



## Legislation Details (With Text)

**File #:** 24-0159      **Version:** 1

**Type:** Resolution      **Status:** Adopted

**File created:** 2/5/2024      **In control:** Safety, Housing, Education & Homelessness Committee

**On agenda:** 2/26/2024      **Final action:** 2/26/2024

**Title:** A resolution approving a proposed Second Amendatory Agreement between the City and County of Denver and Colorado Health Network, Inc. to provide rental assistance and services to support individuals living with AIDS, citywide.  
Amends a contract with Colorado Health Network, Inc. to add \$2,755,338 for a new total \$5,755,338 and one additional year for a new end date of 12-31-2024 to provide rental assistance and services to support individuals living with AIDS, citywide (HOST-202472500-02). The last regularly scheduled Council meeting within the 30-day review period is on 3-18-2024. The Committee approved filing this item at its meeting on 2-14-2024.

**Sponsors:**

**Indexes:** Anne Wallace

**Code sections:**

**Attachments:** 1. RR24-0159\_HOST\_CHN HOPWA Resolution Request, 2. 24-0159 Filed Resolution\_Colorado Health Network, Inc. 202472500-02, 3. 24-0159 Second Amendatory Agreement\_COLORADO HEALTH NETWORK INC. 202472500-02, 4. 24-0159 Filed Resolution\_Colorado Health Network, Inc. 202472500-02, 5. 24-0159\_signed

Date	Ver.	Action By	Action	Result
2/26/2024	1	Council President	signed	
2/26/2024	1	City Council	adopted	Pass
2/14/2024	1	Safety, Housing, Education & Homelessness Committee	approved by consent	Pass

### Contract Request Template (Contracts; IGAs; Leases)

**Date Submitted: 2-12-2024**

**Requesting Agency: HOST**  
**Division:**

**Subject Matter Expert Name: Chris Lowell**  
**Email Address: Christopher.lowell@denvergov.org**  
**Phone Number:**

**Item Title & Description:**

*(Do not delete the following instructions)*  
*These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).*

*Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.*

## **A resolution approving a proposed Second Amendatory Agreement between the City and County of Denver and Colorado Health Network, Inc. to provide rental assistance and services to support individuals living with AIDS, citywide.**

Amends a contract with Colorado Health Network, Inc. to add \$2,755,338 for a new total \$5,755,338 and one additional year for a new end date of 12-31-2024 to provide rental assistance and services to support individuals living with AIDS, citywide (HOST-202472500-02). The last regularly scheduled Council meeting within the 30-day review period is on 3-18-2024. The Committee approved filing this item at its meeting on 2-14-2024.

### **Affected Council District(s) or citywide? citywide**

#### **Contract Control Number:**

HOST-202366621 1/1/23 - 12/31/23

HOST-202369077-01 1/1/23 - 12/31/23

HOST-202472500-02 1/1/23 - 12/31/24

#### **Vendor/Contractor Name (including any "DBA"):**

**Colorado Health Network**

#### **Type and Scope of services to be performed:**

##### II. 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.
    - 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-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].

- 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).

**Location (if applicable):**

**WBE/MBE/DBE goals that were applied, if applicable (construction, design, Airport concession contracts):**

N/A

**Are WBE/MBE/DBE goals met (if applicable)?**

**Is the contract new/a renewal/extension or amendment?**

amendment

**Was this contractor selected by competitive process or sole source?**

Competitive process

**For New contracts**

**Term of initial contract:**

**Options for Renewal:**

How many renewals (i.e. up to 2 renewals)?

Term of any renewals (i.e. 1 year each):

**Cost of initial contract term:**

**Cost of any renewals:**

**Total contract value council is approving if all renewals exercised:**

**For Amendments/Renewals Extensions:**

<i>Current Contract Amount (A)</i>	<i>Additional Funds (B)</i>	<i>Total Contract Amount (A+B)</i>
\$3,000,000	\$2,755,338	\$5,755,338

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/23 - 12/31/23	One year	12/31/24