

EXHIBIT A
SCOPE OF SERVICES AGREEMENT 2026-2027
McLAUGHLIN COUNSELING LLC

THIS SCOPE OF SERVICES AGREEMENT (“SOSA”) is made and entered into this _____ day of _____ 2026, by and between the **BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF DOUGLAS, STATE OF COLORADO** (the “County”), and **McLAUGHLIN COUNSELING LLC** authorized to do business in Colorado (the “Contractor”). The County and Contractor are sometimes collectively referred to herein as the “Parties”.

RECITALS

WHEREAS, the County has an active Master Services Agreement dated April 8, 2025, (the “MSA”) with the Contractor to perform services for the County governed and executed through Scope of Services Agreements (SOSA); and

WHEREAS, the County is undertaking certain activities in its role as the local Human Services Agency, in accordance with Colorado State laws and mandates; and

WHEREAS, the County has budgeted and appropriated the necessary funds to satisfy the financial obligations set forth in this SOSA.

NOW, THEREFORE, for and in consideration of the premises and other good and valuable consideration, the Parties agree as follows:

1. **MASTER SERVICES AGREEMENT:** This SOSA is subject and subordinate to the terms and conditions specified in the MSA, executed between the Parties.
2. **SCOPE OF WORK:** All services described in Exhibit 1, attached hereto and incorporated herein, shall be performed by Contractor.
3. **MAXIMUM CONTRACT LIABILITY:** Any other provisions of this SOSA notwithstanding and pursuant to Section 29-1-110, C.R.S., the amount of funds appropriated for this Contract is nine hundred eighty thousand dollars and zero cents (\$980,000.00) for the Term. Payment terms are as described in Exhibit 2. The County is not under obligation to make any future apportionment or allocation to this SOSA. Any potential expenditure for this SOSA outside the current fiscal year is subject to future annual appropriation of funds for any such proposed expenditure.

Federal rule prohibits entities from supplanting, i.e., replacing or substituting, state or local funds with federal funds. Therefore, if the Contractor is already receiving state or local funds for a specific purpose described in Exhibit 1, the Contractor attests by virtue of executing this Public Contract for Services that they will not now use payments made under this Contract (which include federal funds) to cover costs related to those services that were previously covered by state or local funds. Federal funds may be used to supplement existing state or federal funds, but not replace them.

The Contractor will make reasonable efforts to review requirements to become a Medicaid provider and invoice all Medicaid services accordingly should they become a Medicaid

provider. The Contractor will reimburse the Department for any funds paid by the Department for a service previously or subsequently paid for by Medicaid.

In the event that third-party payment is available for any service described in Exhibit 1 and the Contractor agrees to accept that payment, said compensation is payment in full. The Contractor will not subsequently invoice the County for any shortfall in third-party payments. Examples of third-party payors include Medicaid or Children's Health Plan from any state, private health insurance, victim's compensation, trust fund or disability trust, or settlement. Amounts paid by third-parties do not count against the Maximum Contract Expenditure.

In select circumstances if the Contractor accepts private insurance for a service described in Exhibit 1 and as mutually agreed upon between the Contractor and the County, should a client co-pay or deductible be due to the Contractor, the County will pay the client's co-pay and/or deductible. Such payments do count against the Maximum Contract Expenditure. Prior to this being considered, the Contractor agrees to verify allowable covered benefits, co-pays, and/or deductibles. The County will provide written approval should this circumstance be approved.

4. **TERM:** It is mutually agreed by the parties that the term of this SOSA shall commence as of 12:01 a.m. on June 1, 2026 and terminate at 11:59 p.m. on May 31, 2027. This SOSA and/or any extension of its original term shall be contingent upon annual funding being appropriated, budgeted and otherwise made available for such purposes and subject to the County's satisfaction with all products and services received during the preceding term.
5. **HEADINGS; RECITALS:** The headings contained in this SOSA are for reference purposes only and shall not in any way affect the meaning or interpretation of this SOSA. The Recitals and Exhibits 1-6 to this SOSA are incorporated herein.
6. **COUNTY EXECUTION OF AGREEMENT:** This SOSA is expressly subject to and shall not be or become effective or binding on the County, until execution by all signatories of the County.

(Remainder of Page Intentionally Blank)

IN WITNESS WHEREOF, the County and the Contractor have executed this Contract as of the above date.

McLAUGHLIN COUNSELING LLC

BY: Maureen McLaughlin, LPC
Maureen McLaughlin, Owner

DATE: 3/5/20

EXHIBIT 1

The Contractor agrees to provide service(s) and deliverables outlined herein and specifically listed in Exhibit 3. Services provided outside of this Exhibit 1 will be deemed gratuitous to and are subject to non-payment by the Department of Human Services' (the "Department") discretion.

1. General Provisions

- a. The Contractor will comply with all applicable federal and state laws including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; the Age Discrimination Act of 1975; and the regulations of the U.S. Department of Health and Human Services issued pursuant to the above statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and Title 28 CFR Part 35.
- b. The Contractor will comply with all mandatory child abuse and neglect reporting laws and policies outlined in §§ 19-3-307 and 19-3-304, C.R.S.
- c. Client missed appointments shall be reported to the Department as soon as possible but no more than forty-eight (48) hours after the missed appointment.
- d. Any safety concerns or events considered clinically significant, i.e., family deaths, discovery of new relevant mental health issues, or other events that could be considered pertinent to client welfare shall also be reported to the Department as soon as possible but no more than forty-eight (48) hours after the Contractor becomes aware of such issue or information; and may require immediate action determined by legal mandated reporting responsibilities.
- e. The Contractor's staff will attend periodic meetings or calls to discuss overall service delivery, utilization, and specific case issues as requested. The Contractor as listed under the term Notices in paragraph 16 of the Master Service Agreement (MSA), and/or senior member(s) of Contractor's organization, will attend meetings as requested by the Department to review contract performance or related issues should they arise.
- f. If subpoenaed, the Contractor will accept service of the subpoena via e-mail and will sign and return a Waiver of Service regarding the subpoena. The Contractor will provide the Department a curriculum vitae for any person subpoenaed within two (2) business days of receipt of the subpoena.
- g. The Contractor's internal policies do not supersede or replace any terms contained within this Contract.

2. Staff Background Checks

- a. Various required checks are outlined in this section. The Department reserves the right to review all background checks at any time. The costs of the background checks are not reimbursable under this Contract. The Contractor accepts the disqualifying offenses as listed in 12 CCR 2509-8 and Colorado Department of Human Services Volume VII, 7.701.33, D. 7. The Contractor will notify the Department within two (2) business days of any staff charged with a disqualifying crime.
- b. The Contractor will complete Colorado Bureau of Investigations (CBI) and Federal Bureau of Investigations (FBI) background checks as follows:
 - i. The Contractor shall ensure all employees, subcontractors, interns, mentors and volunteers who may have client contact or provide services under this Contract have submitted to and passed a fingerprint-based CBI and FBI

- criminal background check prior to commencing provision of services under this Contract.
- ii. Any items listed in the results of the background checks must be communicated by the Contractor to the Authorized Representative (or their designee) and cleared prior to allowing the subject of the background check to have contact with clients.
 - iii. Confirmation of results or clearance letters of these criminal background checks must be kept by the Contractor in a secure location as directed by CBI and FBI guidance. Results must be made available for review by the Department upon request and maintained for three (3) calendar years after the date of the Contractor's final payment from the County under this Contract.
 - iv. Contractors eligible for automatic CBI and FBI updates, i.e., with five (5) or more employees, will timely review updates and inform the Department of any changes. Contractors that are not eligible for or are not receiving automatic CBI and FBI updates for any reason will ensure that every five (5) years an updated fingerprint-based CBI and FBI criminal background check will be run on each employee, subcontractor, intern, mentor and volunteer, and kept in their secure file for review by the Department.
 - v. If these conditions cannot be met, the Contractor will immediately notify the County's Authorized Representative.
- c. The Contractor will complete Colorado Department of Early Childhood (CDEC) background checks as follows:
- i. The Contractor shall also conduct a Child Abuse and Neglect background check through the Colorado Department of Early Childhood (CDEC), Background Investigations Unit (BIU) on all employees, subcontractors, interns, mentors and volunteers prior to them providing services to Department clients under this Contract.
 - ii. The Contractor shall notify the Authorized Representative (or their designee) of any employee, subcontractor, or volunteer who has findings of child abuse or neglect; the Authorized Representative will provide a decision on whether the Department will allow that individual to provide services under this Contract.
 - iii. The Contractor must retain copies of all background check results in the employee, subcontractor, intern, mentor or volunteer secured files; copies must be available for review upon the Department's request and be maintained for three (3) calendar years after the date of the Contractor's final payment from the County under this Contract.
 - iv. The Contractor will ensure that every five (5) years an updated Child Abuse and Neglect background check will be run on each employee, subcontractor, intern, mentor and volunteer.
- d. When applicable, Contractor shall retain copies of employee credentialing qualifications from Colorado Department of Regulatory Affairs (DORA) in personnel files and make such records available to the County Representative upon request. The Contractor shall immediately notify the County of any suspension or revocation by DORA of an employee or subcontractor.
- e. The Contractor will complete a Sexual Offender Registry check and receive, at minimum, preliminary results before assigning and/or hiring employees, subcontractors, interns, mentors or volunteers to perform under this Contract.

3. Staff Assignments and Performance

- a. The Department has the right to approve or disapprove the Contractor's employees, subcontractors, interns, mentors or volunteers performing services under this Contract prior to the commencement of the work and shall have the right to review the employment files prior to granting approval. The Contractor will ensure said staff are familiar with the term Conflict of Interest in paragraph 7 of the Master Service Agreement (MSA) prior to commencing work under this Contract.
- b. If the Department becomes dissatisfied with the Contractor's performance (inclusive of employees, subcontractors, interns, mentors or volunteers), the Department will notify the Contractor. Disciplinary measures, if any, will be the sole responsibility of the Contractor. However, if the concerns are not resolved to the Department's satisfaction, the Contractor's staff will not be allowed to provide services under this Contract.
- c. The Contractor and its employees, subcontractors, interns, mentors or volunteers shall remain in good standing with the appropriate licensing authority(ies) if applicable to performance of service provided. Temporary suspension, permanent loss, or any change of a license status that renders the person ineligible to provide service at any time during this Contract is considered a Breach of Contract, and payment will not be rendered for any services performed when required licensure was not in effect and good standing and may result in Contract termination.

4. Referrals

- a. The Department will request service using the "Referral for Services" (See Exhibit 4) for the person, services(s), unit(s), and rate(s) identified in Exhibit 3.
- b. The services will be provided at the location(s) noted on the "Referral for Service".
- c. The "Referral for Services" will include identifying information such as the name and address of the family, social history, medical and educational information, as appropriate.
- d. The "Referral for Services" must be received by the provider prior to the commencement of services.
- e. The Contractor may only provide service(s) listed in a current "Referral for Services" for services described in Exhibit 3. Services provided without a current Referral, any additional service(s), or an activity not outlined in the service description is subject to non-payment. Questions about the Referral, services and dates should be directed back to the Case Workers.
- f. In rare circumstances, the Department may wish to utilize services outlined herein for clients participating in another program or where services will be paid for using an alternate funding stream. Should this occur, Exhibit 3 will not be applicable. Rather, the Department will outline all required referral elements in writing, and the Contractor agrees to provide services as outlined in paragraph 5, Services and Deliverables (below) and Exhibit 2. The rates for services contained in Exhibit 3 will still apply as to any services provided under this paragraph.

5. Services and Deliverables

- a. Services and deliverables are listed in Exhibit 3.
- b. The Contractor will ensure staff are appropriately credentialed. This includes:
 - 1) required training, certifications and licenses;
 - 2) insurance; and
 - 3) background checks as required by law and specified in this Contract, to render these services.

- c. Missing or incomplete deliverables with insufficient detail will result in slower invoice review and payment processing due to additional follow-up. Required deliverable(s) never provided or late deliverable(s) are subject to non-payment.
- d. QTT Family Time Group Email
 - i. When Contractor receives a referral, a group email will be created which will include the following participants:
 - 1) Parent
 - 2) Respondent Parent Counsel
 - 3) Respondent Parent Counsel Social Worker
 - 4) Parent Guardian ad Litem
 - 5) Department Caseworker
 - 6) Department Caseworker Supervisor
 - 7) County Attorney
 - 8) Child's Guardian ad Litem and/or Counsel for Youth
 - 9) QTT Family Time Supervisor(s),
 - 10) QTT Business Manager
 - 11) QTT Director
 - ii. The Group email will be used throughout the time that QTT services are being rendered for that parent(s), for purposes of consistent, timely, and helpful communication. Some examples include:
 - 1) When a parent misses a Family Time session.
 - 2) If a PAP is needed or needs to be considered.
 - 3) When a parent moves to Flex Status.
 - 4) When any important topics need to be shared, addressed, or discussed regarding Family Time.
 - iii. All participants and professionals involved will be asked to utilize the QTT Family Time Group email.
 - iv. Emails that involve professionals only should be sent separately.
- e. Grace Periods
 - v. If a parent is late to Family Time, QTT allows for a 15-minute grace period before Caregivers or QTT transport the children home.
 - vi. If a parent is in communication with QTT about running late, QTT may extend the grace period if it is reasonable for the children.
- f. No-Show Policy
 - i. A No-Show is defined as a parent's failure to arrive, failure to arrive in a reasonable time, or a same day cancellation.
 - ii. Family Time Supervisors will be partially compensated for no-shows. A no show rate equals one hour of the service that would have been offered.
 - iii. QTT will immediately notify parent(s) and professionals via the QTT Family Time Group email that the parent missed Family Time.
 - iv. If a parent No-Shows on three (3) occasions, they may be placed in a Flex Status, and the Department will not be charged for no-shows while the parent is in a Flex Status
- g. Flex Status
 - i. A parent will be moved to a Flex Status if they have a history of no-shows for their regularly scheduled Family Time.
 - ii. The Contractor will notify the QTT Family Time Group via email of the parent's Flex Status and the parent will have to contact the Contractor directly to sign up for a Flex Family Time session.

- iii. The parent will be required to confirm 24 hours before the Flex Family Time session so that the Contractor has time to arrange for the caregivers to bring the children.
- iv. Flex Family Time Sessions will be available one (1) session per week, for two (2) hours per session. Sessions will be held one (1) weekend each week and will be available to parents who have been moved to a Flex Status, or when the Department has an urgent need to schedule a family time session within 72 hours.
- v. Flex Family Time can accommodate two families simultaneously if deemed appropriate by the QTT supervisor. If it is not appropriate, QTT will seek to assign a second supervisor for that Flex Family Time session.
- vi. If a parent attends two (2) Flex Family Time sessions within thirty (30) days of one another, QTT may move them back to a regularly set Family Time schedule. This will include a return to their previous Family Time Plan, such as community or in-home locations, approved hours, etc.
- vii. Flex Family Time sessions can also be utilized by the Department when there is an urgent need to schedule a family within seventy-two (72) hours.
 - 1) The Department will need to inform the Contractor that they have booked a family for a Flex Session and submit the regularly require referrals within twenty-four (24) hours of the Flex Family Time session.
- viii. Flex Family Time sessions may also be used as make-up time for families.
- ix. The Cost of Family Flex Time is listed in Exhibit 3. Administrative time spent on Family Flex Time is included in this rate.
- x. If the Contractor needs to add additional supervisors to a Flex Session due to the number of families or the needs of a particular family, the additional supervisors will be paid for their supervision at the rate of their open QTT referral.
- h. Parent Accountability Plan (PAP)
 - i. If a parent(s) is a no-show or is consistently late to a Family Time session on more than one occasion, the Contractor will notify the parent's and professionals via the QTT Family Time Group Email, referenced above in 5. Services and Deliverables, c. QTT Family Time Group Email.
 - ii. The Contractor will request that the parent(s) agree to a PAP by replying to the email in writing. Respondent Parent Counsel replies will be accepted.
 - iii. If requested, QTT will provide a phone staffing to discuss the concerns and to brainstorm what is necessary to ensure timely and consistent family time attendance.
 - iv. The PAP may be agreed upon by the parent (in writing) or a court order may be sought by the Department.
 - v. Often times, a PAP will require a parent(s) to arrive early to the QTT office or community location. Early arrival time will be based on how long travel time is for the caregiver and/or QTT supervisor to transport the children to the session location.
 - vi. QTT will charge when client contact begins in the case of early arrival.

- vii. If the parent(s) is compliant with the PAP for thirty (30) consecutive days, the PAP may be discontinued.
- i. Family Coaching
 - i. Family Coaching is targeted toward the whole family system in efforts to avoid the breakdown of kin-supervised family time and/or to strengthen parents' skills and abilities with their children.
 - ii. Family Coaching may occur in the home (of parents, caregivers, kin, etc.) but may also occur in the community or QTT office as appropriate. Elements of Family Coaching may occur virtually but typically the coaching will occur in person.
 - iii. QTT will meet with parent(s), kin, and children, as appropriate for an intake. Additional information will be provided by the Department and other professionals. After gathering the strengths and challenges, QTT will create a plan for the Family Time Coaching service to be approved by the Department. Coaching will occur two (2) to eight (8) hours per week and may include:
 - 1) Parenting Education- QTT will utilize aspects of the curriculum from Love and Logic, Nurturing Parenting, Everyday Parenting, and child development principles from the American Pediatric Association.
 - 2) Family Time Orientation-Services include an orientation among the parties (parents and kin) led by QTT. The purpose of the orientation would be to establish Family Time Expectations that all parties agree to during the meeting.
 - 3) Kin-Supervised Family Time Support- Coaching services can be utilized when extra support is needed in a kin-supervised family time setting. QTT will assess the current dynamic of family time and will work with parents and kin to improve dynamics so that kin-supervised family time can continue.
 - 4) Unsupervised Time Support- Coaching services can be utilized when parents are at an unsupervised status, or the children have returned home, and extra education and support are needed to preserve or promote the reunification.

6. End-of-Year Child Welfare Outcomes Reporting

- a. Outcome-Based Reporting Requirement
 - i. The Contractor shall submit an end-of-year outcomes report to the Department no later than May 31, 2027. The report shall evaluate the effectiveness and impact of services provided under this Contract and support the Department's child welfare quality assurance and continuous quality improvement efforts.
- b. Service Success Measures and Analysis
 - i. The report shall include quantitative and qualitative data demonstrating service effectiveness and outcomes based on service success measures identified by the Contractor. The report shall also include an analysis of performance trends and an explanation of any significant variance between anticipated and actual results.
- c. Continuous Quality Improvement and Collaboration
 - i. The Contractor shall describe how service success data is used to inform service delivery and improve performance, including any corrective

actions taken or planned to strengthen child safety, permanency, and well-being outcomes. The Contractor may also be required to participate in quarterly or biannual quality assurance or service delivery meetings with the Department, including question-and-answer discussions related to service performance, outcomes, and improvement efforts.

- d. Data Integrity and Documentation
 - i. The Contractor certifies that all data submitted is accurate, complete, and supported by source documentation. Records related to service success measures, outcomes, and performance shall be maintained in accordance with applicable record retention requirements and made available to the Department upon request for monitoring, audit, or quality assurance purposes.
- e. Non-Compliance
 - i. Failure to submit the required outcomes report in a timely and complete manner, or failure to demonstrate service effectiveness through service success measures, may be considered non-compliance and may impact future contracting opportunities.

During the course of this Contract, the Department will:

1. Use appropriate funding streams and will solely determine the appropriate eligibility for services and applicable funding streams;
2. Provide clients information regarding rights and fair hearings;
3. Monitor the provision of services which includes various expenditure and outcomes analyses, practice enhancements, and meetings with the Contractor; and
4. Schedule meetings, inclusive of background check reviews, with the Contractor as needed.

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EXHIBIT 2 METHOD OF PAYMENT

1. The Contractor will provide service(s) and deliverable(s) for the rate(s) listed in Exhibit 3 and accept any and all forms of payment.
2. Providers will only be paid for services authorized on an approved “Referral for Service.” Verbally discussed rates between the Department staff and the Contractor are not binding. Required deliverable(s) never provided will result in non-payment, reduction of future payment, or demand for reimbursement.
3. Rates outlined in Exhibit 3 constitute payment in full and the Contractor will not be paid for any additional fees, amounts, or costs. The Contractor will not charge the Department rates greater than those charged to other persons in the same geographic area. The Contractor will not be paid more than one time for the same service, or more than the Maximum Contract Liability as outlined in paragraph 3 of this Contract.
4. If the Contractor or client misses an appointment or service, it will not be paid. Monthly rates will be pro-rated depending on when services begin or end in the month.
5. The Contractor will not charge any fees or co-pays for services to clients or use any part of payment made under this Contract as a co-pay or partial payment to any third-party unless otherwise noted in the “Referral for Services” or other Department documentation. When applicable, documentation of a denial of benefits from a third-party provider may be requested by the Department.
6. Invoices submitted must reflect actual services rendered and cannot be estimates or requests for pre-payment. Monthly rates will be pro-rated to accurately reflect when clients begin services and end dates for services in partial months. Partial payment for services rendered without full completion of the service and/or deliverable(s), inclusive of court testimony, may be provided at the Department’s discretion.
7. Invoices must be submitted by the 15th of each month after the month in which service(s) were rendered, except June 2026 is due by noon on July 7, 2026. Complete invoices will only use the service names listed in Exhibit 3 and include the required deliverable(s) listed in Exhibit 3. Failure to submit invoices timely or without required deliverables may result in non-payment.
8. The Department does not receive federal or state reimbursement for delinquent claims. **Contractors are encouraged to reconcile their accounts every sixty (60) days to ensure all services have been invoiced and paid. Delinquent invoices are subject to non-payment.**
9. Invoices and back-up documentation may only be sent via:
 - a) secure email to CWAccounting@douglas.co.us,
 - b) posted to the Department’s OneDrive contractor folder, or
 - c) mailed to:

Douglas County Human Services
Attn: Business Office
4400 Castleton Court
Castle Rock, CO 80109

The Contractor will email CWAccounting@douglas.co.us when new invoices have been added to OneDrive or existing documents edited in OneDrive.

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**EXHIBIT 3
SERVICES, DELIVERABLES AND RATES**

Invoices must be submitted by the 15th of each month after the month in which service(s) were rendered. Complete invoices will only use the service names listed in this Exhibit and include the required deliverable(s). Failure to submit invoices timely or without required deliverables may result in non-payment.

#	Service	Description	Deliverable(s)	Rate & Unit
1	Family Time Intake Assessment	Assessment to ascertain parenting abilities, strengths, needs, and potential risks. Results will be used to determine the level of supervision, support, and education to be provided to parents during family time. Will also outline recommendations for family time frequency, duration, locations and transportation needs. Includes intake with parent(s), caregiver(s), and child(ren) when appropriate; report and recommendations; and phone staffing with professional team to confirm plan. Two 90-minute sessions. Contact with parent and caregiver will be made within 24 hours of referral. Assessment and report completed within two (2) weeks of receipt of Trails referral.	Written Intake/Assessment - Completed to determine appropriateness of service within (2) two weeks of the service start date. Contractor will notify Department of assessment outcome when done for services to continue. Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.	\$1,100.00 per episode
2	Therapeutic Family Time (office-based)	Provides a safe, child-friendly environment, which allows parents with high safety risks to have contact with children facilitated by therapist. (See	Treatment Plan - Completed within two (2) weeks of intake/assessment for child(ren) and family treatment objectives and outcomes	\$130.00 per hour No-show rate is one hour of the

		<p>QTT TSV Guide for 6 high risk criteria) Cognitive, emotional, and behavioral welfare of children will be enhanced during family time. Therapeutic visits will occur in office, unless a different location is necessary per Caseworker. Therapists will always be within earshot and line-of-sight. Therapists ensure child safety and confidentiality by assisting the transition between caregiver and parent. During sessions, therapist maintains the safety of the children, while educating, mentoring, and encouraging bonding and healthy parenting. Also provide role modeling to foster healthy parent-child interactions. As a result, parents can make positive changes in quality of each interaction with children and become ready for a step-down to a lower level of supervision. Occur in 3 month increments at Department discretion. Services will be re-evaluated by the professional team every 30 days. Includes debriefing before and after visits.</p>	<p>including target dates from Referral. Plan is subject to Department approval.</p> <p>Monthly Report - Written reports detailing specific treatment progress toward goals. An example is provided in Exhibit 6, but any report must include: 1) Client name, 2) Court case number, if known and applicable, 3) Department Case Worker's name, 4) Clinician's/provider's name, 5) Date(s) of service, 6) Date(s) of missed sessions, 7) All family members receiving services, 8) Level of family participation, if appropriate, 9) Initial service goal(s), 10) Weekly or monthly progress, 11) Concerns or barriers to achieving goals, 12) Ongoing assessment of child safety, 13) Appropriateness and need of ongoing services or therapeutic recommendation, and 14) Therapist's/clinician's/provider's signature.</p>	<p>service that would have been offered</p>
3	Therapeutic Family Time (home or community-based)	Same as above except location.	Same as above.	<p>\$150.00 per hour</p> <p>1-hour minimum for home/community-</p>

				<p>based family time.</p> <p>Rate includes cost of Contract staff transportation.</p> <p>No-show rate is one hour of the service that would have been offered</p>
4	Supervised Family Time (office-based)	<p>A safe, child-friendly environment which allows parents to engage in supervised contact with children. Services are used primarily when children are placed out-of-home because of child abuse or neglect. Ensures child safety and confidentiality by assisting the transition between caregiver and parent. Will always be within earshot and line-of-sight. Can occur in office, community or home settings per Caseworker agreement. During sessions, supervisors maintain the safety of the child while educating, mentoring, and training parents to encourage bonding and healthy parenting. Also provide role modeling to foster healthy parent-child interactions. As a result, parents can make positive changes in the quality of each parenting interaction with their children. If parents are successful in making positive changes,</p>	Same as above	<p>\$90.00 per hour</p> <p>No-show rate is one hour of the service that would have been offered</p>

		supervised family time can step down to monitored family time upon Department agreement. Occur in 3 month increments at the Department's discretion. Services will be re-evaluated by the professional team every 30 days. Includes debriefing before and after visits.		
5	Supervised Family Time (home or community-based)	Same as above except location.	Same as above.	\$110.00 per hour 1-hour minimum for home/community-based family time. Rate includes cost of Contract staff transportation. No-show rate is one hour of the service that would have been offered
6	Monitored Family Time (office-based)	Lowest level of supervision before completely unsupervised contact begins. Appropriate when parents and children demonstrate safe interactions. Provide a range of oversight by the family time supervisor, which may include random pop-ins, scheduled check-ins, and/or partial supervision of sessions – either in person or virtually, depending on the	Same as above.	\$55.00 per hour No-show rate is one hour of the service that would have been offered

		needs of each family. In office monitoring occurs via video monitoring and random room pop-ins. Occur in 3-month increments at the Department's discretion. Services will be re-evaluated by the professional team every 30 days. Includes debriefing before and after sessions.		
7	Monitored Family Time (home or community-based)	Same as above except location. Typically occur in home but may occur in community.	Same as above.	<p>\$85.00 per hour</p> <p>Rate includes cost of Contract staff transportation.</p> <p>No-show rate is one hour of the service that would have been offered</p>
8	Family Coaching Service	<p>Family Coaching is targeted toward the whole family system in efforts to avoid the breakdown of kin-supervised family time and/or to strengthen parents' skills and abilities with their children.</p> <p>Family Coaching may occur in the home (of parents, caregivers, kin, etc.) but may also occur in the community or QTT office as appropriate. Elements of Family Coaching may occur virtually but typically the coaching will occur in person.</p>	<p>Treatment Plan - Completed within two (2) weeks of intake/assessment for child(ren) and family treatment objectives and outcomes including target dates from Referral. Plan is subject to Department approval.</p> <p>Monthly Report - Written reports detailing specific treatment progress toward goals. An example is provided in Exhibit 6, but any report must include: 1) Client name, 2) Court case number, if known and applicable, 3) Department Case Worker's name, 4) Clinician's/provider's name, 5) Date(s) of service, 6) Date(s) of missed sessions, 7) All family members receiving</p>	<p>\$120.00 per hour</p> <p>Regardless of location. No drive time will be charged.</p>

	<p>QTT will meet with parent(s), kin, and children, as appropriate for an intake. Additional information will be provided by the Department and other professionals. After gathering the strengths and challenges, QTT will create a plan for the Family Time Coaching service to be approved by the Department. Coaching will occur two (2) to eight (8) hours per week and may include;</p> <p>1) Parenting Education- QTT will utilize aspects of the curriculum from Love and Logic, Nurturing Parenting, Everyday Parenting, and child development principles from the American Pediatric Association.</p> <p>2) Family Time Orientation-Services include an orientation among the parties (parents and kin) led by QTT. The purpose of the orientation would be to establish Family Time Expectations that all parties agree to during the meeting</p> <p>3) Kin-Supervised Family Time Support- Coaching services can be utilized when extra support is needed in a kin-supervised family time setting. QTT will assess the current dynamic of family time and will work with parents and kin to improve dynamics so that</p>	<p>services, 8) Level of family participation, if appropriate, 9) Initial service goal(s), 10) Weekly or monthly progress, 11) Concerns or barriers to achieving goals, 12) Ongoing assessment of child safety, 13) Appropriateness and need of ongoing services or therapeutic recommendation, and 14) Therapist's/clinician's/provider's signature.</p> <p>Discharge Summary - Due within 10 business days following close of service. Report will include documentation of outcome of services, achievement of treatment objectives, and recommendation for family.</p> <p>Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.</p>	
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		<p>kin-supervised family time can continue.</p> <p>4) Unsupervised Time Support-Coaching services can be utilized when parents are at an unsupervised status or the children have returned home and extra education and support is needed to preserve or promote the reunification.</p>		
9	Transportation	<p>The Contractor may provide transportation for children and/or parents, subject to prior approval by the Department. Transportation services under this agreement do not include transportation of Contractor staff to or from service locations, as such costs are already reflected in the applicable service rates.</p> <p>All transportation services shall be billed when provided, regardless of whether the associated session ultimately occurs.</p> <p>The Contractor shall comply with all applicable state and federal laws and regulations governing the transportation of children, including requirements related to the use of age- and size-appropriate car seats and child restraint systems. Contractor staff responsible for transporting children shall be properly trained and demonstrate familiarity with</p>	<p>Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.</p>	<p>\$50.00 per hour</p> <p>Rate for actual drive time if Contactor transports child(ren) and/or parent(s). Billed round-trip from Contractor's office to visitation site. Rate is billable in 15-minute increments.</p>

		<p>current state car seat laws, safety standards, and proper installation and use of child restraint systems. The Contractor shall ensure that appropriate car seats are available and used at all times when required.</p> <p>In the event a parent or guardian does not attend a scheduled session, the Parent Accountability Plan (PAP) shall be updated to require advance confirmation of the next scheduled session date and time prior to transporting the child(ren). The PAP may also require that parents or guardians arrive at the service location before children are transported, as appropriate, to prevent recurrence of missed appointments.</p>		
10	Individual Therapy	<p>Therapeutic service between a licensed therapist and a singular client with the goal of achieving a mental, emotional, and behavioral state where children are kept safe from harm in any form. Modalities of treatment may include cognitive-behavioral therapy, solution-focused therapy, psychoeducation, and/or trauma-informed therapy to potentially include Eye Movement Desensitization and Reprocessing (EMDR). Referrals will identify the</p>	<p>Treatment Plan - Completed within two (2) weeks of intake/assessment for child(ren) and family treatment objectives and outcomes including target dates from Referral. Plan is subject to Department approval.</p> <p>Monthly Report - Written reports detailing specific treatment progress toward goals. An example is provided in Exhibit 6, but any report must include: 1) Client name, 2) Court case number, if known and applicable, 3) Department Case Worker's name, 4) Clinician's/provider's</p>	<p>\$150.00 per hour</p> <p>This will be billed in 30-minute increments if needed, i.e., a 90-minute session will be invoiced at \$225.00 for the session.</p>

		<p>frequency and length of sessions needed. Generally, referrals will be for 90-minute sessions unless a two (2) hour session is necessary in a given week or for a certain period of time.</p>	<p>name, 5) Date(s) of service, 6) Date(s) of missed sessions, 7) All family members receiving services, 8) Level of family participation, if appropriate, 9) Initial service goal(s), 10) Weekly or monthly progress, 11) Concerns or barriers to achieving goals, 12) Ongoing assessment of child safety, 13) Appropriateness and need of ongoing services or therapeutic recommendation, and 14) Therapist's/clinician's/provider's signature.</p> <p>Discharge Summary - Due within 10 business days following close of service. Report will include documentation of outcome of services, achievement of treatment objectives, and recommendation for family.</p> <p>Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.</p>	
11	Flex Family Time (office-based)	<p>Flex Family Time Sessions will be available two (2) sessions per week, for two (2) hours per session. Sessions will be held one (1) weekday evening and one (1) weekend and will be available to parents who have been moved to a Flex Status, or when the Department has an urgent need to schedule a family time session within 72 hours.</p> <p>A parent will be moved to Flex Status if they have a history of no-shows for their regularly scheduled Family Time. The</p>	<p>Monthly Report - Written reports detailing specific treatment progress toward goals. An example is provided in Exhibit 6, but any report must include: 1) Client name, 2) Court case number, if known and applicable, 3) Department Case Worker's name, 4) Clinician's/provider's name, 5) Date(s) of service, 6) Date(s) of missed sessions, 7) All family members receiving services, 8) Level of family participation, if appropriate, 9) Initial service goal(s), 10) Weekly or monthly progress, 11) Concerns or barriers to achieving goals, 12) Ongoing assessment of child safety, 13) Appropriateness and need of</p>	<p>\$150.00 per hour</p> <p>If two families are scheduled for Flex Family Time and a parent(s) No-Show's, the Department will not be charged a No-Show fee.</p> <p>If more than two families are</p>

	<p>Contractor will notify the QTT Family Time Group via email of the parent's Flex Status and the parent will have to contact the Contractor directly to sign up for a Flex Family Time session. The parent will be required to confirm 24 hours before the Flex Family Time session so that the Contractor has time to arrange for the caregivers to bring the children.</p> <p>Flex Family Time can accommodate two families simultaneously if deemed appropriate by the QTT supervisor. If it is not appropriate, QTT will seek to assign a second supervisor for that Flex Family Time session.</p> <p>If more than one family is scheduled for Flex Family Time and that family requires a therapeutic supervisor, QTT will staff a therapeutic supervisor for Flex Family Time at the therapeutic rate and not the Flex Family Time rate. In the case of non-therapeutic family time, a non-therapeutic supervisor may be assigned, in which case billing will occur at the regular supervised family time rate.</p> <p>The Department is paying for a guaranteed supervisor at the hourly Flex Family Time rate for Flex Family Time</p>	<p>ongoing services or therapeutic recommendation, and 14) Therapist's/clinician's/provider's signature.</p> <p>Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.</p>	<p>scheduled for Flex Family Time and an additional supervisor is required, the No-show rate is one hour of the service that would have been offered.</p>
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		Sessions. If a parent(s) no-show for a Flex Family Time session, the Department will only be responsible for paying the hourly rate for the guaranteed Flex Family Time hours only.		
12	Professional Staffing (In person, phone or virtual)	At the request of the Department, the Family Time provider may be requested to attend various professional case specific staffings to discuss various topics such as, 1) case progress, 2) issues and barriers, and 3) difficult cases that require additional coordination or work beyond normal check-in's and progress updates.	Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.	Rate will be reimbursed at the same hourly rate as the service listed in the referral. Time will pro-rated into 15-minute increments.
13	Family Partnership Meetings (FPM)	Visitation provider will be invited to all FPMs, and will participate as their schedule allows and when there are items regarding visitation that are critical to the discussion. Regular (routine) visitation updates will be provided in the monthly reports. However, if the Case Worker reaches out seven (7) days prior to the FPM, they can obtain a more current report or update. The most current report will be used in the FPM. Generally, a 1 hour meeting every 90 days, but may vary based on case. Attendance may be done via phone or video call.	Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.	Rate will be reimbursed at the same hourly rate as the service listed in the referral that caused the Department to invite Contractor to FPM (up to \$100/hour). Time will pro-rated into 15-minute increments with a

				one hour minimum.
14	Court Testimony (for staff holding a Bachelor's or Master's, or less)	<p>With proper notice, staff will waive formal service of a subpoena and provide court testimony about services rendered under this Contract including Contractor's opinions and/or observations.</p> <p>This applies when the Department subpoenas the Contractor (as opposed to client's counsel, the State, or District Attorney for example). The rate outlined in this Attachment applies if the service is provided to the client regardless of whether the Contractor was paid for the service by Medicaid, CHP+, or other third-party insurance.</p>	Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.	<p>Court Testimony- \$75.00 per hour, or as mutually agreed upon by the Contractor and the County Attorney's Office. If Contractor is released from subpoena within 24 hours or less of the scheduled testimony time, they may invoice for up to one hour of court testimony. No charges will apply if the subpoena is released more than 24 hours before the scheduled testimony time.</p> <p>Preparation Time: \$37.50 per hour, up to the amount of preparation time agreed upon with the County</p>

				<p>Attorney's Office upon receipt of the subpoena.</p> <p>Drive Time: \$18.75 per hour. All time is billable in 15-minute increments.</p>
15	Court Testimony (for Staff licensed as an MD, Psychiatrist, LCSW, LPC, LMFT or Psychologist)	Same as above.	Various - Documentation as requested to ensure continued quality improvement, e.g., quarterly outcome reports and utilization reviews.	<p>\$200.00 per hour, or as mutually agreed upon by the Contractor and the County Attorney's Office. If Contractor is released from subpoena within 24 hours or less of the scheduled testimony time, they may invoice for up to one hour of court testimony. No testimony charges will apply if the subpoena is released more than 24 hours before the</p>

				<p>scheduled testimony time.</p> <p>\$100.00 up to the amount of preparation time agreed to between Contractor and County Attorney's Office following receipt of subpoena.</p> <p>\$50.00 for drive time</p> <p>All time is billable in 15-minute increments.</p>
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EXHIBIT 4 REFERRAL FOR SERVICES

R550

Colorado Department of Human Service
Trails System Report
Division of Child Welfare
Service Referral Form - CW/DYC

General Information

CW Service Referral

Referral ID/Case ID: 123456 **Referral/Case Name:** Brane **Case Open or Referral Date:** 04/14/2011
Created By: **Worker:** Wilson, Brad
Created Date: 07/21/2011 **Email Address:**
County Name: Douglas **Phone Number:**

Individuals Referred

<u>Client(s) Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Gender</u>	<u>State ID</u>	<u>Client ID</u>
Melon Brane	08/08/1994	16	Male	G95959	251111
Edgar Brane	06/09/1963	48	Male		251112
Somar T. Brane	05/31/1964	47	Male		251113

Contact Information

Name: Edgar Branes **Home Phone:** (303) 668-6868
Address: 444 Common Sense DR **Work Phone:**
 Highlands Ranch CO 80126

Provider Contact Information

Provider ID: 95968 **Provider Name:** Magic Wand Counseling
Provider Address: 166 South Colorado **Provider Phone:** (303) 946-4654
 Suite 200
 Denver, CO 80220
Service Category: Core Services **Service Type:** Multi Systemic Therapy
Funding Source: Core
Srvc Ref Start Date: 07/21/2011 **Srvc Ref End Date:** 10/21/2011
Reason for Referral: Melon was in placement at Youth Recovery Center. MST is part of the approved after care program. Permanency goal is to remain home. Primary drugs of choice are alcohol and marijuana.
Services Requested:

Units Authorized

Service Detail: Treatment Package-Intensive **Start Date:** 07/21/2011
Unit Type: MONTHLY **End Date:** 10/21/2011
Units Authorized: **Per:** **Selected Rate:** \$1,200.00
Adjusted Rate:

EXHIBIT 5
MONTHLY REPORT EXAMPLE

Provider/ Company Name
Provider Address
Provider email and phone

Client: Name
Therapist: Name
Reporting Month: Month
Case Worker: Name
Sessions Dates: List dates of service
Missed Sessions: List dates of missed appointments
Level of family participation: indicate if Low Medium High

Initial Goals of Service: Indicate why services were referred and goals of service.

Progress: Yes No Partial

Notes: Give progress update here.

Concerns and Ongoing Service: indicate reason services are either still needed or are closing out. what is left to work on in therapy. Treatment goals etc.

Therapist Recommendations: Therapeutic recommendations to include any recommended changes to referral or frequency of service etc.

Therapist: sign and date

EXHIBIT 6
QTT Referral

(See following two pages



QTT FAMILY TIME PROGRAM REFERRAL FORM
McLaughlin Counseling, LLC

Case Name:
Trails Case ID:
Court Case Number:
Assistant County Attorney's name:

Caseworker's name:
Caseworker's e-mail address:
Caseworker's cell phone number:

Client's name (parent requiring supervision):
Client's DOB:
Client's email address:
Client's phone number:
Client's home address:

Client's name (second parent requiring supervision, if applicable):
Client's DOB:
Client's email address:
Client's phone number:
Client's home address:

Children's names with DOB:

Caregiver's name:
Caregiver's title (father, foster parent, grandparent etc.):
Caregiver's e-mail address:
Caregiver's phone number:
Caregiver's home address:

GAL and/or CFY name:
Respondent Counsel name:

GAL for parent name (if applicable):

TRAILS Referral start date:

TRAILS Referral end date:

Next FPM date:

FOR THE FOLLOWING QUESTIONS, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

What are the child welfare safety concerns; reason for DHS involvement?:

Why is professional supervision necessary for this case?

What do you see as the biggest risk factors for the children during family time?

How many family time sessions per week and how many hours per session are you requesting?

Are you requesting therapeutic family time, regular family time, or monitored family time (monitored family time means in person pop-ins and virtual check-ins) and why?

Where would you like family time to occur initially (QTT office, DHS family room, community, kin/caregiver's home, parent's home, other)?

Who will be transporting the children to and from family time?

Are there any current Court Orders regarding level of supervision, frequency of visits or anything else related to family time?

Are there any specific rules for family time in this particular case (i.e. no-contact between parents and caregivers, other protection orders, families cannot go for walks or play outside with QTT supervisor, family time must be video/audio recorded, parents cannot take photographs of their children, parents are not allowed to provide food, etc.)

Is there anything else you would like us to know before we start family time?

EXHIBIT B INSURANCE REQUIREMENTS

The Contractor shall procure and maintain for the duration of the Contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury (including coverage for contractual and employee acts) with limits no less than **\$1,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit. \$2,000,000.
2. **Automobile Liability:** Insurance Services Office Form covering, Code 1 (any auto), or if the Contractor has no owned autos, Code 8 (hired) and 9 (non- owned), with limit no less than **\$500,000** per accident for bodily injury and property damage.
3. **Workers’ Compensation:** Insurance as required by the State of Colorado, with Statutory Limits, and Employer’s Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.
4. **Professional Liability (Errors and Omissions):** Insurance appropriate to the Contractor’s profession, with limit no less than **\$1,000,000** per occurrence or claim, \$2,000,000 aggregate.

The Insurance obligations under this Contract shall be the minimum Insurance coverage requirements and/or limits shown in this Contract; whichever is greater. Any insurance proceeds in excess of or broader than the minimum required coverage and/or minimum required limits, which are applicable to a given loss, shall be available to the County. No representation is made that the minimum Insurance requirements of this Contract are sufficient to cover the obligations of the Contractor under this Contract.

OTHER INSURANCE PROVISIONS

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status. The County, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at

least as broad as ISO Form ISO CG 20 01 04 13 or **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 forms if later revisions used).

Primary Coverage. For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance. Any insurance or self- insurance maintained by the County, its officers, officials, employees, or volunteers shall be excess and non-contributory to the Contractor's insurance.

Notice of Cancellation. Each insurance policy required above shall state that coverage shall not be canceled, except with a 30-day notice to the County.

Waiver of Subrogation. The Contractor hereby grants to the County a waiver of any right to subrogation which any insurer of said Contractor may acquire against the County by virtue of the payment of any loss under such insurance. The Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether the County has received a waiver of subrogation endorsement from the insurer.

Self-Insured Retentions, Deductibles and Coinsurance. The Contractor agrees to be fully and solely responsible for any costs or expenses as a result of a coverage deductible, coinsurance penalty, or self-insured retention. The County may require the Contractor to provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or the County. The Contractor will indemnify the County, in full, for any amounts related to the above.

Acceptability of Insurers. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the County.

Claims Made Policies. If any of the required policies provide coverage on a claims-made basis:

1. The Retroactive Date must be shown and must be before the date of the Contract or the beginning of Contract work.
2. Insurance must be maintained, and evidence of insurance must be provided for at least three (3) years after completion of the Contract of work.
3. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the Contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of three (3) years after completion of Contract work.

Verification of Coverage. The Contractor shall furnish the County with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be

received and approved by the County before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The County reserves the right, but not the obligation, to review and revise any insurance requirement, not limited to limits, coverage, and endorsements. Additionally, the County reserves the right, but not the obligation, to review and reject any insurance policies failing to meet the criteria stated herein. Failure on the part of the Contractor to provide insurance policies within ten (10) working days of receipt of the written request will constitute a material breach of contract upon which the County may immediately terminate this Contract.

The completed certificates of insurance with additional insured endorsements and waivers of subrogation and any notices, within twenty (20) days of cancellation, termination, or material change will be sent via mail or e-mail to:

Douglas County
Government Attn:
Risk Management
100 Third Street
Castle Rock, Colorado
80104
risk@douglas.co.us

Subcontractors. The Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and the Contractor shall ensure the County is an additional insured on insurance required from subcontractors.

Failure to Procure or Maintain Insurance. The Contractor will not be relieved of any liability, claims, demands, or other obligations assumed by its failure to procure or maintain insurance, or its failure to procure or maintain insurance in sufficient amounts, durations, or types. Failure on the part of the Contractor to procure or maintain policies providing the required coverage, conditions and minimum limits will constitute a material breach of contract upon which the County may immediately terminate this Contract.

Governmental Immunity. The Parties hereto understand and agree that the County is relying on and does not waive or intend to waive by any provision of this Contract, the monetary limitations or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §§ 24-10-101 *et seq.* as from time to time amended, or otherwise available to the County, its commissioners, officers, officials, employees or volunteers.

Special Risks or Circumstances. The County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.