State Agency		Option Letter Number	
Department of Health Care Policy and Financing		3	
Contractor		Original Contract Number	
Gainwell Technologies, LLC		14-64254	
Current Contract Maximum Amount		Option Contract Number	
Initial Term		14-64254OL3	
State Fiscal Year 2013-2014	\$9,201,096.00	Contract Performance Beginning Date	
Extension Terms		The later of the Effective Date or November 1,	
		2021	
State Fiscal Year 2014-2015	\$25,491,547.00		
State Fiscal Year 2015-2016	\$25,851,971.00		
State Fiscal Year 2016-2017	\$24,876,103.97	Current Contract Expiration Date	
State Fiscal Year 2017-2018	\$36,497,277.57	October 31, 2023	
State Fiscal Year 2018-2019	\$33,443,308.54		
State Fiscal Year 2019-2020	\$40,449,396.09		
State Fiscal Year 2020-2021	\$46,938,303.99		
State Fiscal Year 2021-2022	\$43,020,009.05		
State Fiscal Year 2022-2023	\$32,236,449.80		
State Fiscal Year 2023-2024	\$16,570,243.99		
Total for All State Fiscal Years:	\$334,575,707.00		

OPTION LETTER #3

1. **OPTIONS:**

D. Modifying the Contract rates. (No change to the actual yearly amount, only changes from one Payment section to another, detailed below.

2. **REQUIRED PROVISIONS:**

- D. <u>For use with Option 1(D)</u>: In accordance with Section(s) 5D of the Original Contract referenced above, the State hereby exercises its option to modify the Contract rates specified in Exhibit/Section Number Letter. The Contract rates attached to this Option Letter replace the rates in the Original Contract as of the Option Effective Date of this option letter.
 - i. The State reserves the right to modify the Contract rates from A24, Section I, Exhibit E, Compensation and Quality Maintenance Payments, section 1.1.3.7.4. Enhancement Staff Pool Hours will decrease \$1,240,000.00 from the FY22 pricing section for a new total of \$9,554,930.98.
 - ii. The State reserves the right to modify the Contract rates in Amendment 24, Exhibit E, Section 1.1.13, which concerns Electronic Visit and Verification (EVV) services. The State will increase FY22's amount by \$1,240,000.00 for a new total of \$1,808,425.00.

3. OPTION EFFECTIVE DATE:

The effective date of this Option Letter is upon approval of the State Controller.

	In accordance with C.R.S. §24-30-202, this Option is not valid	
STATE OF COLORADO	until signed and dated below by the State Controller or an	
Jared S. Polis, Governor	authorized delegate.	
Department of Health Care Policy and Financing	STATE CONTROLLER	
Kim Bimestefers Free utive Director	Robert Jaros, CPA, MBA, JD	
kim Bimestefer	Mathan Weatherford	
Ву:0В6А84797ЕА8493	By:5E7821C38FAC42A	
6/30/2022	6/30/2022	
Date:	Option Effective Date:	