

# ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by **9 a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 1/23/2024

Please mark one:  Bill Request or  Resolution Request

## 1. Type of Request:

- Contract/Grant Agreement  Intergovernmental Agreement (IGA)  Rezoning/Text Amendment  
 Dedication/Vacation  Appropriation/Supplemental  DRMC Change  
 Other:

## 2. Title: (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves a contract with Injury Care Associates, LLC to provide medical treatment for employees injured on the job, pre the requirements of the Colorado Workers' Compensation Act. Vendor will also provide non-workers' compensation-related medical services, as may be requested by the City.

## 3. Requesting Agency: Finance/Risk Management and Workers' Compensation Division

## 4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Devron McMillin	Name: Devron McMillin
Email: Devron.McMillin@denvergov.org	Email: Devron.McMillin@denvergov.org

## 5. General description or background of proposed request. Attach executive summary if more space needed:

The Colorado Workers' Compensation Act requires employers provide at least four medical providers to treat employees injured on the job. Injury Care Associates, LLC is one of 4 designated providers selected via an RFP to provide medical care as required in the Colorado Workers' Compensation Act. Injury Care Associates will also provide non-workers' compensation-related medical services, as may be requested by the City, including but not limited to:

- Denver Police, Fire, and Sheriff post conditional job offer physical and fitness for duty evaluations
- Department of Transportation (DOT) physicals and drug screens
- Non-DOT drug and alcohol testing
- Human Performance Evaluation creation and assessment
- Respirator medical clearance
- Immunizations
- Hazmat medical review
- Infection control
- Assessments for exposure to lead and asbestos

## 6. City Attorney assigned to this request (if applicable): Rob McDermott

## 7. City Council District: N/A

## 8. **\*\*For all contracts, fill out and submit accompanying Key Contract Terms worksheet\*\***

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: \_\_\_\_\_

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

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property): Professional Services

Vendor/Contractor Name (including any dba's): Injury Care Associates, LLC

Contract control number (legacy and new): FINAN-202371566

Location: Citywide

Is this a new contract?  Yes  No Is this an Amendment?  Yes  No If yes, how many? \_\_\_\_

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): 1/1/2024 – 12/31/2026

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$3,000,000	N/A	\$3,000,000

  

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/2024 – 12/31/2026	N/A	12/31/2026

**Scope of work:**

Provide initial and subsequent medical treatment for employee injuries or illnesses sustained in the workplace. Vendor will also provide non-workers' compensation-related medical services, as may be requested by the City.

Was this contractor selected by competitive process? Yes **If not, why not?**

Has this contractor provided these services to the City before?  Yes  No

Source of funds: Workers' Compensation Internal Service Fund

Is this contract subject to:  W/MBE  DBE  SBE  XO101  ACDBE  N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A

Who are the subcontractors to this contract? None

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Resolution/Bill Number: \_\_\_\_\_

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