

**ORDINANCE/RESOLUTION REQUEST**

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**Date of Request: October 16, 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, please explain:**

**2. Title:**

Authorizes an amendment with Lutheran Social Services of Colorado through contract number 2012-07589-03, to update rates for the vendor and add Health Insurance Portability and Accountability Act (HIPAA) language. The contractor provides placements and case management services to children in out-of-home care. There is no change in the amount of the contract.

Lutheran Social Services of Colorado  
363 S. Harlan St., Suite 200  
Denver, CO 80226

**3. Requesting Agency:** Denver Department of Human Services

**4. Contact Person:**

- **Name:** Ron Mitchell
- **Phone:** 720-944-2903
- **Email:** Ron.Mitchell@denvergov.org

**5. Contact Person:**

- **Name:** Ron Mitchell
- **Phone:** 720-944-2903
- **Email:** Ron.Mitchell@denvergov.org

**6. General description of proposed ordinance including contract scope of work if applicable:**

This Ordinance will authorize an amendment with Lutheran Social Services of Colorado through contract number 2012-07589-03 to update rates for the vendor and add Health Insurance Portability Accountability Act (HIPAA) language. The contractor provides placements and case management services to children in out-of-home care. There is no change in the amount of the contract.

- a. Contract Control Number:** 2012-07589-03
- b. Duration:** 7/1/2014 – 6/30/2015 for updated rates
- c. Location:** Vendor provides services in Colorado
- d. Affected Council District:** All Districts
- e. Benefits:** Improved continuum of care for children
- f. Costs:** The vendor is paid from the Child Welfare state allocation.

**7. Is there any controversy surrounding this ordinance? Please explain.**

No

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*To be completed by Mayor's Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_