**

Amends a revenue grant agreement with the Colorado Department of Health Care Policy and Financing by adding \$927,571.46 for a new total of \$1,855,142.92 and one (1) year for a new end date of 6-30-2022 for achieving performance-based deliverables related to County administration, medical assistance eligibility and cooperation with other medical assistance-related entities, citywide (SOCSV-202055468). The last regularly scheduled Council meeting within the 30-day review period is on 6-13-22. The Committee approved filing this item at its meeting on 5-11-22.

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

**Executive Summary with Rationale and Impact:**

*Detailed description of the item and why we are doing it. This can be a separate attachment.*

The purpose of this Contract is to create performance-based benchmarks and deliverables for county departments of human/social services to achieve certain performance standards related to County Administration, Medical Assistance Eligibility and cooperation with other Medical Assistance-related entities.

**Type (choose one: Grant; Supplemental; Fund Creation; Fund Rescission; Fund Transfer; Appropriation; Other): Revenue agreement (grant)**

**Amount: \$927,571.46**

**Budget Year: 2022**

**Fund and Funding Source (Fund/Org/Grant Number, if applicable):**

**Grantor (if applicable):** Colorado Department of Health Care Policy and Financing

**Fund Matching Requirements (if applicable):**

**Fiscal Impact: + \$927,571.46**