

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

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

Date of Request: 1/2/2025

Please mark one: Bill Request or Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

Yes No

1. Type of Request:

Contract/Grant Agreement Intergovernmental Agreement (IGA) Rezoning/Text Amendment

Dedication/Vacation Appropriation/Supplemental DRMC Change

Other:

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

Authorizes an amendment with Colorado Health Network, Inc. to extend the existing contract term by six (6) months with a new end date of 06/30/2025 to continue to provide supportive services to individuals participating in the Housing Opportunities for Persons with AIDS (HOPWA). (HOST-202477519-04)

3. **Requesting Agency:** HOST

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Israel Cruz	Name: Chris Lowell
Email: israel.cruz@denvergov.org	Email: Christopher.lowell@denvergov.org

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

Amendment will extend the existing contract term by six (6) months with a new end date of 06/30/2025 with Colorado Health Network, Inc. to provide supportive services to individuals participating in the Housing Opportunities for Persons with AIDS (HOPWA). The HOPWA program provides services including housing assistance, housing navigation, and case management for low-income individuals living with Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS). Housing assistance programs supported by this contract include TBRA (Tenant Based Rent Assistance), STRMU (Short Term Rent Mortgage Utilities), and PHP (Permanent Housing Placement).

6. **City Attorney assigned to this request (if applicable):** Johna Varty

7. **City Council District:** All

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

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

Key Contract Terms

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

Vendor/Contractor Name (including any dba's): Colorado Health Network, Inc.

Contract control number (legacy and new): HOST-202477519-04

Location: 6260 E Colfax Ave, Denver, CO 80220

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** 4

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):

- HOST-202366621 01/01/2023 – 12/31/2023
- HOST-202369077-01 01/01/2023 – 12/31/2023
- HOST-202472500-02 01/01/2023 – 12/31/2024
- HOST-202476386-03 01/01/2023 – 12/31/2024
- HOST-202477519-04 01/01/2023 – 06/30/2025

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

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$6,084,206.66	\$0.00	\$6,084,206.66

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
01/01/2023 – 12/31/2024	6 months	06/30/2025

Scope of work:

SERVICES DESCRIPTION

- A. The participant population to be served consists of low-income people living with HIV/AIDS who need assistance with maintaining long-term, stable, permanent housing. Assistance may be provided after review of the participant’s eligibility and other requirements according to the Program Requirements and Responsibilities outlined below.
1. **Tenant Based Rental Assistance (TBRA):** The TBRA Program will provide housing assistance to eligible households. TBRA meets the needs of participants by subsidizing the difference between total rent and the monthly tenant rent.
 - a. CHN’s TBRA Occupancy and Financial Assistance Coordinator will determine an individual’s eligibility for the program per programmatic basic requirements and conduct all annual Housing Quality Standards (HQS) inspections.
 - b. All TBRA programmatic and fiscal components will be administered according to standards of care and fiscal management requirements.
 2. **Short Term Rent Mortgage Utility Assistance (STRMU):** The STRMU Program will provide housing assistance to eligible households for up to \$2,500.00 and/or 21 weeks (continuous or non-continuous) of assistance in a 52-week period. The 52-week period for this program aligns with the calendar year. This program is designed to prevent homelessness by assisting to retain long-term, stable, permanent housing options for households that might otherwise lose their housing. This program provides STRMU in the form of eviction/foreclosure prevention.

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

- a. All STRMU requests are submitted for eligible clients, as determined per basic programmatic requirements, by the client's medical case manager.
- 3. **Permanent Housing Placement (PHP):** The PHP Program will provide deposit and move-in assistance to eligible participants to help households establish permanent residence in which continued occupancy is expected.
 - a. All PHP requests are submitted for eligible clients, as determined per basic programmatic requirements by the client's medical case manager.
- 4. **Supportive Services:** The Supportive Services (SS) service category may be used to provide wraparound services to eligible households. Supportive Services may include, but are not limited to, Housing Case Management (HCM), health, mental health, assessment, permanent housing placement, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to other household members living with these individuals.
 - a. As part of a client's initial intake assessment, the Medical Case Managers screen all clients to determine a clients' need for Emergency Financial Assistance (EFA) and/or Housing Services as well as identify the underlying reason for the request. Clients will be referred to appropriate HOPWA Supportive Services.
 - b. CHN will provide in-reach training to its staff in non-HOPWA programs and outreach to AIDS serving organizations and homeless shelters in the Denver Metro area regarding the HOPWA services listed above.

B. Program Requirements and Responsibilities:

- 1. **BASIC REQUIREMENTS SUMMARY:** Basic requirements for HOPWA program assistance are as follows:
 - a. Eligibility: proof of HIV/AIDS status and household income at or below 80% Area Median Income (AMI).
 - b. TBRA: rent calculation, housing inspection, lease, Fair Market Rent (FMR) limits, cancelled checks to landlord.
 - c. STRMU: evidence of need, time limit calculation, cancelled payment checks.
 - d. Supportive services: documentation fitting with type of service (e.g., transportation, case management), that service was delivered, time sheets, client participation records.
 - e. Permanent Housing: Proper categorization of housing information and permanent housing placement activities and costs
 - f. Participants living in the Denver Eligible Metropolitan Statistical Area (EMSA) in the counties of Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park are eligible for HOPWA assistance.

Program Requirements and Responsibilities (2 CFR 200.331(a)(2) and Verification of Eligibility (as defined in 24 CFR 574.3):

The Subrecipient will provide supportive services including housing case management to eligible individuals and their families. Case managers and housing staff are responsible for determining participant eligibility (as defined in 24 CFR 574.3) and will maintain participant supportive services records in participant files that contain all the information needed to determine eligibility, income, housing referrals and supportive service activities, including information on the following:

- a. **Verification of HIV/AIDS:** Case managers will obtain and keep in the client file written documentation of a verifiable diagnosis of AIDS (Acquired Immune Deficiency Syndrome) or a test that is seropositive for HIV (Human Immunodeficiency Virus) signed by a physician, certified health care worker, or HIV testing site representative; a Social Security Administration record indicating the nature of a disability determination; or other relevant federal program records verifying HIV status.
- b. **Verification of Need:** HOPWA is a "needs based" program; therefore, participants must demonstrate the level of benefits needed through verifiable documentation. Case managers will complete a budget with the participant or update an existing budget as necessary. Budgets should not be more than one-year old. Any change in income will require recalculation of participant assistance.
- c. **Verification of Income:** Total household income must be at or below 80% of the Area Median Income (AMI), as defined at 24 CFR 574.3. Annual income shall be determined as defined in 24 CFR 5.609, commonly known as "Part 5 Annual Income". Case managers shall obtain third party verification or documentation of expected income, assets, unusual medical expenses, and any other pertinent information. Written documentation will be maintained in the client file containing household size, income, and calculations used to determine income eligibility. The participant household income is determined to include persons living with one or more eligible persons who are determined to be important to their care or well-

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

being. The current HUD annual median income limits, adjusted by household size, can be found here: <http://www.huduser.org/portal/datasets/il.html>

d. **Verification of Tenancy:** For all participants assisted with successful housing placement/retention, case managers will obtain verification of tenancy. Satisfactory evidence of tenancy includes the lease that identifies the participant/family as the named tenant under the lease. Satisfactory evidence of ownership of a home includes.

1. A deed accompanied by a mortgage or deed of trust
2. A mortgage or deed of trust default/late payment notice which identifies the participant/family as the property owner/debtor; and
3. A title insurance policy identifying the participant/family as the property owner/debtor.

e. **Supportive Services:** Supportive services must be documented in participant files and may include helping to provide and/or advocating for access to needed services and providing emotional support and counseling to the participant, and to each participant's extended support network.

f. **Confidentiality and Termination of Assistance:** Written procedures shall be established by the Subrecipient and undertake staff training efforts to ensure confidentiality and physical security of information regarding individuals receiving HOPWA assistance, including names and addresses [per 24 CFR 574.440].

1. The Subrecipient shall only release or provide access to information on a client's HIV/AIDS status or other related client eligibility documentation to qualified individuals who determine eligibility or provide support, or who oversee the provision of HOPWA assistance, in accordance with the Office of Community Planning and Development (CPD) Notice 06-07 [per 24 CFR 574.440].
2. The Subrecipient shall have a written policy for termination of assistance that meets the minimum due process requirements in 24 CFR 574.310(e)(2)(ii).

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

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

Source of funds: HOPWA/ Homeless Resolution Fund

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

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

Who are the subcontractors to this contract? N/A

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____