

OPTION LETTER

State Agency Department of Health Care Policy and Financing	Option Letter Number 3
Contractor International Business Machines Corporation	Original Contract Number 201500002126
Current Contract Maximum Amount	Option Contract Number 201500002126OL3
Initial Term State Fiscal Year 2015 \$2,162,500.00	Contract Performance Beginning Date May 1, 2015
Extension Terms State Fiscal Year 2016 \$9,860,250.00 State Fiscal Year 2017 \$4,768,951.23 State Fiscal Year 2018 \$20,856,823.67 State Fiscal Year 2019 \$13,591,483.89 State Fiscal Year 2020 \$11,791,920.57 State Fiscal Year 2021 \$11,002,957.11 State Fiscal Year 2022 \$11,611,104.53 State Fiscal Year 2023 \$13,186,601.23 State Fiscal Year 2024 \$12,893,237.12 Total for All State Fiscal Years \$111,725,829.55	
Current Contract Expiration Date June 30, 2024	
Funding Changes with Option Letter 3	
<ul style="list-style-type: none"> Adding additional funding in the amount of \$282,224.00 to SFY2022-2023 for Groups 1, 2, and 3 of the Care and Case Management (CCM) tool implementation. 	

1. OPTIONS:

- A. Option to change the quantity of Services under the Contract.

2. REQUIRED PROVISIONS:


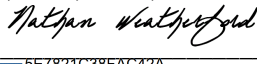
- A. In accordance with Section(s) 4.3 of Exhibit A of the Original Contract referenced above, the State hereby exercises its option to increase the quantity of Non-Key Personnel FTE hours by 1,756 for FY2022-23 at the rates stated in Section 1.1.3.1 of Exhibit E of the Original Contract, as amended.
- B. Additional Non-Key Personnel FTE hours will support the implementation of the Care and Case Management (CCM) tool. The Contractor will build out Group 1-3 data structures in the ODS to accommodate CCM data reporting for the 53 tables listed below. These are the minimum number of tables required for the Department to successfully launch the CCM tool reporting. Additional table families are expected in future project phases.
- i. Member
 - ii. Member Postal Address
 - iii. Member Email Address
 - iv. Member Phone Number
 - v. Member Legal
 - vi. Member Contact
 - vii. Member Contact Detail
 - viii. Member Contact Legal
 - ix. Contact
 - x. Contact Postal Address
 - xi. Contact Phone Number
 - xii. Contact Email Address

- xiii. Member Identifier
- xiv. Member Employment
- xv. Member Financial
- xvi. Member Living Arrangement
- xvii. MemberProgram
- xviii. MemberProvider
- xix. MemberSecurityProfile
- xx. MemberStaff
- xxi. MemberStaffRoleTypeDetail
- xxii. Provider
- xxiii. ProviderEmailAddress
- xxiv. ProviderIdentifier
- xxv. ProviderPhoneNumber
- xxvi. ProviderPostalAddress
- xxvii. Staff
- xxviii. StaffMemberStaffRole
- xxix. StaffTeam
- xxx. StaffTeamMap
- xxxi. SecurityUser
- xxxii. SecurityUserContext
- xxxiii. SecurityProfile
- xxxiv. SecurityRole
- xxxv. CallLog
- xxxvi. CallLogIssue
- xxxvii. CallLogTypeReasonDescriptionMap
- xxxviii. Incident
- xxxix. IncidentActionTaken
- xl. IncidentActionTakenIncidentActionTypeMap
- xli. IncidentNote
- xlii. IncidentOccurredAtProviderMap
- xliii. IncidentPerson
- xliv. IncidentRestrictedUser
- xlv. MemberCallLog
- xlvi. MemberDisabilityDetermination
- xlvii. MemberDisabilityDeterminationNeurologicalConditionsTypeMap
- xlviii. ProgramTypeDetail
- xlix. ProgramTypeMap
- l. ProgramTypeProgramStatusTypeMap
- li. WaitingList

- l.ii. WaitingListItem
- l.iii. WaitingListItemAuthorizationTypeDetail
- C. The Contractor agrees to an implementation timeline for design and development activities that will accommodate the needs of the overall CCM initial go-live (currently scheduled on or after October 17th, 2022).
- D. The Contractor agrees to work with the MMIS and CCM contractors to create a mutually agreed upon Interface Control Document (ICD) that governs the transfer of CCM data.
- E. The Contractor agrees to profile the CCM production data within four (4) business days of receipt of production data from the CCM contractor. If data meets ICD specifications, Contractor agrees to promote to production at the next regularly scheduled promotion cycle following successful data profiling. The Contractor agrees that there will not be any impacts to resources working on existing Change Request work currently in progress during this project implementation.
- F. 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.

<p style="text-align: center;">STATE OF COLORADO Jared S. Polis, Governor Department of Health Care Policy and Financing Kim Bimester, Executive Director</p> <p>By: <u></u> <small>0B6A84797EA8493...</small></p> <p>Date: <u>10/5/2022</u></p>	<p>In accordance with C.R.S. §24-30-202, this Option is not valid until signed and dated below by the State Controller or an authorized delegate.</p> <p style="text-align: center;">STATE CONTROLLER Robert Jaros, CPA, MBA, JD</p> <p>By: <u></u> <small>5E7821C38FAC42A...</small></p> <p>Option Effective Date: <u>10/5/2022</u></p>
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