OPTION LETTER #3

State Agency		Option Letter Number
Department of Health Care Policy and Financing		3
Contractor		Original Contract Number
Developmental Pathways, Incorporated		20-134777
Current Contract Maximum Amount		Option Contract Number
State General Fund Programs		20-134777OL3
Initial Term		
State Fiscal Year 2019-20	\$23,302,027.00	
Extension Terms		Contract Performance Beginning Date
State Fiscal Year 2020-21	\$19,864,414.00	July 1, 2019
State Fiscal Year 2021-22	\$20,329,819.00	
State Fiscal Year 2022-23	\$0.00	
State Fiscal Year 2023-24	\$0.00	
		Current Contract Expiration Date
Total for All State Fiscal Years	\$63,496,260.00	June 30, 2022
Medicaid Programs		
Initial Term		
State Fiscal Year 2019-20	\$5,830,152.00	
Extension Terms		
State Fiscal Year 2020-21	\$8,157,493.00	
State Fiscal Year 2021-22	No Contract Maximum	
State Fiscal Year 2022-23	\$0.00	
State Fiscal Year 2023-24	\$0.00	

1. OPTIONS:

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

2. REQUIRED PROVISIONS:

A. In accordance with Exhibit A, Section 6.3 of the Original Contract referenced above, the State hereby exercises its option to Increase the quantity of the Services of Elbert County at the rates stated in the Original Contract, as amended.

3. OPTION EFFECTIVE DATE:

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

CTATE OF COLORADO	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
DocuSigned by:	DocuSigned by:
kim Binestefer	Challon Winer
Ву:овба84797Еа8493	By:6A7B49A4B221490
8/24/2021	8/24/2021
Date:	Option Effective Date: