

**AGREEMENT TO PURCHASE  
OUT-OF-HOME PLACEMENT SERVICES (CPA)  
(Denver's SS23A)**

- CHILD PLACEMENT AGENCY SERVICES (CPA)
- CHILD RESIDENTIAL HABILITATION PROGRAM (CHRP)
- GROUP HOME/GROUP CENTER CARE
- INDEPENDENT LIVING
- PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)
- RESIDENTIAL CHILD CARE FACILITY (RCCF)
- RESIDENTIAL DRUG/ALCOHOL PROGRAM
- SHELTER CARE
- SUBSIDIZED ADOPTION
- TRANSITION/HOME BASED AFTER-CARE (RCCF)
- OTHER (DESCRIBE): \_\_\_\_\_

THIS AGREEMENT is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado acting through the Denver Department of Human Services (hereinafter "County") and **CATHOLIC CHARITIES AND COMMUNITY SERVICES OF THE ARCHDIOCESE OF DENVER, INC.**, 4045 PECOS STREET, DENVER, CO 80211, Trails Number 45071 (hereinafter "Contractor").

THIS AGREEMENT shall include all children placed by County and Contractor.

A child specific addendum, identifying individual service needs, must be completed and attached to supplement this agreement for each child being served by the facility. If this is a CPA placement, the child specific addendum should also address how administrative services will be provided in the event the child is placed for adoption in a foster home supervised by the CPA.

WHEREAS, the Colorado State Department of Human Services, hereinafter called "State Department" is authorized to provide social services to individuals and families of individuals through its agents, County Departments of Social/Human Services, and

WHEREAS, the County is authorized to purchase certain services for eligible children under State Department rules, and

WHEREAS, the County wishes to provide these services by purchasing them from Contractor, and,

WHEREAS, the Contractor is licensed as a Child Placement Agency, Residential Child Care Facility, certified Psychiatric Residential Treatment Facility, or meets the requirements for other licensed service types.

NOW THEREFORE, it is hereby agreed that in consideration of the mutual undertakings the County and the Contractor agree as follows:

1. This Agreement shall be in force from 7/1/2015 through 6/30/2018. Any child may be removed from the facility prior to the end of the agreement or fiscal year by the county department.
2. This Agreement may be renewed only by entering into a new written Agreement such as this Agreement signed by the authorized representatives of the parties. Except as otherwise provided above, either party shall have the right to terminate this contract by giving the other party thirty (30) days notice by registered mail, return receipt requested. If notice is so given, this contract shall terminate on the expiration of the thirty (30) days or until the eligible child(ren) can be placed elsewhere, whichever occurs first, and the liability of the parties hereunder for further performance of the terms of this Agreement shall thereupon cease, but the parties shall not be released from the duty to perform their obligations up to the date of termination.
3. This Agreement is in lieu of and supersedes all prior agreements between the parties hereto and relating to the care and services herein described.

#### SECTION I. DESCRIPTION OF SERVICES TO BE PURCHASED.

1. The total rate of payment for care and services under this Agreement shall not exceed: the established rate for the PRTF; for CPA placements, the negotiated rate or the approved vendor rate; for RCCF placements, the established Fee-for-Service rate and the negotiated rate or the approved vendor rate; and, for CHRP placements, the approved CHRP waiver rate. The total rate of payment for care and services for other service types will be as negotiated between the County and the Contractor. Medicaid rules shall govern activities to be covered in the daily rate paid to PRTFs.

The amount paid for purchased care and services for less than a full month will be based upon the daily rate.

2. Payment for a child's temporary absence from the facility, including absence due to hospitalization, will be made in accordance with State Department rules in Staff Manual Volume VII, 7.406.1, F (12 CCR 2509-5).

3. Transportation shall be furnished by County between the child's residence and Contractor's facility for the initial placement and return after the treatment plan is completed. If the child runs away from the Contractor's facility, the County shall provide transportation to either return the child to the facility or to other care as arranged by the County. The County has responsibility for the decision to return the child to the facility, with input from the Contractor.

4. All other transportation associated with the Contractor's proposed services will be provided by Contractor. Any transportation costs not covered or contemplated in the original treatment plan must be negotiated between County and Contractor and are not subject to reimbursement under this Agreement. However, provisions for payment of other transportation may be provided for in the Family Service Plan / Individual Plan of Care.

5. Any transportation costs to be incurred on behalf of a child in placement, which are to be borne by persons, or agencies, which are not a party to this contract, shall be specified in the

treatment/service plan, and those persons shall acknowledge their responsibility by signing the treatment/service plan.

## SECTION II. LEGAL STATUS AND AUTHORIZATIONS

1. Such permission as is held by the County is hereby granted to the Contractor to authorize routine or emergency medical and dental treatment except that:

a. Medical or dental care shall be provided by personnel duly licensed by law as required by the State of Colorado. It is mutually understood hereto that hospital expenses, surgery, ophthalmology services, eyeglasses, orthodontia or other unusual expenses are not included in the monthly rate. The cost of any items not covered by Medicaid will be negotiated between County and Contractor. Medicaid rules shall govern activities to be covered in the daily rate paid to PRTFs.

2. County and Contractor shall insure that the child(ren) is enrolled in the Early and Periodic Screening, Diagnosis and Treatment Program.

3. It is agreed and permission is granted for the child(ren) to participate in planned recreational and social activities of Contractor, including supervised off grounds excursions and extended trips within the State, provided that Contractor has written permission from County and legal guardian for any trips out of Colorado for any reason and any planned absence from the facility of over seven (7) days within a consecutive 30-day period. Such written permission may be in the treatment/service plan. Further, Contractor and County will also secure, where possible, permission from parents or guardians of the child placed with the Contractor. Any planned absence of more than 24 hours for children placed in a PRTF is not Medicaid reimbursable.

4. County and Contractor shall inform each other and the local school district of any changes in parental residence affecting educational status which comes to their attention.

## SECTION III. REASONS FOR REFERRAL, TREATMENT PLAN, AND PROGRESS REPORTS

1. County and Contractor agree and understand that the reasons for referral, which necessitate purchasing services for children are specified in the attached child specific addendum and Family Services Plan. Any other relevant information concerning these children that does not necessitate purchasing services is also included in the addendum.

2. County and Contractor shall develop an initial plan that addresses the immediate and/or emergency needs of the child within 72 hours of admission for children in RCCFs or group homes or centers except PRTF. County and Contractor shall formulate an initial individual plan of care within 14 calendar days after admission for children in RCCFs or group homes or centers except PRTF. The placement date is that date noted in the attached child specific addendum included with this contract. The Child's Family Service Plan may be utilized as an Individual Plan of Care for this purpose for facilities. Modifications to this plan shall be agreed to in writing on the plan or as a supplemental document.

3. County and Contractor shall formulate an initial individual plan of care for children in PRTFs within 72 hours. For children in a PRTF a comprehensive individual plan of care must be completed by the multidisciplinary team within 14 calendar days from the placement date. The

placement date is that date noted in the attached child specific addendum included with this contract. Modifications to this plan shall be agreed to in writing on the plan or as a supplemental document.

4. The individual plan of care shall be goal oriented and time-limited and shall:

a. Address all areas listed in Section 7.714.4, C, 2, (12 CCR 2509-8) together with clinical and other needs including the child's presenting problems, physical health, emotional status, behavior, support system in the community, available resources, and discharge plan.

b. Include specific goals and measurable objectives, expected dates of achievement, specific discharge and transitional/after-care and follow up services criteria to be met for termination of treatment.

c. Specify the type, frequency, and duration of clinical therapy services, rehabilitation services, medication management, emergency services, initial assessment, documented treatment modifications, and other services determined to be necessary to meet the child's specific goals.

d. Specify that all RCCF services are necessary to meet the needs of the child and to treat the child's current diagnosis.

e. Identify the provision of, or the referral for, services other than RCCF services and shall document any court ordered treatment including identifying the agency responsible for providing the court ordered treatment.

f. Identify anticipated living arrangement for the child at the date of discharge.

g. Identify anticipated educational arrangement for the child at the time of discharge.

h. Identify anticipated date for discharge from treatment purchased for the child.

i. Identify a permanency goal for the child.

5. Monthly, Child Placement Agencies, RCCFs and other contractor types other than PRTF, shall conduct a monthly review of each plan to evaluate whether the short-term and long-term goals have been achieved or not achieved. These parties shall provide the County with written reports which address changes to the child's physical condition, psychological and social functioning, changes in the child's family situation, educational progress, significant incidents or disciplinary actions, and progress made to achieve goals specified in the treatment plan. Further, the Contractor agrees to sequence reports to be received by the County 15 calendar days prior to judicial or administrative hearings or reviews when provided with 30 calendar days advance notice of such dates by County.

6. Every 14 days, PRTFs shall provide the County with written reports which address changes to the child's physical condition, psychological and social functioning, changes in the child's family situation, educational progress, significant incidents or disciplinary actions, and progress made to achieve goals specified in the treatment plan.

#### SECTION IV. CONTRACTOR SHALL:

1. Conform with and abide by all rules and regulations of the Colorado Department of Human Services, the Colorado Department of Health Care Policy and Financing (if appropriate), the State of Colorado and any applicable federal laws and regulations, as such, which may be amended from time to time, and shall be binding on Contractor and control any disputes in this Agreement.
2. Maintain a current license and maintain license requirements as specified under State law and rule.
3. Not charge any fees to children or families of children referred by county for any services provided under this Agreement.
4. Not assign the obligations under this Agreement nor enter into any sub-contract without the express written approval of the Director of the County Department or his/her appointed designee.
5. Abide by all applicable provisions of Title VI and VII of the Federal Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title XX of the Social Security Act of 1975 as revised, and provide confidentiality of information concerning the child in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
6. Maintain during the term of this Agreement the insurance coverage described in **Attachment A**.
7. Maintain during the terms of this Agreement a fidelity bond described in **Attachment A**.
8. Indemnify County, Colorado Department of Human Services, Colorado Department of Health Care Policy & Financing, and the State of Colorado against any and loss against all claims and actions based upon or arising out of damage or injury, including death, to persons or property caused or sustained in connection with the performance of this contract or by conditions created thereby, or based upon any violations of any statute, ordinance, or regulation and the defense of any such claims or actions.

Paragraphs 6, 7 and 8 do not apply to the University of Colorado contracts with county departments.

9. In regards to University of Colorado contractors only, the contractor shall be responsible for its own wrongful or negligent acts or omissions or those of its officers, agents, or employees while performing their professional duties to the full extent allowed by law. Notwithstanding the foregoing, nothing in this Agreement is a limitation or waiver of the application of the Colorado Governmental Immunity Act set forth in §24-10-101 to §24-10-120, C.R.S., any claims resulting from the performance of the University of Colorado, its employees or agents under this Agreement.
10. Maintain service program records, fiscal records, documentation and other records, which will sufficiently and properly reflect all direct and indirect costs of any nature incurred in the performance of this Agreement. The above shall be subject at all reasonable times to inspection, review or audit by federal, Colorado Department of Human Services, Colorado Department of

Health Care Policy & Financing, or county personnel, and other persons authorized in writing by the Executive Director of the Colorado Department of Human Services.

11. Contractor shall, in any instance of a potential adoption by a foster parent, provide the initial home study, the SAFE study update, annual certification updates and related materials when requested by the County within fourteen working days of the request. At all other times the Contractor shall make home studies and related materials available to the County for review, at a location agreed upon by the County and the Contractor, during regular business hours.

12. Bill the County for services rendered, using the required form. This form is to be mailed to the County by the last day of the month of care. Billings for PRTFs shall be made to the MMIS System only. Billings for RCCF and CHRP shall be made to either the MMIS System or the County. Billings for CPAs and other contractor types shall be made to the County only. Contractor will not be paid by the county when billing is not received by the County within 30 calendar days following the billing due date.

13. Attend and participate in Administrative Reviews for children in placement with the Contractor pursuant to two (2) weeks written notice by the County. The Contractor shall encourage children over the age of twelve to attend their Administrative Reviews. Participation may be in person or by teleconference.

14. The Contractor shall pay the foster parent the amount agreed upon with the county as the child maintenance or room and board. Any payment to the foster parent in excess of the child maintenance or room and board amount shall be treated as income to the foster parent.

#### SECTION V. COUNTY SHALL:

1. Determine eligibility of the children under this Agreement for placement and medical coverage. Medicaid rules and regulations shall govern determination of Medicaid eligibility.

2. Assess and collect fees in accordance with the rules and regulations of the Colorado Department of Human Services.

3. Reimburse Contractor by the 15th of the following month in accordance with fiscal system time frames for services purchased under this Agreement in accordance with the established rate when billing is submitted as described in Section IV, Number 10 (above).

4. Abide by all the rules and regulations of the Colorado Department of Human Services, federal rules and regulations and the laws of the State of Colorado, any of which may be amended from time to time.

5. If this agreement covers an initial placement for a child, the Contractor may receive a clothing allowance in accordance with State Department rules.

6. Monitor children's progress in accordance with the treatment/family services plan and the requirements of Colorado Department of Human Services rules and provide consultation to Contractor in relation to the services purchased under this Agreement.

7. Invite Contractor to Administrative Reviews at least 2 weeks prior to the scheduled review.

8. Involve Contractor in planning for the child and give the Contractor a copy of the Family Services Plan at time of placement or as soon as completed and when updated or revised.

9. The County shall seek recovery from the RCCF, CPA or other contractor type for any non Medicaid payment amounts that have been misused as defined in rules. The County may withhold subsequent payments to recover any funds misused by the RCCF, CPA or other contractor type. The County shall seek recovery of any remaining funds as a debt due the County for the benefit of the state. The RCCF or CPA may appeal the decision to recover or withhold subsequent payments as defined in rules.

10. The County shall identify the amount agreed upon with the Contractor to be paid to the foster parent for the child's room and board. Such amount will be the same as shown in Trails for the child's maintenance.

11. Reimbursement rates that are negotiated between the County and the Contractor shall be for allowable costs in one or more of four primary components: child maintenance, administrative services, administrative maintenance, and treatment. Contractor type will determine which of these four components will be included in the reimbursement rate.

## SECTION VI. GENERAL PROVISIONS

1. The Parties to this Agreement intend that the relationship between them, contemplated by this Agreement is that of employer—independent contractor. No agent, employee, or servant of Contractor shall be deemed to be an employee, agent, or servant of the County. Contractor will be solely and entirely responsible for its acts or of any agent, employee, servants and sub-contractors during the performance of this Agreement.

2. Payment pursuant to this Agreement, if in State of Colorado, county, or federal funds, whether in whole or in part, is subject to and contingent upon the continuing availability of State of Colorado, county, and federal funds for the purpose thereof.

3. It is agreed that if, after investigation, it is shown that reasonable care was given to guard and protect personal items brought to Contractor by the children, Contractor will be released from responsibility for loss or damage to such personal items.

4. This Agreement is intended to be applied in conjunction with the child specific addendum and family services plan as the complete integration of all understandings between the parties. No prior or contemporaneous addition, deletion or other amendment hereto shall have any force or affect whatsoever, unless embodied herein in writing. No subsequent notation, renewal, addition, deletion, or other amendment hereto shall have any force or effect unless embodied as a part of this written Agreement. This section shall not be construed as either prohibiting the periodic amending of the family services plan or appending a county designed addendum to this agreement.

5. The contract shall permit the State Department to monitor service program, fiscal and other records sufficiently to assure the purchase of services in this Agreement are carried out for the benefit of the aforementioned client. Monitoring may occur through review of program reports, on-site visits where applicable and other contracts as deemed necessary. The Contractor understands that the State Department may provide consultation to Contractor to assure satisfactory performance in the provision of purchased services under this Agreement.

a. All reimbursement requests shall be submitted to and approved by the appropriate County staff. Reimbursement for placement services shall be paid from the date of admission up to, but not including, the day of discharge. Furthermore, Medicaid payments for PRTF and CHRP placements are permitted on the day of discharge in compliance with regulations promulgated by the Colorado Department of Health Care Policy and Finance. Fee for Service will be reimbursed as per Medicaid regulations. Medicaid funds shall not be limited to funds encumbered in this contract and shall also include Medicaid funds for PRTF and RCCF therapeutic programs and CHRP placements paid by the Department of Health Care Policy and Financing. Payment for placement services will not be provided for clients on "runaway" status unless the County has previously approved it. Reimbursement requests for therapy costs for clients enrolled in PRTF, RCCF, and CHRP programs shall be submitted to the Medicaid Fiscal Agent in accordance with instructions provided by such Fiscal Agent. The Contractor shall forward copies of such billings to the County on a monthly basis.

In the event that a Contractor receives payment for a per diem discharge day, regardless of funding source, the Contractor shall refund those dollars forthwith.

b. The purpose of these requirements is to provide minimum assurance that the Contractor has adequate accounting and budgeting information available to allow management to maintain a financially viable enterprise and to demonstrate financial accountability to the county departments of human/social services and Colorado Department of Human Services for the use of public funds.

(1) The Contractor must have in place a double entry accounting system and all financial transactions must be posted to this system. Financial statements, prepared from information provided by this system, shall be presented in conformity with U.S. generally accepted accounting principles (GAAP). The Contractor must also have adequate time keeping and cost allocation systems to allocate salary cost and indirect cost to appropriate cost centers. Books and records of the Contractor shall be subject, at any reasonable time, to inspection, audit or copying by appropriate Federal, State or county personnel, or such independent auditors or accountants as may be designated by these personnel.

(2) All billing by the contractor must be in a format approved by the fiscal agent or county. Contractors must bill the fiscal agent and county at least once a month. Contractors may bill twice a month, on the 15th and last day of the month, for services rendered. Bills will be returned unpaid if the bills do not conform to the approved format or the documentation is inadequate.

(3) All Contractors whose total annual expenditures are \$100,000 or more shall submit an annual audit of their financial statements by an independent certified public accountant. Contractors with total annual expenditures less than \$100,000 may submit an audit as described above or may submit compiled or reviewed financial statements, prepared in accordance with generally accepted accounting principles. If the Contractor is a government agency that has an independent audit done by another agency of that government, its audited financial statements, prepared in accordance with generally accepted accounting principles for state and local governments meet this requirement. The audited, compiled or reviewed financial statements of PRTFs, RCCFs, and CPAs must be completed and a copy

provided to the Colorado Department of Human Services (Attn: Administrator for PRTFs, and RCCFs and Attn: Audit Division Director for CPAs) within 180 days after the contractor's fiscal year end. The audited financial statements and supplementary information defined in regulation for various agencies shall be presented as described in Section VI, B (1), above and must contain sufficient detail to provide evidence of financial accountability under the terms of this contract and controlling state regulations. Contractors that are a subsidiary of a parent organization must submit separate financial statements for the subsidiary that detail each of the Contractor's facilities and/or programs that provide services for the Colorado Department of Human Services and also must provide a reconciliation of these financial statements to the consolidated financial statements of the organization as a whole. When applicable, the Contractor must comply with the audit requirements found in the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996 and U. S. Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations including subsequent revisions, and appropriate audit and financial reporting requirements as defined in State laws, rules, and regulations.

(4) If Contractors do not submit their annual audit or refuse to disclose financial information regarding the operation of the program in a timely manner, the Fiscal Agent may withhold payment until the audit and/or requested information is submitted. If the contractor is a CPA, then sanctions of the contractor may occur for failure to submit.

(5) In cases where documentation does not exist to support audit information or services provided, contractor will be required to repay all funds received for which documentation does not exist.

(6) In cases where audit deficiencies are noted, a plan of corrective action shall be submitted to the State Department's Audit Division for approval within 4 months of the date of the audit.

(7) Failure to comply with any of these requirements, including items on the addendum is justification for the County to impose fiscal sanctions, penalties, or cancel the contract.

6. In the event this contract is terminated, final payment to the Contractor may be withheld at the discretion of the County until final audit. Incorrect payments to the Contractor due to omission, error, fraud, or misuse of funds shall be recovered from the Contractor either by deduction from subsequent payments under this contract or other contracts between the County and the Contractor or by the County, as a debt due to both the State of Colorado, the Colorado Department of Human Services and the County. The waiver of any violation shall not be construed as a waiver of any other or subsequent violation of this contract or appropriate statutes and regulations.

7. The provisions of the attachments supplement this agreement. In the event of an irreconcilable conflict between the provisions of the agreement and the attachments, the more specific provisions shall control over the more general ones.

Attachment A  
Attachment 1 Scope of Work  
Attachment 2 Out-of-Home Placement Authorization and Terms (OOHPA)  
Attachment 3 Needs Based Care Assessment  
Attachment 4 Denver County Foster Care Rate Table  
Attachment 5 Absence from Placement Payment Guidelines  
Attachment 6 Out-of-Home Placement Payment Policy & Procedures  
Attachment 7 Family Services Plan (FSP)  
Attachment 8 DHS Health Visit Form  
Attachment 9 Trails System Report Provider Roster  
Attachment 10 Foster Parent Declaration Form  
Attachment 11 Driving Policy for Youth in Foster Care  
Attachment 12 Proof of Insurance/Bond

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**Contract Control Number:** SOCSV-201521685-00

**Contractor Name:** CATHOLIC CHARITIES AND COMMUNITY SERVICE

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of

SEAL

**CITY AND COUNTY OF DENVER**

ATTEST:

By \_\_\_\_\_

\_\_\_\_\_

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

D. Scott Martinez, Attorney for the  
City and County of Denver

By \_\_\_\_\_

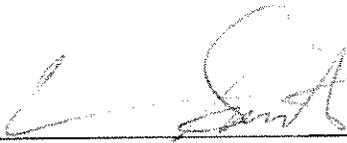
By \_\_\_\_\_

By \_\_\_\_\_



Contract Control Number: SOCSV-201521685-00

Contractor Name: CATHOLIC CHARITIES AND COMMUNITY SERVICE

By: 

Name: Lawrence Smith  
(please print)

Title: President & CEO  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)



**ATTACHMENT A (CPA)  
PROVISIONS FOR CITY AND COUNTY OF DENVER CONTRACTORS**

**GENERAL PROVISIONS**

1. **County.** All references in the Agreement to County shall refer to the City and County of Denver, acting through the Denver Department of Human Services and its Executive Director.

2. **Term and termination.** This Agreement shall be in force during the period set forth on page 2 of Denver's SS23A, subject to receipt of annual appropriations and funding being available. DDHS may remove any child/youth from the Contractor's facility at any time, including prior to the end of the term or fiscal year. The Contractor may seek approval in writing from the county to terminate the agreement prior to the end of the term or fiscal year.

3. This Agreement may be renewed or extended beyond the end date only by entering into a new written Agreement or Amendment, such as this Agreement signed by the authorized representatives of the parties and executed in the same manner as this Agreement. The City has the right to terminate this Agreement with cause, effective immediately. Except as otherwise provided above, either party shall have the right to terminate this contract by giving the other party thirty (30) days written notice. If notice is so given, this contract shall terminate on the expiration of the thirty (30) days or when the eligible child(ren)/youth can be placed elsewhere, as approved by DHS.

4. The City may also terminate the Agreement effective immediately if the Contractor or any of its officers or employees are convicted, plead *nolo contendere*, enter into a formal agreement in which they admit guilt, enter a plea of guilty or otherwise admit culpability to criminal offenses of bribery, kick backs, collusive bidding, bid-rigging, antitrust, fraud, undue influence, theft, racketeering, extortion or any offense of a similar nature in connection with Contractor's business. Termination for the reasons stated in this paragraph is effective upon receipt of notice.

5. Upon the effective date of any termination, the liability of the parties for further performance of the terms of this Agreement shall cease, but the parties shall not be released from the duty to perform their obligations up to the date of termination. Nothing herein shall be construed as giving the Contractor the right to perform services under the Agreement beyond the time when its services become unsatisfactory to the City.

6. If the Agreement is terminated without cause, the Contractor will be compensated only for work requested and satisfactorily performed. Upon termination of the Agreement by the City, with or without cause, the Contractor will not have any claim against the City by reason of, or arising out of, incidental or relating to termination, except for compensation for work requested and satisfactorily performed under the terms of the Agreement.

7. If the Agreement is terminated, the City is entitled to and will take possession of all records of and property belonging to children/youth served under this Agreement as well as all materials, equipment, tools and facilities it owns that are in the Contractor's

possession, custody, or control by whatever method the City deems expedient. The Contractor shall deliver all such records, property, and documents in any form that were prepared under the Agreement and all other items, materials and documents that have been paid for by the City to the City. These documents, property, and materials are the property of the City. The Contractor shall mark all copies of work product that are incomplete at the time of termination "DRAFT-INCOMPLETE".

**8. Prior agreements; modification of Attachment 1 (Scope of Work).** This Agreement is in lieu of and supersedes all prior agreements between the parties and relating to the care and services here described. The parties may modify **Attachment 1** to increase or decrease the services contained therein or to adjust upward or downward specific line item expenses identified on **Attachment 1**; provided, however, that no modification to **Attachment 1** shall result in or be binding on the City if any proposed modification(s), individually or collectively, require(s) an expenditure of additional funds. The parties shall memorialize in writing any and all modifications to **Attachment 1** by revising and restating said **Attachment 1** and stating the date upon which the modified Attachment shall take effect. Any modification to **Attachment 1** shall not take effect unless and until it is approved in writing by both parties, approved as to form by the City Attorney's office, and placed on file by the Agency with the City Clerk.

**9.** Except for changes in rates due to annual state legislation, any modification that requires an increase in the funds to be expended shall be evidenced by a written Amendatory Agreement prepared and executed by both parties in the same manner as this Agreement.

**10. Rate of Care.** The Contractor agrees to provide the care and services which are described in this Agreement and its attachments, based on a child specific authorization, **Out-of-Home Placement Authorization and Terms (OOHPA)** form, attached and incorporated as **Attachment 2**, identifying individual service needs completed by DDHS for each child/youth being served by the Contractor. For CPA (Child Placement Agency) placements, the rate will be based on the Child Specific Needs Based Care Assessment level for each child/youth or on such other assessment instrument as determined by the parties to this agreement. The completed **Needs Based Care Assessment** will be in a format substantially similar to **Attachment 3**, attached and incorporated here. A rate of payment will be determined for each child/youth according to the **Needs Based Care Rate Table** attached here as **Attachment 4** and incorporated here by reference. These rates may be altered annually as legislated by the General Assembly with written notice to the Contractor. These altered rates shall automatically go into effect unless the Contractor notifies the City in writing within fourteen (14) days, in which case the contract may then be subject to re-negotiation or termination. Rate exceptions may be made for children/youth with extreme needs on a case by case basis with the approval of a Child Welfare Administrator or the Executive Director. See **Attachments 3 and 1** for this determination. For children/youth placed in the "foster home" level of care, the Needs Based Care Assessment will be re-administered periodically to ensure that it accurately reflects the current needs of the child/youth. All other rates will be determined based on the allowable rate schedules approved by the City for Group Home and Group Center placements.

**11. State Payment /No City funds.** The Contractor shall be compensated only for the approved services actually provided to a given child/youth or family. It is understood and agreed that all payments or reimbursements to the Contractor shall be made through direct drawdown payment utilizing the State of Colorado Trails System and that no City funds have been or will be appropriated or encumbered to pay any payments or reimbursements to the Contractor, and that the City shall have no direct payment obligations whatsoever to the Contractor. In any event, any performance obligation of the City, whether direct or contingent, under this Agreement or any amendment, would extend only to funds appropriated by the Denver City Council, paid into the City Treasury, and encumbered for purposes of this Agreement. The Contractor acknowledges that (i) the City does not by this Agreement, irrevocably pledge present cash reserves for payments in future fiscal years, and (ii) this Agreement is not intended to create a multiple-fiscal year direct or indirect debt or financial obligation of the City. Notwithstanding any other provision of the Agreement, and regardless of source, the maximum payment obligation will not exceed **Seven Hundred Twelve Thousand, Seven Hundred Eighty Two Dollars and Zero Cents (\$ 712,782).**

**12. Contractor will comply with any child specific Out-of-Home Placement Authorization (OOHPA),** which must be completed for each child/youth served by the Contractor. The OOHPA will specify the rate of payment for each specific child/youth. It may be adjusted periodically consistent with the changing needs of the child/youth.

**13. Adoption.** If a foster child/youth is being adopted by the CPA foster parent, administrative payment to the CPA will terminate on the date of the adoption. During the period preceding the adoption, the administrative rate may be reduced by the City consistent with the adoptive parent's increasing independence from CPA services. The County and Contractor agree that the provider reimbursement rates for children/youth placed in a Concurrent Adoptive home shall be based on the Needs Based Care Rates in **Attachment 4.** These rates may be altered annually as legislated by the General Assembly with written notice to the Contractor. These altered rates shall automatically go into effect unless the Contractor notifies the City in writing within fourteen (14) days, in which case the contract may then be subject to re-negotiation or termination. This applies to Certified Foster Care homes once it is established that this placement is to be the child's/youth's permanent (Adoptive) home. A determination that the placement is to be the permanent home is made based on the provider having completed and signed the **Foster Parent Declaration Form (Attachment 10)** and termination of parental rights has occurred rendering the child/youth free and clear for adoption. The Needs Based Care Tool shall be utilized to determine the rates for all Adoptive placements. Administrative rates to Child Placement Agencies will also be determined by the Needs Based Care Tool (**Attachment 3**).

**14.** Subject to the continuing availability of funds, child specific out-of-home placement **authorizations may continue** for the duration of the placement provided that this Agreement is renewed for future fiscal years when the placement crosses fiscal years. The time period covered by the authorization will be included on the out-of-home placement authorization.

**15. Budget Modifications.** Budget line items may only be modified by the written approval of the Executive Director, if in the Executive Director's sole judgment such modification is reasonable and appropriate. However, such budget modifications will

not alter the Maximum Contract Amount. Any modification to Exhibit A shall not take effect until approved in writing. Any modification to Exhibit A agreed to by the parties that require an increase in the Maximum Contract Amount shall be evidenced by a written Amendatory Agreement prepared and executed by both parties in the same manner as this Agreement.

### DESCRIPTION OF SERVICES TO BE PURCHASED

16. The total rate of payment for care and services under this Agreement shall not exceed the established rate for CPA placements, the negotiated rate or the approved vendor rate; for Children's Habilitation Residential Program (CHRP) waiver placements, the approved CHRP waiver rate. The total rate of payment for care and services for other service types will be as negotiated between the County and the Contractor. Note the term "approved vendor rate" as used in this agreement indicates those negotiated or determined by DDHS and are not necessarily the approved vendor rate set by the state.

17. The amount paid for purchased care and services for less than a full month will be based upon the daily rate contained in Attachment 4 and Attachment 1. These rates may be altered annually as legislated by the General Assembly with written notice to the Contractor. These altered rates shall automatically go into effect unless the Contractor notifies the City in writing within fourteen (14) days, in which case the contract may then be subject to re-negotiation or termination.

18. The services purchased under this Agreement may include, but are not limited to basic 24-hour care and child maintenance (food, shelter, clothing, educational supplies, personal incidentals and allowance), administrative overhead, and case management. Behavioral health services which may include but are not limited to individual, group and family therapy, in-home services and day treatment may be authorized and paid through the child's/youth's Medicaid eligibility. Behavioral health services may also be authorized and purchased directly by the City through the Core Service program. The amount paid for purchased care and services must be in writing and will be based upon the negotiated rate.

19. Transportation shall be furnished by City between the child's/youth's residence and Contractor's facility for the initial placement and return after the treatment plan is completed. (Emergency Placement is an exception and contractor will be responsible for transportation). During placement the Contractor shall provide or pay for reasonable fees associated with transportation as defined in Attachment 1.

### LEGAL STATUS AND AUTHORIZATIONS

20. All children/youth initially entering out-of-home care within the zip codes designated below will be medically screened at Denver Human Services Family Crisis Center (FCC). The FCC is located at 2929 West 10th Avenue, Denver Colorado 80204 and the telephone number is 720.944.3748. Children/youth placed outside the zip code range shall also be required to have a medical screening at the FCC when the child/youth has been placed into care for suspected or confirmed abuse or neglect. This may only be waived with written permission from UM management or designated DDHS Representatives.

21. All children/youth **entering any placement** within the zip codes designated below shall utilize Denver Health's Connections for Kids Clinic (CFKC) located in the Gipson Eastside Health Clinic for ordinary (non emergent) medical care. Exceptions shall only be made when in the best interest of the child/youth (such as the *child/youth* having an ongoing relationship with a current medical practitioner) and require approval in writing by a Utilization Management Administrator.

22. The **provider's physical address** in which the child/youth is placed in accordance with their zip code determines the **use of Denver Health's CFKC** for ordinary (non emergent) medical care. The CFKC at Gipson Eastside Health is located at 501 28th St., Denver, CO 80205. The numbers for appointments are: 720-944-6345, and 303-602-6333, #1, #2.

23. All providers with children/youth in placement in out-of-home care, placed by DDHS, shall comply with the following for children/youth placed in their care:

- a. Cooperate with DDHS in scheduling medical and dental appointments in a timely manner.
- b. Keep scheduled medical and dental appointments, and provide transportation to such appointments.
- c. Take the original Medical Passport form to the medical/dental practitioner for each appointment.
- d. Have the practitioner document the outcome of the appointment on the **DHS Health Visit Form (Attachment 8)** or otherwise receive written information about the visit on the contractor's letterhead.
- e. Send a copy of the DHS Health Visit Form or other documentation as described above to Denver Department of Human Services, 1200 Federal Boulevard, 3<sup>rd</sup> Floor, Denver, Colorado 80204, ATTN: Medical Passport Office.
- f. File the original with the child's/youth's Medical Passport which is kept by the Contractor.
- g. Ensure that the child's/youth's Medical Passport form and supporting documentation shall be forwarded to the child's/youth's social caseworker when the child/youth leaves the provider's care.

24. The Contractor will comply with any and all applicable federal, state, or local laws, rules, regulations, or policies that mandate the **medical and dental care** of children/youth in out-of-home placement. The use of the designated medical and dental care clinics decreases the risk of fiscal sanctions to the City and ensures best practice and fiscal responsibility.

25. **Failure to comply** with the designated medical and dental clinic assignments and failing to meet regular medical and dental care requirements for children/youth in

care may prompt a review of the Child Placement Agency contractual agreement with Denver Department of Human Services.

26. For children/youth placed with providers located in the following zip codes, the Contractor shall use Denver Health's Connections for Kids Clinic (CFKC):

Zip Code Range	Zip Codes
80002-80019	80002, 80006, 80007, 80010, 80011, 80012, 80013, 80014, 80015, 80016, 80017, 80018, 80019
80020-80047	80020, 80021, 80022, 80027, 80030, 80031, 80033, 80035, 80036, 80040, 80041, 80042, 80044, 80045, 80046, 80047
80110-80129	80110, 80111, 80112, 80113, 80120, 80121, 80122, 80123, 80124, 80126, 80127, 80128, 80129
80130-80210	80130, 80150, 80151, 80155, 80160, 80161, 80162, 80163, 80201, 80202, 80203, 80204, 80205, 80206, 80207, 80208, 80209, 80210
80211-80229	80211, 80212, 80214, 80215, 80216, 80217, 80218, 80219, 80220, 80221, 80222, 80223, 80224, 80225, 80226, 80227, 80228, 80229
80230-80250	80230, 80231, 80232, 80233, 80234, 80235, 80236, 80237, 80238, 80239, 80241, 80246, 80247, 80248, 80249, 80250,
80260-80640	80260, 80264, 80265, 80266, 80290, 80293, 80294, 80295, 80299, 80401, 80402, 80403, 80439, 80465, 80601, 80602, 80614, 80640

Denver County follows the American Academy of Pediatrics Standards of care for children/youth in foster care, group home, and group center placements. The well care schedule for these children/youth is as follows and the form entitled **DHS Health Visit Form (Attachment 8)** shall be used.

Age 3-7 days: nurse visit for weight check needed  
 Age 2 weeks: physical by M.D. and second PKU test needed

Age 1-6 months: need to be seen monthly  
 1 month  
 2 months  
 3 months  
 4 months  
 5 months  
 6 months

Age 9 months to 2 years: need to be seen every 3 months  
 9 months  
 12 months  
 15 months  
 18 months  
 21 months  
 24 months

Age 2 years to 21 years: need to be seen every 6 months unless otherwise indicated by pediatrician.

**27. Driving Policy for Youth in Foster Care.** City and Contractor shall not allow youth in foster care to drive an automobile before completion of the requirements found in the Driving Policy for Youth in Foster Care, CCHS policy #1208-442 CW, attached and incorporated as **Attachment 11**.

**REASONS FOR REFERRAL, TREATMENT PLAN, AND PROGRESS REPORTS**

**28.** City and Contractor agree and understand that the reasons for referral, which necessitate purchasing services for children/youth, are specified in each child-specific authorization, **Out-of-Home Placement Authorization and Terms (OOHPA) form and Family Services Plan (FSP) (Attachments 2 and 7)** which will be enclosed in the Referral Packet that accompanies each child/youth. In addition, the Caseworker will involve Contractor in planning for the child/youth and give the Contractor a copy of the Family Services Plan at the time of placement or as soon as completed and when updated or revised. Any other relevant information concerning these children/youth that does not necessitate purchasing services is also included in the OOHPA.

**29.** In **group home and center settings**, the Contractor's staff member who supervises the group home or center shall obtain, provide and/or coordinate services for each child/youth as approved by the DDHS Social Case Worker (SCW). Long range, intermediate, and short term goals shall be established and a case plan shall be written by the Contractor. The goals and case plan must include a plan for discharge and must be developed and evaluated pursuant to Colorado Dept. of Human Services Rules and Regulations, Volume 7, Section 7.714.4, D.

**30.** If state rules have **more stringent requirements** than those contained herein, the state rules shall apply.

**31.** City and Contractor shall develop an **initial plan** that addresses the immediate and/or emergency needs of the child/youth within 72 hours of admission for children/youth in group homes or centers. City and Contractor shall formulate an initial individual plan of care within 14 calendar days after admission for children/youth in group homes or centers. The placement date is that date noted in the attached child specific **Out-of-Home Placement Authorization, (OOHPA) (Attachment 2)**, with this contract. The child's **Family Services Plan (Attachment 7)** may be utilized as an Individual Plan of Care for this purpose for facilities. Modifications to this plan shall be agreed to in writing on the plan or as a supplemental document.

**32.** The **individual plan of care** shall be goal oriented and time-limited and shall:

- a. Address all areas listed in Colorado Dept. of Human Services Rules and Regulations, Volume 7, Section 7.714.4, C, 2, (12 CCR 2509-8) together with clinical and other needs including anticipated psychological/behavioral changes and dates for accomplishing those changes as well as the child's/youth's presenting problems, physical health, emotional status, behavior, support system in the community, available resources, and discharge plan.
- b. Include specific goals and measurable objectives, expected dates of achievement, specific discharge and transitional/after-care and follow up services criteria to be met for termination of treatment and involvement of

the child's/youth's family or significant other persons in the treatment of the child/youth;

- c. Specify the type, frequency, and duration of clinical therapy services, rehabilitation services, medication management, emergency services, initial assessment, documented treatment modifications, and other services determined to be necessary to meet the child's/youth's specific goals.
- d. Identify the provision of, or the referral for, services other than RCCF services and shall document any court ordered treatment including identifying the entity responsible for providing the court ordered treatment.
- e. Anticipate living arrangement for the child/youth at the date of discharge;
- f. Anticipate educational arrangement for the child/youth at the time of discharge; which will include:
  - i. IEPs (Individualized Educational Plans), for special education students.
  - ii. Clock hours/transcripts for high school students.
  - iii. Report cards/grades for elementary and middle school students.
  - iv. And if available, academic information related to a student's current functioning (evaluations, testing, and screenings).
- g. Anticipate date for discharge from treatment purchased for the child/youth
- h. Establish a permanency goal for the child/youth.

**33. Monthly, Child Placement Agencies, and other contractor types,** shall conduct a review of each plan to evaluate whether the short-term and long-term goals have been achieved or not achieved. At no longer than three-month intervals after placement has commenced with the provider, Contractor shall provide the City with written reports which address changes to the child's/youth's physical condition, psychological and social functioning, changes in the child's/youth's family situation, educational progress, significant incidents or disciplinary actions, and progress made to achieve goals specified in the treatment plan. The contractor shall provide a report for the aforementioned information at least seven days prior to discharge for planned discharges and within seven days of placement termination for non planned discharges. Further, the Contractor agrees to sequence reports to be received by the City 15 calendar days prior to judicial or administrative hearings or reviews when provided with 30 calendar days advance notice of such dates by City.

#### **ADDITIONAL REQUIREMENTS**

##### **34. The Contractor shall:**

- a. Accept **emergency placements** as mutually negotiated by DDHS staff and the Contractor. Contractor shall adhere to emergency protocol regarding case communication and follow-up. Emergency placement indicates that due to circumstances beyond the DDHS's control a child/youth needs placement, yet pre-placement admission requirements have not been completed. The acceptance of a child/youth in such an emergency status shall only be done if it is a part of the admission policy and procedures of the facility per State Department 7.709.27 Special Rules for Emergency Placement and Care of Children [Rev. eff. 11/1/08].
- b. **Not assign** the obligations under this Agreement nor enter into any sub-contract without the express written approval of the Executive Director of DDHS or his/her appointed designee. Any attempt by the Contractor to assign its rights or obligations or subcontract performance obligations without the City's prior written consent will be void and, at the Executive Director's option, automatically terminate the Agreement. The Executive Director has sole and absolute discretion whether to consent to any assignment of rights or obligations and subcontracting of performance obligations under the Agreement. In the event of any subcontracting or assignment: (i) the Contractor shall remain responsible to the City; and (ii) it shall not create a contractual relationship between the City and sub-consultant or subcontractor or assignee.
- c. Provide **insurance** as follows:
  - i. **General Conditions:** Contractor agrees to secure, at or before the time of execution of this Agreement, the following insurance covering all operations, goods or services provided pursuant to this Agreement. Contractor shall keep the required insurance coverage in force at all times during the term of the Agreement, or any extension thereof, during any warranty period, and for three (3) years after termination of the Agreement. The required insurance shall be underwritten by an insurer licensed or authorized to do business in Colorado and rated by A.M. Best Company as "A-"VIII or better. Each policy shall contain a valid provision or endorsement stating "Should any of the above-described policies be canceled or non-renewed before the expiration date thereof, the issuing company shall send written notice to Denver Risk Management, 201 West Colfax Avenue, Dept. 1105, Denver, Colorado 80202. Such written notice shall be sent thirty (30) days prior to such cancellation or non-renewal unless due to non-payment of premiums for which notice shall be sent ten (10) days prior." Additionally, Contractor shall provide written notice of cancellation, non-renewal and any reduction in coverage to the address above by certified mail, return receipt requested. If any policy is in excess of a deductible or self-insured retention, the City must be notified by the Contractor. Contractor shall be responsible for the payment of any deductible or self-insured retention. The insurance coverages specified in this Agreement are the minimum requirements, and these requirements do not lessen or limit the liability of the Contractor.

The Contractor shall maintain, at its own expense, any additional kinds or amounts of insurance that it may deem necessary to cover its obligations and liabilities under this Agreement.

- ii. **Proof of Insurance:** Contractor shall provide a copy of this Agreement to its insurance agent or broker. Contractor may not commence services or work relating to the Agreement prior to placement of coverage. Contractor certifies that the **certificate of insurance** attached as **Attachment 12**, preferably an ACORD certificate, complies with all insurance requirements of this Agreement. The City requests that the City's contract number be referenced on the Certificate. The City's acceptance of a certificate of insurance or other proof of insurance that does not comply with all insurance requirements set forth in this Agreement shall not act as a waiver of Contractor's breach of this Agreement or of any of the City's rights or remedies under this Agreement. The City's Risk Management Office may require additional proof of insurance.
- iii. **Additional Insureds:** For Commercial General Liability and Auto Liability, Contractor and subcontractor's insurer(s) shall name the City and County of Denver, its elected and appointed officials, employees and volunteers as additional insured.
- iv. **Subcontractors and Subconsultants:** All subcontractors and subconsultants (including independent contractors, suppliers or other entities providing goods or services required by this Agreement) shall be subject to all of the requirements herein and shall procure and maintain the same coverages required of the Contractor. Contractor shall include all such subcontractors as additional insured under its policies (with the exception of Workers' Compensation) or shall ensure that all such subcontractors and subconsultants maintain the required coverages. Contractor agrees to provide proof of insurance for all such subcontractors and subconsultants upon request by the City.
- v. **Workers' Compensation/Employer's Liability Insurance:** Contractor shall maintain the coverage as required by statute for each work location and shall maintain Employer's Liability insurance with limits of \$100,000 per occurrence for each bodily injury claim, \$100,000 per occurrence for each bodily injury caused by disease claim, and \$500,000 aggregate for all bodily injuries caused by disease claims. Contractor expressly represents to the City, as a material representation upon which the City is relying in entering into this Agreement, that none of the Contractor's officers or employees who may be eligible under any statute or law to reject Workers' Compensation Insurance shall effect such rejection during any part of the term of this Agreement, and that any such rejections previously effected, have been revoked as of the date Contractor executes this Agreement.

- vi. **Commercial General Liability:** Contractor shall maintain a Commercial General Liability insurance policy with limits of \$1,000,000 for each occurrence, \$1,000,000 for each personal and advertising injury claim, \$2,000,000 products and completed operations aggregate, and \$2,000,000 policy aggregate.
- vii. **Business Automobile Liability:** Contractor shall maintain Business Automobile Liability with limits of \$1,000,000 combined single limit applicable to all owned, hired and non-owned vehicles used in performing services under this Agreement.
- viii. **Professional Liability:** Contractor shall maintain limits of \$1,000,000 per claim and \$1,000,000 policy aggregate limit. Policy shall include a severability of interest or separation of insured provision (no insured vs. insured exclusion) and a provision that coverage is primary and non-contributory with any other coverage or self-insurance maintained by the City.
- ix. **Fidelity Bond:** Contractor shall maintain during the terms of this Agreement a **fidelity bond** of at least \$25,000, or two (2) months gross receipts, whichever is greater, covering the activities of any of its officers, agents or employees responsible for the implementation and/or administration of this contract in order to make reparations for any wrongful acts, omissions, or any other defalcations of the Contractor.
- x. **Additional Provisions:**
  - (1) For all Commercial General Liability and Excess Liability, the policies must provide the following:
    - (a) That this Agreement is an Insured Contract under the policy;
    - (b) Defense costs are in excess of policy limits;
    - (c) A severability of interests, or separation of insureds provision (no insured vs. insured exclusion);
    - (d) A provision that coverage is primary and non-contributory with other coverage or self-insurance maintained by the City; and,
    - (e) No exclusion for sexual abuse, molestation or sexual misconduct, unless a separate policy covering this risk is provided and accepted by the City.
  - (2) For claims-made coverage:

- (a) The retroactive date must be on or before the contract date or the first date when any goods or services were provided to the City under the terms of the agreement.

(3) Contractor shall advise the City in the event any general aggregate or other aggregate limits are reduced below the required per occurrence limits. At their own expense, and where such general aggregate or other aggregate limits have been reduced below the required per occurrence limit, the Contractor will procure such per occurrence limits and furnish a new certificate of insurance showing such coverage is in force.

**d. Provide defense and indemnification as follows:**

- i. Contractor hereby agrees to defend, indemnify, reimburse and hold harmless City, its appointed and elected officials, agents and employees for, from and against all liabilities, claims, judgments, suits or demands for damages to persons or property arising out of, resulting from, or relating to the work performed under this Agreement ("Claims"), unless such Claims have been specifically determined by the trier of fact to be due to the negligence or willful misconduct of the City. This indemnity has the broadest possible meaning to indemnify City for any acts or omissions of the Contractor or its subcontractors, either passive or active, irrespective of fault, including City's concurrent negligence whether active or passive, except for the negligence or willful misconduct of City.
- ii. Contractor's duty to defend and indemnify City shall arise at the time written notice of the Claim is first provided to City regardless of whether Claimant has filed suit on the Claim. Contractor's duty to defend and indemnify City shall arise even if City is the only party sued by claimant and/or claimant alleges that City's negligence or willful misconduct was the sole cause of claimant's damages.
- iii. Contractor's duty to defend the City arises at the time written notice of the claim is first provided to City regardless of whether claimant has filed suit on the claim. Contractor's duty to defend and indemnify arises even if the City is the only party sued by Claimant or Claimant alleges that the City's negligence or willful misconduct was the sole cause of claimant's damages if the City in good faith alleges that the Claim arises from Contractor's acts or omissions under this Agreement.
- iv. Insurance coverage requirements specified in this Agreement shall in no way lessen or limit the liability of the Contractor under the terms of this indemnification obligation. The Contractor shall

obtain, at its own expense, any additional insurance that it deems necessary for the City's protection.

- v. This defense and indemnification obligation shall survive the expiration or termination of this Agreement.
- e. Maintain service program **records**, fiscal records, documentation and other records, which will sufficiently and properly reflect all direct and indirect costs of any nature incurred in the performance of this Agreement. The above shall be subject at all reasonable times to inspection, review or audit by Federal, Colorado Department of Human Services, Colorado Department of Health Care Policy & Financing, or City personnel, and other persons authorized in writing by the Executive Director of the Colorado Department of Human Services.
- f. Where applicable under state regulations, create and maintain a **personnel file** for each House Parent or personnel. The file shall include identifying information, references, statement from physician or qualified nurse practitioner, name and telephone number of person to contact in emergency, and verification of education and experience. The personnel file for the primary caregiver shall include a statement from a psychiatrist, a certified psychologist or a Licensed Social Worker II. The personnel records shall be maintained pursuant to the personnel policy and procedures. If personnel records are at the Contractor's office, there shall be maintained at the facility the address, local phone number and name, address, and phone number of persons to call in an emergency to access personnel files. Colorado Dept. of Human Services Rules and Regulations, Volume 7, Section 7.709.26 Required Records.
- g. As applicable, require **compliance** with all State rules and regulations and incorporate the same into any policy manual authored by the Contractor.
- h. In any instance of a **potential adoption** by a foster parent, provide the initial home study, the SAFE study update, annual certification updates and related materials when requested by the County within fourteen working days of the request. At all other times the Contractor shall make home studies and related materials available to the County for review, at a location agreed upon by the County and the Contractor, during regular business hours.
- i. **Provide** at no additional cost to the County, the initial home study, the SAFE study update, annual certification updates and related materials when requested by the City for the purpose of adoption within two weeks of receipt of the request.

- j. **Bill the City** for services rendered, using the **Trails System Report Provider Roster**, attached herein and incorporated as **Attachment 9**. This form is to be mailed and postmarked to DDHS no sooner than the first day of the month following the time of care and mailed and postmarked no later than the fifth day of the month following the time of care.
- k. **Billings** CHRP shall be made to either the MMIS System or the City. Billings for CPAs and other contractor types shall be made to the City only. Contractor will not be paid when billing is not received by the City within 90 calendar days of out-of-home services being rendered.
- l. **Providers** submitting billings through the MMIS shall be solely responsible for ensuring **compliance** with Medicaid and Colorado Department of Health Care Policy and Financing laws, rules, and regulations in relation to their Medicaid billings.
- m. **Pay** the foster parent the amount identified by the County as the child maintenance or room and board. Any payment to the foster parent in excess of the child maintenance or room and board amount **shall be** treated as income to the foster parent.
- n. **Attend and participate** in Administrative Reviews for children/youth in placement with the Contractor pursuant to two (2) weeks written notice by the City. The Contractor shall encourage children/youth over the age of twelve to attend their Administrative Reviews. Participation may be in person or by teleconference.
- o. **Obtain** the City's written permission prior to changing the child's/youth's placement from one foster home to another. CPAs and Group Homes and Centers are responsible for notifying a DDHS Utilization Management representative when they are giving notice that a child/youth needs to be moved from one of their homes. Whenever possible, a 30-day notice is requested and the 30 days begin when the notification is received by UM. In addition, make available to the City the home study of the home to which the CPA proposes moving the child/youth and a short family profile must be sent to the City on every new foster home in which a Denver child/youth will be placed.
- p. **Develop guidelines** for monthly child maintenance expenditures and insure that said funds are expended for the maintenance of the child/youth. Expenditures shall include but may not be limited to food, shelter, clothing, school supplies, recreation and other leisure time equipment, toiletries, and allowance. A copy of these guidelines shall be provided to the City.
- q. **Monitor** child maintenance expenditures on an exception basis when the City, child/youth, or others express concerns that child maintenance funds are not being used to adequately support the child/youth.
- r. **Complete an inventory** of clothing and other possessions at a child's/youth's entry into and exit from a foster or group home or center placement and ensure that a comparable amount of clothes and other possessions leaves with the child/youth upon discharge.

- s. **Attend and participate** (through Contractor's case manager or other designated representative) in Value of Individual & Community Engagement Services (VOICES) meetings as requested regarding placement decisions, administration, changes and discharge.
- t. **Comply with all requirements** of DDHS Child Welfare Division's policies.

**35. NO EMPLOYMENT OF ILLEGAL ALIENS TO PERFORM WORK UNDER THE AGREEMENT:**

- a. This Agreement is subject to Division 5 of Article IV of Chapter 20 of the Denver Revised Municipal Code, and any amendments (the "Certification Ordinance").
- b. The Contractor certifies that:
  - i. At the time of its execution of this Agreement, it does not knowingly employ or contract with an illegal alien who will perform work under this Agreement.
  - ii. It will participate in the E-Verify Program, as defined in § 8-17.5-101(3.7), C.R.S., to confirm the employment eligibility of all employees who are newly hired for employment to perform work under this Agreement.
- c. The Contractor also agrees and represents that:
  - i. It shall not knowingly employ or contract with an illegal alien to perform work under the Agreement.
  - ii. It shall not enter into a contract with a subconsultant or subcontractor that fails to certify to the Contractor that it shall not knowingly employ or contract with an illegal alien to perform work under the Agreement.
  - iii. It has confirmed the employment eligibility of all employees who are newly hired for employment to perform work under this Agreement, through participation in the E-Verify Program.
  - iv. It is prohibited from using the E-Verify Program procedures to undertake pre-employment screening of job applicants while performing its obligations under the Agreement, and that otherwise requires the Contractor to comply with any and all federal requirements related to use of the E-Verify Program including, by way of example, all program requirements related to employee notification and preservation of employee rights.
  - v. If it obtains actual knowledge that a subconsultant or subcontractor performing work under the Agreement knowingly employs or contracts with an illegal alien, it will notify such subconsultant or subcontractor and the City within three (3) days. The Contractor will also then terminate such subconsultant or subcontractor if within three (3) days after such notice the subconsultant or subcontractor does not stop employing or contracting with the illegal alien, unless during such three-day period the subconsultant or subcontractor provides information to establish that the subconsultant or subcontractor has not knowingly employed or contracted with an illegal alien.

- vi. It will comply with any reasonable request made in the course of an investigation by the Colorado Department of Labor and Employment under authority of § 8-17.5-102(5), C.R.S, or the City Auditor, under authority of D.R.M.C. 20-90.3.
- d. The Contractor is liable for any violations as provided in the Certification Ordinance. If Contractor violates any provision of this section or the Certification Ordinance, the City may terminate this Agreement for a breach of the Agreement. If the Agreement is so terminated, the Contractor shall be liable for actual and consequential damages to the City. Any such termination of a contract due to a violation of this section or the Certification Ordinance may also, at the discretion of the City, constitute grounds for disqualifying Contractor from submitting bids or proposals for future contracts with the City.

**36. Living Wage:** This provision applies to any Contractor that employs any person as a child care worker at any public building owned by the City.

- a. Pursuant to § 20-80, D.R.M.C., the Contractor shall pay every Covered Worker, as defined in § 20-80(a) D.R.M.C., employed by the Contractor directly upon the site of the work under this Agreement, the full amounts accrued at the time of payment, computed at wage rates not less than that specified in § 20-80(c), D.R.M.C., regardless of any contractual relationship which may be alleged to exist between the Contractor or any subcontractor and such workers. The Contractor shall post in a prominent place which is easily accessible to the Covered Workers that scale of wages to be paid to such workers.
- b. The Contractor shall furnish to the City Auditor or his authorized representative, upon the Auditor's request, a true and correct copy of the payroll records of all Covered Workers working under this Agreement, either for the Contractor or any subcontractor. All such payroll records shall include information showing the number of hours worked by each Covered Workers, the hourly pay of such worker, any deductions made from pay, and the net amount of pay received by such Covered Worker. The payroll record shall be accompanied by a sworn statement of the Contractor that the copy is a true and correct copy of the payroll records of all Covered Workers working under this Agreement, either for the Contractor or a subcontractor, that payments were made to the Covered Workers as set forth in such records, that no deductions were made other than those set forth in such records, and that all Covered Workers employed on work under this Agreement, whether by the Contractor or any subcontractor, were paid the living wages as set forth in this Agreement.
- c. Increases in living wages pursuant to § 20-80, D.R.M.C., effective after the date of this Agreement shall not be mandatory on either the Contractor or the subcontractors if the term of this Agreement is less than one year. Increases in the living wages pursuant to § 20-80, D.R.M.C., shall be mandatory for the Contractor and the Contractor's subcontractors if the

term of this Agreement is longer than one year, effective on the anniversary date of this Agreement. In no event shall any increases in living wages over the amount stated in this Agreement result in any increased liability on the part of the City, and the possibility and risk of any such increase is assumed by the Contractor. Decreases in living wages after the date of this Agreement shall not be permitted.

- d. If any worker to whom the living wages are to be paid, employed by the Contractor or any subcontractor to perform work hereunder, has been or is being paid a rate of wages less than that required by this section, the Executive Director may, at the Executive Director's option, by written notice to the Contractor, withhold further payment to the Contractor or suspend or terminate the Contractor's right to proceed with the work or such part of the work as to which there has been a failure to pay the required wages. In the event of termination, the Contractor shall be liable to the City for any excess costs occasioned to the City thereby.

### **OTHER PROVISIONS**

**37.** The Parties to this Agreement intend that the relationship between them, contemplated by this Agreement is that of **independent contractor**. No agent, employee, or servant of Contractor shall be deemed to be an employee, agent, or servant of the City. Contractor will be solely and entirely responsible for its acts and those of its agents, employees, servants and subcontractors during the performance of this Agreement.

**38.** Contractor will be paid in accordance with the **Absence from Placement Payment Guidelines and Out-of-Home Placement Payment Policy & Procedures, Attachments 5 and 6, respectively.**

**39. Cost Principles and Other Requirements.** Contractor shall comply with cost principles and other requirements set forth in State Department rules in Staff Manual Volume VII, section 7.710.22 and any federal requirements, including OMB Circulars, if applicable.

**40. Examination Of Records:** The Contractor agrees that any duly authorized representative of the City (including the City Auditor's Office) shall, until the expiration of three (3) years after final payment under this agreement, have access to and the right to examine any directly pertinent books, documents, schedules, papers, charts, computer products, software and records of the Contractor, including all cost accounting records, involving matters or transactions in any way, directly or indirectly, related to this Agreement.

**41. No Discrimination In Employment:** In connection with the performance of work under this Agreement, the Contractor agrees not to refuse to hire, discharge, promote or demote, or to discriminate in matters of compensation against any person otherwise qualified, solely because of race, color, religion, national origin, gender, age, military status, sexual orientation, marital status, or physical or mental disability; and the Contractor further agrees to insert the foregoing provision in all subcontracts hereunder.

**42. Colorado Governmental Immunity Act:** In relation to the Agreement, the City is relying upon and has not waived the monetary limitations and all other rights, immunities and protections provided by the Colorado Governmental Act, C.R.S. § 24-10-101, *et seq.*

**43. Taxes, Charges and Penalties:** The City is not liable for the payment of taxes, late charges or penalties of any nature, except for any additional amounts that the City may be required to pay under the City's prompt payment ordinance D.R.M.C. § 20-107, *et seq.* The Contractor shall promptly pay when due, all taxes, bills, debts and obligations it incurs performing the services under the Agreement and shall not allow any lien, mortgage, judgment or execution to be filed against City property, including to land, facilities, improvements, or equipment.

**44. Notices** must be hand delivered, sent by overnight courier service, mailed by certified mail, return receipt requested, or mailed via United States mail, postage prepaid. Notices hand delivered or sent by overnight courier are effective upon delivery; notices sent by certified mail are effective upon receipt; and notices sent by mail are effective upon deposit with the US Postal Service. The parties may designate substitute addresses where or persons to whom notices are to be mailed or delivered; however, these substitutions will not become effective until actual receipt of written notification.

**45. Conflict Of Interest:**

- a. No employee of the City shall have any personal or beneficial interest in the services or property described in the Agreement; and the Contractor shall not hire, or contract for services with, any employee or officer of the City in violation of the City's Code of Ethics, D.R.M.C. §2-51, *et seq.* or the Charter §§ 1.2.8, 1.2.9, and 1.2.12.
- b. The Contractor shall not engage in any transaction, activity or conduct that would result in a conflict of interest under the Agreement. The Contractor represents that it has disclosed any and all current or potential conflicts of interest, which shall include transactions, activities or conduct that would affect the judgment, actions or work of the Contractor by placing the Contractor's own interests, or the interests of any party with whom the Contractor has a contractual arrangement, in conflict with those of the City. The City, in its sole discretion, will determine the existence of a conflict of interest and may terminate the Agreement in the event it determines a conflict exists, after it has given the Contractor written notice describing the conflict.

**46. Governing Law, Venue:** The Agreement will be construed and enforced in accordance with applicable federal law, the laws of the State of Colorado, the Charter and Revised Municipal Code of the City and County of Denver, and the ordinances, regulations and Executive Orders enacted or promulgated pursuant to the Charter and Code. The Charter, Revised Municipal Code and Executive Orders of the City and County of Denver are expressly incorporated into the Agreement. Venue for any legal action relating to the Agreement will be in the District Court of the State of Colorado Second Judicial District.

**47.No Third Party Beneficiary:** It is expressly understood and agreed that enforcement of the terms and conditions of this Agreement, and all rights of action relating to such enforcement, shall be strictly reserved to the City and the Contractor, and nothing contained in this Agreement shall give or allow any such claim or right of action by any other or third person on such Agreements, including but not limited to subcontractors, subcontractors and suppliers. It is the express intention of the City and the Contractor that any person other than the City or the Contractor receiving services or benefits under this Agreement shall be deemed to be an incidental beneficiary only.

**48.Compliance With Applicable Laws:** By its signature below, the Contractor assures and certifies that it will comply with all applicable Federal, State and City laws, ordinances, codes, regulations, rules, executive orders, and policies whether or not specifically referenced herein. Any references to specific state or federal requirements incorporated into this Agreement are not intended to constitute an exhaustive list of Federal, State, and City requirements applicable to this Agreement. Applicable statutes, regulations and other documents pertaining to administration or enforcement of the services referenced in this Agreement and all other applicable provisions of federal, state or local law are deemed to be incorporated herein by reference. Compliance with all such statutes, regulations and other documents is the responsibility of the Contractor. In particular, and not by way of limitation, the services shall be performed in full compliance with following federal requirements:

- a. **Grievance Policy:** If required by applicable law, the Parties desire to ensure that clients are being adequately informed over pending actions concerning their continued participation in the program or activity provided by the Contractor. Also, clients must be allowed adequate opportunity to communicate dissatisfaction with the facilities or services offered by the Contractor. In order to satisfy this requirement, the Contractor agrees to provide a written "Grievance Policy" as a mechanism to provide opportunities for grantees and clients to meaningfully communicate problems, dissatisfaction, and concerns and to establish procedures for resolution of grievances. The policy must be communicated to clients upon their initial receipt of services. The Contractor agrees that a formal "Grievance Policy" will be adopted by its governing body and upon request made available to the Executive Director.
- b. **Political Activity:** Without limiting the foregoing, the Contractor agrees that political activities are prohibited under this Agreement, and agrees that no funds paid to it by the City hereunder will be used to provide transportation for any persons to polling places or to provide any other services in connection with elections.
- c. **Debarment:** If required by applicable federal law, the Contractor is subject to the prohibitions on contracting with a debarred organization set out in U.S. Executive Order 12549, Debarment and Suspension implemented at 45 C.F.R. Part 76. By its signature below, the Contractor assures and certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. The Contractor shall provide immediate written notice to the Executive Director

if at any time it learns that its certification to enter into this Agreement was erroneous when submitted or has become erroneous by reason of changed circumstances. If the Contractor is unable to certify to any of the statements in the certification contained in this subsection, the Contractor shall provide a written explanation to the City within thirty (30) calendar days of the date of execution of this Agreement. Furthermore, if the Contractor is unable to certify to any of the statements in the certification contained in this subsection, the City may pursue any and all available remedies available to the City, including but not limited to terminating this Agreement immediately, upon written notice to the Contractor. The Contractor shall include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction" as such clause is set forth at 45 C.F.R. Part 76, in all covered transactions associated with this Agreement. The Contractor is responsible for determining the method and frequency of its determination of compliance with Executive Order 12549 and its implementing regulations. The Contractor is responsible for determining the method and frequency of its determination of compliance with Executive Orders 12549 and 12689 and its implementing regulations.

- d. **No Discrimination in Program Participation:** In accordance with 42 U.S.C. §9918(c), "Nondiscrimination provisions," no person shall on the ground of race, color, national origin, or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under this Agreement. Any prohibition against discrimination on the basis of age under applicable laws or with respect to an otherwise qualified individual with a disability as provided in §504 of the Rehabilitation Act of 1973 (29 USC §794) or Title II of the Americans With Disabilities Act of 1990 (42 U.S.C. §12101 *et. seq.*), shall also apply to such program or activity. Violations shall be subject to the penalties set forth in subsections (b) and (c) of 42 U.S.C. §9906, and the Contractor agrees to indemnify and hold the City harmless from any claims or demands which may arise under this Article.

**49. Use Possession Or Sale Of Alcohol Or Drugs:** The Contractor, its officers, agents and employees shall cooperate and comply with the provisions of Executive Order 94 and 94A thereto concerning the use, possession or sale of alcohol or drugs. Violation of these provisions or refusal to cooperate with implementation of the policy can result in the City barring the Contractor's personnel from City facilities or participating in City operations.

**50. Proprietary Data Or Confidential Information; Open Records:**

- a. **City Information:** The Contractor acknowledges and accepts that, in performance of all work under the terms of this Agreement, the Contractor may have access to Proprietary Data or confidential information that may be owned or controlled by the City, and that the disclosure of such Proprietary Data or confidential information may be damaging to the City or third parties. The Contractor agrees that all Proprietary Data or

confidential information provided or otherwise disclosed by the City to the Contractor shall be held in confidence and used only in the performance of its obligations under this Agreement. The Contractor shall exercise the same standard of care to protect such Proprietary Data and confidential information as a reasonably prudent contractor would to protect its own proprietary or confidential data. "Proprietary Data" shall mean any materials or information which may be designated or marked "Proprietary" or "Confidential", or which would not be documents subject to disclosure pursuant to the Colorado Open Records Act or City ordinance, and provided or made available to the Contractor by the City. Such Proprietary Data may be in hardcopy, printed, digital or electronic format.

- b. **Use of Proprietary Data or Confidential Information:** Except as expressly provided by the terms of this Agreement, the Contractor agrees that it shall not disseminate, transmit, license, sublicense, assign, lease, release, publish, post on the internet, transfer, sell, permit access to, distribute, allow interactive rights to, or otherwise make available the Proprietary Data or confidential information or any part thereof to any other person, party or entity in any form or media for any purpose other than performing its obligations under this Agreement. The Contractor further acknowledges that by providing this Proprietary Data of confidential information, the City is not granting to the Contractor any right or license to use such data except as provided in this Agreement. The Contractor further agrees not to disclose or distribute to any other party, in whole or in part, the Proprietary Data or confidential information without written authorization from the Director.
- c. The Contractor agrees, with respect to the **proprietary data and confidential information**, that: (1) the Contractor shall not copy, recreate, reverse, engineer or decompile such data, in whole or in part, unless authorized in writing by the Director; (2) the Contractor shall retain no copies, recreations, compilations, or decompilations, in whole or in part, of such data; (3) the Contractor shall, upon the expiration or earlier termination of the Agreement, destroy (and, in writing, certify destruction) or return all such data or work products incorporating such data or information to the City.

**51. Employees and Subcontractors:** The Contractor will inform its employees and officers of the obligations under this Agreement, and all requirements and obligations of the Contractor under this Agreement shall survive the expiration or earlier termination of this Agreement. The Contractor shall not disclose Proprietary Data or confidential information to subcontractors unless such subcontractors are bound by non-disclosure and confidentiality provisions at least as strict as those contained in this Agreement.

**52. Disclaimer:** Notwithstanding any other provision of this Agreement, any Proprietary Data and confidential information provided by the City under this Agreement is provided to the Contractor on an "as is" basis, without any support whatsoever, and without representation, warranty or guarantee, including but not in any manner limited to, fitness, merchantability or the accuracy and completeness of the Proprietary Data or confidential information. The Contractor is hereby advised to verify its work. The City assumes no liability for any errors or omissions herein. Specifically, the City is not

responsible for any costs including, but not limited to, those incurred as a result of lost revenues, loss of use of data, the costs of recovering such programs or data, the cost of any substitute program, claims by third parties, or for similar costs. If discrepancies are found, the Contractor agrees to contact the City immediately.

**53. Contractor's Information:** The parties understand that all the material provided or produced under this Agreement may be subject to the Colorado Open Records Act., § 24-72-201, *et seq.*, C.R.S., and that in the event of a request to the City for disclosure of such information, the City shall advise the Contractor of such request in order to give the Contractor the opportunity to object to the disclosure of any of its documents which it marked as proprietary or confidential material. In the event of the filing of a lawsuit to compel such disclosure, the City will tender all such material to the court for judicial determination of the issue of disclosure and the Contractor agrees to intervene in such lawsuit to protect and assert its claims of privilege and against disclosure of such material or waive the same. The Contractor further agrees to defend, indemnify and save and hold harmless the City, its officers, agents and employees, from any claim, damages, expense, loss or costs arising out of the Contractor's intervention to protect and assert its claim of privilege against disclosure under this Article including, but not limited to, prompt reimbursement to the City of all reasonable attorney fees, costs and damages that the City may incur directly or may be ordered to pay by such court.

**54. Legal Authority:** Contractor represents and warrants that it possesses the legal authority, pursuant to any proper, appropriate and official motion, resolution or action passed or taken, to enter into the Agreement. Each person signing and executing the Agreement on behalf of Contractor represents and warrants that he has been fully authorized by Contractor to execute the Agreement on behalf of Contractor and to validly and legally bind Contractor to all the terms, performances and provisions of the Agreement. The City shall have the right, in its sole discretion, to either temporarily suspend or permanently terminate the Agreement if there is a dispute as to the legal authority of either Contractor or the person signing the Agreement to enter into the Agreement.

**55. No Authority To Bind City To Contracts:** The Contractor lacks any authority to bind the City on any contractual matters. Final approval of all contractual matters that purport to obligate the City must be executed by the City in accordance with the City's Charter and the D.R.M.C.

**56. Severability:** Except for the provisions of the Agreement requiring appropriation of funds and limiting the total amount payable by the City, if a court of competent jurisdiction finds any provision of the Agreement or any portion thereof to be invalid, illegal, or unenforceable, the validity of the remaining portions or provisions will not be affected, if the intent of the parties can be fulfilled.

**57. No Construction Against Drafting Party:** The parties and their respective counsel have had the opportunity to review the Agreement, and the Agreement will not be construed against any party merely because the Agreement or any provisions thereof were prepared by a particular party.

**58. Survival Of Certain Provisions:** The terms of the Agreement and any exhibits and attachments that by reasonable implication contemplate continued performance,

rights, or compliance beyond expiration or termination of the Agreement survive the Agreement and will continue to be enforceable. Without limiting the generality of this provision, the Contractor's obligations to provide insurance and to indemnify the City will survive for a period equal to any and all relevant statutes of limitation, plus the time necessary to fully resolve any claims, matters, or actions begun within that period.

**59. Advertising And Public Disclosure:** The Contractor shall not include any reference to the Agreement or to services performed pursuant to the Agreement in any of its advertising or public relations materials without first obtaining the written approval of the Executive Director. Any oral presentation or written materials related to services performed under the Agreement will be limited to services that have been accepted by the City. The Contractor shall notify the Executive Director in advance of the date and time of any presentation. Nothing in this provision precludes the transmittal of any information to officials of the City, including the Mayor, the Executive Director, City Council or the Auditor.

**60. City Execution Of Agreement:** The Agreement will not be effective or binding on the City until it has been fully executed by all signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

**61. Electronic Signatures and Electronic Records:** Contractor consents to the use of electronic signatures by the City. The Agreement, and any other documents requiring a signature hereunder, may be signed electronically by the City in the manner specified by the City. The Parties agree not to deny the legal effect or enforceability of the Agreement solely because it is in electronic form or because an electronic record was used in its formation. The Parties agree not to object to the admissibility of the Agreement in the form of an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the ground that it is an electronic record or electronic signature or that it is not in its original form or is not an original.

## **BUSINESS ASSOCIATE TERMS - HIPAA/HITECH**

### **1. GENERAL PROVISIONS AND RECITALS**

1.01 The parties agree that the terms used, but not otherwise defined below, shall have the same meaning given to such terms under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and their implementing regulations at 45 CFR Parts 160 and 164 ("the HIPAA regulations") as they exist or may hereafter be amended.

1.02 The parties agree that a business associate relationship (as described in 45 CFR §160.103) under HIPAA, the HITECH Act, and the HIPAA regulations arises between the CONTRACTOR and CITY to the extent that CONTRACTOR performs, or delegates to subcontractors to perform, functions or activities on behalf of CITY.

1.03 CITY wishes to disclose to CONTRACTOR certain information, some of which may constitute Protected Health Information ("PHI") as defined below, to be used or disclosed in the course of providing services and activities.

1.04 The parties intend to protect the privacy and provide for the security of PHI that may be created, received, maintained, transmitted, used, or disclosed pursuant to the Agreement in compliance with the applicable standards, implementation specifications, and requirements of HIPAA, the HITECH Act, and the HIPAA regulations as they exist or may hereafter be amended.

1.05 The parties understand and acknowledge that HIPAA, the HITECH Act, and the HIPAA regulations do not pre-empt any state statutes, rules, or regulations that impose more stringent requirements with respect to privacy of PHI.

1.06 The parties understand that the HIPAA Privacy and Security rules apply to the CONTRACTOR in the same manner as they apply to a covered entity. CONTRACTOR agrees to comply at all times with the terms of this Agreement and the applicable standards, implementation specifications, and requirements of the Privacy and the Security rules, as they exist or may hereafter be amended, with respect to PHI.

## 2. DEFINITIONS.

2.01 "Administrative Safeguards" are administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic PHI and to manage the conduct of CONTRACTOR's workforce in relation to the protection of that information.

2.02 "Agreement" means the attached Agreement and its exhibits to which these terms additional are incorporated by reference.

2.03 "Breach" means the acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the PHI.

### 2.03.1 Breach excludes:

- a. any unintentional acquisition, access, or use of PHI by a workforce member or person acting under the authority of CONTRACTOR or CITY, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.
- b. any inadvertent disclosure by a person who is authorized to access PHI to another person authorized to access PHI, or organized health care arrangement in which CITY participates, and the information received as a result of such disclosure is not further used or disclosed in a manner disallowed under the HIPAA Privacy Rule.
- c. a disclosure of PHI where CONTRACTOR or CITY has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

2.03.2 Except as provided in paragraph (a) of this definition, an acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule is presumed to be a breach unless CONTRACTOR demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:

- a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
- b. The unauthorized person who used the PHI or to whom the disclosure was made;
- c. Whether the PHI was actually acquired or viewed; and
- d. The extent to which the risk to the PHI has been mitigated.

2.04 "CONTRACTOR" shall have the same meaning as in the attached Agreement, to which these Business Associate terms are incorporated by reference.

2.05 "CITY" shall have the same meaning as in the attached Agreement, to which these Business Associate terms are incorporated by reference.

2.06 "Data Aggregation" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR §164.501.

2.07 "Designated Record Set" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR §164.501.

2.08 "Disclosure" shall have the meaning given to such term under the HIPAA regulations in 45 CFR §160.103.

2.09 "Health Care Operations" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR §164.501.

2.10 "Immediately" where used here shall mean within 24 hours of discovery.

2.11 "Individual" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR §160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).

2.12 "Parties" shall mean "CONTRACTOR" and "CITY", collectively.

2.13 "Physical Safeguards" are physical measures, policies, and procedures to protect CONTRACTOR's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.

2.14 "The HIPAA Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

2.15 "Protected Health Information" or "PHI" shall have the meaning given to such term under the HIPAA regulations at 45 CFR §160.103.

2.16 "Required by Law" shall have the meaning given to such term under the HIPAA Privacy Rule at 45 CFR §164.103.

2.17 "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee.

2.18 "Security Incident" means attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. "Security incident" does not include trivial incidents that occur on a daily basis, such as scans, "pings", or unsuccessful attempts to penetrate computer networks or servers maintained by CONTRACTOR.

2.19 "The HIPAA Security Rule" shall mean the Security Standards for the Protection of electronic PHI at 45 CFR Part 160, Part 162, and Part 164, Subparts A and C.

2.20 "Subcontractor" shall have the meaning given to such term under the HIPAA regulations at 45 CFR §160.103.

2.21 "Technical safeguards" means the technology and the policy and procedures for its use that protect electronic PHI and control access to it.

2.22 "Unsecured PHI" or "PHI that is unsecured" means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary of Health and Human Services ("HHS") in the guidance issued on the HHS Web site.

2.23 "Use" shall have the meaning given to such term under the HIPAA regulations at 45 CFR §160.103.

### 3. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR AS BUSINESS ASSOCIATE.

3.01 CONTRACTOR agrees not to use or further disclose PHI that CITY discloses to CONTRACTOR except as permitted or required by this Agreement or by law.

3.02 CONTRACTOR agrees to use appropriate safeguards, as provided for in this Agreement, to prevent use or disclosure of PHI that CITY discloses to CONTRACTOR or that CONTRACTOR creates, receives, maintains, or transmits, on behalf of CITY, except as provided for by this Contract.

3.03 CONTRACTOR agrees to comply with the HIPAA Security Rule, at Subpart C of 45 CFR Part 164, with respect to electronic PHI that CITY discloses to CONTRACTOR or that CONTRACTOR creates, receives, maintains, or transmits, on behalf of CITY.

3.04 CONTRACTOR agrees to mitigate, to the extent practicable, any harmful

effect of a Use or Disclosure of PHI by CONTRACTOR in violation of the requirements of this Agreement that becomes known to CONTRACTOR.

3.05 CONTRACTOR agrees to immediately report to CITY any Use or Disclosure of PHI not provided for by this Agreement that CONTRACTOR becomes aware of. CONTRACTOR must report Breaches of Unsecured PHI in accordance with 45 CFR §164.410.

3.06 CONTRACTOR agrees to ensure that any subcontractors that create, receive, maintain, or transmit, PHI on behalf of CONTRACTOR agree to the same restrictions and conditions that apply to CONTRACTOR with respect to such information.

3.07 To comply with the requirements of 45 CFR §164.524, CONTRACTOR agrees to provide access to CITY, or to an individual as directed by CITY, to PHI in a Designated Record Set within fifteen (15) calendar days of receipt of a written request by CITY.

3.08 CONTRACTOR agrees to make amendment(s) to PHI in a Designated Record Set that CITY directs or agrees to, pursuant to 45 CFR §164.526, at the request of CITY or an Individual, within thirty (30) calendar days of receipt of the request by CITY. CONTRACTOR agrees to notify CITY in writing no later than ten (10) calendar days after the amendment is completed.

3.09 CONTRACTOR agrees to make internal practices, books, and records, including policies and procedures, relating to the use and disclosure of PHI received from, or created or received by CONTRACTOR on behalf of CITY, available to CITY and the Secretary in a time and manner as determined by CITY, or as designated by the Secretary, for purposes of the Secretary determining CITY'S compliance with the HIPAA Privacy Rule.

3.10 CONTRACTOR agrees to document any Disclosures of PHI that CITY discloses to CONTRACTOR or that CONTRACTOR creates, receives, maintains, or transmits on behalf of CITY, and to make information related to such Disclosures available as would be required for CITY to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 CFR §164.528.

3.11 CONTRACTOR agrees to provide CITY, or an Individual as directed by CITY, and in a timely and manner to be determined by CITY, that information collected in accordance with the Agreement, in order to permit CITY to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 CFR §164.528.

3.12 CONTRACTOR agrees that, to the extent CONTRACTOR carries out CITY's obligation(s) under the HIPAA Privacy and/or Security rules, CONTRACTOR will comply with the requirements of 45 CFR Part 164 that apply to CITY in the performance of such obligation(s).

3.13 CONTRACTOR shall work with CITY upon notification by CONTRACTOR to CITY of a Breach to properly determine if any Breach exclusions exist as defined

below.

4. SECURITY RULE.

4.01 CONTRACTOR shall comply with the requirements of 45 CFR § 164.306 and establish and maintain appropriate Administrative, Physical and Technical Safeguards in accordance with 45 CFR §164.308, §164.310, §164.312, and §164.316 with respect to electronic PHI that CITY discloses to CONTRACTOR or that CONTRACTOR creates, receives, maintains, or transmits on behalf of CITY. CONTRACTOR shall follow generally accepted system security principles and the requirements of the HIPAA Security Rule pertaining to the security of electronic PHI.

4.02 CONTRACTOR shall ensure that any subcontractors that create, receive, maintain, or transmit electronic PHI on behalf of CONTRACTOR agree through a contract with CONTRACTOR to the same restrictions and requirements contained here.

4.03 CONTRACTOR shall immediately report to CITY any Security Incident of which it becomes aware. CONTRACTOR shall report Breaches of Unsecured PHI as below and as required by 45 CFR §164.410.

5. BREACH DISCOVERY AND NOTIFICATION.

5.01 Following the discovery of a Breach of Unsecured PHI, CONTRACTOR shall notify CITY of such Breach, however, both parties may agree to a delay in the notification if so advised by a law enforcement official pursuant to 45 CFR §164.412.

5.01.1 A Breach shall be treated as discovered by CONTRACTOR as of the first day on which such Breach is known to CONTRACTOR or, by exercising reasonable diligence, would have been known to CONTRACTOR.

5.01.2 CONTRACTOR shall be deemed to have knowledge of a Breach, if the Breach is known, or by exercising reasonable diligence would have known, to any person who is an employee, officer, or other agent of CONTRACTOR, as determined by federal common law of agency.

5.02 CONTRACTOR shall provide the notification of the Breach immediately to the CITY DHS Executive Director or other designee.

5.02.1 CONTRACTOR'S initial notification may be oral, but shall be followed by written notification within 24 hours of the oral notification.

5.03 CONTRACTOR'S notification shall include, to the extent possible:

5.03.1 The identification of each Individual whose Unsecured PHI has been, or is reasonably believed by CONTRACTOR to have been, accessed, acquired, used, or disclosed during the Breach;

5.03.2 Any other information that CITY is required to include in the notification to each Individual under 45 CFR §164.404 (c) at the time CONTRACTOR is required to notify CITY, or promptly thereafter as this information becomes available, even after the regulatory sixty (60) day period set forth in 45 CFR §164.410 (b) has elapsed, including:

- a. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
- b. A description of the types of Unsecured PHI that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
- c. Any steps Individuals should take to protect themselves from potential harm resulting from the Breach;
- d. A brief description of what CONTRACTOR is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any future Breaches; and
- e. Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

5.04 CITY may require CONTRACTOR to provide notice to the Individual as required in 45 CFR §164.404, if at the sole discretion of the CITY, it is reasonable to do so under the circumstances.

5.05 In the event that CONTRACTOR is responsible for a Breach of Unsecured PHI in violation of the HIPAA Privacy Rule, CONTRACTOR shall have the burden of demonstrating that CONTRACTOR made all required notifications to CITY, and as required by the Breach notification regulations, or, in the alternative, that the acquisition, access, use, or disclosure of PHI did not constitute a Breach.

5.06 CONTRACTOR shall maintain documentation of all required notifications of a Breach or its risk assessment under 45 CFR §164.402 to demonstrate that a Breach did not occur.

5.07 CONTRACTOR shall provide to CITY all specific and pertinent information about the Breach, including the information listed above, if not yet provided, to permit CITY to meet its notification obligations under Subpart D of 45 CFR Part 164 as soon as practicable, but in no event later than fifteen (15) calendar days after CONTRACTOR's initial report of the Breach to CITY.

5.08 CONTRACTOR shall continue to provide all additional pertinent information about the Breach to CITY as it becomes available, in reporting increments of five (5) business days after the prior report to CITY. CONTRACTOR shall also respond in good faith to all reasonable requests for further information, or follow-up information, after report to CITY, when such request is made by CITY.

5.09 In addition to the provisions in the body of the Agreement, CONTRACTOR shall also bear all expense or other costs associated with the Breach and shall reimburse CITY for all expenses CITY incurs in addressing the Breach and consequences thereof, including costs of investigation, notification, remediation, documentation or other costs or expenses associated with addressing the Breach.

## 6. PERMITTED USES AND DISCLOSURES BY CONTRACTOR.

6.01 CONTRACTOR may use or further disclose PHI that CITY discloses to CONTRACTOR as necessary to perform functions, activities, or services for, or on behalf of, CITY as specified in the Agreement, provided that such use or Disclosure would not violate the HIPAA Privacy Rule if done by CITY.

6.02 CONTRACTOR may use PHI that CITY discloses to CONTRACTOR, if necessary, for the proper management and administration of the Agreement.

6.03 CONTRACTOR may disclose PHI that CITY discloses to CONTRACTOR to carry out the legal responsibilities of CONTRACTOR, if:

6.03.1 The Disclosure is required by law; or

6.03.2 CONTRACTOR obtains reasonable assurances from the person or entity to whom/which the PHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person or entity and the person or entity immediately notifies CONTRACTOR of any instance of which it is aware in which the confidentiality of the information has been breached.

6.04 CONTRACTOR may use or further disclose PHI that CITY discloses to CONTRACTOR to provide Data Aggregation services relating to the Health Care Operations of CONTRACTOR.

6.05 CONTRACTOR may use and disclose PHI that CITY discloses to CONTRACTOR consistent with the minimum necessary policies and procedures of CITY.

## 7. OBLIGATIONS OF CITY.

7.01 CITY shall notify CONTRACTOR of any limitation(s) in CITY'S notice of privacy practices in accordance with 45 CFR §164.520, to the extent that such limitation may affect CONTRACTOR'S Use or Disclosure of PHI.

7.02 CITY shall notify CONTRACTOR of any changes in, or revocation of, the permission by an Individual to use or disclose his or her PHI, to the extent that such changes may affect CONTRACTOR'S Use or Disclosure of PHI.

7.03 CITY shall notify CONTRACTOR of any restriction to the Use or Disclosure of PHI that CITY has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect CONTRACTOR'S use or disclosure of PHI.

7.04 CITY shall not request CONTRACTOR to use or disclose PHI in any manner that would not be permissible under the HIPAA Privacy Rule if done by CITY.

8. BUSINESS ASSOCIATE TERMINATION.

8.01 Upon CITY'S knowledge of a material breach or violation by CONTRACTOR of the requirements of this Contract, CITY shall:

8.01.1 Provide an opportunity for CONTRACTOR to cure the material breach or end the violation within thirty (30) business days; or

8.01.2 Immediately terminate the Agreement, if CONTRACTOR is unwilling or unable to cure the material breach or end the violation within (30) days, provided termination of the Agreement is feasible.

8.02 Upon termination of the Agreement, CONTRACTOR shall either destroy or return to CITY all PHI CONTRACTOR received from CITY and any and all PHI that CONTRACTOR created, maintained, or received on behalf of CITY in conformity with the HIPAA Privacy Rule.

8.02.1 This provision shall apply to all PHI that is in the possession of subcontractors or agents of CONTRACTOR.

8.02.2 CONTRACTOR shall retain no copies of the PHI.

8.02.3 In the event that CONTRACTOR determines that returning or destroying the PHI is not feasible, CONTRACTOR shall provide to CITY notification of the conditions that make return or destruction infeasible. Upon determination by CITY that return or destruction of PHI is infeasible, CONTRACTOR shall extend the protections of this Agreement to the PHI and limit further Uses and Disclosures of the PHI to those purposes that make the return or destruction infeasible, for as long as CONTRACTOR maintains the PHI.

8.03 These obligations shall survive the termination of the Agreement.

**Scope of Work (SOW) for Child Placement Agency Contractor**

**I. Purpose of Agreement**

The purpose of the contract is to establish an agreement and scope of services between Denver Department of Human Services (DDHS) and Contractor to provide Out-of-Home Placement Services for children/youth in the custody of the department.

**II. Services**

This agreement seeks to describe between DDHS and Contractor requirements, best practices, and other methods for providing a comprehensive framework of care as described here and in the Agreement.

- A.** In addition to any other services required by the Agreement and attachments, services will be provided based on a Child Specific Needs Based Care Assessment determined for each child/youth (or, if necessary, on such other assessment instruments as determined by the parties to this Agreement).
- 1.** The services purchased under this Agreement may include, but are not limited to:
    - a.** Basic 24-hour care and child maintenance (food, shelter, clothing, educational supplies, personal incidentals and allowance).
    - b.** Administrative overhead and case management.
    - c.** Behavioral health services which may include but are not limited to individual, group and family therapy. In-home services and day treatment may be authorized and paid through the child's/youth's Medicaid eligibility. Behavioral health services may also be authorized and purchased directly by the City through the Department's Core Service program.
    - d.** For Children's Habilitation Residential Program (CHRP) eligible children/youth, services determined to be needed, including behavioral health services, will be contracted and paid for through CHRP. Medicaid services would be medical in nature.

**B. Service Expectations**

- 1.** Treatment Plan:
  - a.** At a minimum, the treatment plan shall be developed within the time frame allowed by the state. For CHRP eligible children/youth, Denver Human Services is required to develop the service plan.
  - b.** For CHRP eligible children/youth, the initial treatment plan shall contain a primary discharge plan and a secondary discharge plan (i.e. moving to home or to adult services) based upon the child's/youth's needs.
  - c.** The treatment plan and services shall support the DDHS "permanency goal."
  - d.** The treatment plan shall focus on the needs of the child/youth and how the Contractor will actively engage in therapeutic resources to resolve behavioral, emotional and/or developmental difficulties the child/youth may be experiencing.
  - e.** For CHRP eligible children/youth, the treatment plan shall focus on resolution and/or management to the primary issue(s) resulting in the placement with the goal of bringing the youth to a minimally

## **Attachment 1**

- adequate functioning level to be successful in the community to enhance the child's functioning).
- f.** The treatment plan shall address any visitation needs for the child/youth and his/her family members.
  - g.** Treatment plans shall be approved by DDHS staff and Probation, when involved.
- 2. Reporting:**
- a.** Reporting must be completed at no longer than three-month intervals after placement with the Contractor. Reports shall include, at a minimum:
    - any changes to the child's/youth's physical condition, psychological and social functioning,
    - changes in the child's/youth's family situation,
    - educational progress, significant incidents or disciplinary actions,
    - progress made to achieve goals specified in the treatment plan,
    - name, address and phone number of the child's/youth's current medical and dental providers,
    - dates of medical and dental appointments that occurred during the reporting period.
  - b.** Major incidents, including state defined "critical incidents" as well as incidents involving drug use, assaultive behaviors, major property damage, running away, and physical management shall be reported within one business day to DDHS U.M. staff and Probation, if involved. Any police contacts and court dates resulting from these contacts must be included in the report.
  - c.** Additional reporting requirements requested by DDHS shall be provided in progress reports within one month of notification by DDHS of the request.
- 3. Transportation:** The Contractor shall provide or pay for reasonable fees associated with transportation, e.g., a child's/youth's family visitation, appearances in court, interaction with other necessary services (such as medical visits or therapy). Note reimbursement would not apply when a DDHS staff or probation officer agrees to provide such transportation, although they shall not be required to provide such transportation.
- 4. Interpreter Costs:** If an interpreter is needed for any DDHS sponsored events or meetings at DDHS (VOICES, etc.), DDHS will be responsible for providing the interpreter services. If an interpreter is needed for anything at the Child Placement Agency or in the foster/group home/group center, the contractor will be responsible for obtaining and paying the cost of interpreter services. The facility will then provide DDHS with an invoice outlining the child's name, date of services and use of non-Medicaid pay interpretation services on a monthly basis. Utilization Management will notify the contractor if the child/youth/or family does not speak English prior to the placement being finalized.
- 5. Discharge Coordination:**
- a.** Discharge plans for all children/youth shall be developed in cooperation with the child's/youth's caseworker and an appropriate transition plan should be established.
  - b.** Children/youth shall leave placement with a sufficient quantity of any needed medications to cover until the child/youth is able to see

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a practitioner who may prescribe the medications in the subsequent placement.

- c. Children/youth shall leave placement with a sufficient amount of clothing and possessions including all possessions with which they entered the placement. Items that have been lost or stolen should be timely documented and reported to the child's/youth's assigned caseworker.
6. Value of Individual & Community Engagement Services (VOICES) Meetings:
    - a. Child Placement Agencies shall give 30 days' notice in writing to their assigned Utilization Management Coordinator when requesting that a child/youth be moved from one of their foster homes with the exception of emergency removals.
    - b. The Department is required to schedule a VOICES meeting within five working days of receipt of this notice.
    - c. The appropriate CPA staff person and the foster parent are expected to participate in the VOICES meeting either in person or by telephone.

### **III. Process & Outcome Measures**

#### **Process Measures**

1. Contractor will know the strengths and areas for improvement of all placement providers so children/youth will be placed with the best possible match.
2. Contractor will provide placement services, therapeutic services and participate in all case planning activities.
3. Contractor will help facilitate visitation and therapeutic services with children, youth and families during placement, including assisting with home visitation structure and facilitating transportation.
4. Contractor will communicate regularly with caseworker and Utilization Management staff and inform them of any obstacles to treatment or reunification as they arise.

#### **Outcome Measures**

1. Agency average discharge success rate will be 80% or higher.
2. Agency average discharge success rate one year post-discharge from placement will be 75% or higher.
3. Percentage of 30-day notices for clients that have not successfully completed the program will average 5% or less.

### **IV. Background Checks**

Contractor shall provide background checks for all current and prospective employees of Contractor, and/or any subcontractor who has any direct contact with a child/youth involved in any phase of an open child welfare case including, without limitation, those in the process of being placed and those who have been placed in out-of-home care. Each employee, prospective employee and/or subcontractor shall submit a complete set of fingerprints to the Colorado Bureau of Investigation (CBI) that were taken by a qualified law enforcement agency to obtain any criminal record held by the CBI.

**A. Contractor Employees and Subcontractors**

1. The person's employment is conditional upon a satisfactory criminal background check and subject to the same grounds for denial or dismissal as outlined in 26-6-104(7), C.R.S., including:
  - a. Checking records and reports; and
  - b. Individuals who have not resided in the state for two years shall be required to have Federal Bureau of Investigation (FBI) fingerprint-based criminal history.
2. Payment of the fee for the criminal record check is the responsibility of the Contractor or at Contractor's option individual being checked. In either case, DHS will not reimburse any of the costs associated with background checks.

**B. Volunteers and Students**

1. If volunteers or students are used by Contractor, Contractor shall define specifically the services to be given by that individual.
2. Volunteers and students who are assigned to work directly with the children/youth shall:
  - a. Be subject to reference checks similar to those performed for employment applicants.
  - b. Be supervised by Contractor's paid and qualified staff and report any concerns or issues to that staff
  - c. Be oriented and trained in the confidential nature of their work and the specific job which they are to do prior to assignment.
3. Provisions for employment and volunteer/student related background check inquiries will be followed as outlined in Section 7.701.32 "Use of Reports and Records of Child Abuse or Neglect for Background and Employment Inquiries."

**V. Performance Management and Reporting**

**A. Performance Management**

Monitoring will be performed by the program area and Contracting Services. Contractor may be reviewed for:

1. **Program or Managerial Monitoring:** The quality of the services being provided and the effectiveness of those services addressing the needs of the program.
2. **Contract & Financial Monitoring:** Review and analysis of (a) current program information to determine the extent to which contractors are achieving established contractual goals; (b) financial systems & billings to ensure that contract funds are allocated & expended in accordance with the terms of the Agreement. Contracting Services will provide regular performance monitoring and reporting to program area management. Contracting Services, in conjunction with the DHS program area, will manage any performance issues and will develop interventions that will resolve concerns.
3. **Compliance Monitoring:** Monitoring to ensure that the requirements of the contract document, Federal, State and City codes, laws and regulations, and DHS policies are being met.

## Attachment 1

### **B. Reporting**

The following reports shall be developed and delivered to the City as stated in this section.

<b>Report # and Name</b>	<b>Description</b>	<b>Frequency</b>
1. All medical and dental reports (Denver Human Services Health Visit Form)	Completed DHS Health Visit Form or documentation from alternative provider of physicals, medical and dental procedures.	Within one (1) business day of medical/dental appointment or of receipt of documentation.
2. Major incidents, including state defined "critical incidents" reports	Report shall demonstrate information as stated above in Section II.B.2.b	Within one (1) business day of incident or receipt of notice of incident.
3. Quarterly Report	Report shall demonstrate achievement of the process and outcome measures of this SOW.	Quarterly
4. Contract Closeout and Summary Report	Report shall demonstrate all functions performed, and how services provided met the overall goals of this Agreement.	Contract End, within 45 days after placement end date.
5. Other reports as reasonably requested by the City.	To be determined (TBD) - ie. Child Safety Plan, Foster Home Action Plan, etc.	TBD

### **VI. Budget Requirements**

Contractor shall provide the services for the City under this agreement using best practices. Only State funds will be used to pay for care and services. Applicable rates shall be determined as set forth in the Agreement and Attachment 4, which were effective 7/1/2014, unless the rates are altered as legislated by the General Assembly with written notice to the Contractor. These altered rates shall automatically go into effect unless the Contractor notifies the City in writing within fourteen (14) days, in which case the contract may then be subject to re-negotiation or termination.

The rates in Attachment 4, which were effective 7/1/2014, are the established rates which have been determined to be sufficient to meet the usual needs of children and youth in out of home placement. Those rates may only be supplemented by an additional payment on a finding by DHS based on documentary evidence of one or more of the following factors: excessive needs of crossover population (D & N plus Delinquency requirements), need for higher levels of supervision (such as line-of-sight supervision for offense-specific population), severe mental illness, excessive transportation needs, excessive developmental or physical limitations, severely medically fragile population, NYC proctor bed rates, mutual care program rates, placement rates for victims of trafficking, or court order.

# Out-of-Home Placement Authorization and Terms Attachment 2

## Denver Human Services, Child Welfare Division

*This child specific authorization must be used in conjunction with the general contract for all providers. (SS23A)*

*The provider must notify the DHS supervisor (signature below) in writing of any inaccuracy or other matter on this authorization needing correction or clarification within ten working days of receipt.*

Child/Youth: \_\_\_\_\_  
Name Trails Case State Id DOB

Rate start date: \_\_\_\_\_

The reimbursement terms specified herein will continue in effect:

\_\_\_\_\_ for the duration of the child's placement **unless** modified through a new OOH Placement Authorization due to changes in rate or service needs,  
 or  
 \_\_\_\_\_ until (authorization end date) \_\_\_\_\_, by which time an updated OOH Placement Authorization is required for any  
 extension

Except as otherwise provided above, either party shall have the right to terminate this contract by giving the other party thirty days notice by registered mail, return receipt requested. If notice is so given, this agreement shall terminate on the expiration of the thirty days or until the eligible child can be placed elsewhere, and the liability of the parties hereunder for further performance of the terms of this agreement shall thereupon cease, but the parties shall not be released from the duty to perform their obligations up to the date of termination.

**Child's Legal Status for Placement**

- Court order with:  Legal custody or  Guardianship with DDHS  
 Voluntary Placement Agreement signed by \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Petition for Review of Need for Placement, custody retained by \_\_\_\_\_

**Authorized Level of Care and Per Diem Rate(s) to be Paid:**

Foster/Group Home <input type="checkbox"/>	RCCF <input type="checkbox"/>	TRCCF <input type="checkbox"/>	PRTF <input type="checkbox"/>	CHRP <input type="checkbox"/>
Child Maintenance:	Child Maintenance:	Child Maint.:	Ongoing Service Tracking	SSI/mo.:
Admin. Maint:	Admin. Maint:	Admin Maint:		Medicaid:
Admin. Services:	Admin. Services:	Services:		
Foster Care respite:	Treatment:	Treatment:		
<b>PSDPH:</b>				
<b>Total:</b>	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>

**Services will include but are not necessarily limited to the following services to be facilitated by the provider:**

<input type="checkbox"/> Provider agrees to work with family	<input type="checkbox"/> Attend Court Hearings
<input type="checkbox"/> <b>Therapeutic Services funded thru Medicaid Fee for Services:</b>	<input type="checkbox"/> Case Management
<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Doctor/Dentist Appt. Coordination
<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Physician Services/Coordination
<input type="checkbox"/> Interactive Group Therapy	<input type="checkbox"/> Nursing Services/ Coordination
<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Pharmacological management	<input type="checkbox"/> Child Find
<input type="checkbox"/> <b>Treatment NOT Funded by Medicaid Fee for Services:</b>	<input type="checkbox"/> Medication Monitoring
<input type="checkbox"/> Home-Based Intervention	<input type="checkbox"/> Medication Evaluation (not covered under Fee for Services)
<input type="checkbox"/> MST –Multi Systemic Therapy	<input type="checkbox"/> <b>Education:</b>
<input type="checkbox"/> Offense Specific Treatment	<input type="checkbox"/> On grounds School
<input type="checkbox"/> Drug & Alcohol Treatment	<input type="checkbox"/> Attend Special Education Meetings
<input type="checkbox"/> U.A./Drug Screening/Breathalyzer	<input type="checkbox"/> Public School Attendance
<input type="checkbox"/> Sexual Abuse Victimization Treatment	<input type="checkbox"/> Coordinate Assessment for Special Education
<input type="checkbox"/> Independent Living Skills Training	<input type="checkbox"/> Visitation Coordination
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Monitor Phone calls & Correspondence
<input type="checkbox"/> Behavior Modification Services	<input type="checkbox"/> Transportation for family/parent/child visits
<input type="checkbox"/> Behavior Assessment	<input type="checkbox"/> Other:
<input type="checkbox"/> Recreation Services	<input type="checkbox"/> Other:

Permission for emergency medical and dental treatment is at the discretion of the County. The contractor is required to abide by county specific practices as to emergency medical and dental procedures. Notice of medical and emergency treatment shall be provided to the county caseworker as soon as reasonably possible but no later than 24 hours following treatment. Verbal consent must be obtained from an administrator of the Denver Department of Human Services for EMERGENCY SURGERY, EMERGENCY INTRUSIVE MEDICAL PROCEDURES, AND PSYCHOTROPIC MEDICATION unless authorization is given by the medical professional(s) on duty.

**Comments:**

	Service Provider Agency	Foster Parent (or address of residential facility if other than agency address)
Name:	_____	_____
Provider ID:	_____	_____
Address:	_____	_____
	_____	_____
City, State, Zip:	_____	_____

---

Authorizations:	Caseworker	Supervisor	Service Provider
Signature:	_____	_____	_____
Name (print):	_____	_____	_____
Phone #:	_____	_____	_____
Date Signed:	_____	_____	_____

NOTE: You should receive an updated Family Service Plan (FSP-3A and 3D and Health Passport) for providers, child and current visitation plan (FSP3B) within 60 days of placement. Please contact the caseworker if you do not receive it.

**DENVER HUMAN SERVICES NEEDS BASED CARE ASSESSMENT  
AGE 3 AND UP**

**IDENTIFYING INFORMATION**

CHILD'S NAME		STATE ID#	TRAILS CASE ID	
ETHNICITY		SEX M      F	DOB	
WORKER COMPLETING ASSESSMENT			HH#	DATE OF ASSESSMENT
AGENCY NAME	PROVIDER NAME		PROVIDER TRAILS ID	

Assessment Period:     Initial Assessment     Re-Determination

**RATE THE BEHAVIOR CONDITIONS WHICH CREATE THE NEED FOR SERVICES THAT APPLY TO THIS CHILD THAT ARE SIGNIFICANT IN TERMS OF DURATION AND INTENSITY.**

**THE BEHAVIOR ASSESSMENT IS USED ONLY TO IDENTIFY CHILD NEEDS AND ASSIST IN TREATMENT PLANNING.**

Rating of Conditions (Check one box for each category)					
ASSESSMENT AREAS	None 0	Mild 1	Moderate 2	Severe 3	Comments:
Aggression toward People/Cruelty to Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verbal or Physical Threatening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Destructive of Property and/or Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presence of Psychiatric Symptoms/Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enuresis/Encopresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inappropriate Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disruptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depressive-like Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emancipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Involvement with Child's Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CHILD'S OVERALL LEVEL OF NEED: (check level of need)</b>	<b>AVERAGE LEVEL:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				

**DENVER HUMAN SERVICES  
NEEDS BASED CARE ASSESSMENT**

**ANSWERS TO THE FOLLOWING QUESTIONS WILL DETERMINE THE NEEDS BASED CARE PAYMENT FOR  
CHILDREN AGES 1 DAY THROUGH 18 YEARS OLD.**

- For each question below, please select the response which most closely applies to this child.
- Please check the number for that response in the corresponding box below.

**THE FOLLOWING SEVEN QUESTIONS ARE MUTUALLY EXCLUSIVE:**

**P 1. How often does this child require transportation by the provider for the following: Therapy; Medical Treatment; Family Visitation; Extraordinary Educational Needs; Etc., as outlined in the treatment plan?**

- |   |  |
|---|--|
| <input type="checkbox"/> 0) One round trip a week or less | <input type="checkbox"/> 1) 2-3 round trips a week       |
| <input type="checkbox"/> 2) 4-5 round trips a week        | <input type="checkbox"/> 3) 6 or more round trips a week |

**P 2. How often is the provider required to participate in child's therapy or counseling sessions?**

- |  |  |
|--|--|
| <input type="checkbox"/> 0) Once a month | <input type="checkbox"/> 1) Two times but less than weekly |
| <input type="checkbox"/> 2) Once a week  | <input type="checkbox"/> 3) 2 or more times a week         |

**P 3. How much time is the provider required to intervene at home and/or at school with the child in conjunction with a regular or special education plan?**

- |   |   |
|---|---|
| <input type="checkbox"/> 0) Less than a ½ hour per day                      | <input type="checkbox"/> 1) ½ hour a day              |
| <input type="checkbox"/> 2) More than ½ hour per day, up to 2 hours per day | <input type="checkbox"/> 3) More than 2 hours per day |

**P 4. How often does the child require special and extensive involvement by the provider in scheduling and monitoring of time and/or activities and/or crisis management?**

- |  |  |
|--|--|
| <input type="checkbox"/> 0) Less than 5 hours per week | <input type="checkbox"/> 1) 5 to 10 hours per week |
| <input type="checkbox"/> 2) At least daily             | <input type="checkbox"/> 3) On a constant basis    |

**P 5. How much time is the provider required to assist the child because of impairments beyond age appropriate needs with feeding, bathing, grooming, physical, and/or occupational therapy?**

- |  |   |
|--|---|
| <input type="checkbox"/> 0) Less than 5 hours per week | <input type="checkbox"/> 1) 5 to 10 hours per week    |
| <input type="checkbox"/> 2) 11 to 20 hours per week    | <input type="checkbox"/> 3) 21 or more hours per week |

**A 1. How often is CPA case management required?**

- 0) No crisis intervention, minimal CPA involvement, one face-to-face visit with child per month.
- 1) Minimal crisis intervention as needed, one face-to-face visit with child, 2-3 contacts per month.
- 2) Occasional crisis intervention as needed, two face-to-face visits with child, 2-3 contacts per month.
- 3) Ongoing crisis intervention as needed, weekly face-to-face visits with child, and intensive coordination of multiple services.

**\*\*Please Note: The Case Management level may be assessed on a combined basis if a sibling group, or more than one County foster child is with the same provider.**

**T 1. How often are therapy services needed to address child's individual needs per NBC assessment?**

- |  |   |
|--|---|
| <input type="checkbox"/> 0) Not needed or provided by another source (i.e. Medicaid) | <input type="checkbox"/> 1) Less than 4 hours per month |
| <input type="checkbox"/> 2) 4-8 hours per month                                      | <input type="checkbox"/> 3) 9-12 hours per month        |

**DENVER HUMAN SERVICES  
NEEDS BASED CARE ASSESSMENT**

**SUMMARY** - Please identify all specific requirements and expectations which support Level of Care.

<b>PROVIDER SERVICES NEEDED</b> (Average of P1 through P5)
LEVEL __
Comments: (optional.)
<b>CPA CASE MANAGEMENT SERVICES NEEDED</b> (A1)
LEVEL __
Comments: (optional)
<b>THERAPY SERVICES NEEDED</b> (T1)
LEVEL __
Comments: (optional.)
<b>SPECIAL MEDICAL NEEDS</b> (NBC Assessment for Medically Fragile Children)
Comments: (optional.)

NEXT SCHEDULED RATE REVIEW: (maximum of 6 month intervals)
---

**DENVER COUNTY FOSTER CARE RATES****Attachment 4**

## AGE 0-10

Level of Care	Child Maintenance	Admin Maintenance	Admin Services	Foster Care Respite	Total
0	\$17.66			\$.66	\$18.32
1	\$20.34	\$14.06	\$.01	\$.66	\$35.07
1 ½	\$23.84	\$15.72	\$.01	\$.66	\$40.23
2	\$27.34	\$17.38	\$.01	\$.66	\$45.39
2 ½	\$30.84	\$19.05	\$.01	\$.66	\$50.56
3	\$34.36	\$20.72	\$.01	\$.66	\$55.75
3 ½	\$38.54	\$22.40	\$.01	\$.66	\$61.61
4 (TRCCF Stepdown @ county discretion)	\$42.06	\$24.05	\$.01	\$.66	\$66.78
Assessment Rate (60 days)	\$26.92	\$15.85	\$.01	\$.66	\$43.44

## AGE 11-14

Level of Care	Child Maintenance	Admin Maintenance	Admin Services	Foster Care Respite	Total
0	\$19.20			\$.66	\$19.86
1	\$21.89	\$14.06	\$.01	\$.66	\$36.62
1 ½	\$25.39	\$15.72	\$.01	\$.66	\$41.78
2	\$28.88	\$17.38	\$.01	\$.66	\$46.93
2 ½	\$32.39	\$19.05	\$.01	\$.66	\$52.11
3	\$35.90	\$20.72	\$.01	\$.66	\$57.29
3 ½	\$40.09	\$22.40	\$.01	\$.66	\$63.16
4 (TRCCF Stepdown @ county discretion)	\$43.61	\$24.05	\$.01	\$.66	\$68.33
Assessment Rate (60 days)	\$26.92	\$15.85	\$.01	\$.66	\$43.44

Effective 7/1/14

OOHPA/CPA\_Attachment 4\_Rates

**DENVER COUNTY FOSTER CARE RATES****Attachment 4**

AGE 15-18

Level of Care	Child Maintenance	Admin Maintenance	Admin Services	Foster Care Respite	Total
0	\$20.32			\$.66	\$20.98
1	\$23.01	\$14.06	\$.01	\$.66	\$37.74
1 ½	\$26.51	\$15.72	\$.01	\$.66	\$42.90
2	\$30.00	\$17.38	\$.01	\$.66	\$48.05
2 ½	\$33.52	\$19.05	\$.01	\$.66	\$53.24
3	\$37.01	\$20.72	\$.01	\$.66	\$58.40
3 ½	\$41.21	\$22.40	\$.01	\$.66	\$64.28
4 (TRCCF Stepdown @ county discretion)	\$44.72	\$24.05	\$.01	\$.66	\$69.44
Assessment Rate (60 days)	\$26.92	\$15.85	\$.01	\$.66	\$43.44

Effective 7/1/14  
OOHPA/CPA\_Attachment 4\_Rates

**Absence from Placement Payment Guidelines**

**Guidelines**

On certain occasions of a child's absence from a placement provider's care, the DDHS shall continue payment for a period of time in order to ensure continuity of placement for a child. In certain circumstances this shall include involvement of the placement provider with services that involve the child, such as "family therapy". Note this is a specific strategy to reduce the number of moves a child experiences while in care (and this was a Federal government "performance improvement plan" item at the time this plan was written).

**Procedure**

Social Case Worker (SCW) staff are required to notify UM staff when any of the circumstances below apply within one business day of such an occurrence.

Placement providers are required to notify UM staff when any of the circumstances below apply within one business day of such an occurrence.

If the State should change their reimbursement policy, the policies below will be adjusted to reflect that change.

*Foster Homes, CPA, Group Centers and Group Homes*

**Detention Stays**

Payment for the above status shall apply in the following circumstances:

- The child returns to the provider after the absence. On a case by case basis, the UM team shall approve any exception to this. (Example: A foster parent participates in therapy while a child is in detention, and in the meantime the child is committed to DYC and never returns to the provider. The provider may be paid for a portion of the absence, as approved by UM).
- The county will pay for the absence up to seven days at the full rate with the agreement the provider will hold the bed up to 14 days.
- The provider must have an approved plan by the UM staff to ensure participation in therapy, transitional services, and visitation, as indicated.

**Hospitalizations**

Payment for the above status shall apply in the following circumstances:

- The child returns to the provider after the absence. On a case by case basis, the UM team shall approve any exception to this. (Example: A foster parent participates in therapy while a child is hospitalized, and in the meantime the child is committed to DYC and never returns to the provider. The provider may be paid for a portion of the absence, as approved by UM).
- The county will pay for the absence up to 30 days per hospitalization episode at either the full or partial rate as negotiated with the placement provider.
- The provider must have an approved plan by the UM staff to ensure participation in therapy, transitional services, and visitation, as indicated.

**Respite** for the provider, such as visitation with a family not involving a "trial visit" (an example would be a child visiting a grandparent with whom the plan is the child will not live).

Payment for the above status shall apply in the following circumstances:

- The child returns to the provider after the absence. On a case by case basis, the UM team shall approve any exception to this.
- The county will pay for the absence up to seven days at the full rate with the agreement the provider will hold the bed up to 14 days.

**Runaways**

Payment for the above status shall apply in the following circumstances:

- The county may pay for the absence up to seven days at the full rate with the agreement the provider will hold the bed up to 14 days.
- UM staff shall approve or deny such a plan based upon the relationship the child has with the provider.

**“Trial Home Visits”**

- The visit shall be entered into Trails as a “trial visit”
- The payment shall continue up to a total of 30 days for home visits (i.e. a child is gone for a total of four weeks, 28 days, thus such a child would have a maximum of two additional days for the purpose of a trial visit).

Date Developed/Updated: 4/9/2007/ 5/21/2007; 1/20/2012

<b>Policy Name / Subject:</b>	DDHS Out-of-Home Placement Payment Policy
<b>Effective Date:</b>	1/1/2012
<b>Policy Writer:</b>	Janet Van Meter

## **Background**

In order to improve timely payments to placement providers and decrease non-reimbursable county expenditures, the Denver Department of Human Services has developed the following payment policy and procedures.

## **Acronym/Phrase Information**

ACH = Automated Clearing House  
CPA = Child Placement Agency  
DDHS = Denver Department of Human Services  
EBT = Electronic Benefits Transfer  
OOH = Out-of-Home  
OOHPA = Out-of-Home Placement Agreement

## **Policy**

1. It is the responsibility of the DDHS foster care certification worker to notify the DDHS Trails Payroll Unit staff of all newly certified foster care providers. The DDHS Trails Payroll Unit staff will send an ACH form and instructions for direct deposit payments to the newly certified foster home provider as soon as a child is placed in their home and an OOHPA has been completed. It is the responsibility of the placement provider to establish an Electronic Benefits Transfer (EBT) account in order for payment to occur.
2. It is the responsibility of the placement provider to let the Department know if they do not receive a roster within thirty (30) days of a child being placed in their home/facility.
3. It is the responsibility of the placement provider to notify the Department within thirty (30) days if they have received an overpayment, an underpayment, or have not received an OOHPA for a child placed in their home. It is the responsibility of the Department to provide the placement provider with an OOHPA within fourteen (14) days of the child's placement date.
4. It is the responsibility of the placement provider to bill the Department in a timely manner. Billings should be received by Trails Payroll Unit by the 5<sup>th</sup> of each month in order for reimbursements to be included on the main payroll.

5. If a provider refuses to sign a contract, the Department may elect to pay the provider without their signature prior to ninety (90) days of out-of-home services being rendered per the language of the OOHPA, "the reimbursement terms specified herein will continue in effect for the duration of the child's placement unless modified through a new OOH Placement Authorization due to changes in rate or service needs," so that the payment does not fall into non-reimbursable status.
6. If a provider is founded for abuse or neglect, the provider will be reimbursed for the care of the child up to the date the child was removed from the provider's care. If the child is not removed from the home, the provider will continue to be reimbursed for the care of the child.

**Related Policies**

none

**Refer Questions To:**

Amy R. Wilson, Administrator I, Child Welfare Business Office, 720-944-6365, [amy.wilson@denvergov.org](mailto:amy.wilson@denvergov.org)

<b>Policy Name / Subject:</b>	DDHS Out-of-Home Placement Payment Procedures
<b>Effective Date:</b>	1/1/2012
<b>Policy Writer:</b>	Janet Van Meter

## Background

In order to improve timely payments to placement providers and decrease non-reimbursable county expenditures, the Denver Department of Human Services has developed the following payment policy and procedures.

## Acronym/Phrase Information

ACH = Automated Clearing House  
 CPA = Child Placement Agency  
 DDHS = Denver Department of Human Services  
 EBT = Electronic Benefits Transfer  
 OOH = Out-of-Home  
 OOHPA = Out-of-Home Placement Agreement

## Procedures

1. DDHS foster care certification workers will notify the DDHS Trails Payroll Unit staff of all newly certified foster care providers within two business days of the service being opened in Trails. DDHS Trails Payroll staff will send an ACH form and instructions for direct deposit payments to the newly certified foster home provider within two business days of receipt of an OOHPA. Providers will establish an EBT account and provide this information to their DDHS payroll representative prior to any reimbursements being initiated to the placement provider.
2. Providers will notify the Department if they do not receive a roster within thirty (30) days of a child being placed in their home. If a provider is a CPA foster home, the CPA may contact their assigned Utilization Manager to investigate the progress of the Out-of-Home Placement Agreement. If the provider is a DDHS foster parents, the provider should contact their DDHS support worker who, in conjunction with Utilization Management, will investigate the progress of the Out-of-Home Placement Agreement.
3. Providers will notify the Department within thirty (30) days if they have received an overpayment, an underpayment, or have not received an OOHPA for a child placed in their home. The provider must notify the DDHS Utilization Management administrator in

writing of any inaccuracy or other matter on the OOHPA needing correction or clarification within ten working days of receipt of the OOHPA.

4. Billings submitted to the Department by providers should be received by the Trails Payroll Unit by the 5<sup>th</sup> of each month. Any roster not received within ninety (90) days of out-of-home services being rendered will not be reimbursed.
5. If a provider disagrees with the reimbursement rates set out in the OOHPA, the provider should attempt to resolve the disagreement with the Department prior to the expiration of ninety (90) days from the placement date established on the document. If the disagreement cannot be resolved, the Department may elect to pay the provider without their signature per Policy #5.

**Related Procedures**

None

**Refer Questions To:**

Amy R. Wilson, Administrator I, Child Welfare Business Office, 720-944-6365, [amy.wilson@denvergov.org](mailto:amy.wilson@denvergov.org)

**FAMILY SERVICES PLAN  
PART 3A: TREATMENT PLAN**

**Court Case#:**

**Date approved By Court:**

**Family Name:**

---

**Parent Name:**

**Objective:**

**Start Date**

**Est. Compl. Date:**

**Action Steps:**

**Measurement of Success:**

**Service Type:**

**Service Provider:**

**Responsibility for Fees:**

**FAMILY SERVICES PLAN  
PART 3A: TREATMENT PLAN**

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**Child Name:**

**Permanency Goal:**

**Date Set:**

**Target Date:**

**Alternative Permanency Goal:**

**Objective:**

**Start Date:**

**Est. Compl. Date:**

**Action Steps:**

**Measurement of Success:**

**Service Type:**

**Service Provider:**

**Responsibility for Fees:**

**FAMILY SERVICES PLAN  
PART 3A: TREATMENT PLAN**

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**Provider Name:**

**Objective:**

**Start Date:**

**Est. Compl. Date:**

**Action Steps:**

**Measurement of Success:**

**Service Type:**

**Service Provider:**

**Responsibility for Fees:**

---

**Collateral:**

**Objective:**

**Start Date:**

**Est. Compl. Date:**

**Action Steps:**

**Measurement of Success:**

**Service Type:**

**Service Provider:**

**Responsibility for Fees:**

**FAMILY SERVICES PLAN  
PART 3B: VISITATION PLAN**

**Court Case #(s):**

**Date Developed:**

**Start Date: End Date:**

**Visitor:**

**Purpose:**

**Frequency:**

**Duration:**

**Location:**

**Method:**

**Special considerations or restrictions:**

**Phone contact:**

**Notification of changes to plan (include date and method of notification):**

**Visitation Plan may be modified through the agreement of the following parties or by the Department in emergency situations for child safety reasons:**

**FAMILY SERVICES PLAN  
PART 3C: SUMMARY AND RECOMMENDATIONS**

**Date Created:**

**Family Name:**

**Dispositional Summary:**

**Agency Recommendations:**

---

**Caseworker**

**DENVER HUMAN SERVICES HEALTH VISIT FORM  
(CPA FORM ACCEPTED)**

**ATTENTION MEDICAL AND DENTAL PROVIDERS:**

The Denver Department of Human Services requires documentation of all medical and dental services for children in custody of the Department. Fax or email the completed forms as indicated below. Please call 720-944-6345 with any problems and concerns. Thank you.

Name of Youth		DOB:	Date of Appointment
VISIT WITH:	CHECK ONE BOX BELOW		
<b>Dentist</b>	<input type="checkbox"/> Routine Care/Cleaning	<input type="checkbox"/> Oral Pain or problem	
<b>Medical Doctor</b>	<input type="checkbox"/> Initial Exam	<input type="checkbox"/> Periodic Exam	<input type="checkbox"/> Sick
<b>Psychiatrist</b>	<input type="checkbox"/> Intake Medication Evaluation		<input type="checkbox"/> Medication Monitoring/Follow up visit
<b>Eye Doctor</b>	<input type="checkbox"/> Routine Preventative Care/Annual Exam		
<b>Other Specialist</b>	Type of provider	Purposed of Visit	

**Regular Medication Taken by youth**

Name of Medication	Dosage / Times	Name of Medication	Dosage / Times
Name of Medication	Dosage / Times	Name of Medication	Dosage / Times
<b>VISION CORRECTED Y / N</b>		<b>HEARING</b>	
<b>RIGHT</b> _____	<b>LEFT</b> _____	<b>RIGHT</b> _____	<b>LEFT</b> _____

ALLERGIES  No  YES \_\_\_\_\_

SIGNIFICANT HISTORY: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

TREATMENT: \_\_\_\_\_

REFERRALS:  Vision  Dental  Mental Health  Developmental

OTHER (SPECIFY) \_\_\_\_\_

NEXT APPOINTMENT: \_\_\_\_\_

TYPE DATE

Name of Doctor/Dentist: \_\_\_\_\_

STAMPED

INFORMATION ACCEPTED

Doctor/Dentist Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor/Dentist Signature \_\_\_\_\_

**MEDICAL/DENTAL PROVIDER: FAX COMPLETED FORM TO 720-944-6301**

**OR EMAIL TO: [Diana.hunter@denvergov.org](mailto:Diana.hunter@denvergov.org)**



**Attachment 9**

**COLORADO DEPARTMENT OF HUMAN SERVICES  
Trails System Report  
Division of Child Welfare  
Provider Roster  
For Service Month**

Governing Body/Provider Name:

County: 16 Denver 8031

\*Update information services from  
Denver County  
and mail to: County CW Business Staff

Governing Body:

Address:

Provider ID:

To arrive on or before the last day of:

Service Type:	Service Category:			Date of Care	No Days/	Unit		
Child's Name	State ID	Sex	Birthday	Worker Name	From/To	Units	Type	Amount

---

I certify that care was provided for the children listed above for the dates specified.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Attachment 10**

**DENVER HUMAN SERVICES' FOSTER PARENT DECLARATION FORM**

As a foster parent, you agreed to care for children in your home on a temporary basis. When parental rights are terminated and a child is legally free for adoption, foster parents may be considered as a potential adoptive parent for the child.

As a legal risk foster/adopt parent, you agreed to care for children in your home and support permanency for the child including reunification with the birth parent (s) and extended family/kin, guardianship/allocation of parental responsibility and/or adoption.

The Department needs to plan for children who are becoming legally free for Adoption. In order to establish a permanent plan for such children, we would like for you to take this time to consider your interest in being considered for adoption of a child in your care.

*Please review and sign the appropriate option for your family. Thank you.*

**INTEREST IN ADOPTION**

We (I), the undersigned, have considered carefully and have decided that we (I) would like to be considered for the Adoption of \_\_\_\_\_, who will be or has been in our (my) care since \_\_\_\_\_.

We (I) understand that we (I) will under go an Adoptive Home Assessment and that there is no guarantee that we (I) will be approved for this Adoption. We (I) are taking this opportunity to express an interest in being considered for the Adoption of this child.

*I make this declaration of my own free will:*

Printed Name:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*I make this declaration of my own free will:*

Printed Name:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLINING INTEREST IN ADOPTION**

We (I), the undersigned, have considered carefully and have decided we (I) would not like to be considered for the adoption of \_\_\_\_\_, who has been in our (my) care since \_\_\_\_\_.

We (I) understand that the Recruitment Unit will begin to recruit an Adoptive family for this child and we (I) agree to cooperate with the transition of this child into an Adoptive Placement if, and when, such a home is located.

**Attachment 10**

*I make this declaration of my own free will:*

Printed Name:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*I make this declaration of my own free will:*

Printed Name:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Printed Name:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 12/12



**DENVER**  
THE MILE HIGH CITY

Denver Department of Human Services  
Policies and Procedures

<b>Policy Name / Subject:</b>	<b>Driving Policy for Youth in Foster Care</b>
<b>Policy Number:</b>	1208-442 CW
<b>Effective Date:</b>	9/1/12
<b>Policies being updated or replaced:</b>	N/A
<b>Online location:</b>	<b>Bridge</b>
<b>Policy Writer:</b>	<b>Margo Valaika</b>

## Background

Obtaining a driver's license is a privilege. For youth over the age of 18 in out-of-home placement, it is part of their personal growth, accepting and taking responsibility for actions leading to independence. Access to education, employment, health care, and other community based activities for older youth is dependent on access to transportation.

A uniform policy is necessary to address the ability of youth, over the age of 18, to operate a motor vehicle while in foster care and in Denver Human Services' custody. Foster youth obtaining a driver's license requires common understanding on a number of details related to the process.

## Acronym Information

DDHS-Denver Department of Human Services

## Policy

It is the policy of the Denver Department of Human Services (DDHS) to allow foster youth over the age of 18 to drive a car when they have completed all of the following requirements:

1. Successfully completed the Ansell-Casey Assessment
2. Completed an accredited Driver's Education Course
3. Obtained a valid Colorado driver's license

Created: 5-15-12es Revised 6-6-12



**DENVER**  
THE MILE HIGH CITY

Denver Department of Human Services  
Policies and Procedures

4. Obtained current auto insurance in their own name and consistent with the requirements of Colorado State Law
5. Obtained a valid Court Order authorizing the juvenile to operate a motor vehicle.

By supporting youth in obtaining their driver's licenses, the Denver Department of Human Services is not making any judgment about the driving fitness of any youth.

The Denver Department of Human Services will not sign any driver's license application or other Department of Motor Vehicle Documents.

The Denver Department of Human Services will not sign any financial responsibility forms for the youth or for the foster parents who allow the youth to drive their motor vehicles.

### **Related Policies**

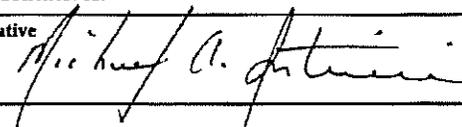
N/A

### **Refer Questions To:**

Margo Valaika, Utilization Management Coordinator  
720-944-6352 [margo.valaika@denvergov.org](mailto:margo.valaika@denvergov.org)

## Certificate of Coverage

Date: 4/7/2015

<b>Certificate Holder</b> Archdiocese of Denver 1300 S. Steele Street Denver, CO 80210		<b>This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.</b>			
<b>Covered Location</b> Catholic Charities and Community Services of the Archdiocese of Denver 4045 Pecos Street Denver, CO 80211		<b>Company Affording Coverage</b>  THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD OMAHA, NE 68154			
<b>Coverages</b>					
<b>This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.</b>					
Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability	8858	7/1/2014	7/1/2015	Each Occurrence	1,000,000
<input checked="" type="checkbox"/> Occurrence				General Aggregate	2,000,000
<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	2,000,000
				Personal & Adv Injury	1,000,000
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability	8858	7/1/2014	7/1/2015	Each Occurrence	500,000
				Annual Aggregate	
Other	8858	7/1/2014	7/1/2015	Each Occurrence	
Sexual Misconduct				Claims Made	
				Annual Aggregate	1,000,000
				Limit/Coverage	
<b>Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)</b> Coverage is verified for the Catholic Charities and Community Services of the Archdiocese of Denver, for the term of the certificate. Coverage includes Counseling Errors and Omissions Coverage, Daycare Accident Coverage of \$50,000. CMRS Excess Auto \$500,000 xs \$500,000. Sexual Misconduct Coverage is verified for claims arising out of incidents resulting from the operations of only Catholic Charities and Community Services of the Archdiocese of Denver, its employees or volunteers, for the 2014/2015 term. Sexual Misconduct is on a claims made basis and is limited to \$1,000,000 annual aggregate. Liability insurance covers loss of Protected Health Information.					
<b>Holder of Certificate</b>			<b>Cancellation</b>		
<b>EVIDENCE OF COVERAGE</b>			Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
0018004960			Authorized Representative 		



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
03/09/2015

JD

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 402-551-8765 C.M.G. Agency, Inc 10843 Old Mill Road Omaha, NE 68154	CONTACT NAME: C.M.G. Agency, Inc PHONE (A/C No. Ext): 402-551-8765 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Archdiocese of Denver 1300 South Steele Street Denver, CO 80210-2599	INSURER A: INSURER B: Preferred Professional Insurance Co. Inc INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADJ/SUBR (USD) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	✓	MAU0035378-00	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Coverage is verified for Catholic Charities for the term of the certificate.

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>C.M.G. Agency, Inc.</i>
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## Certificate of Coverage

Date: 4/13/2015

**Certificate Holder**  
 Archdiocese of Denver  
 1300 S. Steele Street  
 Denver, CO 80210

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

## Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF  
 SOCIETY OF AMERICA  
 10843 OLD MILL RD  
 OMAHA, NE 68154

**Covered Location**  
 Catholic Charities  
 4045 Pecos Street  
 Denver, CO 80211

## Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability	8858	7/1/2014	7/1/2015	Each Occurrence	1,000,000
<input checked="" type="checkbox"/> Occurrence				General Aggregate	2,000,000
<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	2,000,000
				Personal & Adv Injury	1,000,000
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability	8858	7/1/2014	7/1/2015	Each Occurrence	500,000
				Annual Aggregate	
Other Fidelity	8858	7/1/2014	7/1/2015	Each Occurrence	25,000
				Claims Made	
				Annual Aggregate	
				Limit/Coverage	

**Description of Operations/Locations/Vehicles/Special Items** (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage only extends for claims arising out of Catholic Charities fulfillment of its obligation with the City and County of Denver, in regards to the Out of Home Placement agreement, for the term of the certificate. Excess Auto \$500,000 xs \$500,000. Professional Liability Coverage does not apply for the scope of contract services. However, Counseling Errors and Omissions Coverage and/or Incidental Medical Malpractice coverage extends to the services being provided in the contract. Sexual Misconduct Coverage of \$1,000,000 (claims made coverage) is verified for Catholic Charities, however the City and County of Denver are not additional protected person(s) under the Sexual Misconduct Coverage.

## Holder of Certificate

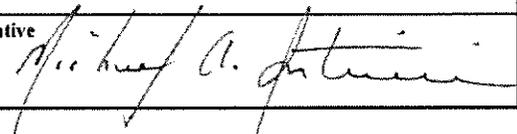
## Cancellation

## Additional Protected Person(s)

City and County of Denver, its elected and appointed officials, employees and volunteers

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative



0018004965

## Certificate of Coverage

Date: 6/12/2015

<b>Certificate Holder</b> Archdiocese of Denver 1300 S. Steele Street Denver, CO 80210	<b>This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.</b>
	<b>Company Affording Coverage</b>  THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD OMAHA, NE 68154
<b>Covered Location</b> Catholic Charities 4045 Pecos Street Denver, CO 80211	

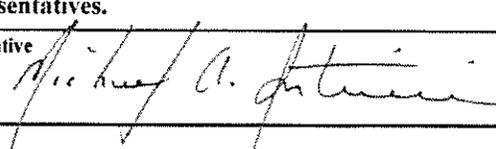
## Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
<b>D. General Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	8858	7/1/2015	7/1/2016	Each Occurrence	1,000,000
				General Aggregate	2,000,000
				Products-Comp/OP Agg	2,000,000
				Personal & Adv Injury	1,000,000
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability	8858	7/1/2015	7/1/2016	Each Occurrence	500,000
				Annual Aggregate	
Other Fidelity	8858	7/1/2015	7/1/2016	Each Occurrence	25,000
				Claims Made	
				Annual Aggregate	
				Limit/Coverage	

**Description of Operations/Locations/Vehicles/Special Items** (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage only extends for claims arising out of Catholic Charities fulfillment of its obligation with the City and County of Denver, in regards to the Out of Home Placement agreement, for the term of the certificate. Excess Auto \$500,000 xs \$500,000. Professional Liability Coverage does not apply for the scope of contract services. However, Counseling Errors and Omissions Coverage and/or Incidental Medical Malpractice coverage extends to the services being provided in the contract. Sexual Misconduct Coverage of \$1,000,000 (claims made coverage) is verified for Catholic Charities, however the City and County of Denver are not additional protected person(s) under the Sexual Misconduct Coverage.

<b>Holder of Certificate</b>	<b>Cancellation</b>
Additional Protected Person(s)  City and County of Denver, its elected and appointed officials, employees and volunteers	Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
	Authorized Representative 
0018004965	

## ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 7/1/2015  
Cancellation Date of Endorsement: 7/1/2016

Certificate Holder: Archdiocese of Denver  
1300 S. Steele Street  
Denver, CO 80210

Location: Catholic Charities  
4045 Pecos Street  
Denver, CO 80211

Certificate No. 8858 of The Catholic Mutual Relief Society of America is amended as follows:

### SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

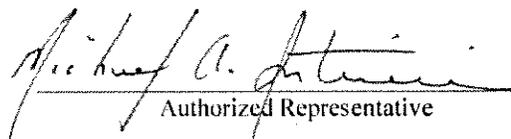
### Schedule - ADDITIONAL PROTECTED PERSON(S)

City and County of Denver, its elected and appointed officials,  
employees and volunteers

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage only extends for claims arising out of Catholic Charities fulfillment of its obligation with the City and County of Denver, in regards to the Out of Home Placement agreement, for the term of the certificate. Excess Auto \$500,000 xs \$500,000.

Professional Liability Coverage does not apply for the scope of contract services. However, Counseling Errors and Omissions Coverage and/or Incidental Medical Malpractice coverage extends to the services being provided in the contract. Sexual Misconduct Coverage of \$1,000,000 (claims made coverage) is verified for Catholic Charities, however the City and County of Denver are not additional protected person(s) under the Sexual Misconduct Coverage.

  
Authorized Representative





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/1/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 6399 S. Fiddlers Green Cir Greenwood Village CO 80111	<b>CONTACT NAME:</b> Renee Posey	
	<b>PHONE (A/C, No., Ext):</b> _____ <b>FAX (A/C, No.):</b> _____ <b>E-MAIL ADDRESS:</b> renee_posey@ajg.com	
<b>INSURED</b> Archdiocese of Denver 1300 S. Steele Street Denver CO 80210-2599	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : Zurich American Insurance Company	16535
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

**COVERAGES** **CERTIFICATE NUMBER:** 1309593983 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	EWS0173359 01	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Excess Workers Compensation Self Insured Retention of \$250,000  
Evidence of Coverage RE: CPA Contract 2015-21685

<b>CERTIFICATE HOLDER</b>  City and County of Denver, its elected and appointed officials, employees and volunteers	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 