## ORDINANCE/RESOLUTION REQUEST

Ple	bate of Request: October 8, 200  Se mark one: Bill Request or Resolution Request	<u> </u> 4
1.	Has your agency submitted this request in the last 12 months?	
	☐ Yes	
	If yes, please explain:	
2.	Title:  Authorizes an amendment with Frontier Family Services., through contract number 2012-07597-03 to update rates for the vendo 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.	r
	Frontier Family Services 1290 Boston Avenue Longmont, CO 80501-581	
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 Frontier Family Services., through contract number 2012-07597-03 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.	
	a. Contract Control Number: 2012-07597-03	
	<b>b. Duration:</b> $7/1/201 - 6/30/2015$ Rate and HIPAA update term	
	c. Location: Vendor provides services in Colorado	
	d. Affected Council District: All Districts	
	<ul><li>e. Benefits: Improved continuum of care for children.</li><li>f. Costs: The vendor is paid from the Child Welfare state allocation.</li></ul>	
7.	Is there any controversy surrounding this ordinance? Please explain.  No	
	To be completed by Mayor's Legislative Team:	
SII	E Tracking Number: Date Entered:	