



To: Travis Bass
Endura Health Care, Inc

From: Kerin Dyer
Adams County Human Services Department

Date: March 26, 2021

Re: Contract Cost Amendment

The purpose to this memo is to describe the change and increase of your financial responsibility. Effective January 01, 2021, there will be a change in the reimbursement for your Community Support Specialist (CSS). In 2014, the term of contract was changed to automatic renewal with written notification of any modifications that are to be made.

The Adams County Finance Department completed a Medicaid contract analysis and determined that ninety percent (90%) of these costs can be charged to Medicaid and the State of Colorado. For Medicaid eligibility processing with the remaining ten percent (10%) chargeable to the contracting entity. For activities which are not related to eligibility processing, eighty (80%) of the costs can be charged to Medicaid and the remaining twenty (20%) chargeable to the contracting entity. The current average percentage that will be charged to the contracting entity was calculated at thirteen percent (13%).

The below table reflects your 2020 and 2021 financial responsibility while the waiver is in effect.

	January 01, 2020	January 01, 2021
Average Annual Employee Cost (including benefits and coverage)	\$9862.27	\$11,922.14
Your Share of CSS Cost	\$821.86	\$866.04
Proportionate Supervisory, Coverage and Operational Costs	\$138.68	\$127.47
Total Financial Responsibility	\$960.54	\$993.51

Enclosed are two originals of the Contract Cost Amendment: please sign and return both originals to me, please feel free to contact me at 720.523.2305.

IN WITNESS WHEREOF, the parties hereto have caused their names to be affixed hereto.

BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, COLORADO

Chair

Date

ATTEST:

APPROVED AS TO FORM:

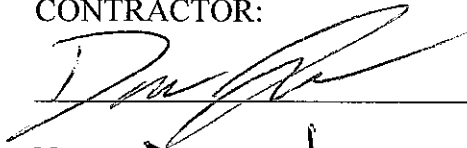
CLERK AND RECORDER

Date

Deputy Clerk

Adams County Attorney's Office

CONTRACTOR:



Name: Dave Jorgensen

Title: Operational Market Leader

Subscribed and Sworn before me this _____ day of _____ 2021, by\

Notary Public

My commission expires: _____