ORDINANCE/RESOLUTION REQUEST

				Date of Request: September 18, 2014
Please mark one:		Bill Request	or	☐ Resolution Request
1.	Has your agency submitted this request in the last 12 months?			
	☐ Yes	⊠ No		
	If yes, pl	ease explain:		
Au	d Health Insura	nce Portability Accountability	Act (HIPA	bugh contract number 2012-07598-03 to updated rates for the vendor and AA) language. The contractor provides placements and case management e in the amount of the contract.
	Ariel Clinical 4660 Wadswe Wheat Ridge	orth Blvd.		
3.	Requesting A	Agency: Denver Department o	f Human S	Services
4.	4. Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org			
5.	S. Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org			
6.	This Ord rates for	inance will authorize an amend the vendor and add Health Insu	lment with rance Port	ng contract scope of work if applicable: Ariel Clinical Services through contract number 2012-07598-03 to update tability Accountability Act (HIPAA) language. The contractor provides dren in out-of-home care. There is no change in the amount of the contract.
	a. Con	tract Control Number: 201	2-07598-0	13
		ation: $7/1/2012 - 6/30/2015$		3
	c. Loca	ation: Vendor provides servi	ices in Col	lorado
	d. Affe	ected Council District: All	Districts	
	e. Ben	efits: Improved continuum	of care for	children.
	f. Cost	ts: The vendor is paid from the	ne Child W	Velfare state allocation.
7.	Is there any	controversy surrounding this	ordinance	e? Please explain.
	No			
		To be	e complete	ed by Mayor's Legislative Team:
SII	RE Tracking Nu	umber:		Date Entered: