OPTION LETTER #5

| State Agency | Option Letter Number | | |
|--|-------------------------------------|--|--|
| Department of Health Care Policy and Financing | 5 | | |
| Contractor | Original Contract Number | | |
| The Resource Exchange, Inc. | 21-160442 | | |
| Current Contract Maximum Amount | Option Contract Number | | |
| No Maximum for any SFY | 21-160442OL5 | | |
| | | | |
| | Contract Performance Beginning Date | | |
| | July 1, 2020 | | |
| | | | |
| | Current Contract Expiration Date | | |
| | June 30, 2022 | | |
| | | | |

1. OPTIONS:

A. Option to modify Contract rates

2. REQUIRED PROVISIONS:

In accordance with Section(s) 8.1.2 of Exhibit B-2, Statement of Work, of the Original Contract referenced above, the State hereby exercises its option to modify the Contract rates specified in Section 8.1.1. The Contract rates attached to this Option Letter replace the rates for the deliverables identified in the table below, in the Original Contract as of the Option Effective Date of this Option Letter. No other rates in this contract will be changed.

3. OPTION EFFECTIVE DATE:

A. The effective date of this Option Letter is upon approval of the State Controller or 4/1/2022, whichever is later.

| | 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 Bimestefer, Executive Director | Robert Jaros, CPA, MBA, JD |
| By: | By: Chellon Winer 6A7849A4B2214890 Option Effective Date: |

| ADMINISTRATIVE FUNCTIONS RATE TABLE | | | |
|--|------------|---------------------------------|--|
| Description | Rate | Frequency | |
| Operations Guide | \$7,532.92 | Annually – Year 1 of the | |
| | | Contract | |
| Operations Guide Update | \$1,355.01 | Annually – Years 2, 3, 4, and 5 | |
| | | of the Contract | |
| Committee Updates | \$1,021.21 | Semi-Annually | |
| Complaint Trend Analysis | \$3,675.22 | Quarterly | |
| Case Management Training | \$618.16 | Semi-Annually | |
| Creation Of Packet - Appeals | \$506.55 | Per Packet | |
| Attendance At Hearing - Appeals | \$287.59 | Per Hearing | |
| Critical Incident Reporting | \$1.53 | Monthly, Per Member Enrolled | |
| Critical Incident Follow-Up Performance Standard | \$2,338.23 | Quarterly | |
| Initial Level Of Care Screening And Assessment | \$270.25 | Per Screening and Assessment | |
| CSR Level Of Care Screening And Assessment | \$187.85 | Per Screening and Assessment | |
| Pilot - Initial Level Of Care Screen | \$200.36 | Per Screen | |
| Pilot - CSR Level Of Care Screen | \$186.40 | Per Screen | |
| Pilot - Initial Basic Needs Assessment | \$252.97 | Per Assessment | |
| Pilot - CSR Basic Needs Assessment | \$237.44 | Per Assessment | |
| Pilot - Initial Comprehensive Needs Assessment | \$316.21 | Per Assessment | |
| Pilot - CSR Comprehensive Needs Assessment | \$302.19 | Per Assessment | |
| Rural Travel Add-On | \$35.70 | Per Initial or CSR, Monitoring | |
| Ongoing Case Management - Tier 1 | \$91.52 | Monthly, Per Member Enrolled | |
| Ongoing Case Management - Tier 2 | \$87.08 | Monthly, Per Member Enrolled | |
| Ongoing Case Management - Tier 3 | \$74.92 | Monthly, Per Member Enrolled | |
| Monitoring | \$85.21 | Per Contact | |
| Soft Launch Training On The CCM, Assessment | Calculated | Upon Training Completion | |
| And Support Plan Instruments | Allocation | | |
| Training On The CCM, Assessment And Support | Calculated | Upon Training Completion | |
| Plan Instruments | Allocation | | |
| Continuous Quality Improvement Plan | \$482.84 | Per Plan | |