

AMENDATORY INTERGOVERNMENTAL AGREEMENT

THIS AMENDATORY INTERGOVERNMENTAL AGREEMENT is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (hereinafter referred to as the “City”), and **DENVER HEALTH AND HOSPITAL AUTHORITY**, a body corporate and political subdivision of the State of Colorado, authorized to do business in the State of Colorado with an address of 777 Bannock Street MC1952, Denver, Colorado, 80204 (“DHHA”), collectively “the parties.”

RECITALS

WHEREAS, the Parties entered into an Intergovernmental Agreement executed on January 5, 2024 (the “Agreement”) to perform and complete all of the services and produce all the deliverables set forth on **Exhibit A**, the Scope of Work, to the City’s satisfaction.

NOW THEREFORE, in consideration of the premises and the Parties’ mutual covenants and obligations, the Parties agree as follows:

1. Section 3 of the Agreement entitled “**TERM**” is hereby amended to read as follows:

“3. **TERM**: This Agreement will commence on January 1, 2024, and will expire, unless sooner terminated, on December 31, 2026 (the “Term”).

2. Section 4.3.1 of the Agreement entitled **COMPENSATION AND PAYMENT**:

Maximum Contract amount is hereby amended to read as follows:

“4.3.1. Notwithstanding any other provision of this Agreement, the City’s maximum payment obligation will not exceed **FOUR MILLION THREE HUNDRED THIRTY-NINE THOUSAND THREE HUNDRED SIXTY-TWO DOLLARS AND ZERO CENTS (\$4,339,362.00)** (the “Maximum Contract Amount”). The City is not obligated to execute an Agreement or any amendments for any further services, including any services performed by the DHHA beyond that specifically described in **Exhibit A**. Any services performed beyond those in **Exhibit A** or performed outside the Term are performed at DHHA’s risk and without authorization under this Agreement.”

3. Effective upon execution, all references to “**Exhibit A**” in the existing Agreement shall be amended to read “**Exhibit A and A-1**” as applicable. The Scope of Work marked as **Exhibit A-1** is attached hereto and incorporated herein by this reference.

4. As herein amended, the Agreement is affirmed and ratified in each and every particular.

5. This Amendatory Intergovernmental Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

Exhibit List

Exhibit A-1-Scope of Work

[SIGNATURE PAGES TO FOLLOW]

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Contract Control Number: SOCSV-202475963-01, 202371268-01 Original
Contractor Name: DENVER HEALTH AND HOSPITAL AUTHORITY

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:

Attorney for the City and County of Denver

By:

By:

By:

Contract Control Number:
Contractor Name:

SOCSV-202475963-01, 202371268 -01Original
DENVER HEALTH AND HOSPITAL AUTHORITY

DocuSigned by:
Coral Steffey
BFAD0DFC8CED446...

By: _____

coral Steffey

Name: _____
(please print)

Title: Medical Director, Denver SAFE Center

(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)



Denver Health and Hospital Authority
EXHIBIT A-1
SCOPE OF WORK
 Jaggaer No. SOCSV-202475963-01

I. Overview

Public Agency	Denver Health and Hospital Authority
Address	777 Bannock St. Denver, Co 80204
Website	Denver Health.org
Services Summary	Medical services for clients referred by the Denver Human Services (DHS) Child Welfare (CW) Division and other participating partner organizations
Contract Term	01/01/2024-12/31/2026
Fiscal Term	01/01/2025-12/31/2026
Budget Total	\$4,339,362
Division	Child Welfare Services
Program	Child Welfare Block
Funding, Funding Type	Local, state, federal
CCD Contract # (Legacy #)	SOCSV-202371268-01

II. Services

- A. Contractor shall provide the following services for various focus populations, as defined per service area in this section (see below).
 - i. Referrals for services may come from Denver Human Services (DHS), Denver Police Department (DPD), or other City agencies or collaborative partners as agreed upon by both Parties.

- B. Child Abuse and Neglect Medical Evaluations for DHS Child Welfare Division
 - i. Contractor shall provide a medical team to include at least one licensed physician and other staff as outlined in the Agreement to perform the following duties:
 - a. Medical examinations.
 - b. Provide healthcare services including medical evaluations for children ages 0-21 years being evaluated by DHS due to concerns of abuse and/or neglect. This medical evaluation shall also be considered an Out of Home Placement Exam if examined children are being placed out of the temporary custody of their parent or guardian. Services to be provided will include, but are not limited to, professional medical and nursing services, technical assistance, medical consultation, and hospital backup.
 - Services will be provided by a consistent team of medical practitioners with expertise in child maltreatment.



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- After Hours services will be provided via the Denver Health Pediatric Emergency Department and Urgent Care (PEDUC).
 - c. DHHA and DHS agree that they will work collaboratively with other agencies and organizations involved with the care of children seen at the clinic including, but not limited to, the Denver Police Department, the District's Attorney's Office, and the Denver Children's Advocacy Center. DHHA and DHS will share information with these agencies and organizations as needed for the timely completion of investigative and protective actions following established policies and procedures concerning release of patient medical information.
 - ii. The Parties agree that a signed consent form is necessary before any child can receive healthcare services unless the situation is emergent as determined by the professional judgment of the medical staff.
 - iii. The Parties agree that all staff providing health care services at the clinic shall adhere to all DHHA and DHS policies and procedures with respect to confidentiality.
 - iv. As a separate, continuing obligation under the Denver Interagency Child Abuse, Child Sexual Abuse and Drug Endangered Children Protocol and without charge to the City, DHHA will maintain a clearly defined structure to provide access to emergency medical evaluation and consultation outside of ordinary business hours.
 - v. Additionally, the medical team shall maintain all recognized practice standards that are in accordance with DHHA and licensing, state and federal standards, policies, and procedures.
 - a. The purpose of the nurse home visitor is to provide supporting parenting intervention and referral, health and environmental education, assistance in obtaining access to healthcare and healthcare insurance, and assistance in obtaining access to community-based services. These services may include, but are not limited to, those that address mental health, domestic violence, drug use issues and other needs such as food, housing, and employment services. The primary goal is to help families support their children's wellbeing and reduce rates of future maltreatment.
- C. Consultation Services for DHS Child Welfare Division
 - i. Consultation on medically complex and medically fragile cases with Child Welfare workers, including attendance and participation in multidisciplinary team meetings, such as RED team or Family Team Meetings, on such cases.
 - ii. Provide basic medical consultation for DHS Child Welfare Division staff or referring the staff to an appropriate medical specialist as needed.
 - iii. Hospital consultations within Denver Health with other hospitals as needed and to the extent allowable, and After-Hours services through PEDUC.
 - iv. Provide consultation on the Denver Child Fatality Review Team (CFRT).



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- v. Intake/Assessment consultation under the cooperative agreement.
 - vi. Provide expert testimony related to Dependency and Neglect cases in required locations at the request of the City Attorney and DHS. This includes the expectation that the experts will cooperate with legal staff of the City Attorney's office and will make themselves available to discuss testimony in preparation for deposition, hearing, trial, or other proceedings.
 - vii. Contractor shall provide medical staff to support DHS in multidisciplinary team's process improvement initiatives.
 - viii. Provide professional development through Denver Health Medical Center for DHS staff, to include Systems Management.
- D. Medical Passport Services for DHS Child Welfare Division
- i. Contractor shall provide staff to ensure Medical Passports are compiled for all children entering out-of-home care in Denver County per child welfare rules.
 - ii. Identify special/high risk medical needs cases based upon the available case information, identifying medical treatment plans for children/youth in these cases, and communicating the plans to the out-of-home placement providers within the scope of the available funding. Additionally, when appropriate, the caseworker and/or regular medical provider shall be informed of the information and plan.
- E. Nurse Family Wellness Program Services for Families Referred by DHS Child Welfare Division
- i. Contractor shall provide healthcare screening and assessment and nursing evaluations for pregnant women, children ages 0-12 years, and their families referred for services to assist in the mitigation of risk factors of abuse and neglect.
 - ii. Families will be referred to the Contractor by DHS based on Child Welfare staff assessment of a family and/or child's need for these services. The services to be provided for referred persons include, but are not limited to:
 - a. Professional nursing services
 - b. Technical assistance; Consultation
 - c. Service referral
 - iii. The target population for the Nurse Family Wellness Program will be:
 - a. Pregnant people and parents with children ages 0-12, when concerns with medical, dental, or developmental health are reported and of concern.
 - b. Pregnant people and parents of infants with prenatal substance exposure who are known to Child Welfare through a referral, prevention services case, or open in an active Child Welfare assessment or case, to provide assistance, consultation, and support in the development of a Plan of Safe Care for the infant and their family/caregiver to ensure the safety and well-being of infants.
 - c. Families known to DHS through a Child Welfare referral, Prevention Services case, or open in an active Child Welfare assessment or



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- case. This includes children placed in kinship or foster care placements.
- d. Families referred to DHS with infants 12 months or younger, to provide Safe Sleep outreach, education, and resources.
 - e. Children whose age is above the target population of 0-12 may be referred and accepted for services upon written agreement by both Parties.
- iv. Contractor shall accept a maximum of 35 and a minimum of 10 referrals per month from DHS.
 - v. The nurse home visitors will provide services with expertise in in-home assessment of children and families and will work closely with the established Authority and DHS collaborative medical team. Staffing hours will be contingent on the needs and schedules of the participating family. The nurse home visitor will assess for the following:
 - a. General health and wellbeing (physical, dental, and emotional).
 - b. Social isolation.
 - c. School readiness
 - d. Child growth and development.
 - e. Positive parenting practices.
 - f. Parent-child attachment.
 - g. Environmental safety.
 - h. Clothing, shelter (Maslow's Hierarchy).
 - vi. Contractor shall help coordinate and administer home visitation services for children and families referred by DHS in their individual residence(s).
 - vii. Contractor shall provide nurse home visitors as required to visit families.
 - viii. The Nurse Family Wellness program will offer a minimum of a one-time home visit to families referred to DHHA by DHS. The frequency of visitation shall be based on a determination of need in the home or at a location convenient for the family. The nurses will meet with families for a period of time up to 10 home visits based on goals developed jointly by the family and nurse.
 - a. Nurses shall identify any special needs and/or medical risk based on the information obtained during the home visit.
 - b. Nurses shall be responsible for communicating their findings, recommendations and action plans to DHS and the participant. Additionally, when appropriate, the Primary Care Provider (PCP) shall be informed of the information and plan when at all possible.
 - ix. DHS will notify the Nurse Family Wellness Program that the family would benefit or is interested in consultation or support.
 - a. The Nurse Family Wellness Program will attempt to contact the client by phone, text or in person twice during a one-week period. If the client does not have a working phone number, the nurses will mail to the home and provide information on how to contact them to schedule a home visit. If the client has an open assessment, a nurse shall coordinate with the caseworker.
 - b. Contractor's nurse home visitors shall make every effort to



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complete a home visit within 14 working days of receiving the referral from DHS.

- c. Clients who are not at home for more than three (3) scheduled visits will not be offered additional home visits. If the client refuses to have a home visit, the nurse will offer to provide resources over the phone and send additional resources by email or in the mail if necessary.
 - x. The Parties agree that they will work collaboratively with one another regarding care of the child(ren) referred and served through the Agreement.
 - a. Through the Nurse Family Wellness Program, Contractor shall provide DHS designated staff access to data related to service provisions for referred cases.
 - b. Information may also be shared with agencies and organizations collaborating on individual cases only as needed to support the timely completion of assessment and evaluation services.
 - c. Contractor shall ensure their staff follow established policies and procedures related to nurse home visitation services as defined in this Agreement, including obtaining and securing releases of information from families receiving preventive nurse visitation services.
 - xi. Provide Training for the DHS Child Welfare Division
 - a. Contractor shall partner with the Child Welfare Division in defining the target population and types of issues for which consultation, evaluation, training, and referral services will be provided to Child Welfare workers and other community partners as approved by the DHS Child Welfare Division Director.
 - b. Contractor shall train Child Welfare on child abuse and neglect, terminology, investigation, available healthcare services, and other related subjects (as requested) in order to increase their knowledge base.
 - Training may be provided to individual caseworkers, groups of workers and community partners, as scheduled.
- F. The Contractor's Medical Director assigned to this program and the DHS Child Welfare Division Director shall meet at minimum of one (1) time per month to evaluate the program and determine the effectiveness of the individual parts as well as the program in its entirety.
- i. This includes assessing staffing to meet DHS Child Welfare needs and referral trends.

III. City Responsibilities

A. DHS shall be responsible for the following:

- i. Provide information as necessary or reasonably requested by Contractor to enable DHHA's performance under this Agreement.
- ii. Provide Prevention Service Navigators to support linkages to needed



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services for engaged families.

- iii. Provide assistance and direction on reporting specifications and metrics.
- iv. Provide support for program development and evaluation to include data collection and analysis to assess services outcomes.
- v. Provide onsite office space at 405 S. Platte River Dr. Denver, CO 80223, and/or other City sites which may be added to the program during the contract term. Any changes to onsite office space shall be addressed in a separate Memorandum of Understanding between the Parties.

III. Language Access

- A. Contractor shall adhere to the spirit of the City and County of Denver's Executive Order 150 which is in place to ensure public facing programs communicate effectively and equitably with Limited English Proficient (LEP) residents through the reasonable provision of language access services.
 - i. For services at DHHA locations, Contractor shall maintain language access by ensuring interpretation services are available and provided as requested or otherwise identified for in-person meetings/presentations, and telephonic translation services, for scheduled appointments and on-demand services.
- B. DHS will provide access to in-person translation services for nurses who conduct in-person visits in the field through existing DHS Child Welfare contracts for translation and interpretation services.

IV. Key Performance Indicators (KPIs)

- A. Performance Criteria: Assessment and Evaluation of children in the home by the Nurse Family Wellness Program.
 - i. DHHA will report on the following output indicators monthly:
 - a. Number of referrals received.
 - b. Number of consultations completed with families (i.e., a meeting or conversation with an expert or professional, such as a medical doctor, in order to seek advice).
 - c. Length of time of engagement with each family.
 - d. Number of home visits attempted and made.
 - e. Number of unsuccessful service attempts.
 - f. Number and type of resource connections made.
 - g. Number of Safe Sleep outreach visits made.
 - h. Number of Plans of Safe Care developed.
- B. Performance Criteria: Child Abuse and Neglect Medical Evaluations.



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- i. DHHA will report on the following output indicators monthly:
 - a. Number of medical visits for physical abuse, sexual abuse, and neglect completed and of those, the number involved with Denver Child Welfare and the number of those who are not.
 - b. Number of medical visits for out-of-home placements completed.
 - c. DHHA and DHS will work with staff to identify and track appropriate outcome measures.

V. Performance Management and Reporting

A. Performance Management

- i. Monitoring will be performed by the program area and other designated DHS staff throughout the term of the agreement. 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 Monitoring: Review and analysis of current program information to determine the extent to which contractors are achieving established contractual goals. Financial Services, in conjunction with the DHS program area and other designated DHS staff, will provide performance monitoring and reporting reviews. DHS staff will manage any performance issues and will develop interventions to resolve concerns.
 - 3. Compliance Monitoring: Will ensure that the terms of the contract document are met, as well as Federal, State and City legal requirements, standards, and policies.
 - 4. Financial Monitoring: Will ensure that contracts are allocated and expended in accordance with the terms of the agreement. Contractor is required to provide all invoicing documents to satisfy the reasonable requests from Financial Services for needed information. Financial Services will review the quality of the submitted invoice monthly. Financial Services will manage invoicing issues through site visits and review of invoicing procedures.



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B. Reporting

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

Report Name	Description	Frequency	Reports sent to:
1. Output Indicators (KPIs)	DHHA will report on output indicators monthly, including indicators for both the Nurse Family Wellness section, as well as the Clinical services section, as described above.	Monthly	DHS Deputy Executive Director – Prevention & Protection
2. Nominal Lease Annual report	1.The continued public purpose and benefit to the City of DHHA operations on the leased property. 2. Description of DHHA use of the property in 2025/2026. 3. Operational / Program Plans for 2025-2026.	January 31, 2025, and 2026	DHS Contract Administrator

VI. Administrative Requirements

A. Policies and Procedures

- i. Contractor shall establish and maintain written policies and procedures to operationalize the services identified in this Agreement and demonstrate compliance with all relevant federal, state, and local regulations.
- ii. All current policies and procedures shall be made available to the City program contact in electronic form.
- iii. All policies and procedures, including any revisions, shall be subject to the approval of the City program contact.
- iv. Contractor shall maintain an inventory of all implemented policies and procedures, including past versions that were at one time in effect.

B. Grievance Procedure

- i. A grievance procedure is a formal way for an individual or a family to raise a problem or complaint to the Contractor.
- ii. Contractor shall ensure all DHS-referred clients are informed of their right to raise a grievance in accordance with the established policies and procedures DHHA uses in their normal course of business as the Denver Health & Hospital Authority.
 - a. Contractor’s division responsible for complaints is the Patient Relations Division.
 - b. Information for the DHHA Patient Relations Division is publicly noticed online.



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- c. Currently, the information is hosted at the following URL:
[https://urldefense.com/v3/ https://www.denverhealth.org/patients-visitors/patient-relations](https://urldefense.com/v3/https://www.denverhealth.org/patients-visitors/patient-relations) :!!M87Ej6RJKlw!UBQra5aOg44c2h6qT9HccZcLEdH5VpGYYZk_5b6MV-Y8nFubYC5FbRB_gLiNIUSMsZLA19aTf20GTLNl8xZQcwphc6w3U0\$
- iii. Contractor shall publicly notice and maintain contact information for regulatory agencies which are responsible for overseeing hospital operations.

C. Record-keeping

- i. Contractor shall only collect and store client information as is necessary to provide services and satisfy reporting requirements as described in this Agreement.
- ii. Contactor shall establish and maintain record-keeping policies in accordance with the requirements established by applicable state law or as reasonably required by the City, including the City Auditor, concerning the provision of services and expenditure of City Funds, including, but not limited to, establishing and maintaining financial and performance records with respect to all matters covered by this Agreement in sufficient detail and in a manner sufficient to conform to generally accepted accounting principles so as to allow audit of the expenditure of City funds received by the Contractor.
 - a. Contractor shall retain such financial and performance records for a period of six (6) years from the date of final payment to the Contractor under this Agreement.

VIII. Budget

A. Funding Information/ Requirements

- i. Program Name: Child Welfare Services
- ii. Funding Source: Child Welfare Block Grant, 13005/5533110
- iii. Funding Type: Federal, state, & local funds

B. Invoicing

- i. Contractor shall submit invoices on or before the last day of each month following the month services were provided.
- ii. Contractor shall use an invoice format or template approved by the City.
- iii. Invoice supporting documentation must be provided with each invoice and must meet DHS/City documentation requirements.
 - a. Contractor shall supply Monthly Time and Effort Certification for each person.
- iv. Unless otherwise instructed, invoices shall be submitted to DHS_Contractor_Invoices@denvergov.org.



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C. Budget Modifications

- i. Budget line items may only be modified in accordance with the DHS budget modification policies and procedures. Modification shall not take effect until approved in writing.
- ii. Any proposed modifications that require an increase in the maximum contract amount shall be evidenced by a written amendment prepared and executed by Contractor and the City in the same manner as this Agreement.

D. Payments and Related Requirements

- i. Contractor shall provide additional healthcare providers and support staff for the medical clinic as funded by DHS to evaluate children for abuse and neglect.
- ii. DHHA, upon submission of a written budget modification request approved by DHS, may change healthcare providers and support staff positions in the medical clinic throughout the year as needed, provided the positions are already included in the budget.
- iii. Creation of a new position requires a contract amendment.
- iv. The number and level of staff assigned by Contractor to the clinic will be determined in consultation with DHS Deputy Executive Director or other identified designees based on DHS Child Welfare’s needs for medical evaluations, based on referral trends and other data.
- v. Anticipated staff roles include the following professional positions: medical provider, nurse, medical assistant, clinical clerk, coordinator, and child life specialist.
- vi. The funds budgeted through this agreement are expected to support salaries for eligible services under this Agreement which cannot be otherwise supported through other funding mechanisms. This may include future grants, Medicaid reimbursement, or other funding streams not yet contemplated.

E. Budget Table

Personnel			
Position Title	State FY2025	State FY2026	Contract Budget
Medical Director	\$216,644	\$223,134	\$439,778
Medical Provider 1(Pediatrician, PA, or NP)	\$183,851	\$189,366	\$373,217
Medical Provider 2 (Pediatrician, PA, or NP)	\$128,029	\$131,870	\$259,899
Clinic Clerk 1	\$68,264	\$70,312	\$138,576



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Medical Assistant	\$59,745	\$61,537	\$121,282
Passport Assistant	\$63,817	\$65,731	\$129,548
Child Life Specialist	\$60,570	\$62,387	\$122,957
Program Manager	\$109,726	\$113,018	\$222,744
Nurse 1	\$99,361	\$102,342	\$201,703
Nurse 2	\$60,397	\$62,209	\$122,606
Nurse 3	\$85,976	\$88,555	\$174,531
Clerk	\$54,803	\$56,447	\$111,250
Fringe Benefits (Rate: 25.1%)	\$298,899	\$307,954	\$606,941
<i>Contract Personnel Subtotals</i>	<i>\$503,190</i>	<i>\$528,352</i>	<i>\$3,025,032</i>

Type of Expense	Cost Detail	Contract Budget
Supplies & Medical Equipment	Program and office supplies and Medical Equipment. Supplies and medical equipment must be identifiable, trackable, and directly related to the program function and may include medical supplies.	\$ 20,000
Travel (local)	Staff mileage and parking reimbursement @ \$2,000/year Reimbursement of personal vehicle mileage (not to exceed the standard IRS rate at the time of travel), public transportation and ride share services. This includes parking and toll costs associated with program-related travel. Tips are capped at 20% and expenses should follow IRS guidelines regarding travel. Transportation costs will be reimbursable for approved off-site training.	\$20,000



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Staff Training (local)	Program-related training materials and registration fees.	\$18,000
Direct Costs Subtotal		\$58,000

Total Direct Cost		\$3,083,032
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Revenue		
Type of Expense	Cost Detail	FY 25-26 Total
Revenue	Medicaid Reimbursement to DHHA	(\$250,000)

Indirect Costs			
Type of Expense	Cost Detail		FY-25-26 Contract Budget
Indirect Costs	Modified Direct Cost Total	5%	\$141,652

Total Contract Budget			\$2,974,684
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a. Budget Definitions

- i. Salaries and Wages. Staff assigned to work specifically on the contracted activities. Funds may be used to reimburse staff salary and wages and for the prorated share of leave costs (PTO, vacation, sick, holidays, etc.). Funds may not be used to reimburse bonuses, severances, payouts of leave when an employee separated from job, or for staff who are on pre-disciplinary or disciplinary leave.
- ii. Total Contract Budget. The above salaries are based on the individual staff member currently employed in the role. Individual salary costs may vary due to staffing changes, merit increases, or market adjustments. DHS and DHHA have agreed that individual salary lines may be overspent as long as there are enough funds remaining in the total of all salaries to cover it.
- iii. Fringe Benefits. Any monetary benefit an employer offers in exchange for an employee's service that does not include their salary. Funds may be used for the prorated share of payroll taxes (i.e., Social Security, Medicare, federal unemployment, state unemployment), insurance (i.e., medical, dental, vision, life, ADD/LTD, workers comp), and retirement plans.
- iv. Prorated Share. Salaries, wages, and fringe benefits that are based on records that accurately reflect the work performed and comply with the established policies and practices of the City and DHS. Positions that do not work 100% of their time on the contracted activities must keep documentation that supports a reasonable allocation or distribution of costs among specific activities or cost objectives.
- v. Direct Costs. Costs that can be identified specifically with the contracted program, project or activities and can be assigned relatively easily with a high degree of accuracy.
- vi. Supplies & Medical Equipment. Tangible personal property to be used by DHS during the contract term that are not defined as equipment (useful life of over a year and over \$5,000/unit).
- vii. Travel. Costs for employees who travel on official business related to the contracted activities. The costs may only be reimbursed at federal uniform rates and mileage reimbursement may not exceed the approved federal (IRS) rate.
- viii. Administrative/Indirect Cost Rate. Modified Direct Cost Total. Allocable portion of necessary and reasonable costs that benefit multiple programs or functions of an organization that cannot be readily identified as a direct cost (i.e., rent, utilities, general supplies, administrative expenses).



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VIII. CONTRACT LIFECYCLE SUMMARY

Contract Version	Contract Term	Fiscal Term	Current Budget	Additional Funds	Contract Maximum
Base	1/1/24-12/31/24	1/1/24-12/31/24	\$1,364,678	N/A	\$1,364,678
1 st Amendment	1/1/24-12/31/26	1/1/25-12/31/26	\$1,364,678	\$2,974,684	\$4,339,362