



**COLORADO**

Department of Health Care  
Policy & Financing

## OPERATIONAL MEMO

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**OPERATIONAL MEMO NUMBER: HCPF OM 19-023**

**TITLE: FY 2019-20 COUNTY INCENTIVES CONTRACT AMENDMENT**

**SUPERSEDES NUMBER: HCPF OM 18-001**

**ISSUE DATE: JUNE 5, 2019**

**EFFECTIVE DATE: MAY 21, 2019**

**DIVISION AND OFFICE: EXTERNAL RELATIONS, POLICY, COMMUNICATIONS  
AND ADMINISTRATION OFFICE**

**PROGRAM AREA: COUNTY RELATIONS AND ADMINISTRATION**

**APPROVED BY: RACHEL REITER**

**KEY WORDS: COUNTY INCENTIVES, FY 19-20, INCENTIVES, PERFORMANCE  
BENCHMARKS**

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*HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>*

### **Purpose and Audience:**

This Operational Memo is to inform county departments of human/social services of the contract amendment process and contract due dates for the FY 2019-20 County Incentives Program.

### **Background:**

The County Incentives Program was implemented in FY 2014-15 through a contract with each county department of human/social services. Each year, the Department updates the performance benchmarks and deliverables in the Statement of Work to align with Department priorities and to address audit findings. The Department has completed the Statement of Work for FY 2019-20 which requires action by each county.

### **Information/Procedure:**

The Department will send the contract amendment for FY 2019-20, which consists of Exhibit A-5 Statement of Work, Exhibit B Rates, and Exhibit C Small, Medium and Large County List, to county directors by late May 2019. **County directors or designees should take the following action:**

Step 1: Print three (3) originals of the document.

- a. Print double sided.
- b. Print all exhibits and/or attachments in the PDF.
- c. All 3 originals must be the entire document; 1 full copy and 2 signature pages will **NOT** be accepted.

Step 2: Sign all three originals by an authorized signer.

Note: All signatures must be original; electronic signatures and signature stamps will **NOT** be accepted.

Step 3: Send the three signed originals **AND** a copy of Certificate of Liability Insurance.

- a. The County's insurance must be effective during the contract term, and the "Insured" name at the top of the form must match the name of the County.

Step 4: Complete the attached County Contact List template.

- a. The county should provide contact information for all designated contact types for the Department to update county contact lists. These contacts are used by Department staff, external partners and others to ensure seamless communication with county partners.
- b. The completed County Contact List template can be sent electronically to [HCPFCountyRelations@state.co.us](mailto:HCPFCountyRelations@state.co.us) by June 14, 2019.

Step 5: Return the three signed originals including all exhibits to the address below.

- a. Please return, as soon as possible, to:

ATTN: Joshua Montoya  
HCPF County Relations  
1570 Grant St  
Denver, CO 80203

Step 6: Executed contract amendments will be returned to the county director, unless otherwise specified. If the executed contract amendment should be routed to staff other than the county director, please provide the following information on a separate sheet of paper:

- a. Name/title
- b. Address
- c. Phone and email address

**Due Date:** Signed, returned contract amendments are due by June 14, 2019. Any counties who do not submit their signed contract amendment by June 17, 2019 will be issued an Option Letter to hold over the contract until the new amendment is signed.

**If your county anticipates signature past the June 14, 2019 due date**, please contact the Department contact below so preparations can be made for an Option Letter to be issued.

**Attachment(s):**

[FY 2019-20 County Incentives contract amendment #5](#)

[FY 2019-20 County Incentives funding table](#)

[FY 2019-20 County Contact List template](#)

**Department Contact:**

[HCPFCountyRelations@state.co.us](mailto:HCPFCountyRelations@state.co.us)