

**FY2027 LFUCG EXTENDED SOCIAL RESOURCE (ESR) LINE-ITEM BUDGET**

**1. STAFF SALARIES**

Full-Time (FTE)

Part-Time

**PROGRAM STAFF SALARIES TOTALS**

<b>A Total ES Budget</b>	<b>B LFUCG Funding</b>	<b>C Non-city Funding</b>
\$ 60,743.00	\$ 45,724.40	\$ 9,029.00
<b>\$ 60,743.00</b>	<b>\$ 45,724.40</b>	<b>\$ 15,018.60</b>

**2. STAFF FRINGE BENEFITS**

**TOTAL FRINGE BENEFITS (XX% of total pay)**

--	--	--

**3. CONSULTANT SERVICES**

**TOTAL CONSULTANT SERVICES**

--	--	--

**4. SPACE/FACILITIES**

Hotel

**TOTAL SPACE/FACILITIES**

\$ 56,538.00	\$ 25,000.00	\$ 31,538.00
<b>\$ 56,538.00</b>	<b>\$ 25,000.00</b>	<b>\$ 31,538.00</b>

**5. OPERATING EXPENSES**

Transportation

Food

Pre-Paid Telehealth Services

**TOTAL OPERATING EXPENSES**

\$ 2,816.00	\$ 2,816.00	\$ -
\$ 10,470.00	\$ 5,470.00	\$ 5,000.00
\$ 1,396.00	\$ -	\$ 1,396.00
<b>\$ 14,682.00</b>	<b>\$ 8,286.00</b>	<b>\$ 6,396.00</b>

**6. DIRECT CLIENT BENEFIT**

**TOTAL DIRECT CLIENT BENEFIT**

--	--	--

**7. OTHER**

Indirect

**TOTAL OTHER EXPENSES**

\$ 13,196.00	\$ 8,639.60	\$ 4,556.40
<b>\$ 13,196.00</b>	<b>\$ 8,639.60</b>	<b>\$ 4,556.40</b>

TOTAL FY2027 PROGRAM BUDGET

\$ 145,159.00	\$ 87,650.00	\$ 57,509.00
---------------	--------------	--------------



# Lexington-Fayette Urban County Government

## Request for Proposals

---

The Lexington-Fayette Urban County Government hereby requests proposals for **#20-2026 Emergency Shelter – Extended Social Resources (ESR) Grant Program** to be provided in accordance with terms, conditions and specifications established herein.

Sealed proposals will be received through Ion Wave until **2:00 PM**, prevailing local time, on **April 30, 2026**. All forms and information requested in RFP #18-2026 must be included and attached in Response Attachments tab in Ion Wave.

Proposals received after the date and time set for opening proposals will not be accepted. It is the sole responsibility of the Proposer to assure that his/her proposal is submitted in Ion Wave before the date and time set for opening proposals.

Proposals, once submitted, may not be withdrawn for a period of one hundred twenty (120) calendar days.

The Lexington-Fayette Urban County Government reserves the right to reject any or all proposals, and to waive technicalities and informalities when such waiver is determined by the Lexington-Fayette Urban County Government to be in its best interest.

Signature of this proposal by the Proposer constitutes acceptance by the Proposer of terms, conditions and requirements set forth herein.

Minor exceptions may not eliminate the proposal. Any exceptions to the specifications established herein shall be listed in detail on a separate sheet and attached hereto. The Lexington-Fayette Urban County Government shall determine whether any exception is minor.

The Lexington-Fayette Urban County Government encourages the participation of minority- and women-owned businesses in Lexington-Fayette Urban County Government contracts. This proposal is subject to Affirmative Action requirements attached hereto.

***Please do not contact any LFUCG staff member or any other person involved in the selection process other than the designated contact person(s) regarding the project contemplated under this RFP while this RFP is open and a selection has not been finalized. Any attempt to do so may result in disqualification of the firm's submittal for consideration.***

## **Laws and Regulations**

All applicable state laws, municipal ordinances and regulations of all authorities having jurisdiction over the project shall apply to the contract, and shall be deemed to be incorporated herein by reference.

## **Equal Employment Opportunity**

The Entity (regardless of whether construction contractor, non-construction contractor or supplier) agrees to provide equal opportunity in employment for all qualified persons, to prohibit discrimination in employment because of race, color, religion, sex (including pregnancy, sexual orientation or gender identity), national origin, disability, age, genetic information, political affiliation, or veteran status, and to promote equal employment through a positive, continuing program from itself and each of its sub-contracting agents. This program of equal employment opportunity shall apply to every aspect of its employment policies and practices.

## **Kentucky Equal Employment Opportunity Act**

The Kentucky Equal Employment Opportunity Act of 1978 (KRS 45.560-45.640) requires that any "county, city, town, school district, water district, hospital district, or other political subdivision of the state shall include in directly or indirectly publicly funded contracts for supplies, materials, services, or equipment hereinafter entered into the following provisions:

"During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, or national origin;
- (2) The contractor will state in all solicitations or advertisements for employees placed by or on behalf of the contractors that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, or national origin;
- (3) The contractor will post notices in conspicuous places, available to employees and applicants for employment, setting forth the provision of the nondiscrimination clauses required by this section; and
- (4) The contractor will send a notice to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding advising the labor union or workers'

representative of the contractor's commitments under the nondiscrimination clauses."

The Act further provides:

"KRS 45.610. Hiring minorities -- Information required

(1) For the length of the contract, each contractor shall hire minorities from other sources within the drawing area, should the union with which he has collective bargaining agreements be unwilling to supply sufficient minorities to satisfy the agreed upon goals and timetables.

(2) Each contractor shall, for the length of the contract, furnish such information as required by KRS 45.560 to KRS 45.640 and by such rules, regulations and orders issued pursuant thereto and will permit access to all books and records pertaining to his employment practices and work sites by the contracting agency and the department for purposes of investigation to ascertain compliance with KRS 45.560 to 45.640 and such rules, regulations and orders issued pursuant thereto.

KRS 45.620. Action against contractor -- Hiring of minority contractor or subcontractor

(1) If any contractor is found by the department to have engaged in an unlawful practice under this chapter during the course of performing under a contract or subcontract covered under KRS 45.560 to 45.640, the department shall so certify to the contracting agency and such certification shall be binding upon the contracting agency unless it is reversed in the course of judicial review.

(2) If the contractor is found to have committed an unlawful practice under KRS 45.560 to 45.640, the contracting agency may cancel or terminate the contract, conditioned upon a program for future compliance approved by the contracting agency and the department. The contracting agency may declare such a contractor ineligible to bid on further contracts with that agency until such time as the contractor complies in full with the requirements of KRS 45.560 to 45.640.

(3) The equal employment provisions of KRS 45.560 to 45.640 may be met in part by a contractor by subcontracting to a minority contractor or subcontractor. For the provisions of KRS 45.560 to 45.640, a minority contractor or subcontractor shall mean a business that is owned and controlled by one or more persons disadvantaged by racial or ethnic circumstances.

KRS 45.630 Termination of existing employee not required, when

Any provision of KRS 45.560 to 45.640 notwithstanding, no contractor shall be required to terminate an existing employee upon proof that employee was employed prior to the date of the contract.

#### KRS 45.640 Minimum skills

Nothing in KRS 45.560 to 45.640 shall require a contractor to hire anyone who fails to demonstrate the minimum skills required to perform a particular job."

It is recommended that all of the provisions above quoted be included as special conditions in each contract. In the case of a contract exceeding \$250,000, the contractor is required to furnish evidence that his workforce in Kentucky is representative of the available work-force in the area from which he draws employees, or to supply an Affirmative Action plan which will achieve such representation during the life of the contract.

#### **LFUCG Non-Appropriation Clause**

Contractor acknowledges that the LFUCG is a governmental entity, and the contract validity is based upon the availability of public funding under the authority of its statutory mandate.

In the event that public funds are unavailable and not appropriated for the performance of the LFUCG's obligations under this contract, then this contract shall automatically expire without penalty to the LFUCG thirty (30) days after written notice to Contractor of the unavailability and non-appropriation of public funds. It is expressly agreed that the LFUCG shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of this contract, but only as an emergency fiscal measure during a substantial fiscal crisis, which affects generally its governmental operations.

In the event of a change in the LFUCG's statutory authority, mandate and mandated functions, by state and federal legislative or regulatory action, which adversely affects the LFUCG's authority to continue its obligations under this contract, then this contract shall automatically terminate without penalty to the LFUCG upon written notice to Contractor of such limitation or change in the LFUCG's legal authority.

#### **Contention Process**

Vendors who respond to this invitation have the right to file a notice of contention associated with the RFP process or to file a notice of appeal of the recommendation made by the Director of Procurement resulting from this invitation.

Notice of contention with the RFP process must be filed within 3 business days of the bid/proposal opening by (1) sending a written notice, including sufficient documentation to support contention, to the Director of the Division of Procurement or (2) submitting a written request for a meeting with the Director of Procurement to explain his/her

contention with the RFP process. After consulting with the Commissioner of Finance the Chief Administrative Officer and reviewing the documentation and/or hearing the vendor, the Director of Procurement shall promptly respond in writing findings as to the compliance with RFP processes. If, based on this review, a RFP process irregularity is deemed to have occurred the Director of Procurement will consult with the Commissioner of Finance, the Chief Administrative Officer and the Department of Law as to the appropriate remedy.

Notice of appeal of a RFP recommendation must be filed within 3 business days of the RFP recommendation by (1) sending a written notice, including sufficient documentation to support appeal, to the Director, Division of Procurement or (2) submitting a written request for a meeting with the Director of Procurement to explain his appeal. After reviewing the documentation and/or hearing the vendor and consulting with the Commissioner of Finance and the Chief Administrative Officer, the Director of Procurement shall in writing, affirm or withdraw the recommendation.

**SELECTION CRITERIA: See scope document for full criteria**

Proposals shall contain the appropriate information necessary to evaluate based on these criteria. A committee composed of government employees as well as representatives of relevant user groups will evaluate the proposals.

The LFUCG reserves the right to request clarification of any proposal from prospective vendors, or to interview any vendor to further discuss their submitted proposal. The LFUCG further reserves the right to select more than one vendor as a preliminary finalist that will be required to make an oral presentation to the LFUCG. The LFUCG reserves the right to amend its final scoring of the proposals based upon information provided

during such a presentation as long as the proposal does not materially differ from the written proposal submitted by the vendor.

**Questions shall be submitted via IonWave at: <https://lexingtonky.ionwave.net>**

### Affirmative Action Plan

All vendors must submit as a part of the proposal package the following items to the Urban County Government:

1. Affirmative Action Plan for his/her firm;
2. Current Work Force Analysis Form;

Failure to submit these items as required may result in disqualification of the submitter from award of the contract. All submissions should be directed to:

Director, Division of Procurement  
Lexington-Fayette Urban County Government  
200 East Main Street, 3rd Floor  
Lexington, Kentucky 40507

All questions regarding this proposal must be directed to the Division of Procurement, (859)-258-3320.



Origination 04/2023  
Effective 04/2023  
Next Review 12/2025

Subject Melissa Perry:  
Matter Expert BCN PACE Site  
Director  
Area PACE  
Applicability Everent-  
Bluegrass

## Selection/Hiring of Personnel

---

### Policy

Bluegrass PACE Care ("the Organization") will use a consistent process for the selection of all Organizational personnel. All persons are entitled to Equal Employment Opportunity regardless of race, color, religion, sex, national origin, age, disability, or marital status as required by state and federal law. Every effort will be made to employ the most qualified individuals without regard to the above factors.

Bluegrass PACE Care will provide promotion and advancement opportunities in a non-discriminatory fashion. Bluegrass PACE Care does not and will not permit personnel to engage in unlawful practices or sexual harassment involving patients/families/caregivers or their co-workers.

### Procedure

#### *Selection and Screening*

1. Vice Presidents, AVPs, and Directors who need to fill a job opening or want to add a new job position should submit a "Request Approval to Hire" form to Human Resources. All requests will be reviewed, but those for new job positions will be reviewed with the President/CEO in greater detail before final approval.
2. The Organization may try to fill job openings above entry-level by promoting from within if qualified internal applicants are known to be available. In addition, The Organization may give consideration to any known qualified individual who is on layoff status before recruiting applicants from outside.
3. For candidates from within The Organization who are interested in being considered for job openings, Human Resources will post the openings in accordance with job posting procedures. Current employee candidates will be considered and processed as outlined in the Transfer Policy.
4. For candidates from outside The Organization who are interested in being considered for job

openings, Human Resources will be responsible for recruiting the candidates and will use the recruitment methods and sources it considers appropriate.

5. During the recruitment, hiring, and orientation process, no statement should be made promising permanent or guaranteed employment.
6. Human Resources may screen prospective personnel by phone before an interview is set to assure that the candidate has valid licensure/registration or certification, if applicable, and at least one year experience or as delineated in the job description.

### *Hiring*

1. An individual seeking employment will complete an application, including information and verification about education, work experience, job history, and references, and then maybe be interviewed.
2. The Director along with the appropriate VP and/or AVP has the responsibility to determine if a candidate is technically qualified for the position and if the candidate is compatible with the work environment. With appropriate VP and AVP approval, the Director makes a recommendation to Human Resources for hiring.
3. Following a decision to hire the applicant, Human Resources will check employment references and the OIG exclusion list on the HHSOIG website.
4. Education will be verified, as appropriate, through visualization and copying of certificates, diplomas or transcripts, or by institution contact.
5. All professional licensed/registered/certified staff will be verified through the primary source verification of the issuing Board and/or verbally when applicable. Additionally, all licensing boards will be assessed for any disciplinary actions.
6. Other information obtained during the application process will include, but will not be limited to, social security number, birth certificate information, driver's license, and vehicle insurance declaration.
7. Applicants may be asked to complete a skills assessment, pertinent to the job responsibilities within the job description.
8. The current physical, TB test/chest X-Ray, and criminal record check (including the Motor Vehicle Record, if applicable) should be received prior to beginning employment. Offers of employment may be contingent if checks are unavailable prior to the scheduled starting date.
9. Based on the selection process and criteria, a candidate meeting all Organizational requirements will be offered a position within the organization.
10. All new personnel (clinical and non-clinical) must attend an orientation program.
11. Depending on the personnel classification, a specific orientation program will be conducted which addresses the job responsibilities and further reviews of Organizational policies.

### *Letter of Hire*

When a hiring decision has been made, an offer letter that states the specific position, starting date, beginning salary and the offer of employment will be sent to the prospective employee by Human Resources. For some positions, two (2) copies of the letter may be sent; the prospective employee is asked to sign and return one of the letters, either accepting or declining the position. One copy will

remain in his/her personnel file and the employee will retain the other for his/her file.

#### *Medical Examinations*

Applicants to whom a conditional offer of employment has been extended may be required to submit to medical tests or examinations to establish both their fitness to perform the job for which they have applied and their fitness to do so without endangering the health and safety of themselves and others.

Medical examinations required by The Organization will be paid for by The Organization and must be performed by a physician or licensed medical facility designated or approved by The Organization. Such examinations are the property of The Organization and are treated as confidential.

#### *Criminal Record Checks*

The Organization will conduct background checks in compliance with the federal Fair Credit Reporting Act (FCRA), the Americans with Disabilities Act (ADA), and all other applicable local, state, and federal laws and regulations. Applicants to whom a conditional offer of employment has been extended are required to submit to a criminal convictions check (including a motor vehicle check, if applicable). Criminal background checks are obtained upon hire for the states the individual has lived in or worked in during the previous three years. Record checks will be conducted annually for all staff. Information from these checks is the property of The Organization and is treated as confidential. Applicants and employees may request and receive a copy of requested "investigative consumer reports."

A reported criminal offense conviction will not necessarily disqualify a candidate from employment. The nature and seriousness of the offense, the date of the offense, the surrounding circumstances, rehabilitation, the relevance of the offense to the specific position(s), and whether hiring, transferring, or promoting the applicant would pose an unreasonable risk to the business may be considered before a final decision is reached. The Organization will follow FCRA requirements, other applicable statutes, and Organizational procedures for providing information and reports, making decisions, and responding to applicants and employees regarding potentially adverse actions to an investigative report.

The Organization reserves the right to withdraw any offer of employment or consideration for employment, or discharge an employee, upon finding falsification, misrepresentation, or omission of fact on an employment application, resume, or other attachments, as well as in verbal statements, regardless of when it is discovered.

Background check reports shall be maintained in separate, confidential files and retained in accordance with The Organization's document retention procedures.

#### *Confidential and Proprietary*

## Approval Signatures

**Step Description**

**Approver**

**Date**

---

## Applicability

Bluegrass Care Navigators, Everent Health

COPY

## AFFIDAVIT

Comes the Affiant, Elizabeth D. Fowler, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Elizabeth D. Fowler and he/she is the individual submitting the proposal or is the authorized representative of Hospice of the Bluegrass, Inc dba Bluegrass Care Navigators, the entity submitting the proposal (hereinafter referred to as "Proposer").
2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.
3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.
4. Proposer has authorized the Division of Procurement to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.
5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.
6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

**Continued on next page**

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

Elizabeth D. Fowler

STATE OF Kentucky

COUNTY OF Fayette

The foregoing instrument was subscribed, sworn to and acknowledged before me

by Elizabeth D. Fowler on this the 28<sup>th</sup> day

of April, 2024

My Commission expires: 2/22/2027

Louise

NOTARY PUBLIC, STATE AT LARGE



## EQUAL OPPORTUNITY AGREEMENT

### Standard Title VI Assurance

The Lexington Fayette-Urban County Government, (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78Stat.252, 42 U.S.C. 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, (49 CFR, Part 21) Nondiscrimination in Federally Assisted Program of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, no person in the United States shall, on the grounds of race, color, national origin, sex, age (over 40), religion, sexual orientation, gender identity, veteran status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the U.S. Department of Transportation, including the Federal Highway Administration, and hereby gives assurance that will promptly take any necessary measures to effectuate this agreement. This assurance is required by subsection 21.7(a) (1) of the Regulations.

### The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:

*The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.*

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

*The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.*

\*\*\*\*\*

The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

Bidders

*I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.*

*Elizabeth Q. Fowler*  
Signature

*Hospice of the Bluegrass, Inc.*  
Name of Business

**WORKFORCE ANALYSIS FORM**

Name of Organization: Hospice of the Bluegrass Inc. dba Bluegrass Care Navigators

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators	62	11	42			2	1							2	13	49	
Professionals	390	38	339	2	1		9			1		1		5	40	350	
Superintendents	0																
Supervisors	0																
Foremen	0																
Technicians	17	1	16													1	16
Protective Service	0																
Para-Professionals	25	24												1	24	1	
Office/Clerical	78	2	70		2	1	3								3	75	
Skilled Craft	1	1														1	
Service/Maintenance	128	2	116				8			1	1				3	125	
<b>Total:</b>	<b>707</b>	<b>79</b>	<b>587</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>84</b>	<b>622</b>

Prepared by: Polly Ruddick, Director of Philanthropy Date: 4/28/2020  
 (Name and Title)

Firm Submitting Proposal: Hospice of the Bluegrass, Inc. dba Bluegrass Care Navigators

Complete Address: 1733 Harrodsburg Rd. Lexington 40504  
Street City Zip

Contact Name: Laura Klumb Title: Vice President, Philanthropy

Telephone Number: 859-296-5344 Fax Number: N/A

Email address: lklumb@bgcarenav.org

## GENERAL PROVISIONS

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, 29 U.S.C. 650 *et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
3. Addenda: All addenda and IonWave Q&A, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.
5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.
6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.
8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.

9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,
10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.
11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least thirty (30) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

#### A. Termination for Cause

- (1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties
- (2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination if the contractor fails to cure the deficiencies within the specified time.
- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
  - (a) Failure to perform the contract according to its terms, conditions and specifications;
  - (b) Failure to make delivery within the time specified or according

- to a delivery schedule fixed by the contract;
- (c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;
- (d) Failure to diligently advance the work under a contract for construction services;
- (e) The filing of a bankruptcy petition by or against the contractor; or
- (f) Actions that endanger the health, safety or welfare of the LFUCG or its citizens.


#### B. At Will Termination

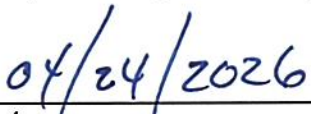
Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing thirty (30) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. **Assignment of Contract:** The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.
14. **No Waiver:** No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.
15. **Authority to do Business:** The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must

be signed by a duly authorized officer, agent or employee of the Respondent.

16. **Governing Law:** This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.
17. **Ability to Meet Obligations:** Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.
19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.
20. Contractor [or Vendor or Vendor's Employees] will not appropriate or make use of the Lexington-Fayette Urban County Government (LFUCG) name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of the government. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Contractor agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.

  
Signature

  
Date

**LFUCG 2026 ESR Overnight Emergency Shelter – RFP #20-2026**  
**Project Cover Sheet – Bluegrass Care Navigators Medical Respite Program**

**Organization or Lead Applicant Name:**

Hospice of the Bluegrass, Inc. dba Bluegrass Care Navigators

**Authorized Representative:**

Elizabeth D. Fowler, President/CEO

**Organization or Lead Applicant Address:**

1733 Harrodsburg Road, Lexington KY 40504

**Phone Number:**

859-296-6810

**E-mail:**

lfowler@bgcarenav.org

**Title of proposed project:**

Medical Respite Emergency Shelter

**Brief summary of proposed project (250 words or less):**

Some patients in our community do not have a home to return to when they are discharged from a hospital. Bluegrass Care Navigators' Medical Respite program provides medical respite for patients experiencing homelessness by utilizing motel/hotel rooms in the community. We have used this model for several years in Lexington, and it has also been successfully implemented in many cities across the nation. This model is relatively low-cost and easy to implement, requires no licensure or other regulatory conditions, allows families to stay together, and is effective in protecting the patients from infections transmitted by other patients. It also helps divert patients receiving treatment for serious medical conditions from shelters that may not have the training, expertise, and resources to provide the full complement of services needed.

Based on the number of patients we are currently serving through Medical Respite, we project that this program will provide care for a total of 100 patients experiencing homelessness in FY2026, but it can be scaled based on community need and funding. These patients will be served in partnership with the University of Kentucky HealthCare, Baptist Health Lexington, Saint Joseph Hospital, Lexington-Fayette County Health Department, HealthFirst Bluegrass, and other healthcare entities.

**LFUCG 2026-2028 ESR Emergency Shelter – RFP #20-2026**  
**Project Narrative – Bluegrass Care Navigators Medical Respite Program**

**4.1 – General Shelter Information**

**Shelter Description (Operating Hours, Population Served, Rules, Basic Needs, Staffing)**

The Bluegrass Care Navigators (BCN) Medical Respite Program operates 24 hours a day, 7 days a week, 365 days a year, including holidays. Referrals are accepted at all times, and staff are available through an after-hours clinical support line to respond to urgent needs.

The program serves individuals and households experiencing homelessness with post-acute medical needs, including:

- Adults and families
- Individuals with disabilities and mobility limitations
- Individuals requiring medical equipment or ongoing clinical care
- Clients recovering from hospitalization, illness, or injury

The program operates beyond nighttime shelter, with continuous clinical and case management engagement occurring daily, either in-person (in hotel rooms) or via telehealth.

*Shelter Rules and Procedures (Documentation Attached):*

**Clients agree to basic, safety-focused expectations, including:**

- Respect for property and other guests
- Adherence to hotel smoking policies
- Avoidance of substances that interfere with recovery
- No unauthorized guests or pets (with exceptions as approved)

These expectations are minimal, clearly communicated, and designed to support recovery and safety, not to create barriers to entry.

**Basic Needs:**

All clients receive support to meet essential needs, including:

- Lodging in local hotel placements
- Food and nutritional support
- Hygiene products and clothing
- Transportation (medical and housing-related)
- Access to medical care, durable medical equipment, and medications

**Staffing Model:**

All clients are assigned case management at intake, and 100% of clients receive and participate in an individualized care plan that guides medical recovery, housing stabilization, and discharge planning. Services are delivered through a combination of direct staffing and shared organizational resources, allowing BCN to maintain 24/7 coverage while scaling based on client acuity.

BCN utilizes an interdisciplinary staffing model, including:

- Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)
- Licensed Clinical Social Workers (LSWs)
- Spiritual Care Counselors
- Care Navigators and support staff

Staff provide 24/7 coverage, including on-call access, and services are delivered directly in client rooms or via telehealth. This model allows flexibility to scale based on client acuity and census.

The program budget reflects approximately 1.0 FTE distributed across multiple roles, supplemented by broader BCN clinical and support staff to ensure continuous coverage.

**Person-Centered, Strength-Based Care**

BCN consistently implements person-centered, strengths-based care. Individualized care plans are developed at intake and reflect each client's:

- Medical needs

- Housing goals
- Personal strengths and support systems

Discharge planning and housing stabilization begin immediately upon admission, ensuring care is aligned with long-term stability, not just short-term shelter.

### **Dignity, Respect, and Accountability**

BCN maintains clear policies that ensure all clients are treated with dignity and respect, including:

- Mission, Vision, and Values
- Non-Discrimination Policy
- Formal Grievance Procedures

These policies explicitly prohibit discrimination based on race, color, religion, gender identity, sexual orientation, disability, or national origin and align with:

- Title VI of the Civil Rights Act
- Section 504 of the Rehabilitation Act
- Age Discrimination Act
- Americans with Disabilities Act (ADA)

### **Monitoring Adherence:**

- 24/7 client feedback access via toll-free number
- Formal grievance process with resolution within 30 days
- Oversight by BCN Quality Compliance Committee
- Communication of Expectations to Guests

### **Expectations are clearly communicated and accessible:**

- Reviewed verbally at referral and intake
- Provided in writing before or at admission

- Available at any time upon request

Clients are encouraged to ask questions and confirm understanding.

### **Communication for Limited English Proficiency and Disabilities** (*documentation attached*)

BCN maintains multiple systems to ensure accessible communication:

- Professional interpreter services via third-party language line
- “I Speak” Language Identification Guide
- Translated materials when available
- Use of trusted family or community translators when appropriate

### **Accessibility for Persons with Disabilities**

The shelter meets the needs of persons with disabilities through:

- ADA-compliant hotel placements
- First-floor rooms with direct access
- Access to BCN’s other equipment services lines when eligible
- Coordination with transportation services

Clients requiring medical equipment or mobility accommodations are fully supported within the program.

### **Cultural Competency and Equity Practices**

BCN ensures cultural competency through:

- Mandatory cultural diversity training for all staff
- Annual required continuing education in cultural competence
- Dedicated Community Engagement department

The program is designed to serve clients across all demographic backgrounds with equitable, inclusive, and responsive care.

## **Guest Involvement in Operations**

BCN incorporates client voice into program improvement through formal grievance processes, real-time feedback during care, and structured exit surveys. Feedback trends are reviewed quarterly by the BCN Quality Compliance Committee and used to inform care protocol adjustments and service delivery improvements. BCN also incorporates input from Continuum of Care partners to ensure responsiveness to client needs and system-level priorities. This ensures continuous quality improvement and responsiveness to client needs.

## **4.2 – Rapid Resolution, Housing Oriented**

### **Diversion Assessment and Process**

BCN assesses diversion options from shelter at the point of referral and before admission. Social workers utilize structured intake conversations and coordinated entry practices to determine whether a client can be safely diverted to:

- Family or friend reunification
- Alternative shelter placements
- Residential treatment or recovery programs

Clients who do not meet medical respite eligibility are actively diverted to the most appropriate shelter or housing resource, ensuring immediate connection to services rather than denial without support.

BCN leverages Coordinated Entry through the Lexington Continuum of Care, along with internal care navigation protocols, to facilitate diversion and appropriate placement.

### **Diversion Supports (Financial, Mediation, Navigation, Legal, etc.)**

BCN's diversion approach includes:

- Housing navigation and placement support

- Care coordination and mediation with family or informal supports when appropriate
- Connection to financial assistance resources through community partners
- Referrals to legal, behavioral health, and substance use treatment providers

Because of the program's medical eligibility requirements, diversion is often paired with clinical discharge planning to ensure clients are redirected to settings that meet both housing and health needs.

### **Role of Mainstream Programs**

Mainstream systems play a critical role in diversion and housing stabilization, including:

- Medicaid and healthcare systems (post-acute care coordination)
- Social Security and disability income programs
- SNAP and food assistance programs
- Behavioral health and substance use treatment systems

BCN integrates these resources into care planning to reduce returns to homelessness and support long-term stability.

### **Immediate Assistance and Housing Linkage**

BCN's model is inherently rapid-resolution-focused, with an average length of stay of 7–14 days.

Within the first 1-2 days (and typically beginning at intake), BCN:

- Initiates housing and discharge planning immediately
- Conducts needs and barrier assessments within 24 hours of admission
- Connects clients to Coordinated Entry and housing providers
- Explores reunification or alternative placements
- Facilitates referrals to shelters, permanent housing programs, or treatment facilities

Due to the short-term nature of medical respite, housing conversations and placement efforts begin on day one, not after stabilization.

### **Data-Driven Performance and Monitoring**

BCN uses data routinely to detect trends, identify frequent users, and monitor outcomes through:

- Electronic Medical Records (EMR) with PowerBI reporting tools
- Kentucky Homeless Management Information System (KYHMIS)

While KYHMIS captures housing outcomes and system engagement, BCN's EMR tracks medical referrals, clinical outcomes, and individualized recovery progress. Together, these systems provide a comprehensive view of both housing stability and health recovery. Data is reviewed at least monthly and during regular interdisciplinary team meetings, allowing for real-time intervention.

Tracked performance measures include:

- Length of stay
- Housing placement outcomes
- Emergency department utilization
- Hospital readmissions
- Frequent system utilization

Data is also shared with leadership through BCN's Quality Compliance Committee.

### **System Coordination and Community Planning**

BCN actively coordinates with the broader homelessness response system by:

- Participating in the Lexington Continuum of Care
- Presenting program outcomes annually to the CoC Program Performance and Evaluation Committee
- Collaborating with the Bluegrass Community Care Continuum (BGC3)

These partnerships support system-level planning, coordinated care, and shared accountability for housing outcomes.

BCN is also engaged in ongoing conversations with the Commonwealth of Kentucky regarding long-term funding sustainability, including appropriate staffing levels and the levels of care for medical respite as a recognized care service model.

### **Intimate Partner Violence (IPV) Assessment and Response**

BCN assesses and addresses safety risks for individuals fleeing intimate partner violence.

Key practices include:

- Staff training on IPV identification and response
- Collaboration with Greenhouse17
- Development of individualized safety plans
- Direct referrals to domestic violence shelters and services

Safety planning addresses:

- Immediate safety during incidents
- Housing and relocation options
- Legal protections (protective orders)
- Emotional and behavioral health needs

### **Case Management Assignment and Structure**

All clients receive case management at intake with no prerequisites for access, and 100% participate in individualized care planning. Although the average length of stay is approximately 11 days, case managers assess income, benefits eligibility, and employment status at intake and connect clients to SSI/SSDI, SANP, and workforce resources as part of discharge planning.

Case Management Model:

- Delivered by interdisciplinary team (RNs, LPNs, social workers, spiritual care)
- Available 24/7, including on-call support
- Provided in-person, telephonically, or via telehealth

Frequency of Engagement:

- Initial assessment at intake
- Ongoing daily or as-needed engagement based on acuity
- Housing options discussed continuously throughout stay, beginning at intake

Capacity and Caseloads:

- Caseload ratios are maintained at 10:1 to ensure individualized care
- Staffing is adjusted dynamically based on census and client acuity

**Housing Conversations and Evidence-Based Practices**

Housing conversations begin at intake and are integrated into all care planning. BCN utilizes Trauma-Informed Care and evidence-based practices, including choice-based decision-making, client-led goal setting, and non-coercive engagement strategies that prioritize trust and autonomy, supported by:

- Required initial and annual staff training
- Care navigation training focused on barriers to housing and healthcare
- Annual Professional Development and Continuing Education Requirements
- Specialized training in dementia and Alzheimer's

BCN works with each client to match them with the most appropriate ongoing treatment and recovery services based on their individualized care plan. This may include telehealth access, substance use counseling, behavioral health services, and other supports. When needed, services are brought directly to the client through on-site or virtual delivery to reduce barriers to care.

**Assistance with Housing Documentation**

BCN assists clients in obtaining required documentation for housing, including:

- Birth certificates
- Social Security cards
- State identification

Support includes:

- Assistance in completing online applications
- Navigation of government systems
- Connection to funding/resources to cover document fees
- Transportation to local offices when needed

These efforts ensure that documentation barriers do not delay housing placement.

#### **4.3 – Low-Barrier**

##### **Minimal and Reasonable Requirements (Fair and Transparent Enforcement)**

The BCN Medical Respite Program operates as a low-barrier shelter model, setting only the minimum requirements necessary to ensure health and safety.

##### **Client expectations are limited to:**

- Respect for property and other guests
- Adherence to basic hotel safety policies
- Engagement in recovery-related care as tolerated

These requirements are:

- Communicated verbally at referral and intake
- Provided in writing upon admission (*Documentation Attached*)
- Available at any time upon request

Enforcement is consistent, transparent, and focused on problem-solving rather than punitive action.

### **Minimal Expectations for Participation**

BCN maintains minimal participation expectations, consistent with Housing First and low-barrier best practices, as clients are encouraged but never required to engage in services. However, as a medical respite program, all clients receive case management and participate, as required, in individualized care planning focused on health recovery and stabilization.

### **Self-Defined Family**

BCN welcomes self-defined family and kinship groups, including:

- Families with children
- Couples
- Caregiver-supported individuals
- Non-traditional or self-identified households

Households are served as they present, without restrictive definitions.

### **Financial Resources Supporting Low-Barrier Model**

BCN sustains its low-barrier model through diversified funding, including:

- LFUCG funding request (\$87,650.00)
- Private philanthropy (e.g., Hearst Foundations, Copia Foundation, Truist Foundation, BCN Board, Individual Donors, United Way of the Bluegrass)

These resources support:

- 24/7 access and flexible admissions
- Hotel-based shelter model (low-barrier alternative to congregate settings)
- Transportation, food, and basic needs

- Staffing for interdisciplinary, on-demand care

### **Pet Accommodation**

- Service animals are always permitted
- Non-service animals are considered on a case-by-case basis in coordination with hotel partners
- Exceptions have been approved for small animals when feasible

### **Belongings Storage**

Clients are able to store belongings within their private hotel rooms, ensuring:

- Security; Accessibility; Dignity and autonomy

This model eliminates common barriers related to storage limitations in congregate shelter settings.

### **Coordination with Outreach and Coordinated Entry**

BCN intake and housing navigation services are fully coordinated with community-based outreach and Coordinated Entry, including:

- Referrals through the Lexington Continuum of Care
- Active collaboration with shelters, street outreach teams, and healthcare systems
- Real-time coordination to ensure appropriate placement and minimize duplication

### **Flexible and Predictable Access**

BCN provides highly flexible and predictable access:

- Referrals accepted 24/7/365
- Same-day admissions when eligibility is confirmed
- Consistent referral process in place since 2019

Clients are served where they are, including during hospital discharge, in community settings, or in unsheltered locations.

### **No Financial or Labor Requirements**

- No fees are required for shelter or services
- No labor or volunteer requirements are imposed

### **No Required Exit During Operating Hours**

- Clients are not required to leave at any time
- Shelter is available 24/7/365 without interruption
- Clients may remain in their rooms even during maintenance, if needed

### **No Mandatory Program Participation**

- Clients are not required to participate in services as a condition of shelter, with the exception of the case management of medical recovery instructions and physician orders.
- Participation is voluntary and client-driven
- Case management focus remains on recovery, stabilization, and housing planning

### **Admission, Removal, and Appeals Process**

#### Admission Process:

- Referrals reviewed 24/7 by the BCN team or on-call staff member
- Eligibility based on:
  - Housing status, i.e. unhoused
  - Medical need for post-acute care
  - Ability to safely reside in a hotel setting (independently or with support)

Medical eligibility criteria are not barriers in the traditional sense but ensure appropriate placement and safety. Individuals who do not meet the criteria are:

- Actively connected to alternative shelters or services
- Referring partners are notified

Removal Process:

- BCN prioritizes retention and problem-solving
- Clients are not removed for noncompliance with medical care
- No drug testing is conducted, and substance use does not disqualify participation

Appeals and Grievances:

- Clients may file grievances under BCN’s formal policy
- All concerns are reviewed, investigated, and resolved through a standardized process

**Restrictions, Denials, and Returns**

In the past 12 months, only 3 clients asked to leave the hotel due to property damage and, therefore, the program. Restrictions are:

- Rare and limited to safety-related incidents
- Reviewed through a standardized internal process

Due to the hotel-based model:

- Clients restricted for property damage cannot return to that specific site

However:

- BCN continues to connect restricted clients to alternative resources and services
- The goal remains continued support, not system exclusion

**4.4 – Results and Outcomes – 20 Points**

The following reports are being submitted with our proposal:

- CoC APR for January 1, 2025 – December 31, 2025 – *(Documentation Attached)*

**4.5 – Budget – 15 Points**

<b>Complete this table by indicating the total the column to the right</b>	<b>Total</b>
***Number of individual beds available:	N/A
***Number of units available for families, if applicable:	N/A
If day shelter, number of guests that can be accommodated:	

Funds requested from LFUCG:	\$87,650.00
Average daily census for individuals based on KYHMIS data:	3.75
Average daily census for families based on KYHMIS data:	3.25
If day shelter, average daily census/persons served:	
Total annual budget for shelter (all funding sources):	\$145,159
% LFUCG investment (LFUCG Request/Total Budget * 100):	60%

Source of other funds:

Hearst Foundations = \$18,667

The Truist Foundation - \$5,000

The Copia Foundation = \$10,000

The United Way of the Bluegrass - \$5,000 (6-month grant)

**Line-item budget narrative. – Excel Budget Template Attached**

**Bluegrass Care Navigators – Medical Respite 2026-2027 Budget**

<b>Staff Salaries</b>	# of Employees:	
	Full-Time (FTE)	1
	<b>Total</b>	<b>\$ 60,743</b>
	The 1 Full-Time FTE reflects a combination of time allocated by various Bluegrass Care Navigators team members: Hospital-Based Nurse/Coach, Home Nurse/Coach, Home Social Worker, and Transitions Program Manager.	
<b>Staff Fringe Benefit:</b>	<b>Total</b>	<b>\$0</b>
	The Staff Fringe Benefit Rate is 27.5% and is included in the staff salary figures above.	
<b>Space/Facilities</b>	<b>Total</b>	<b>\$ 56,538</b>
	Hotel/motel lodging: 698 nights X \$81/night	
<b>Operating Expenses</b>	<b>Total</b>	<b>\$ 14,682</b>
	Client Food (698 nights X \$15/night = \$10,470.00) Transportation (\$1,816 LexTran + \$1,000 Uber Health) Telehealth and Transportation Communication (\$1,396 pre-paid cell phones)	
<b>Other</b>	<b>Total</b>	<b>\$ 13,196</b>
	Indirect costs (10%) support the infrastructure required to operate the program, including data systems, financial oversight, compliance, and administrative coordination that ensure services are delivered efficiently and outcomes are accurately tracked.	
<b>TOTAL FY2026/2027, 2027/2028 PROGRAM BUDGET</b>		<b>\$ 145,159</b>

**FY2027 LFUCG EXTENDED SOCIAL RESOURCE (ESR) LINE-ITEM BUDGET**

**1. STAFF SALARIES**

Full-Time (FTE)

Part-Time

**PROGRAM STAFF SALARIES TOTALS**

A Total ES Budget	B LFUCG Funding	C Non-city Funding
\$ 60,743.00	\$ 45,724.40	\$ 9,029.00
<b>\$ 60,743.00</b>	<b>\$ 45,724.40</b>	<b>\$ 15,018.60</b>

**2. STAFF FRINGE BENEFITS**

**TOTAL FRINGE BENEFITS (XX% of total pay)**

--	--	--

**3. CONSULTANT SERVICES**

**TOTAL CONSULTANT SERVICES**

--	--	--

**4. SPACE/FACILITIES**

Hotel

**TOTAL SPACE/FACILITIES**

\$ 56,538.00	\$ 25,000.00	\$ 31,538.00
<b>\$ 56,538.00</b>	<b>\$ 25,000.00</b>	<b>\$ 31,538.00</b>

**5. OPERATING EXPENSES**

Transportation

Food

Pre-Paid Telehealth Services

**TOTAL OPERATING EXPENSES**

\$ 2,816.00	\$ 2,816.00	\$ -
\$ 10,470.00	\$ 5,470.00	\$ 5,000.00
\$ 1,396.00	\$ -	\$ 1,396.00
<b>\$ 14,682.00</b>	<b>\$ 8,286.00</b>	<b>\$ 6,396.00</b>

**6. DIRECT CLIENT BENEFIT**

**TOTAL DIRECT CLIENT BENEFIT**

--	--	--

**7. OTHER**

Indirect

**TOTAL OTHER EXPENSES**

\$ 13,196.00	\$ 8,639.60	\$ 4,556.40
<b>\$ 13,196.00</b>	<b>\$ 8,639.60</b>	<b>\$ 4,556.40</b>

**TOTAL FY2027 PROGRAM BUDGET**

<b>\$ 145,159.00</b>	<b>\$ 87,650.00</b>	<b>\$ 57,509.00</b>
----------------------	---------------------	---------------------



Origination 07/2022  
Last 09/2023  
Approved  
Effective 09/2023  
Last Revised 09/2023  
Next Review 09/2024

Owner Elizabeth Fowler:  
President/CEO  
Area Governance-  
Leadership  
References 484.105,  
BHHC,  
HH1-2A  
+ 3 more

## Mission, Vision, and Values

### Purpose

To define the mission, vision, and values of Bluegrass Care Navigators (BCN).

### Policy

The policy is to guide Bluegrass Care Navigators (BCN) team members, partners, contractors, and subcontractors in daily activities, and provide a sense of direction, purpose, and achievement for the long term.

### Definitions

- **Mission** – An organization's public purpose, its products and/or services, its priorities, and beneficiaries (customers); the unique purpose of an organization, the fundamental reason it was created, and what it is supposed to do in order to contribute to its vision; why the organization was created.
- **Vision** – What and where an organization believes it will be within a stated time period (e.g., five or more years from now). An effective vision ensures focus and direction, providing everyone with a common mental picture of the company's future state – a word picture of what and where the organization wants or intends to be.
- **Values** - The heart of culture. Values state what is important to you as an individual and to your culture; what you stand for. Values reflect who you are, which in turn affects what you do and how you do it, which is culture.

### Mission

Providing patient-centered care to the seriously ill and their families with excellence and compassion;

engaging in community partnerships, education and counseling; offering opportunities to team members, volunteers and donors to enrich lives through their gifts.

## **Vision**

Be the leader in delivering comforting care at the right time to the seriously ill.

## **Values**

- Compassion
- Excellence
- Teamwork
- Respect & Dignity
- Diversity
- Integrity
- Innovation
- Sustainability

COPY



## Our Mission

Providing patient-centered care to the seriously ill and their families with excellence and compassion; engaging in community partnerships, education and counseling; offering opportunities to staff, volunteers and donors to enrich lives through their gifts.

## Our Vision

Be the leader in delivering comforting care at the right time to the seriously ill.

## Our Core Values

Compassion  
Excellence  
Teamwork  
Respect & Dignity  
Diversity  
Integrity  
Innovation  
Sustainability

## References

<https://www.shrm.org/resourcesandtools/hr-topics/behavioral-competencies/global-and-cultural-effectiveness/pages/organizational-values.aspx>

<https://courses.lumenlearning.com/wm-principlesofmanagement/chapter/reading-mission-vision-and-values/>

## Approval Signatures

Step Description	Approver	Date
Publisher	Denise Moncivaiz: Policy and Performance Improvement Analyst	09/2023
Owner	Elizabeth Fowler: President/CEO	09/2023
Accreditation Checker	Joanne Luke: Director of Quality and Patient Safety Officer	08/2023
Policy Writer	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	08/2023
Initiator	Sharlene Allnutt: Executive Assistant	07/2023

## References

484.105, BHHC, HH1-2A, LD.02.01.01, LD.03.01.01, LG.8.I



Origination 06/2022  
Effective 06/2022  
Next Review 12/2024

Subject Monica Couch:  
Matter Expert BCN Vice  
President And  
Chief Hospice  
Officer  
Area Hospice Care  
Applicability Everent-  
Bluegrass

## Non-Discrimination of Patient Needs

### Purpose

To ensure that care, treatment, and services are consistent with Hospice's mission, vision, and goals. Hospice can provide the services that patients need within an established time frame.

### Policy

Patients with comparable needs receive the same standard of care, treatment, and services throughout the organization.

Care, treatment, and services are consistent with Hospice's mission, vision, and goals.

### Procedure

1. Hospice provides the services that patients need within established time frames;
2. Hospice ensures those providing the care, treatment, and services have the required competence by following procedures outlined by the HR department, and
3. Variance in payment source do not affect the outcomes of care, treatment, or services in a negative way.

*Confidential and Proprietary*

## Approval Signatures

Step Description

Approver

Date

---

## Applicability

Bluegrass Care Navigators, Everent Health

COPY

## Medical Respite

### **Medical Respite Referral/Admission Process**

1. Referral is received from healthcare agency or homeless service provider and are accepted 24/7.
2. Referral is reviewed by medical respite team supervisor and/or designee to determine eligibility, including review of relevant medical records, if applicable.
3. Referrals are reviewed on a case-by-case basis to determine eligibility, which includes:
  - a. Review of patient's ability to maintain themselves independently in hotel setting (or with established caregiver assistance, when applicable),
  - b. Review of current living situation to confirm patient is currently experiencing homelessness,
  - c. Review of current condition/healthcare needs,
  - d. Anticipated length of stay, and
  - e. Anticipated discharge disposition.
4. Verbal review of medical respite services takes place with potential patient and, when applicable, their caregiver to ensure understanding and agreement with hotel and program guidelines. Written copy of Program Overview letter is also provided to patient at time of referral and/or admission to program, and includes:
  - a. Medical respite is a temporary, supportive service to help facilitate recuperation.
  - b. General hotel guidelines, including smoking policy, check in/check out times, respect of hotel property.
  - c. No unauthorized visitors or pets, no illicit substance use
  - d. Coordination for basic needs, including medications, food, transportation.
  - e. COVID-related isolation guidelines, when applicable.
  - f. Plan for discharge from medical respite.
  - g. BCN 24/7 contact number for questions, concerns, and/or program feedback.
  - h. Failure to follow hotel and program guidelines will result in immediate dismissal from the medical respite program.
5. Referral source and patient are notified of eligibility & anticipated length of stay, if eligible.
6. If ineligible, additional resource information may be provided by medical respite team, as applicable.
7. Coordination takes place between medical respite team, referring agency, patient, and others involved in their care, as applicable to plan for admission, including:
  - a. Hotel reservation and communication of check-in process to patient and/or referring agency,
  - b. Provision for basic needs, including food and transportation, including assessment of food preferences/dietary restrictions, and
  - c. Ongoing care coordination for healthcare needs and assistance with resource navigation and supportive services.
8. Following arrival to hotel, patient and/or caregiver is contacted to ensure immediate needs are met and plan is implemented for ongoing support and care coordination, which may include:
  - a. Nurse and/or social work visits for assessment and care coordination,

- b. Communication/collaboration with other healthcare and social service providers involved in patient's care,
- c. Ongoing telephonic support,
- d. Connection to additional housing, healthcare, or social service resources and assistance with resource navigation, as applicable.



Expert. Connected. Care.

**Bluegrass Transitional Care  
Hotel Medical Respite Program  
877-439-0262**

To Hotel Medical Respite Recipient:

A temporary medical respite stay is being provided for you at the following hotel to provide a place for you to rest and recover:

Hotel: \_\_\_\_\_ Room: \_\_\_\_\_

Your room is a:  Smoking Room  Non-smoking Room

Hotel check-in time is 3 pm, unless otherwise specified, and check-out time will be before 11 am.

Your plans for discharge from the respite stay are:

\_\_\_\_\_

By participating in the hotel medical respite program, you are agreeing to the following hotel and program guidelines:

- No smoking in the hotel room unless your room is a designated smoking room.
- No unauthorized visitors.
- No illicit substance use.
- No pets.
- Respect hotel property and keep your hotel room clean. Routine room checks will be conducted.
- Bring needed items (medications, clothing, and personal care products) with you.
- Comply with routine check-ins by medical respite staff.

If you are being provided a respite stay for COVID-related isolation, the additional program guidelines apply:

- You agree to quarantine in your hotel room during your medical respite stay.
- You will obtain the key from the hotel clerk via the outside lobby window.
- Wear a mask when you arrive at the hotel (and until you are inside your room).
- Upon checking in, go straight to your room.
- You will place all trash in a tied bag just outside your door for pickup.

**Failure to follow hotel and program guidelines will result in immediate dismissal from the medical respite program.**

The team will help connect you with resources for food, transportation, healthcare, and other needed services.

The medical respite staff will follow up with you during the respite stay.

For questions/concerns during business hours, contact:

**Bluegrass Transitional Care** at **877-439-0262** to speak to a Medical Respite Program team member. For urgent needs after hours, the above number may be contacted.

For medical emergencies, contact 911.

The Medical Respite Program is funded in part with grants from the Lexington Fayette Urban County Government, private foundations, Lexington-Fayette County Health Department, and the Emergency Shelter and Food Program. We are pleased to provide this needed service for the Lexington community.

Origination 03/2023  
Effective 11/2024  
Next Review 12/2025

Subject **Monica Couch:  
Matter Expert BCN Vice  
President And  
Chief Hospice  
Officer**

Area **Rights and  
Responsibilities**

Applicability **Everent-  
Bluegrass**

Subcategories **484.100,  
484.45,  
484.50(f)  
+ 4 more**



## Facilitating Communication and Interpretive Assistance

### Purpose

To assure those patients, clients, families, or caregivers with speech and/or hearing impairments, as well as those who have a limited command of the English language, have access to appropriate interpretive assistance to benefit from the services of Bluegrass Care Navigators (BCN). This is in compliance with Section 504 of the 1973 Rehabilitation Act.

### Goals

To facilitate effective communication where information provided is complete, accurate, timely, unambiguous, and understood by the patient, client, family, and caregiver.

### Definitions

**Hearing Impaired** - A hearing impaired individual has difficulty hearing and/or discriminating oral conversation, either in a face-to-face situation, or over the telephone. An individual with this impairment may require a hearing aid, telephone amplifier, Telecommunication Device for the Deaf (TDD), or sign language interpreter.

**Communicatively Impaired** - A communicatively impaired individual has expressive or receptive language deficits that may be present after an illness or injury. This may include individuals with voice disorders,

laryngectomy, glossectomy, or cognitive disorders.

**Limited English Proficiency (LEP)** - A person with Limited English Proficiency is one whose command of the English language is not sufficient to promote meaningful interaction.

**Telecommunication Device for the Deaf** - A TDD is a small, typewriter-style instrument that allows a person to make, or receive a telephone call directly, without using another person to interpret. The TDD relay number is 711.

**Language Line** - An interpreter service available via telephone is to be used when a certified medical interpreter in the required language is not available.

## Policy

BCN does not discriminate because of language or sensory impediments. BCN team members will treat all patients, clients, families, and caregivers with respect and dignity, and will use forms of communication appropriate to meet their needs.

BCN will consistently and clearly communicate with patients, clients, families, and caregivers in a language, or form they can reasonably understand. BCN will facilitate communication by using special devices, interpreters, or other communication aides as appropriate.

## Procedure

1. The initial assessment will determine the communication ability of the patient, client, family, and caregivers. If there is any question regarding the ability to communicate properly, a plan will be developed by the Interdisciplinary Team (IDT) to meet those communication needs.
2. All patient, client, family, and caregiver related forms, such as Consent for Services, Patient Rights and Responsibilities, Complaint/Grievance Process, and Advance Directives will be available in English, and other languages, as appropriate. If there is a need to translate these forms to another language, an interpreter will be secured. The patient, client, family, and caregiver will sign an English language version for the medical record and for billing purposes.
3. Bluegrass Care Navigators will secure an interpreter to translate all BCN policies, forms, and procedures relevant to the care of the patient/client.
4. For visually impaired patients/clients/families/caregivers:
  - a. The admitting clinician will read aloud all documents normally provided to the patient, client, family, and caregiver, and ascertain that it was heard, and understood what was read. The admitting clinician will document this in the Electronic Medical Record (EMR).
  - b. The admitting clinician will make available any large print patient/client information that may be available, and applicable to the disease process, (i.e., colostomy, diabetic care, heart disease).
5. For hearing impaired patients/clients:
  - a. The admitting clinician will ascertain the preferred method of communication, (i.e., paper and pencil, lip reading, or sign language).

- b. If the preferred method is sign language, the admitting clinician or case manager, or designee will collaborate with BCN's Contract Coordinator, or designee for assistance in identifying, and contracting with a medically qualified sign language interpreter, and establish a plan for ongoing communications.
  - c. Obtaining the use of a TDD:
    - i. Hearing or communicatively impaired patients, clients, families, and caregivers who have access to a TDD instrument, can call the Relay Service, which enables them to communicate with BCN team members.
    - ii. In the event it becomes necessary for BCN team member(s) to initiate telephone communication with a patient, client, family, and/or caregiver who is hearing or communicatively impaired, Relay Service can be utilized.
    - iii. Direct Access to a TDD instrument will be available.
6. For patients, clients, or caregivers who requires an interpreter/translator:
- a. Contact BCN's Contract Coordinator, or designee for a list of contract sign language interpreters
  - b. Utilize the Language Line for patients, clients, families, and caregivers speaking languages other than English, as well as access to sign language interpreters. (See [Access to an Interpreter Quick Reference Guide](#)). Hospice Care Centers may also utilize the Language Line iPad for language interpretation or sign language assistance.
  - c. In the event a patients, client, family member, and/or caregiver requiring assistance with communication declines use of the language line, or other professional interpreter, clinicians should document the declination in the Electronic Medical Record (EMR), as well as the individual who will be providing those services on behalf of the individual. Other patients/clients may not be used to interpret
  - d. The IDT will plan with the patient, client, family, and caregiver on how to contact BCN team member(s) after normal business hours. The patient, client, family and/or caregiver should be given the number for the after hour service to use. They should be instructed to give the patient/client's name, the caller's name, and the return phone number. The team member(s) will have the Clinical Supervisor. or designee notify the answering service of the patient/client's name, the office they are receiving services in and primary number listed for the patient/client in the medical record. This will assist the answering service in recognizing the patient needing special assistance.

## Forms or Links

[Final rule of ACA Summary](#)

## Locations

All Bluegrass Care Navigator locations

## Approval Signatures

Step Description	Approver	Date
Publisher	Denise Moncivaiz: Policy and Performance Improvement Analyst	11/2024
Owner	Monica Couch: Vice President And Chief Hospice Officer	10/2024
Accreditation Checker	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	10/2024
Policy Writer	David Carper: Counseling Resource Officer	10/2024
Initiator	Sharlene Allnutt: Executive Assistant	10/2024

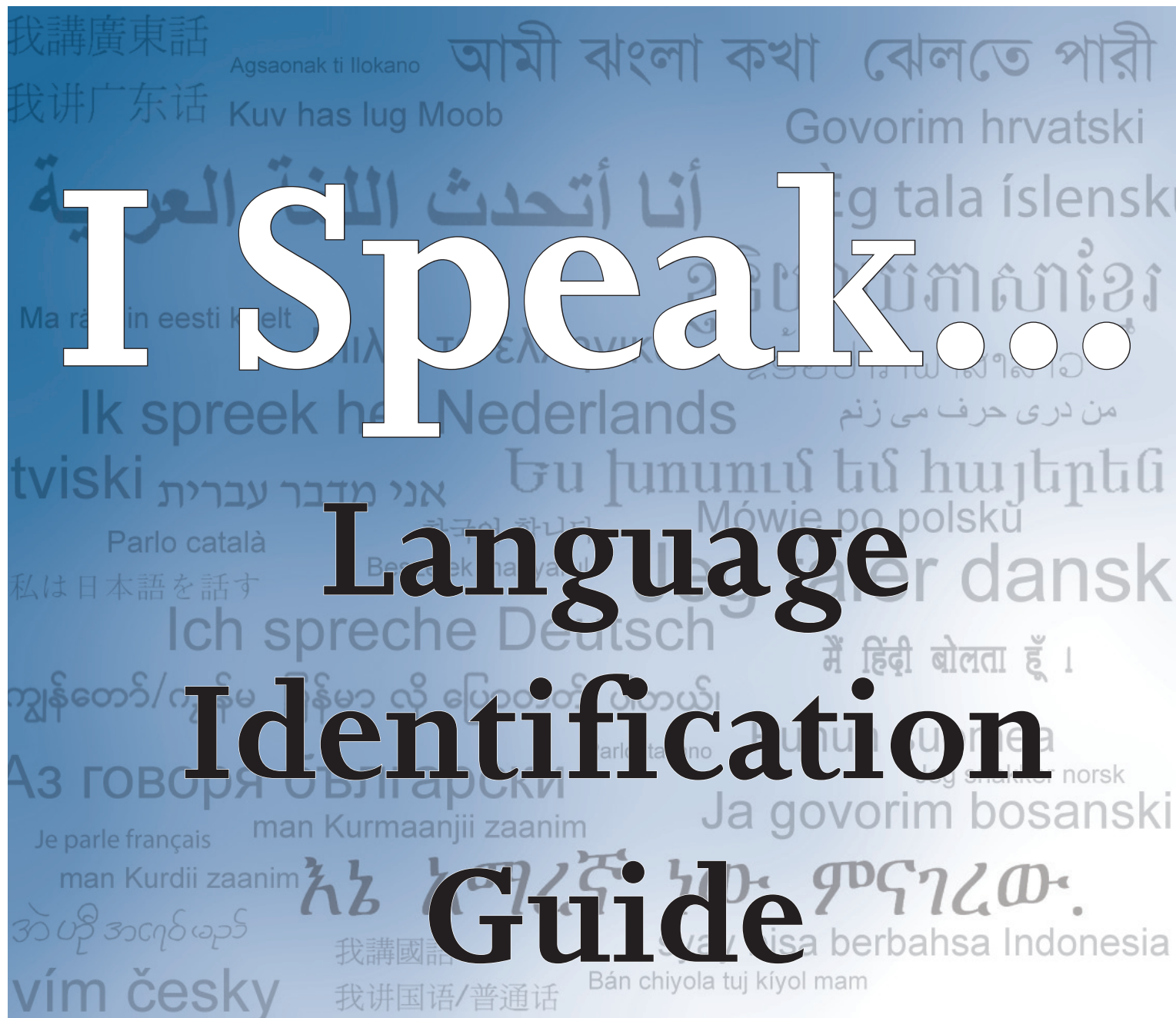
---

## Applicability

Bluegrass Care Navigators, Everent Health

## Subcategories


484.100, 484.45, 484.50(f), APC.8.I.M1, BHHC, HH2-8A, Title VI of the Civil Rights Act of 1964



A	
<b>Amharic</b>	አኒ የምናገረው አማርኛ ነው።
<b>Arabic</b>	انا اتكلم العربية
<b>Armenian</b>	Ես խոսում եմ հայերեն
B	
<b>Bengali</b>	আমি বাংলা বলতে পারি
<b>Bosnian</b>	Ja govorim bosanski
<b>Bulgarian</b>	Аз говоря български
<b>Burmese</b>	ကျွန်တော်/ကျွန်မ မြန်မာလို ပြောတတ်ပါတယ်။
C	
<b>Cambodian</b>	ខ្ញុំនិយាយភាសាខ្មែរ
<b>Cantonese</b>	我講廣東話 (Traditional) 我讲广东话 (Simplified)
<b>Catalan</b>	I parlo català
<b>Croatian</b>	Govorim hrvatski
<b>Czech</b>	Mluvím česky
D	
<b>Danish</b>	Jeg taler dansk
<b>Dari</b>	من دری حرف می زنم
<b>Dutch</b>	Ik spreek het Nederlands
E	
<b>Estonian</b>	Ma räägin eesti keelt
F	
<b>Finnish</b>	Puhun suomea
<b>French</b>	Je parle français
G	
<b>German</b>	Ich spreche Deutsch
<b>Greek</b>	Μιλώ τα ελληνικά
<b>Gujarati</b>	હું ગુજરાતી બોલું છું
H	
<b>Haitian Creole</b>	M pale kreyòl ayisyen
<b>Hebrew</b>	אני מדבר עברית
<b>Hindi</b>	मैं हिंदी बोलता हूँ ।
<b>Hmong</b>	Kuv hais lus Hmoob
<b>Hungarian</b>	Beszélek magyarul

I	
<b>Icelandic</b>	Ég tala íslensku
<b>Indonesian</b>	Saya berbicara bahasa Indonesia
<b>Ilocano</b>	Agsaonak ti Ilocano
<b>Italian</b>	Parlo italiano
J	
<b>Japanese</b>	私は日本語を話す
K	
<b>Korean</b>	한국어 합니다
<b>Kurdish</b>	min azanim Ba Kurdi Qsa bkam
<b>Kurmanci</b>	as zanim eb kurmanji baxvim
L	
<b>Laotian</b>	ຂອບປາກພາສາລາວ
<b>Latvian</b>	Es runāju latviski
<b>Lithuanian</b>	Aš kalbu lietuviškai

M	
<b>Mandarin</b>	我講國語 (Traditional) 我讲国语/普通话 (Simplified)
<b>Mongolian</b>	би монгол хэл ярьдаг
N	
<b>Norwegian</b>	Jeg snakker norsk
P	
<b>Persian</b>	من فارسی صحبت می کنم.
<b>Polish</b>	Mówię po polsku
<b>Portuguese</b>	Eu falo português do Brasil (for Brazil) Eu falo português de Portugal (for Portugal)
<b>Punjabi</b>	ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ।

R	
<b>Romanian</b>	Vorbesc românește
<b>Russian</b>	Я говорю по-русски
S	
<b>Serbian</b>	Ja govorim српски
<b>Sign Language (American)</b>	 I, ME SIGN, SIGN LANGUAGE
<b>Slovak</b>	Hovori slovenská
<b>Slovenian</b>	Govorim slovensko
<b>Somali</b>	Waxaan ku hadlaa af-Soomaali
<b>Spanish</b>	Yo hablo español
<b>Swahili</b>	Ninaongea Kiswahili
<b>Swedish</b>	Jag talar svenska
T	
<b>Tagalog</b>	Marunong akong mag-Tagalog
<b>Tamil</b>	நான் தமிழ் பேசுகிறேன்
<b>Thai</b>	พูดภาษาไทย
<b>Turkish</b>	Türkçe konuşurum
U	
<b>Ukrainian</b>	Я розмовляю українською мовою
<b>Urdu</b>	میں اردو بولتا ہوں
V	
<b>Vietnamese</b>	Tôi nói tiếng Việt
W	
<b>Welsh</b>	Dwi'n siarad Cymraeg
X	
<b>Xhosa</b>	Ndithetha isiXhosa
Y	
<b>Yiddish</b>	איך רעד יידיש
<b>Yoruba</b>	Mo ńsọ Yorùbá
Z	
<b>Zulu</b>	Ngiyasikhuluma isiZulu

Human trafficking is a form of modern-day slavery and involves the use of force, fraud, or coercion to exploit men, women or children and subject them into some type of labor or commercial sex act. Any minor exploited for commercial sex is a victim of human trafficking, even if not induced by force, fraud, or coercion.

Trafficking victims can be any age, race, gender, or nationality. Victims can find themselves in a foreign country and may not speak the language.

Report human trafficking to the U.S. Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) Homeland Security Investigations (HSI) Tip line at 1-866-347-2423 or online at [www.ice.gov/tips](http://www.ice.gov/tips). The HSI Tip line is available 24/7 with language capability in over 300 languages and dialects. If calling from outside the United States, please call the non-toll free worldwide number of 802-872-6199."

To get help from the National Human Trafficking Resource Center (NHTRC) call 1-888-373-7888 or text HELP or INFO to BeFree (233733). The NHTRC is a national, toll-free hotline available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year with language capability in over 170 languages. The NHTRC is not a law enforcement or immigration authority and is operated by a nongovernmental organization funded by the federal government.

To get digital copies of this poster or "I Speak" booklet, visit [www.dhs.gov/blue-campaign](http://www.dhs.gov/blue-campaign) or contact the DHS Blue Campaign at [BlueCampaign@hq.dhs.gov](mailto:BlueCampaign@hq.dhs.gov).



[www.dhs.gov/blue-campaign](http://www.dhs.gov/blue-campaign)  
Email: [BlueCampaign@hq.dhs.gov](mailto:BlueCampaign@hq.dhs.gov)  
Report suspicious activity to  
1-866-347-2423

Origination 03/2023  
Effective 11/2024  
Next Review 12/2025

Subject **Monica Couch:**  
Matter Expert **BCN Vice  
President And  
Chief Hospice  
Officer**

Area **Rights and  
Responsibilities**

Applicability **Everent-  
Bluegrass**

Subcategories **484.50(e),  
489.102,  
BHHC  
+ 4 more**



## Complaint or Grievance Process

### Purpose

To set forth guidelines for the resolution of patient, family, and client concerns, dissatisfaction, and/or grievances.

### Goals

Patients, families, and clients of Bluegrass Care Navigators (BCN) will be informed of the organization's complaints resolution process that investigates and, when possible, resolves complaints from the patient, family, or client.

### Definitions

**Complaint:** Written or verbal communication to BCN's team member(s) by a patient, patient representative, or client; regarding the patient's/client's care, or non-care issues that can be resolved promptly by the team members present. (i.e., food is cold, room needs cleaning).

**Grievance:** An expression of dissatisfaction (other than a BCN determination) with any aspect of the operations, activities, or behavior of a plan/provider, regardless of whether remedial action is requested. (i.e., problems getting an appointment, disrespectful or rude behavior by team members).

# Policy

BCN will attempt to resolve all differences of opinion, dispute, or controversy between a patient/family/caregiver/client, or patient representative, and the agency. Patients and families also can report allegations of illegal, or unethical conduct that may occur within the organization. To facilitate the reporting of concerns, patients are given management contact information, availability of a Corporate Compliance telephone "hotline," State authorities, and Joint Commission contact numbers at the time of admission. Bluegrass PACE Care, Bluegrass Adult Day Health, and Bluegrass Home Health Care will follow specific policies for complaints and grievances as required per their regulatory requirements.

## Procedure

Guidelines for patient care complaints not involving unethical conduct

- BCN team member(s) receiving a patient, family, or client concern will consult with their supervisor, and attempt to resolve the conflict at the team level to the patient, family, or client's satisfaction. If the issue is not resolved, the supervisor can consult with Senior Managers to attempt resolution.
- Complaints/grievances can be reported via the hotline phone number, or by email to a Supervisor, Director, Executive Director or member of senior leadership, or designees.
- The Quality and Compliance Committee will review patient complaint trends, and will utilize performance improvement processes to address agency trends
- If Senior Leadership cannot resolve a concern the President/Chief Executive Officer (CEO), or designee will be informed, and will investigate the issue in an attempt to resolve the difference. The patient, family, or client is notified that action has been taken.

Procedure for reporting allegations of illegal or unethical conduct

- BCN team member(s) that receive allegations of illegal, or unethical conduct involving patient/client mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of BCN will report the allegation immediately to the Compliance Officer, or designee.
- The Compliance Officer, or designee will investigate the allegation by conducting an internal investigation.
- The Compliance Officer, or designee will take action to prevent further violations while the investigation is being conducted.
- If the allegation is verified, violations will be reported in accordance with State law, and to any local bodies having jurisdiction. The report will occur within five (5) working days of becoming aware of the violation.

## Locations

Bluegrass Care Navigator locations, including:

- Bluegrass Hospice Care

- Bluegrass Home Health Care
- Bluegrass Grief Care
- Bluegrass Palliative Care
- Bluegrass Transitional Care

## Positions

Bluegrass Hospice Care team members

Bluegrass Home Health Care team members

Bluegrass Grief Care team members

Bluegrass Palliative Care team members

Bluegrass Transitional Care team members

Administrative support team members of all BCN departments

## References

### Contact telephone numbers:

Corporate Compliance Hotline - 888-765-7408

Email [hotline@hospicecompliance.com](mailto:hotline@hospicecompliance.com)

Office of Inspector General (OIG) 800-447-847

### Home and Community Based Waiver Contact Information for Reporting:

Phone: 844-784-5614

Email: [1915cWaiverHelpDesk@ky.gov](mailto:1915cWaiverHelpDesk@ky.gov)

*Confidential and Proprietary*

## Approval Signatures

Step Description	Approver	Date
Publisher	Denise Moncivaiz: Policy and Performance Improvement Analyst	11/2024
Owner	Monica Couch: Vice President And Chief Hospice Officer	10/2024

Accreditation Checker	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	10/2024
Policy Writer	David Carper: Counseling Resource Officer	10/2024
Initiator	Sharlene Allnutt: Executive Assistant	10/2024

---

## Applicability

Bluegrass Care Navigators, Everent Health

## Subcategories

484.50(e), 489.102, BHHC, HH2-4A, HH2-4B, PCC.8.I.M1, PCC.9.I.M1

COPY

► Report Run History

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
240446	01/07/2026 09:18:27 AM (0.10 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Winter 2025/2026-OHPI-ES-LEX	Shari-Lynne Ball	Completed
240261	01/05/2026 11:02:07 AM (0.07 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Shari-Lynne Ball	Completed
240260	01/05/2026 10:55:27 AM (0.07 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Shari-Lynne Ball	Completed
240259	01/05/2026 10:54:58 AM (0.07 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Shari-Lynne Ball	Completed
240257	01/05/2026 10:40:55 AM (0.07 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Shari-Lynne Ball	Completed

Showing 1-5 of 43

Report Options

Name	
Description	
Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group
Provider *	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX (2580) <input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY
Program Date Range *	01/01/2025 to 12/31/2025
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center <input checked="" type="checkbox"/> Program Entry/Exit <input type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick <input type="checkbox"/> Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living <input type="checkbox"/> Program Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

CoC APR Report Results - Date Ran: 01/07/2026 09:18:27 AM - Report ID: 240446

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	RRH Subtype	Coordinated Entry Access Point	Affiliated with a residential project	Project IDs of Affiliation	CoC Number	Geocode	Victim Service Provider	HMIS Software Name and Version Number	Report Start Date	Report End Date	Total Active Clients	Total Active Households											
Bluegrass Care Navigators-LEX	2579	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	2580	Emergency Shelter - Entry Exit (HUD)		No			KY-502	211314	No	WellSky Community Services 5.17.02	2025-01-01	2025-12-31	91	85											

Showing 1-1 of 1

5a - Report Validations Table

Report Validations Table	Count of Clients for DQ	Count of Clients
1. Total Number of Persons Served	91	91
2. Number of Adults (age 18 or over)	91	91
3. Number of Children (under age 18)	0	0
4. Number of Persons with Unknown Age	0	0
5. Number of Leavers	85	85
6. Number of Adult Leavers	85	85
7. Number of Adult and Head of Household Leavers	85	85
8. Number of Stayers	6	6
9. Number of Adult Stayers	6	6

10. Number of Veterans	5	5
11. Number of Chronically Homeless Persons	23	23
12. Number of Youth Under Age 25	0	0
13. Number of Parenting Youth Under Age 25 with Children	0	0
14. Number of Adult Heads of Household	85	85
15. Number of Child and Unknown-Age Heads of Household	0	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0	0

#### 6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Name (3.01)	0	1	0	1	1%
Social Security Number (3.02)	0	1	1	2	2%
Date of Birth (3.03)	0	0	0	0	0%
Race and Ethnicity (3.04)	0	0		0	0%
<b>Overall Score</b>				<b>3</b>	<b>3%</b>

#### 6b - Data Quality: Universal Data Elements

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Veteran Status (3.7)	0	0	0	0	0%
Project Start Date (3.10)			2	2	2%
Relationship to Head of Household (3.15)		0	1	1	1%
Enrollment CoC (3.16)		0	0	0	0%
Disabling Condition (3.8)	0	2	0	2	2%

#### 6c - Data Quality: Income and Housing Data Quality

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Destination (3.12)	0	0		0	0%
Income and Sources (4.2) at Start	0	0	0	0	0%
Income and Sources (4.2) at Annual Assessment	0	0	0	0	0%
Income and Sources (4.2) at Exit	0	0	1	1	1%

#### 6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate date this episode started (3.917.3) Missing	Number of times (3.917.4) DK/PNTA/missing	Number of months (3.917.5) DK/PNTA/missing	% of records unable to calculate
ES-EE, ES-NbN, SH, Street Outreach	91			0	15	16	18%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
CE	0	0	0	0	0	0	0%
SSO, Day Shelter, HP	0	0	0	0	0	0	0%

<b>Total</b>	<b>91</b>					<b>18%</b>
<b>6e - Data Quality: Timeliness</b>						
<b>Time For Record Entry</b>				<b>Number of Project Start Records</b>		<b>Number of Project Exit Records</b>
< 0 days				0		0
0 days				28		57
1 - 3 days				44		13
4 - 6 days				11		1
7 - 10 days				1		0
11+ days				4		14
<b>6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter</b>						
				<b># of Records</b>	<b># of Inactive Records</b>	<b>% of Inactive Records</b>
Contact (Adults and Heads of Household in Street Outreach or PATH-funded SSO)				0	0	0%
Bed Night (All clients in ES - NBN)				0	0	0%
<b>7a - Number of Persons Served</b>						
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>	
Adults	91	91	0		0	
Children	0		0	0	0	
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	
Data Not Collected	0	0	0	0	0	
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>	
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0	
<b>7b - Point-in-Time Count of Persons on the Last Wednesday</b>						
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>	
January	2	2	0	0	0	
April	7	7	0	0	0	
July	1	1	0	0	0	
October	5	5	0	0	0	
<b>8a - Number of Households Served</b>						
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>	
Total Households	85	85	0	0	0	
For PSH and RRH - the total households served who moved into housing	0	0	0	0	0	
<b>8b - Point-in-Time Count of Households on the Last Wednesday</b>						
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>	
January	2	2	0	0	0	

April	6	6	0	0	0
July	1	1	0	0	0
October	4	4	0	0	0

#### 9a - Number of Persons Contacted

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Contacted</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 9b - Number of Persons Newly Engaged

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Engaged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Rate of Engagement</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

#### 11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	0		0	0	0
5 - 12	0		0	0	0
13 - 17	0		0	0	0
18 - 24	1	1	0		0
25 - 34	10	10	0		0
35 - 44	14	14	0		0
45 - 54	24	24	0		0
55 - 64	29	29	0		0
65 +	13	13	0		0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 12 - Race and Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
American Indian, Alaska Native, or Indigenous	2	2	0	0	0

Asian or Asian American	0	0	0	0	0
Black, African American, or African	15	15	0	0	0
Hispanic/Latina/o	1	1	0	0	0
Middle Eastern or North African	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
White	70	70	0	0	0
Asian or Asian American & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Black, African American, or African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Hispanic/Latina/o & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Middle Eastern or North African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Native Hawaiian or Pacific Islander & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
White & American Indian, Alaska Native, or Indigenous	1	1	0	0	0
Black, African American, or African & Asian or Asian American	0	0	0	0	0
Hispanic/Latina/o & Asian or Asian American	0	0	0	0	0
Middle Eastern or North African & Asian or Asian American	0	0	0	0	0
Native Hawaiian or Pacific Islander & Asian or Asian American	0	0	0	0	0
White & Asian or Asian American	0	0	0	0	0
Hispanic/Latina/o & Black, African American, or African	1	1	0	0	0
Middle Eastern or North African & Black, African American, or African	0	0	0	0	0
Native Hawaiian or Pacific Islander & Black, African American, or African	0	0	0	0	0
White & Black, African American, or African	0	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/o	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/o	0	0	0	0	0
White & Hispanic/Latina/o	0	0	0	0	0
Native Hawaiian or Pacific Islander & Middle Eastern or North African	0	0	0	0	0
White & Middle Eastern or North African	0	0	0	0	0
White & Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiracial - more than 2 races/ethnicity, with one being Hispanic/Latina/o	0	0	0	0	0
Multiracial - more than 2 races, where no option is Hispanic/Latina/o	1	1	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>

**13a1 - Physical and Mental Health Conditions at Start**

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	34	34	0	0	0	0
Alcohol Use Disorder	5	5	0	0	0	0
Drug Use Disorder	18	18	0	0	0	0

Both Alcohol and Drug Use Disorders	5	5	0	0	0	0
Chronic Health Condition	32	32	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	2	2	0	0	0	0
Physical Disability	37	37	0	0	0	0

### 13a2 - Number of Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	23	23	0	0	0	0
1 Condition	22	22	0	0	0	0
2 Conditions	24	24	0	0	0	0
3+ Conditions	19	19	0	0	0	0
Condition Unknown	3	3	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 13b1 - Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	33	33	0	0	0	0
Alcohol Use Disorder	4	4	0	0	0	0
Drug Use Disorder	19	19	0	0	0	0
Both Alcohol and Drug Use Disorders	3	3	0	0	0	0
Chronic Health Condition	30	30	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	2	2	0	0	0	0
Physical Disability	36	36	0	0	0	0

### 13b2 - Number of Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	22	22	0	0	0	0
1 Condition	21	21	0	0	0	0
2 Conditions	20	20	0	0	0	0
3+ Conditions	19	19	0	0	0	0
Condition Unknown	3	3	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
<b>Total</b>	<b>85</b>	<b>85</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**13c1 - Physical and Mental Health Conditions for Stayers**

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	3	3	0	0	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	3	3	0	0	0	0
Chronic Health Condition	5	5	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	3	3	0	0	0	0

**13c2 - Number of Conditions for Stayers**

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	0	0	0	0	0	0
1 Condition	1	1	0	0	0	0
2 Conditions	2	2	0	0	0	0
3+ Conditions	3	3	0	0	0	0
Condition Unknown	0	0	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**14a - History of Domestic Violence, Sexual Assault, Dating Violence, Stalking, or Human Trafficking**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	19	19	0	0	0
No	38	38	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	34	34	0	0	0
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>

**14b - Most recent experience of domestic violence, sexual assault, dating violence, stalking, or human trafficking**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Within the past three months	4	4	0	0	0
Three to six months ago	2	2	0	0	0
Six months to one year	0	0	0	0	0
One year ago, or more	13	13	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>19</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>

15 - Living Situation					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation	43	43	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	9	9	0	0	0
Safe Haven	1	1	0	0	0
<b>Subtotal</b>	<b>53</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	7	7	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	2	2	0	0	0
<b>Subtotal</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	1	1	0	0	0
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Hotel or motel paid for without emergency shelter voucher	7	7	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living in a friend's room, apartment, or house	2	2	0	0	0
Staying or living in a family member's room, apartment, or house	10	10	0	0	0
<b>Subtotal</b>	<b>21</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Rental by client, no ongoing housing subsidy	7	7	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	1	1	0	0	0
<b>Subtotal</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16 - Cash Income - Ranges</b>					
			Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income			59	0	54
\$1 - 150			0	0	0
\$151 - \$250			0	0	0

\$251 - \$500	1	0	1
\$501 - \$1000	18	0	17
\$1001 - \$1500	7	0	7
\$1501 - \$2000	2	0	2
\$2001 +	3	0	3
Client Doesn't Know/Prefers Not to Answer	0	0	0
Data Not Collected	1	0	1
Number of adult stayers not yet required to have an annual assessment		6	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>91</b>	<b>6</b>	<b>85</b>

#### 17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	4	0	4
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	13	0	15
Social Security Disability Insurance (SSDI)	9	0	7
VA Service - Connected Disability Compensation	1	0	1
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	1	0	1
General Assistance (GA)	0	0	0
Retirement Income from Social Security	3	0	3
Pension or retirement income from a former job	1	0	1
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	85

#### 18 - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status

Number of Adults by Income Category	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	3	0	3
Adults with Only Other Income	28	0	27
Adults with Both Earned and Other Income	0	0	0
Adults with No Income	60	0	55
Adults with Client Doesn't Know/Client Prefers Not to Answer information	0	0	0

Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		6	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>91</b>	<b>6</b>	<b>85</b>
1 or More Source of Income	31	0	31
Adults with Income Information at Start and Annual Assessment/Exit		0	85

#### 19a1 - Client Cash Income Change - Income Source - by Start and Latest Status

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	0	0	0	0%
Average Change in Earned Income									
Number of Adults with Other Income	0	0	0	0	0	0	0	0	0%
Average Change in Other Income									
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	0	0	0	0%
Average Change in Overall Income									

#### 19a2 - Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	3	0	0	82	85	0	0%
Average Change in Earned Income									
Number of Adults with Other Income	0	0	22	4	1	57	84	5	6%
Average Change in Other Income				853	937			870	
Number of Adults with Any Income (i.e., Total Income)	0	0	25	4	1	54	84	5	6%
Average Change in Overall Income				853	937		51	870	

#### 19b - Disabling Conditions and Income for Adults at Exit

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling
--	------------------------------------	---------------------------------------	------------------	----------------------------	------------------------------------	---------------------------------------	------------------	----------------------------	------------------------------------	---------------------------------------	------------------	----------------------------

				Condition by Source			Condition by Source			Condition by Source		
Earned Income	3	1	4	75%	0	0	0	0%	0	0	0	0%
Unemployment Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	13	2	15	87%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	7	0	7	100%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	1	0	1	100%	0	0	0	0%	0	0	0	0%
VA Non-Service-Connected Disability Pension	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	1	0	1	100%	0	0	0	0%	0	0	0	0%
General Assistance (GA)	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	3	0	3	100%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	1	0	1	100%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Alimony and other spousal support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%
No Sources	28	22	50	56%	0	0	0	0%	0	0	0	0%
Unduplicated Total Adults	55	25	80		0	0	0		0	0	0	

#### 20a - Type of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	18	0	17
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

#### 20b - Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	35	0	36
1 + Source(s)	18	0	17
Client Doesn't Know/Client Prefers Not to Answer	0	0	0
Data Not Collected/Not stayed long enough for Annual Assessment	38	6	32
Total	91	6	85

#### 21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	55	0	55
MEDICARE	22	0	18
State Children's Health Insurance Program	1	0	1
Veteran's Health Administration (VHA)	1	0	1
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	2	0	2
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	18	0	16
Client Doesn't Know/Client Prefers Not to Answer	0	0	0
Data Not Collected	0	0	0
Number of stayers not yet required to have an annual assessment		6	
1 Source of Health Insurance	65	0	61
More than 1 Source of Health Insurance	8	0	8

#### 22a1 - Length of Participation - CoC Projects

	Total	Leavers	Stayers
30 days or less	88	82	6
31 to 60 days	2	2	0
61 to 90 days	0	0	0
91 to 180 days	1	1	0
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
<b>Total</b>	<b>91</b>	<b>85</b>	<b>6</b>

#### 22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	11	8
Median Length	9	2

#### 22c - Length of Time between Project Start Date and Housing Move-in Date



Median time to Move-In	0	0	0	0	0	0	0	0	0	0
------------------------	---	---	---	---	---	---	---	---	---	---

**22g - Length of Time Prior to Housing by Race and Ethnicity - based on 3.917 Date Homelessness Started**

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/o	Multi-racial (does not include Hispanic/Latina/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	2	0	15	1	0	0	69	1	2	0
Persons Not Yet Moved Into Housing	0	0	0	0	0	0	0	0	0	0
Average time to Move-In	0	0	0	0	0	0	0	0	0	0
Median time to Move-In	0	0	0	0	0	0	0	0	0	0

**23c - Exit Destination - All persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	19	19	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	30	30	0	0	0
Safe Haven	0	0	0	0	0
<b>Subtotal</b>	<b>49</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	2	2	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	3	3	0	0	0
<b>Subtotal</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Hotel or motel paid for without emergency shelter voucher	11	11	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	4	4	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
<b>Subtotal</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Staying or living with family, permanent tenure	7	7	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0

Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	4	4	0	0	0
Rental by client, with ongoing housing subsidy	1	1	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>12</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Situations</b>					
No Exit Interview completed	0	0	0	0	0
Other	1	1	0	0	0
Deceased	1	1	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>85</b>	<b>85</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	12	12	0	0	0
Total persons exiting to destinations that excluded them from the calculation	3	3	0	0	0
Percentage of persons exiting to positive housing destinations	15%	15%	0%	0%	0%

**23d - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
GPD TIP housing subsidy	0	0	0	0	0
VASH housing subsidy	0	0	0	0	0
RRH or equivalent subsidy	0	0	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0	0
Public housing unit	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	1	0	0	0
Housing Stability Voucher	0	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0	0
Permanent Supportive Housing	0	0	0	0	0
Other permanent housing dedicated for formerly homeless persons	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

**23e - Exit Destination Type by Race and Ethnicity**

	Total	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/o	Multi-racial (does not include Hispanic/Latina/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Homeless Situations	49	1	0	11	0	0	0	37	0	0	0
Institutional Situations	6	0	0	1	0	0	0	5	0	0	0

Temporary Situations	16	0	0	1	1	0	0	11	1	2	0
Permanent Situations	12	0	0	1	0	0	0	11	0	0	0
Other Situations	2	1	0	0	0	0	0	1	0	0	0
<b>Total</b>	<b>85</b>	<b>2</b>	<b>0</b>	<b>14</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>65</b>	<b>1</b>	<b>2</b>	<b>0</b>

**24b - Moving On Assistance Provided to Households in PSH**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Subsidized housing application assistance	0	0	0	0	0
Financial assistance for Moving On (e.g., security deposit, moving expenses)	0	0	0	0	0
Non-financial assistance for Moving On (e.g., housing navigation, transition support)	0	0	0	0	0
Housing referral/placement	0	0	0	0	0
Other (please specify)	0	0	0	0	0

**24e - Sex**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Female	19	19	0	0	0
Male	18	18	0	0	0
Client Doesn't Know/ Prefers Not to Answer	0	0	0	0	0
Data not collected	54	54	0	0	0
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25a - Number of Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	2	2	0	0
Non-Chronically Homeless Veteran	3	3	0	0
Not a veteran	86	86	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0
Data Not Collected	0	0	0	0
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>

**25b - Number of Veteran Households**

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	2	2	0	0
Non-Chronically Homeless Veteran	3	3	0	0
Not a veteran	80	80	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0
Data Not Collected	0	0	0	0
<b>Total</b>	<b>85</b>	<b>85</b>	<b>0</b>	<b>0</b>

**25d - Age - Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
--	-------	------------------	--------------------------	------------------------

18 - 24	0	0	0	0
25 - 34	0	0	0	0
35 - 44	0	0	0	0
45 - 54	3	3	0	0
55 - 64	1	1	0	0
65 +	1	1	0	0
Client Doesn't Know/Client Prefers Not to Answer				
Data Not Collected				
<b>Total</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>

#### 25i - Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	3	3	0	0	0
Safe Haven	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0

Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Situations</b>					
No Exit Interview completed	0	0	0	0	0
Other	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons exiting to destinations that excluded them from the calculation	0	0	0	0	0
Percentage of persons exiting to positive housing destinations	0%	0%	0%	0%	0%

**25j - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy - Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
GPD TIP housing subsidy	0	0	0	0
VASH housing subsidy	0	0	0	0
RRH or equivalent subsidy	0	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0
Public housing unit	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0
Housing Stability Voucher	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0
Permanent Supportive Housing	0	0	0	0
Other permanent housing dedicated for formerly homeless persons	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26a - Number of Households w/at least one or more Chronically Homeless person**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	22	22	0	0	0
Not Chronically Homeless	48	48	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	15	15	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>85</b>	<b>85</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26b - Number of Chronically Homeless Persons by Household**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	23	23	0	0	0
Not Chronically Homeless	53	53	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	15	15	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>91</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 26d - Age of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0		0	0	0
18 - 24	0	0	0		0
25 - 34	3	3	0		0
35 - 44	3	3	0		0
45 - 54	5	5	0		0
55 - 64	11	11	0		0
65 +	1	1	0		0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0		0
Data Not Collected	0	0	0		0
<b>Total</b>	<b>23</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 26e - Physical and Mental Health Conditions - Chronically Homeless Persons

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Disorder	15	2	14
Alcohol Use Disorder	4	0	4
Drug Use Disorder	5	0	5
Both Alcohol and Drug Use Disorders	4	2	2
Chronic Health Condition	12	1	12
HIV/AIDS	0	0	0
Development Disability	1	0	1
Physical Disability	11	0	12

#### 27a - Age of Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0		0	0	0
18 - 24	0	0	0		0
Client Doesn't Know/Client Prefers Not to Answer					
Data Not Collected					
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 27b - Parenting Youth

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households	
Parenting youth < 18	0	0	0	0	
Parenting youth 18 to 24	0	0	0	0	
<b>27d - Living Situation - Youth</b>					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	0	0	0	0	0
Safe Haven	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living in a friend's room, apartment, or house	0	0	0	0	0
Staying or living in a family member's room, apartment, or house	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>27e - Length of Participation - Youth</b>					
		<b>Total</b>	<b>Leavers</b>	<b>Stayers</b>	

30 days or less	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>27f1 - Exit Destination - Youth</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
<b>Homeless Situations</b>					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	0	0	0	0	0
Safe Haven	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0

Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Situations</b>					
No Exit Interview completed	0	0	0	0	0
Other	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons exiting to destinations that excluded them from the calculation	0	0	0	0	0
Percentage of persons exiting to positive housing destinations	0%	0%	0%	0%	0%

**27f2 - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
GPD TIP housing subsidy	0	0	0	0	0
VASH housing subsidy	0	0	0	0	0
RRH or equivalent subsidy	0	0	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0	0
Public housing unit	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Housing Stability Voucher	0	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0	0
Permanent Supportive Housing	0	0	0	0	0
Other permanent housing dedicated for formerly homeless persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**27g - Cash Income - Sources - Youth**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0

VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	0

**27h - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status - Youth**

Number of Youth by Income Category	Number of Youth at Start	Number of Youth at Annual Assessment (Stayers)	Number of Youth at Exit (Leavers)
Youth with Only Earned Income (i.e., Employment Income)	0	0	0
Youth with Only Other Income	0	0	0
Youth with Both Earned and Other Income	0	0	0
Youth with No Income	0	0	0
Youth with Client Doesn't Know/Prefers Not to Answer Income Information	0	0	0
Youth with Missing Income Information	0	0	0
Number of youth stayers not yet required to have an annual assessment		0	
Number of youth stayers without required annual assessment		0	
<b>Total Youth</b>	<b>0</b>	<b>0</b>	<b>0</b>
1 or More Source of Income	0	0	0
Youth with Income Information at Start and Annual Assessment/Exit		0	0

**27i - Disabling Conditions and Income for Youth at Exit**

	AO: Youth with Disabling Condition	AO: Youth without Disabling Condition	AO: Total Youth	AO: percent with Disabling Condition by Source	AC: Youth with Disabling Condition	AC: Youth without Disabling Condition	AC: Total Youth	AC: percent with Disabling Condition by Source	CO: Youth with Disabling Condition	CO: Youth without Disabling Condition	CO: Total Youth	CO: percent with Disabling Condition by Source	UK: Youth with Disabling Condition	UK: Youth without Disabling Condition	UK: Total Youth	UK: percent with Disabling Condition by Source
Earned Income	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Unemployment Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%

VA Non-Service-Connected Disability Pension	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
General Assistance (GA)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Alimony and other spousal support	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
No Sources	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Unduplicated Total Youth	0	0	0		0	0	0		0	0	0		0	0	0	

**27j - Average and Median Length of Participation in Days - Youth**

	Leavers	Stayers
Average Length	0	0
Median Length	0	0

**27k - Length of Time between Project Start Date and Housing Move-in Date - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
<b>Total (persons moved into housing)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Average length of time to housing</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Persons who were exited without move-in</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**27l - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0

8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 days or more	0	0	0	0	0
<b>Total (persons moved into housing)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Not yet moved into housing	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**27m - Education Status - Youth**

<b>Current school and attendance</b>	<b>At Project Start</b>	<b>At Project Exit</b>
Not currently enrolled in any school or education course	0	0
Currently enrolled but not attending regularly	0	0
Currently enrolled and attending regularly	0	0
Client Doesn't Know / Prefers Not to Answer	0	0
Data not collected	0	0
<b>For those not enrolled - most recent education status</b>		
K12: Graduated from high school	0	0
K12: Obtained GED	0	0
K12: Dropped out	0	0
K12: Suspended	0	0
K12: Expelled	0	0
Higher education: Pursuing a credential but not currently attending	0	0
Higher education: Dropped out	0	0
Higher education: Obtained a credential/degree	0	0
Client Doesn't Know/Prefers Not to Answer	0	0
Data not collected	0	0
<b>For those currently enrolled - current status</b>		
Pursuing a high school diploma or GED	0	0
Pursuing Associate Degree	0	0
Pursuing Bachelor Degree	0	0
Pursuing Graduate Degree	0	0
Pursuing other post-secondary credential	0	0

Client Doesn't Know/Prefers Not to Answer	0	0
Data not collected	0	0
<b>Total persons</b>	<b>0</b>	<b>0</b>