



Lexington-Fayette Urban County Government

Request for Proposals

The Lexington-Fayette Urban County Government hereby requests proposals for **#25-Emergency Overnight 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 25, 2024**. All forms and information requested in RFP #25-2024 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Proposals, once submitted, may not be withdrawn for a period of one hundred twenty (120) calendar days.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: Begins on page 20

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.

Status Active PolicyStat ID 14210004



Origination 12/2022
Last 11/2023
Approved
Effective 11/2023
Last Revised 11/2023
Next Review 11/2025

Owner Danita Ross: Vice President of Human Resources
Area Human Resources
References 484.100, 484.105(b), 484.115 + 8 more

Equal Opportunity Employer

Purpose

To assure that all persons have equal employment opportunities.

Policy

In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, Bluegrass Care Navigators (BCN) is an EQUAL OPPORTUNITY EMPLOYER and WILL NOT DISCRIMINATE AGAINST RACE, COLOR, SEX, CREED, NATIONAL ORIGIN, SEXUAL ORIENTATION, GENDER, GENDER IDENTITY, OR COMMUNICABLE DISEASE AS DEFINED IN SECTION 504 OF TITLE VI.

In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation, BCN WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF HANDICAP.

In accordance with the Age Discrimination Act of 1975 and its implementing regulation, BCN WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF AGE in the provision of services unless age is a factor necessary to the normal operation or the achievement of any statutory objective.

In accordance with the Americans with Disabilities Act of 1992 (42 USC §12101) and its implementing regulations, (private employers with more than 25 of BCN's personnel), BCN WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF DISABILITY. A disability is a physical or mental impairment that substantially limits a major life activity, or for which there is a record of impairment or which causes the individual to be regarded as impaired.

In accordance with the Kentucky Pregnant Workers Act of 2019 (KRS 344.030 to 344.110) and its implementing regulation, BCN WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF PREGNANCY, CHILDBIRTH, AND RELATED MEDICAL CONDITIONS.

Approval Signatures

Step Description	Approver	Date
Publisher	Denise Moncivaiz: Policy and Performance Improvement Analyst	11/2023
Owner	Danita Ross: Vice President of Human Resources	11/2023
Accreditation Checker	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	10/2023
Policy Writer	Jason Aycock: Director of Human Resources	10/2023
Initiator	Angela Sparrow: Human Resources Generalist	08/2023

References

484.100, 484.105(b), 484.115, 484.75(b), BHHC, HH4-2I.01, HR.01.02.01, HRM.3.I, LD.01.04.01, LD.04.01.01, LG.3.I

Status Active PolicyStat ID 14138790



Origination	03/2023	Owner	Danita Ross: Vice President of Human Resources
Last Approved	10/2023		
Effective	10/2023	Area	Human Resources
Last Revised	10/2023		
Next Review	10/2025	References	484.100, 484.105(b), 484.75(b) + 5 more

Selection/Hiring of Team Members

Purpose

To specify the criteria for the selection of Bluegrass Care Navigators (BCN) team members.

Policy

- BCN will use a consistent process for the selection of all team members.
- All persons are entitled to Equal Employment Opportunity regardless of age, ethnicity, gender, disability, race, sexual orientation, gender identity, religion, national origin, political affiliation, socioeconomic and family status, geographic region, or any other type of discrimination against a protected group.
- Every effort will be made to employ the most qualified individuals without regard to the above factors.
- BCN will provide promotion and advancement opportunities in a non-discriminatory fashion.
- BCN does not and will not permit team members to engage in unlawful practices or sexual harassment involving patients/participants/families/caregivers or their co-workers.

Procedure

Selection and Screening

1. Vice Presidents, AVPs, and Directors who need to fill a vacant position or want to add a new position should submit a Job Request Form in SharePoint to Human Resources (HR). All requests will be reviewed, but those for new job positions will be reviewed by HR and

submitted to the appropriate Senior Leader for approval. Requests for new positions will be submitted to the President/CEO for final approval before posting.

2. BCN may try to fill job openings above entry-level by promoting from within if qualified internal applicants are known to be available. In addition, BCN may give consideration to any known qualified individual who is on layoff status before recruiting applicants from outside.
3. For candidates from within BCN who are interested in being considered for job openings, HR will post the openings in accordance with job posting procedures. Current team member candidates will be considered and processed as outlined in the Transfer Policy.
4. For candidates from outside BCN who are interested in being considered for job openings, HR will be responsible for recruiting the candidates and will use the recruitment methods and sources it considers appropriate.
5. During the recruitment, hiring, and onboarding process, no statement should be made promising permanent or guaranteed employment.
6. HR 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 about education, work experience, and job history. HR will review the application, conduct a phone screen (if minimum qualifications are met), and submit to the Hiring Managers for review.
2. The Hiring Manager(s) and/or the appropriate VP/AVP has the responsibility to determine if a candidate is qualified for the position and if the candidate is compatible with the work environment. The Hiring Manager(s) makes a recommendation to HR for hiring.
3. Following a decision to hire the applicant, HR will check employment references and the OIG exclusion list on the HHS OIG 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. 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.
8. Based on the selection process and criteria, a candidate meeting all requirements will be offered a position within BCN.
9. All new personnel (clinical and non-clinical) must attend an onboarding program.
10. Depending on the personnel classification, a specific orientation program will be conducted

which addresses the job responsibilities and further reviews of BCN policies.

Letter of Hire

When a hiring decision has been made, a verbal offer will be made by HR to the prospective team member. Once the verbal offer has been accepted, an electronic offer letter that states the specific position, starting date, beginning salary and the offer of employment will be emailed to the prospective team member by HR.

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.

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

Criminal Record Checks

BCN 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 BCN and is treated as confidential. Applicants and team members 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. BCN will follow FCRA requirements, other applicable statutes, and BCN procedures for providing information and reports, making decisions, and responding to applicants and team members regarding potentially adverse actions to an investigative report.

BCN reserves the right to withdraw any offer of employment or consideration for employment, or discharge an team member, 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 BCN's document retention procedures

Reference Link:

Equal Employment Opportunity

Approval Signatures

Step Description	Approver	Date
Publisher	Denise Moncivaiz: Policy and Performance Improvement Analyst	10/2023
Owner	Danita Ross: Vice President of Human Resources	10/2023
Accreditation Checker	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	09/2023
Policy Writer	Sabrina Partin: Human Resources Benefits Program Manager	09/2023
Initiator	Tina Godby: Team Member Experience Coordinator	09/2023

References

484.100, 484.105(b), 484.75(b), BHHC, HH4-2I.01, HRM.3.I, LD.01.04.01, LG.3.I

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 Hopire 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 J. Fowler

STATE OF Kentucky

COUNTY OF Fayette

The foregoing instrument was subscribed, sworn to and acknowledged before me
by _____ on this the _____ day
of _____, 20__.

My Commission expires: _____

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 L. Fowler
Signature

Hospice of the Bluegrass, Inc.
dba Bluegrass Care Navigators
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	464	43	405	1	1	0	8	0	0	0	0	0	1	0	5	44	420
Superintendents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supervisors	66	10	52	0	0	2	1	0	0	0	0	0	0	0	1	12	54
Foremen	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	18	2	16	0	0	0	0	0	0	0	0	0	0	0	0	2	16
Protective Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Para-Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Office/Clerical	82	3	74	0	1	1	3	0	0	0	0	0	0	0	0	4	78
Skilled Craft	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service/Maintenance	167	25	123	0	0	2	12	0	0	1	2	0	1	0	1	28	139
Total:	797	83	670	1	2	5	24	0	0	1	2	0	2	0	7	90	707

Prepared by: Hannah Lawfenburger, HR Recruiting Specialist Date: 04, 17, 2024
(Name and Title)

Revised 2015-Dec-15

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 of Philanthropy &
Marketing

Telephone Number: 859-246-1805 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.

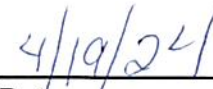
B. At Will Termination

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



ADDENDUM #1

RFP Number: #25-2024

Date: April 25, 2024

Subject: Emergency Shelter – ESR

Address inquiries to:
Todd Slatin
(859) 258-3320
tslatin@lexingtonky.gov

TO ALL PROSPECTIVE SUBMITTERS:

Please be advised of the following clarifications to the above referenced RFP:

1. Posting of Excel ESR Budget Template. This template should be filled out and uploaded with your submittal package.

Todd Slatin, Director
Division of Central Purchasing

All other terms and conditions of the RFP and specifications are unchanged. This letter should be signed, attached to and become a part of your submittal.

COMPANY NAME: Hospice of the Bluegrass, Inc. dba Bluegrass Care Navigators

ADDRESS: 1733 Hammondsburg Road Lexington, KY 40504

SIGNATURE OF BIDDER: [Handwritten Signature]



LFUCG 2022 ESR Overnight Emergency Shelter – RFP #25-2024
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, a model that we have used for several years in Lexington and has also been successfully implemented in many cities in the nation. This model is relatively low cost, easy to implement, requires no licensure or other regulatory conditions, allows families to stay together, and is effective in protecting the patient from infections from other patients. It also helps divert patients under treatment for serious medical conditions from shelters that may not have the necessary 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 180 patients experiencing homelessness in FY2024. 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.

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 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



Expert. Connected. Care.

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

Status Active PolicyStat ID 14418597



Origination 03/2023
Last 12/2023
Approved
Effective 12/2023
Last Revised 12/2023
Next Review 12/2024

Owner Stephanie
Greene: Chief
Operating Officer
Clinical Services
Area Rights and
Responsibilities
References LD.04.01.01,
RI.01.07.01

Non-Discrimination Policy and Grievance Process

Purpose

To prevent Bluegrass Care Navigators' (BCN) team members from discriminating against patients or clients on the basis of race, color, religion, sex, sexual orientation, handicap, or place of national origin.

Policy

In accordance with Title VI of the Civil Rights Act of 1964, and its implementing regulation, BCN will directly, or through contractual, or other arrangement, admit and treat all persons without regard to race, color, religion, sex, sexual orientation, gender expression or identity, disability, national origin in its provision of services and benefits, including assignments, or transfers within facilities.

In accordance with Section 504 of the Rehabilitation Act of 1973, and its implementing regulations, BCN will not, directly, or through contractual, or other arrangements, discriminate on the basis of disability (mental or physical) in admissions, access, treatment, or employment. The Vice President of Human Resources, or designee has been designated as the coordinator for implementation of this policy.

In accordance with the Age Discrimination Act of 1975, and its implementing regulation, BCN will not, directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to the normal operation, or the achievement of any statutory objective.

In accordance with Title II of the American with Disabilities Act of 1990, BCN will not, on the basis of disability, exclude, or deny a qualified individual with a disability from participation, or benefits of, the services, programs, or activities of the hospice.

It is the policy of BCN to admit and/or provide treatment to patients and clients without regard to race, color, national origin, disability, or age. Patients or clients known to be infected with the Human

Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) will be cared for with respect and dignity, and will not be discriminated against in any way. Protection of privacy and confidentiality is stressed. These patients or clients do not require any isolation or precautions other than those included under Universal Precautions. BCN team member(s) will adhere strictly to Centers for Disease Control and Prevention (CDC) recommended Universal Precautions.

Universal Precautions guidelines are posted throughout the facility, and an in-service will be conducted annually, with mandatory attendance required. Information will also be included in all new team member onboarding.

Procedure

1. The Section 504/ADA Coordinator designed to coordinate the efforts of BCN to comply with the regulations will be the Vice President of Human Resources, or designee.
2. BCN will identify an organization, or person in their service area who can translate for persons with limited English proficiency, and who can disseminate information to sensory impaired persons. These contacts will be listed and kept in the policy manual.
3. The following statement will be printed on brochures and other public materials: "Patient services are provided without regard to race, color, creed, age, sex, disability (mental or physical), communicable disease, place of national origin, sexual orientation, gender expression, or identity."
4. Any person who believes she or he has been subjected to discrimination, or who believes he or she has witnessed discrimination on the basis of handicap, in contradiction of the policy stated above, may file a grievance under this procedure. It is against the law for BCN to retaliate against anyone who files a grievance, or cooperates in the investigation of a grievance.
5. Grievances must be submitted to the Vice President of Human Resources, or designee within thirty (30) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
6. A complaint may be filed in writing, or verbally, containing the name and address of the person filing it ("The Grievant"). The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought by The Grievant.
7. The Section 504 Coordinator, or designee will conduct an investigation of the complaint to determine its validity. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.
8. The Section 504 Coordinator, or designee will issue a written decision on the grievance no later than thirty (30) days after its filing.
9. The Grievant may appeal the decision of the Section 504 Coordinator, or designee by filing an appeal in writing to BCN within fifteen (15) days of receiving the Section 504 Coordinator, or designees decision.
10. BCN will issue a written decision in response to the appeal no later than thirty (30) days after its filing.
11. The Section 504 Coordinator, or designee will maintain the files and records of BCN relating to

such grievances.

12. The availability and use of this grievance procedure does not preclude a person from filing a complaint of discrimination on the basis of handicap with the regional office for Civil Rights of the U.S. Department of Health and Human Services.
13. All BCN team members will be informed of this process during their on-boarding process.
14. BCN will make appropriate arrangements to assure that disabled persons can participate in, or make use of this grievance process on the same basis as the non-disabled. Such arrangements may include, but are not limited to, the provision of interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator, or designee will be responsible for providing such arrangements.

Locations

All Bluegrass Care Navigator locations, including:

Bluegrass Hospice Care

Bluegrass Grief Care

Bluegrass Adult Day Health Care

Bluegrass Palliative Care

Bluegrass Extra Care

Bluegrass Home Primary Care

Bluegrass Transitional Care

Bluegrass PACE Care

Bluegrass Home Health Care

Positions

Bluegrass Hospice Care team members

Bluegrass Grief Care team members

Bluegrass Adult Day Health Care team members

Bluegrass Palliative Care team members

Bluegrass Extra Care team members

Bluegrass Home Primary Care team members

Bluegrass Transitional Care team members

Bluegrass PACE Care team members

Bluegrass Home Health Care team members

Administrative support team members of all BCN departments

References

Title VI of the Civil Rights Act of 1964

Section 504

Age Discrimination Act of 1975:

Title II of the Americans with Disabilities Act

Addendum Below

Addendum 1.13 L

Section 504 Grievance Procedure

Grievance Procedure

It is the policy of Bluegrass Care Navigators (BCN) not to discriminate on the basis of handicap.

BCN has adopted an internal grievance procedure providing for prompt, and equitable resolution of complaint alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), or the U.S. Department of Health and Human Services regulations implementing this act. Section 504 states, in part, that "no otherwise qualified, handicapped individual will, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program, or activity receiving Federal financial assistance." The law and regulations may be examined in the office of BCN's Human Resources Vice President, or designee, who has been designated to coordinate the efforts of Bluegrass Hospice Care to comply with Section 504.

1. Any person who believes she, or he has been subjected to discrimination on the basis of handicap, in contradiction of the policy stated above, may file a grievance under this procedure. It is against the law for BCN to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.
2. Grievances must be submitted to Vice President of Human Resources, or designee, Bluegrass Care Navigators, 1733 Harrodsburg Road, Lexington KY 40504, (859) 276-5344 within thirty (30) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
3. A complaint may be filed in writing, or verbally, containing the name and address of the person filing it ("The Grievant"). The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought by The Grievant.
4. The Vice President of Human Resources, or designee will conduct an investigation of the complaint to determine its validity. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.

The Human Resources Vice President, or designee will maintain the files and records of BCN relating to such grievances.

5. The Vice President of Human Resources, or designee will issue a written decision on the grievance no later than thirty (30) days after its filing.
6. The Grievant may appeal the decision of the Human Resources Vice President, or designee by filing an appeal in writing to the President/Chief Executive Officer (CEO), Bluegrass Care Navigators, 1733 Harrodsburg Road, Lexington KY 40504, within fifteen (15) days of receiving the Director of Human Resources, or designees decision. This is the final level of appeal.
7. The President/CEO, or designee will issue a written decision in response to the appeal no later than thirty (30) days after its filing.
8. The availability and use of this grievance procedure do not preclude a person from filing a complaint of discrimination on the basis of handicap with the local Department of Health and Human Services (HHS) office for Civil Rights.
9. BCN will make appropriate arrangements to assure that disabled persons can participate in, or make use of this grievance process on the same basis as the non-disabled. Such arrangements may include, but are not limited to, the provision of interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings.

Approval Signatures

Step Description	Approver	Date
Publisher	Denise Moncivaiz: Policy and Performance Improvement Analyst	12/2023
Owner	Stephanie Greene: Chief Operating Officer Clinical Services	11/2023
Accreditation Checker	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	10/2023
Policy Writer	David Carper: Counseling Resource Officer	10/2023
Initiator	Sharlene Allnutt: Executive Assistant	10/2023

Status Active PolicyStat ID 13202830



Origination 06/2022
Last 06/2022
Approved
Effective 06/2022
Last Revised 06/2022
Next Review 12/2024

Owner Monica Couch:
Vice President
And Chief
Hospice Officer
Area Hospice Care
References LD.04.01.01,
PC.01.01.01

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.

Approval Signatures

Step Description

Approver

Date

Status Active PolicyStat ID 14418210



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Owner Stephanie Greene: Chief Operating Officer Clinical Services
Area Rights and Responsibilities
References 484.50(e), 489.102, BHHC + 5 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 delegate.
- 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 Extra Care

- Bluegrass Home Primary 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 Extra Care team members

Bluegrass Home Primary Care team members

Bluegrass Transitional Care team members

Administrative support team members of all BCN departments

References

Contact telephone numbers:

Corporate Compliance Hotline (English) - 866-360-0003

(Spanish) - 800-216-1288

Fax: 215-689-3885

Email reports@lighthouse-services.com

Website

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

Approval Signatures

Step Description	Approver	Date
Publisher	Denise Moncivaiz: Policy and Performance Improvement Analyst	11/2023
Owner	Stephanie Greene: Chief Operating Officer Clinical Services	11/2023

Accreditation Checker	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	11/2023
Policy Writer	David Carper: Counseling Resource Officer	10/2023
Initiator	Sharlene Allnutt: Executive Assistant	10/2023

References

484.50(e), 489.102, BHHC, HH2-4A, HH2-4B, PCC.8.I.M1, PCC.9.I.M1, RI.01.07.01

COPY



Origination 03/2023
 Last Approved 12/2023
 Effective 12/2023
 Last Revised 12/2023
 Next Review 12/2024

Owner Stephanie Greene: Chief Operating Officer Clinical Services
 Area Rights and Responsibilities
 References 484.100, 484.50(f), APC.8.I.M1 + 8 more

Facilitating Communication

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. (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 delegate 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	12/2023
Owner	Stephanie Greene: Chief Operating Officer Clinical Services	11/2023
Accreditation Checker	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	10/2023
Policy Writer	David Carper: Counseling Resource Officer	10/2023
Initiator	Sharlene Allnutt: Executive Assistant	10/2023

References

484.100, 484.50(f), APC.8.I.M1, BHHC, HH2-8A, LD.03.04.01, LD.04.01.01, LD.04.03.01, PC.02.02.01, RC.02.01.01, RI.01.01.03

COPY

Report Run History

Report ID		Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
209863		04/12/2024 01:53:56 PM (0.09 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Shari-Lynne Ball	Completed
209851		04/12/2024 01:33:59 PM (0.09 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Shari-Lynne Ball	Completed
209782		04/11/2024 02:39:05 PM (0.06 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Shari-Lynne Ball	Completed
209406		04/05/2024 04:42:18 PM (0.09 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Shari-Lynne Ball	Completed
209403		04/05/2024 03:10:09 PM (0.06 mins)	COCAPR		Shari-Lynne Ball	Bluegrass Care Navigators-Winter Weather 2023-OHPI-ES-LEX	Shari-Lynne Ball	Completed

Showing 1-5 of 14

Report Options

Name

Description

Provider Type

Provider *

Program Date Range *

Entry/Exit Types *

☒ Provider ☐ Reporting Group

Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX (2580)
☐ This provider AND its subordinates ☒ This provider ONLY

01/01/2023 to 12/31/2023

☐ Basic ☐ Basic Center ☒ HUD ☐ PATH ☐ Call ☐ RHY ☐ Standard ☐ Transitional Living ☐ HPRP (Retired)

Coc APR Report Results - Date Ran: 04/12/2024 01:53:56 PM - Report ID: 209863

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	Project HMIS ID	Project Type	RRH Subtype	Coordinated Entry	Affiliated with a	Project IDs of Affiliation	Coc Number	Geocode	Victim Service Provider	HMIS Software Name and	Report Start Date	Report End Date	Total Active Clients	Total Active Households										

		Access Point		residential project		Version Number							
Lexington CoC	1198	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	2580	Emergency Shelter - Entry Exit (HUD)	No	KY-502	211314	No	WellSky Community Services	2023-01-01	2023-12-31	110	81

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		110	110
2. Number of Adults (age 18 or over)		103	103
3. Number of Children (under age 18)		7	7
4. Number of Persons with Unknown Age		0	0
5. Number of Leavers		110	110
6. Number of Adult Leavers		103	103
7. Number of Adult and Head of Household Leavers		103	103
8. Number of Stayers		0	0
9. Number of Adult Stayers		0	0
10. Number of Veterans		12	12
11. Number of Chronically Homeless Persons		26	26
12. Number of Youth Under Age 25		8	8
13. Number of Parenting Youth Under Age 25 with Children		0	0
14. Number of Adult Heads of Household		81	81

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	0	0	0	0%
Social Security Number (3.02)	1	6	0	6	5%
Date of Birth (3.03)	0	0	0	0	0%
Race and Ethnicity (3.04)	0	0		0	0%
Gender (3.06)	0	1		1	1%
Overall Score	7				6%

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)			0	0	0%
Relationship to Head of Household (3.15)		25	2	27	25%
Enrollment CoC (3.16)		0	0	0	0%
Disabling Condition (3.8)	0	31	3	34	31%

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	1	1	1%
Income and Sources (4.2) at Start	0	32	2	34
Income and Sources (4.2) at Annual Assessment	0	0	0	0%
Income and Sources (4.2) at Exit	0	31	2	33
				32%

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	103			30	30	31	32%
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%
Total	103						32%

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
< 0 days	0	0
0 days	58	53
1 - 3 days	45	56
4 - 6 days	1	0
7 - 10 days	3	0

11+ days

2

1

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0%
Bed Night (All clients in ES - NBN)	0	0	0%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	103	100	3		0
Children	7		6	1	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	110	100	9	1	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

7b - Point-in-Time Count of Persons on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	2	2	0	0	0
April	1	1	0	0	0
July	0	0	0	0	0
October	17	17	0	0	0

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	81	79	2	0	0
For PSH and RRH - the total households served who moved into housing	0	0	0	0	0

8b - Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	2	2			
April					
July					
October	12	12			

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
Total Persons Contacted	0	0	0	0

9b - Number of Persons 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
Total Persons Engaged	0	0	0	0
Rate of Engagement	0%	0%	0%	0%

10a - Gender

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Woman	43	37	6	0	0
Man	64	60	3	1	0
Culturally Specific Identity	0	0	0	0	0
Transgender	1	1	0	0	0
Non-Binary	1	1	0	0	0
Questioning	0	0	0	0	0
Different Identity	0	0	0	0	0
Woman/Man	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0
Woman/Transgender	0	0	0	0	0
Woman/Non-Binary	0	0	0	0	0
Woman/Questioning	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0

Man/Transgender	0	0	0	0	0
Man/Non-Binary	0	0	0	0	0
Man/Questioning	0	0	0	0	0
Man/Different Identity	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0
Transgender/Non-Binary	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0
More than 2 Gender Identities Selected	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	1	1	0	0	0
Total	110	100	9	1	0

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	4		3	1	0

5 - 12	2		2	0	0
13 - 17	1		1	0	0
18 - 24	8	8	0		0
25 - 34	8	7	1		0
35 - 44	21	20	1		0
45 - 54	23	22	1		0
55 - 64	30	30	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
Total	110	100	9	1	0

12 - Race and Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
American Indian, Alaska Native, or Indigenous	1	1	0	0	0
Asian or Asian American	0	0	0	0	0
Black, African American, or African	27	23	4	0	0
Hispanic/Latina/e/o	0	0	0	0	0
Middle Eastern or North African	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
White	78	75	3	0	0
Asian or Asian American & American Indian, Alaska Native, or Indigenous	0	0	0	0	0

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Black, African American, or African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	0
Hispanic/Latina/e/o & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	0
Middle Eastern or North African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	0
Native Hawaiian or Pacific Islander & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	0
White & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	0
Black, African American, or African & Asian or Asian American	0	0	0	0	0	0
Hispanic/Latina/e/o & Asian or Asian American	0	0	0	0	0	0
Middle Eastern or North African & Asian or Asian American	0	0	0	0	0	0
Native Hawaiian or Pacific Islander & Asian or Asian American	0	0	0	0	0	0
White & Asian or Asian American	0	0	0	0	0	0
Hispanic/Latina/e/o & Black, African American, or African	0	0	0	0	0	0
Middle Eastern or North African & Black, African American, or African	0	0	0	0	0	0
Native Hawaiian or Pacific Islander & Black, African American, or African	0	0	0	0	0	0
White & Black, African American, or African	1	0	1	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0	0	0
White & Hispanic/Latina/e/o	3	1	1	1	0	0
Native Hawaiian or Pacific Islander & Middle Eastern or North African	0	0	0	0	0	0
White & Middle Eastern or North African	0	0	0	0	0	0
White & Native Hawaiian or Pacific Islander	0	0	0	0	0	0
Multiracial - more than 2 races/ethnicity, with one being Hispanic/Latina/e/o	0	0	0	0	0	0

Multiracial - more than 2 races, where no option is Hispanic/Latina/e/o	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	110	100	9	1	0

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	40	40	0	0	0	0
Alcohol Use Disorder	8	8	0	0	0	0
Drug Use Disorder	14	14	0	0	0	0
Both Alcohol and Drug Use Disorders	5	5	0	0	0	0
Chronic Health Condition	12	12	0	0	0	0
HIV/AIDS	1	1	0	0	0	0
Development Disability	5	5	0	0	0	0
Physical Disability	27	26	1	0	0	0

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	40	40	0	0	0	0
Alcohol Use Disorder	8	8	0	0	0	0
Drug Use Disorder	15	15	0	0	0	0
Both Alcohol and Drug Use Disorders	5	5	0	0	0	0

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Chronic Health Condition	12	12	0	0	0	0
HIV/AIDS	1	1	0	0	0	0
Development Disability	5	5	0	0	0	0
Physical Disability	26	25	1	0	0	0

13c1 - Physical and Mental Health Conditions of 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	0	0	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	0	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	0	0	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	20	17	1	2	0	0
1 Condition	16	15	1	0	0	0
2 Conditions	27	27	0	0	0	0
3+ Conditions	14	14	0	0	0	0

FY2024 CoC APR - Community Services

Condition Unknown	2	2	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	30	24	1	4	1	0
Total	110	100	3	6	1	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	19	16	1	2	0	0
1 Condition	18	17	1	0	0	0
2 Conditions	26	26	0	0	0	0
3+ Conditions	14	14	0	0	0	0
Condition Unknown	2	2	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	30	24	1	4	1	0
Total	110	100	3	6	1	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	0	0	0	0	0	0
2 Conditions	0	0	0	0	0	0
3+ Conditions	0	0	0	0	0	0

Condition Unknown	0	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
Total	0	0	0	0	0

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	20	19	1	0	0
No	50	50	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	33	31	2	0	0
Total	103	100	3	0	0

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	5	5	0	0	0
Three to six months ago	5	4	1	0	0
Six months to one year	2	2	0	0	0
One year ago, or more	6	6	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	2	2	0	0	0
Total	20	19	1	0	0

15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation	21	21	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	23	22	1	0	0
Safe Haven	0	0	0	0	0
Subtotal	44	43	1	0	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	4	4	0	0	0
Jail, prison, or juvenile detention facility	2	2	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	2	2	0	0	0
Substance abuse treatment facility or detox center	5	5	0	0	0
Subtotal	13	13	0	0	0
Temporary Situations					
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	1	1	0	0	0
Host Home (non-crisis)	1	1	0	0	0
Staying or living in a friend's room, apartment, or house	5	4	1	0	0
Staying or living in a family member's room, apartment, or house	6	6	0	0	0
Subtotal	13	12	1	0	0

Permanent Situations

Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with ongoing housing subsidy	2	2	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
Subtotal	3	3	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	30	29	1	0	0
Subtotal	30	29	1	0	0
Total	103	100	3	0	0

16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	41	0	42
\$1 - 150	0	0	0
\$151 - \$250	1	0	1
\$251 - \$500	3	0	3
\$501 - \$1000	12	0	12
\$1001 - \$1500	5	0	5
\$1501 - \$2000	5	0	5
\$2001 +	3	0	3
Client Doesn't Know/Prefers Not to Answer	0	0	0

Data Not Collected	33	0	32
Number of adult stayers not yet required to have an annual assessment		0	
Number of adult stayers without required annual assessment		0	
Total Adults	103	0	103
17 - Cash Income - Sources			
Earned Income	8	0	8
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	9	0	9
Social Security Disability Insurance (SSDI)	8	0	8
VA Service - Connected Disability Compensation	3	0	3
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	3	0	3
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	2	0	2
Adults with Income Information at Start and Annual Assessment/Exit		0	0

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)		8	0	8
Adults with Only Other Income		21	0	21
Adults with Both Earned and Other Income		0	0	0
Adults with No Income		43	0	44
Adults with Client Doesn't Know/Client Prefers Not to Answer Information		0	0	0
Adults with Missing Income Information		29	0	28
Number of adult stayers not yet required to have an annual assessment			0	
Number of adult stayers without required annual assessment			0	
Total Adults		103	0	103
1 or More Source of Income		31	0	31
Adults with Income Information at Start and Annual Assessment/Exit			0	72

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	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	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
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Annual Assessment									
Annual Assessment	Number of Adults with Earned Income (i.e., Employment Income)	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 \$ at Exit 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	8	0	0	64	72	0	0%
Average Change in Earned Income									
Number of Adults with Other Income	0	0	21	0	0	51	72	0	0%
Average Change in Other Income									
Number of Adults with Any Income (i.e., Total Income)	0	0	29	0	0	43	72	0	0%
Average Change in Overall Income									

Income (i.e.,
Total Income)
Average Change
in Overall
Income

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 Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	4	4	8	50%	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)	6	2	8	75%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	8	0	8	100%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	3	0	3	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)	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%
Retirement Income from Social Security	1	2	3	33%	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%
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	2	2	0%	0	0	0	0%	0	0	0	0%

No Sources	26	12	38	68%	0	1	1	0%	0	0	0	0%
Unduplicated Total Adults	46	20	66		0	1	1		0	0	0	

20a - Type of Non-Cash Benefit Source

	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)	20				0				21			
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	1				0				1			

20b - Number of Non-Cash Benefit Sources

	Benefit at Start		Benefit at Latest Annual Assessment for Stayers		Benefit at Exit for Leavers	
No Sources	48		0		48	
1 + Source(s)	20		0		21	
Client Doesn't Know/Client Prefers Not to Answer	0		0		0	
Data Not Collected/Not stayed long enough for Annual Assessment	35		0		34	
Total	103		0		103	

21 - Health Insurance

22/51

31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	0	0	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
Total	110	110	0

22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	8	0
Median Length	10	0

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

	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
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0.00	0.00	0.00	0.00	0.00
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	2	2	0	0	0
8 to 14 days	6	3	3	0	0
15 to 21 days	1	1	0	0	0
22 to 30 days	1	1	0	0	0
31 to 60 days	5	3	2	0	0
61 to 90 days	6	6	0	0	0
91 to 180 days	9	9	0	0	0
181 to 365 days	8	8	0	0	0
366 to 730 Days (1-2 Yrs)	11	11	0	0	0
731 days or more	27	27	0	0	0
Total (persons moved into housing)	76	71	5	0	0
Not yet moved into housing	0	0	0	0	0

Data Not Collected	34	29	4	1	0
Total Persons	110	100	9	1	0

22f - Length of Time between Project Start Date and Housing Move-In Date by Race and Ethnicity

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	0	0	0	0	0	0	0	0	0	0
Persons Exited Without Move-In	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

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/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	1	0	18	0	0	0	55	1	1	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
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	9	9	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	74	68	5	1	0
Safe Haven	0	0	0	0	0
Subtotal	83	77	5	1	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	4	4	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	2	2	0	0	0
Substance abuse treatment facility or detox center	2	2	0	0	0
Subtotal	8	8	0	0	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Residential project or halfway house with no homeless criteria	4	0	4	0	0
Hotel or motel paid for without emergency shelter voucher	4	4	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)	3	3	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
Subtotal	11	7	4	0	0
Permanent Situations					
Staying or living with family, permanent tenure	3	3	0	0	0
Staying or living with friends, permanent tenure	1	1	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	1	1	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
Subtotal	6	6	0	0	0
Other Situations					
No Exit Interview completed	1	1	0	0	0
Other	1	1	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	2	2	0	0	0
Total	110	100	9	1	0
Total persons exiting to positive housing destinations	6	6	0	0	0
Total persons exiting to destinations that excluded them from the calculation	4	4	0	0	0
Percentage of persons exiting to positive housing destinations	6%	6%	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	0
VASH housing subsidy	0	0	0	0	0	0
RRH or equivalent subsidy	0	0	0	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0	0	0
Public housing unit	0	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0	0
Housing Stability Voucher	0	0	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0	0	0
Permanent Supportive Housing	0	0	0	0	0	0
Other permanent housing dedicated for formerly homeless persons	1	1	0	0	0	0
Total	1	1	0	0	0	0

23e - Exit Destination Type by Race and Ethnicity

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't know, Prefers not to Answer, Data not Collected)
Homeless Situations	83	1	0	20	0	0	59	2	1	0
Institutional Situations	8	0	0	0	0	0	8	0	0	0
Temporary Situations	11	0	0	5	0	0	6	0	0	0

Permanent Situations	6	0	0	0	0	0	0	5	1	0	0
Other Situations	2	0	0	2	0	0	0	0	0	0	0
Total	110	1	0	27	0	0	0	78	3	1	0

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

24c - Sexual Orientation of Adults in PSH

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Heterosexual	0	0	0	0	0
Gay	0	0	0	0	0
Lesbian	0	0	0	0	0
Bisexual	0	0	0	0	0
Questioning/Unsure	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data not collected	0	0	0	0	0

Total	0	0	0	0
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24d - Language of Persons Requiring Translation Assistance

Language Response (Top 20 Languages Selected)	Total Persons Requiring Translation Assistance			
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Different Preferred Language	0			
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Total	0			
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25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	3	3	0	0
Non-Chronically Homeless Veteran	9	9	0	0
Not a veteran	90	87	3	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0
Data Not Collected	0	0	0	0
Total	103	100	3	0

25b - Number of Veteran Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	2	2		
Non-Chronically Homeless Veteran	5	5		
Not a veteran	73	71	2	
Client Doesn't Know/Client Prefers Not to Answer				
Data Not Collected				

Total				
81				
79				
2				
25c - Gender - Veterans				
	Total	Without Children	With Children and Adults	Unknown Household Type
Woman	1	1	0	0
Man	10	10	0	0
Culturally Specific Identity	0	0	0	0
Transgender	1	1	0	0
Non-Binary	0	0	0	0
Questioning	0	0	0	0
Different Identity	0	0	0	0
Woman/Man	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0
Woman/Transgender	0	0	0	0
Woman/Non-Binary	0	0	0	0
Woman/Questioning	0	0	0	0
Woman/Different Identity	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0
Man/Transgender	0	0	0	0
Man/Non-Binary	0	0	0	0
Man/Questioning	0	0	0	0
Man/Different Identity	0	0	0	0

Culturally Specific Identity/Transgender	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0
Transgender/Non-Binary	0	0	0	0
Transgender/Questioning	0	0	0	0
Transgender/Different Identity	0	0	0	0
Non-Binary/Questioning	0	0	0	0
Non-Binary/Different Identity	0	0	0	0
Questioning/Different Identity	0	0	0	0
More than 2 Gender Identities Selected	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0
Data Not Collected	0	0	0	0
Total	12	12	0	0

25d - Age - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	1	1	0	0
35 - 44	3	3	0	0
45 - 54	1	1	0	0
55 - 64	6	6	0	0

65 +		1	1	0	0
Client Doesn't Know/Client Prefers Not to Answer					
Data Not Collected					
Total		12	12	0	0
25i - Exit Destination - Veterans					
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	1	1	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
Subtotal	4	4	0	0	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	4	4	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	1	1	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Subtotal	5	5	0	0	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0

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Rental by client in a public housing unit	0	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	1	1	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0	0
Subtotal	1	1	0	0	0	0
Permanent Situations						
Staying or living with family, permanent tenure	1	1	0	0	0	0
Staying or living with friends, permanent tenure	1	1	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0	0
Subtotal	2	2	0	0	0	0
Other Situations						
No Exit Interview completed	0	0	0	0	0	0
Other	0	0	0	0	0	0
Deceased	0	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0

Subtotal	0	0	0	0
Total	12	12	0	0
Total persons exiting to positive housing destinations	2	2	0	0
Total persons exiting to destinations that excluded them from the calculation	4	4	0	0
Percentage of persons exiting to positive housing destinations	25%	25%	0%	0%

25j - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy - Veteran

	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
Total	0	0	0	0

26a - Chronic Homeless Status - Number of Households w/at least one or more CH person

Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
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Chronically Homeless	25	25			
Not Chronically Homeless	55	53	2		
Client Doesn't Know/Client Prefers Not to Answer	1	1			
Data Not Collected					
Total	81	79	2		

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	26	26	0	0	0
Not Chronically Homeless	83	73	9	1	0
Client Doesn't Know/Client Prefers Not to Answer	1	1	0	0	0
Data Not Collected	0	0	0	0	0
Total	110	100	9	1	0

26c - Gender of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Woman	9	9	0	0	0
Man	15	15	0	0	0
Culturally Specific Identity	0	0	0	0	0
Transgender	1	1	0	0	0
Non-Binary	1	1	0	0	0
Questioning	0	0	0	0	0
Different Identity	0	0	0	0	0

FY2024 CoC APR - Community Services

Woman/Man	0	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0	0
Woman/Transgender	0	0	0	0	0	0
Woman/Non-Binary	0	0	0	0	0	0
Woman/Questioning	0	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0	0
Man/Transgender	0	0	0	0	0	0
Man/Non-Binary	0	0	0	0	0	0
Man/Questioning	0	0	0	0	0	0
Man/Different Identity	0	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0	0
Transgender/Non-Binary	0	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0	0

More than 2 Gender Identities Selected

Client Doesn't Know/Prefers Not to Answer

Data Not Collected

Total

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	1	1	0		0
25 - 34	1	1	0		0
35 - 44	8	8	0		0
45 - 54	8	8	0		0
55 - 64	7	7	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
Total	26	26	0	0	0

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	18	0	18
Alcohol Use Disorder	5	0	5

Drug Use Disorder		9	0	9
Both Alcohol and Drug Use Disorders		2	0	2
Chronic Health Condition		5	0	5
HIV/AIDS		0	0	0
Development Disability		1	0	1
Physical Disability		10	0	10

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	8	8	0		0
Client Doesn't Know/Client Prefers Not to Answer					
Data Not Collected					
Total	8	8	0	0	

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

27c - Gender - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Woman	3	3	0	0	0

Man	4	4	0	0	0	0
Culturally Specific Identity	0	0	0	0	0	0
Transgender	0	0	0	0	0	0
Non-Binary	1	1	0	0	0	0
Questioning	0	0	0	0	0	0
Different Identity	0	0	0	0	0	0
Woman/Man	0	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0	0
Woman/Transgender	0	0	0	0	0	0
Woman/Non-Binary	0	0	0	0	0	0
Woman/Questioning	0	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0	0
Man/Transgender	0	0	0	0	0	0
Man/Non-Binary	0	0	0	0	0	0
Man/Questioning	0	0	0	0	0	0
Man/Different Identity	0	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0	0

Transgender/Non-Binary	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0
More than 2 Gender Identities Selected	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	8	8	0	0	0

27d - Living Situation - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	3	3	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
Subtotal	6	6	0	0	0
Institutional Situations					
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

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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
Subtotal	0	0	0	0	0
Temporary Situations					
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	2	2	0	0	0
Staying or living in a family member's room, apartment, or house	0	0	0	0	0
Subtotal	2	2	0	0	0
Permanent Situations					
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
Subtotal	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected					
Subtotal	0	0	0	0	0
Total	0	0	0	0	0
	8	8	0	0	0

27e - Length of Participation - Youth

		Total	Leavers	Stayers
30 days or less		8	8	0
31 to 60 days		0	0	0
61 to 90 days		0	0	0
91 to 180 days		0	0	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
Total		8	101	0

27f1 - Exit Destination - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
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	8	8	0	0	0
Safe Haven	0	0	0	0	0
Subtotal	8	8	0	0	0
Institutional Situations					
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	0
Jail, prison, or juvenile detention facility	0	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0
Temporary Situations						
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0
Permanent Situations						
Staying or living with family, permanent tenure	0	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0	0

Owned by client, no ongoing housing subsidy	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Situations					
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
Data Not Collected					
Subtotal	0	0	0	0	0
Total	8	8	0	0	0
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
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
Total	0	0	0	0
27g - Cash Income - Sources - Youth				
Earned Income	2	0	2	
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)	2	0	2
Youth with Only Other Income	0	0	0
Youth with Both Earned and Other Income	0	0	0
Youth with No Income	6	0	6
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	
Total Youth	8	0	8
1 or More Source of Income	2	0	2
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

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	1	1	2	50%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Earned Income	1	1	2	50%	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	0	0	0%
Supplemental Security Income (SSI)	0	0	0	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	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	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	0	0	0%
Private Disability Insurance	0	0	0	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	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	0	0	0%
General Assistance (GA)	0	0	0	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	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	0	0	0%
Child Support	0	0	0	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	0	0	0%
Other Source	0	0	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
No Sources	2	4	6	33%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%

Unduplicated Total Youth	3	5	8		0	0	0		0	0	0	
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27j - Average and Median Length of Participation in Days - Youth

	Leavers	Stayers
Average Length	7	0
Median Length	9	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
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0.00	0.00	0.00	0.00	0.00
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

271 - 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	1	1	0	0	0
8 to 14 days	1	1	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	1	1	0	0	0
31 to 60 days	2	2	0	0	0
61 to 90 days	1	1	0	0	0
91 to 180 days	1	1	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	1	1	0	0	0
731 days or more	0	0	0	0	0
Total (persons moved into housing)	8	8	0	0	0
Not yet moved into housing	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total Persons	8	8	0	0	0
27m - Education Status - Youth					
Current school and attendance					
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
For those not enrolled - most recent education status		
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
For those currently enrolled - current status		
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
Total persons	0	0

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4.1 – General Shelter Information – 20 points

The Bluegrass Care Navigators (BCN) Medical Respite program is always open, providing support and services around the clock. We welcome everyone, from youth to adults, clients, and households in need, including those with disabilities requiring special access. Whether it's the middle of the night or a holiday, we're here, ready to accept referrals every day of the year. Not only are referrals accepted 24/7, but the team is also available via an after-hours phone line for any needs that may arise.

Medical respite offers temporary, voluntary support for clients experiencing homelessness with post-acute healthcare needs. When any household enters respite, we ask them to adhere to some basic guidelines. These guidelines ensure that everyone in our program and the hotel feels secure and respected. Clients agree to follow general hotel and program guidelines, encompassing respect for property, adherence to room smoking policies, refraining from illicit substances that may interfere with medical care and recovery, and not having unauthorized guests or pets.

Our commitment to dignity and respect is unwavering. Guided by our mission, vision, and values, along with detailed non-discrimination policies and grievance procedures, we ensure that every client is treated with the respect and dignity they deserve.

Documentation Attached: [Homeless Medical Respite Process 2024.pdf](#)

From medical care to basic necessities, we provide clients with the support they need to heal and thrive. The shelter component of our program offers lodging in local hotels with low barriers to entry and housing-focused engagement. It prioritizes robust person-centered healthcare services and basic needs. Individualized case plans are created, addressing all barriers that impact clients' self-sufficiency, connecting them with community resources, and helping secure long-term

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affordable housing. Teams ensure all clients can access basic necessities, such as food, clothing, hygiene products, and transportation.

We don't just provide basic services; we work closely with each client to develop a plan tailored to their specific needs and goals. Our program boasts a unique staffing model that combines clinical, social, and spiritual teams, allowing BCN to be equipped to meet the diverse needs of our clients. Whether it's a medical or spiritual concern, our team provides support and guidance. This model is flexible, scaling up or down to accommodate capacity. All operations and client engagements occur within the client room or by telehealth. This model was the only one of its kind in Kentucky until the pandemic. Communities in Kentucky and nationally adopted it as best practice.

In the program, discharge planning and long-term resource connections start at intake. Our teams provide person-centered care that follows an individualized plan of care developed specifically around the client's needs, goals, and strengths. The program offers a stable environment for clients to recuperate and assists in transitioning toward permanent housing, reunification with family members, and connections with long-term supportive services. The respite program focuses on delivering health care and supportive services rather than imposing extraneous expectations and requirements.

At BCN, our commitment to treating clients with dignity and respect is reflected in our mission, vision, and values, which serve as the guiding principles for all aspects of our programming, emphasizing the importance of compassion, empathy, and inclusivity. BCN has an established "Non-Discrimination in Client Care" policy to uphold the principle of inclusivity in every service and benefit we provide. This policy ensures that no client is excluded or denied participation in our services, programs, or activities on the basis of race, color, religion, gender identification,

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sexual orientation, disability, or national origin. Grievance procedures outline clear expectations for client treatment and provide a framework for addressing any concerns or complaints. This policy is aligned with key civil rights legislation, including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the ADA of 1990.

To ensure accountability and transparency, clients and referral sources are provided with BCN's 24/7 toll-free number, encouraging them to reach out with any questions, concerns, or complaints. We understand the importance of timely and thorough resolution, which is why our Grievance Policy outlines a process for filing complaints, conducting investigations, and issuing written decisions within 30 days of filing. Grievants also have the opportunity to appeal decisions, with responses provided within the same timeframe. By adhering to these policies and procedures, we strive to create a safe, supportive, and inclusive environment where all clients are treated with the dignity and respect they deserve.

Documentation Attached: [BCN Policy Mission- Vision- and Values.pdf](#)

[BCN Policy Non-Discrimination Policy and Grievance Process.pdf](#)

Our process for communicating expectations begins from the moment a prospective client is referred to our medical respite program. Upon referral, our team reviews hotel and program guidelines with prospective clients. We understand the importance of language accessibility, so we utilize language line/interpreter services for clients with limited English proficiency. Additionally, the team carries the "I Speak" Language Identification Guide, allowing clients to identify their primary language accurately. In addition to "I Speak," we have implemented a comprehensive translation service through a trusted third-party language line provider. This service enables us to bridge language barriers and ensure that every client receives clear and

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accurate information about their care and services. Additionally, and within certain safeguards, we collaborate with a client's preferred family member with better English proficiency or preferred community-based translators, ensuring that communication is tailored to the client's needs and preferences.

Clients are encouraged to ask questions and seek clarification on any points they may not fully understand. We want clients to feel empowered and informed about what to expect during their recovery with us.

Before or during admission, clients receive a paper copy of the guidelines, which includes an overview of the program and 24/7 contact information. Additionally, clients can obtain a copy of the program guidelines at any time from the front desk of the hotel lobby throughout their stay.

Documentation Attached: [Hotel Medical Respite Program Letter for Clients.pdf](#)

[BCN Policy Facilitating Communication.pdf](#)

[I Speak Language Identification Guide.pdf](#)

BCN collaborates with a local hotel that is required to have accessible features, such as ADA (Americans with Disabilities Act) compliant access and accommodations for clients with mobility limitations. This includes rooms on the first floor with direct outside access, providing convenience and ease of mobility for those with varying strengths.

We also ensure outside air circulation in response to the COVID-19 pandemic and other air-transmitted diseases. BCN operates its own Durable Medical Equipment department, which enables us to supply necessary medical equipment to qualifying clients. Our strategic location near public transportation hubs ensures clients with different mobility strengths can easily access transportation services. This accessibility promotes greater independence and mobility for all clients, regardless of their physical abilities.

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BCN prioritizes cultural competence by mandating cultural diversity training for all new team members. Additionally, staff members must complete a cultural competence in-home care course annually, ensuring ongoing education and awareness. To further strengthen our commitment, BCN has an established Diversity, Equity, and Inclusion (DEI) department with four dedicated full-time positions.

BCN is committed to monitoring quality and effectiveness to ensure we meet the evolving needs of our community. We use feedback from partner organizations, our quarterly internal Quality Compliance Committee, and annual presentations to the CoC's Program Performance and Evaluation Committee to ensure continuous quality improvement.

4.2 – Rapid Resolution, Housing Oriented – 25 points

Our team prioritizes assessing options for diverting clients from the program whenever feasible. Our diversion approach encompasses various supports tailored to each client's unique needs.

When clients require shelter diversion, our dedicated social workers collaborate closely with other organizations within the Lexington Continuum of Care network to facilitate coordinated entry into the most suitable housing situation.

It's important to note that due to the medical criteria for our program's eligibility, clients who do not meet the medical requirements are redirected to the shelter that best meets their needs. This ensures all clients receive appropriate support and care tailored to their circumstances.

The respite program typically has extremely short stays, between 7 and 14 days. Despite the brief duration of stay for almost all our clients, including those with a COVID-positive status who may stay for as little as five days, our dedicated team springs into action from the moment of program entry. Our team works diligently to assess each client's needs and preferences, collaborating

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closely with community partners and housing agencies to identify suitable housing options. We leverage our network and resources, like Coordinated Entry, to expedite the housing placement process, ensuring that clients receive the support and assistance they need to transition into another emergency shelter or into safe, stable housing as quickly as possible.

BCN employs a robust data-driven approach to detect trends, identify frequent users, and monitor various performance measures, including housing success, with regular interdisciplinary team meetings, where we actively review and plan client care. These meetings serve as a forum to identify barriers to care and intervene in real-time to promote positive outcomes.

To further enhance our data-driven practices, we routinely review reports generated from our electronic medical records (EMR), PowerBI, and Kentucky Homeless Management Information System (KYHMIS) at least monthly. These reports enable us to identify trends, track frequent utilizers, and monitor outcomes across various performance measures.

We monitor various performance measures, including emergency department utilization, unplanned hospital readmission rates, length of stay, and connections to housing and healthcare resources. This is done in collaboration with the Bluegrass 3C Healthcare Planning and Communication Committee, which addresses frequent utilizers, monitors performance such as unnecessary hospital readmissions, facilitates soft handoffs for ongoing care, and addresses emergency shelter needs or housing placements.

Furthermore, our program reports are regularly presented to BCN's Quality and Compliance Committee for leadership review and discussion, and we provide annual presentations to the Lexington Continuum of Care's Program Performance and Evaluation Committee.

We collaborate with local shelters and housing provider agencies to facilitate connections to housing options tailored to each client's needs. In cases where suitable housing options are not

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immediately available, we explore alternative solutions, such as temporary stays with family members or friends or admission to residential drug rehabilitation facilities for those struggling with substance use disorder. We aim to ensure that clients in our respite program are connected with the most appropriate housing options and supportive services before discharge.

Our respite team receives training on Intimate Partner Violence (IPV). We work closely with Greenhouse17 to coordinate care for clients fleeing domestic violence who need medical respite services. IPV Resource lists are available to team members and are offered/provided to clients relaying concerns related to domestic violence. Clients may also be directly referred to services, such as domestic violence shelters, if they desire.

Personalized safety plans are available and may be developed with the client, with the assistance of staff, to increase their safety and prepare in advance for the possibility of further violence. These personalized safety plans may include various strategies that address safety, such as safety during a violent incident, within their residence, with a protection order, at work and in public, safety related to drug or alcohol use, and emotional health.

Our program provides comprehensive case management services to all clients, delivered by an interdisciplinary team of nurses, social workers, spiritual counselors, and volunteers. Qualified RNs, LPNs, and/or social workers provide case management services in person and telephonically. Additionally, we offer 24/7 on-call services for unexpected needs, connecting clients with a nurse or social worker whenever assistance is required.

Our case managers conduct initial and ongoing assessments of healthcare and social service needs throughout a client's stay. These assessments are dynamic, allowing for real-time adjustments to interventions based on changes in the client's care plan.

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Key areas our case management services address include healthcare access, medical and behavioral health services, substance use treatment, and resources for home health care or wound care needs. We also evaluate caregiving needs and assist with accessing additional social service resources and benefits, such as housing, transportation, food security, income support, and insurance. Overall, our case management services are focused on facilitating a safe discharge plan. Regarding capacity and caseload ratios, our case management services are structured to ensure each client receives personalized attention and support. Caseload ratios are managed to maintain quality care and effective case management, with regular assessments conducted to adjust staffing levels as needed to meet demand and maintain service quality. Our goal is to provide comprehensive and individualized support to each client, empowering them to achieve optimal health outcomes and secure stable housing solutions.

Conversations about discharge and discharge planning with individualized goals start at intake with all of our team trained in trauma-informed care practices. Respite staff working directly with clients are licensed nurses (RN or LPN) and social workers. In addition to standard initial and annual core training, which is reviewed and updated annually by BCN's Professional Development team, all respite nurses and social workers undergo specific care navigation training that focuses on barriers and facilitators to care and resource navigation. Training includes the role/scope, safety, professional boundaries, accessing resources for common barriers to care, and field training.

BCN routinely participates in innovative programming to increase our knowledge and expertise and ensure the delivery of high-quality, evidence-based care. One example is our recent participation in the University of Kentucky's HEALing Communities Study, an NIH research grant that focused on reducing opioid-involved overdose deaths. As a result of this partnership, BCN helped develop an Opioid Recovery Care Navigator Training Manual that is now publicly available

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for dissemination. Similarly, in recent work with an HHS ACL grant, our team received specialized training specific to SUD and Dementia, a testament to our commitment to supporting and implementing innovative, evidence-based practices.

The BCN team assists clients with accessing online resources to apply for Social Security cards or birth certificates, complete forms, or obtain information needed to apply for housing. Where financial barriers exist, staff can access various resource guides and connect clients in person or digitally. Additionally, transportation is arranged for clients who need to access local offices to obtain a photo ID and apply for or secure housing.

4.3 – Low-Barrier – 25 points

BCN prioritizes providing a low-barrier and inclusive environment for clients seeking shelter through our medical respite program. Our approach is guided by the principle of setting minimal and reasonable requirements, which are enforced fairly and transparently.

Our 24/7 referral and admission process ensures that eligible clients can be admitted on the same day. Expectations are communicated verbally in a language the client can understand at the time of referral. Upon admission to the program, expectations are reiterated in writing, and copies are readily available for pickup at any time via the hotel desk clerk.

While our program is voluntary, except for those receiving medical respite for COVID isolation, clients can leave the hotel throughout their stay to attend appointments or engage in other activities of daily living.

As a community healthcare provider, we recognize the importance of housing as a crucial determinant of health. Our medical respite program incorporates elements of case management and access to interdisciplinary teams to address barriers impacting a client's self-sufficiency. We

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are committed to connecting clients with appropriate resources in the community to help them obtain and sustain long-term housing that is affordable and suitable for their circumstances.

Our respite program accepts households as they define themselves and present at referral. This includes single adults with their caregivers, families with children, and partnered clients.

Pet accommodation is based on the hotel/motel policy, in which all service animals are allowed.

The hotel has made exceptions for our clients in the past who have small dogs or small animals.

BCN staff are not in the position or authority to make final decisions on animals but do present all cases to hotel management for a decision. Clients are requested to keep all personal belongings with them in their room.

The respite program typically has extremely short stays, between 7 and 14 days. Despite the brief duration of stay for almost all our clients, including those with a COVID-positive status who may stay for as little as five days, our dedicated team springs into action from the moment of program entry. Our team works diligently to assess each client's needs and preferences, collaborating closely with community partners, coordinated entry, and housing agencies to identify suitable housing options. We leverage our network and resources to expedite the housing placement process, ensuring that clients receive the support and assistance needed to transition into another emergency shelter or safe, stable housing as quickly as possible.

Access to our respite program is very flexible and extremely predictable as we: (1) have had the same referral process since 2019, only adapting with additional procedures in response to the COVID-19 pandemic and only for COVID-positive cases (2) BCN accepts referrals 24/7/365 and (3) we meet the clients where they are, including location and time of day. The process for entry is predictable, consistent, clear, fair, and equitable for all.

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Clients are only required to focus on their recovery and individualized care plans. Clients are not required to participate in classes or programs as a condition of services or shelter. Clients are encouraged to rest and recover as a priority. As our program operates 24/7/365, no client or family member is forced to leave their room at any time except for required maintenance or housekeeping. Even then, the client can remain in their room if they need to. The BCN team provides all services in the room, on the phone, or via telehealth.

Our teams work diligently to identify any areas of concern with medical and post-discharge instruction. If something comes up, nurses and social workers engage the client to identify solutions to compliance. However, the client is not removed or invited to leave medical respite due to incompliance with medical care.

The process for determining admission or removal from our medical respite program is thorough and transparent.

Referrals are accepted 24/7 and reviewed by the medical respite supervisor or their designee. They assess the client's current living situation and care needs to confirm homelessness, ability to maintain themselves independently in a hotel setting (or with caregiver assistance), and suitability for a temporary medical respite stay.

Alternative resources are offered if a client is deemed ineligible due to factors such as not experiencing homelessness, residing outside the service area, inability to manage independently in a hotel setting, or care needs exceeding program capacity. Referrals not meeting post-acute medical respite care criteria are directed to existing emergency shelters or other relevant services, with notifications provided to clients and referring agencies.

Clients have the right to submit grievances in accordance with our Non-Discrimination Policy and Grievance Process. Notably, drug testing is not conducted, and a positive result does not impact

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eligibility for medical respite services. Instead, clients with substance use disorders are offered education on available treatment and harm reduction resources, with assistance provided for linkage to desired services. Our process ensures fairness, transparency, and adherence to our commitment to providing dignified and equitable care.

In the past 12 months, three clients were banned from further services due to incidents of hotel property damage. Unfortunately, clients restricted due to hotel property damage cannot return to the hotel, thereby being restricted from rejoining the medical respite program.

Our program maintains a strict policy regarding property damage to ensure the safety and well-being of all clients and maintain the integrity of the facilities. While we deeply regret having to impose such restrictions, the safety and security of our clients, other hotel guests, and respite staff are paramount.

We understand the importance of fairness and transparency in our processes, and as such, we have a standardized procedure for reviewing restrictions and bans. This involves thoroughly assessing the circumstances leading to the restriction and considering any mitigating factors.

While restricted clients cannot return to the hotel or the medical respite program due to property damage, we remain committed to supporting them in accessing alternative resources and services as appropriate. Our goal is to foster a safe and supportive environment for all clients seeking assistance while upholding the standards of our program.

4.4 – Actual Results – 20 Points

The following reports are being submitted with our proposal:

- **CoC APR for January 1, 2023 – December 31, 2023 – Attached**

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4.5 – Budget Appropriateness and Feasibility of Budget – 10 Points

Complete this table	Total
***Number of client beds available:	N/A
***Number of units available for families, if applicable:	N/A
Funds requested from LFUCG:	\$87,650.00
Average nightly census for clients based on KYHMIS data:	3.3
Average nightly census for families based on KYHMIS data:	1.98
Total budget for shelter program (all funding sources):	\$145,159 (non-COVID)
% LFUCG investment (LFUCG Request/Total Budget * 100):	60%

Source of other funds:

Hearst Foundations = \$18,667

The Copia Foundation = \$5,000

FEMA Emergency Food and Shelter Program = pending \$14,000

Line-item budget narrative. – Excel Budget Template Attached

Bluegrass Care Navigators - Bluegrass Transitional Care 2024/2025 LFUCG ESR MR Budget
Line-Item Narrative Budget

Staff Salaries		# of Employees:	
	Full-Time (FTE)	1	
	Part-Time	0	
	Total Salaries	\$	60,743
	Narrative Description	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.	

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Staff Fringe Benefits			
	Narrative Description	The Staff Fringe Benefit Rate is 27.5% and is included in the staff salary figures above.	
Space/Facilities			
			\$ 56,538
	Narrative Description	Hotel/motel lodging: 698 nights X \$81/night	
Operating Expenses			
			\$ 14,682
	Narrative Description	Patient Transportation and Basic Need Expenses: Food (698 nights X \$17/night = \$11,866.00) + Transportation (\$1,816 LexTran + \$1,000 Uber Health)	
Indirect Cost 10%			
			\$ 13,196
TOTAL FY2024/2025, 2025/2026 PROGRAM BUDGET			
			\$ 145,159

FY2025 LFUCG EXTENDED SOCIAL RESOURCE (ESR) LINE-ITEM BUDGET

1. STAFF SALARIES

Full-Time (FTE)

Part-Time

PROGRAM STAFF SALARIES TOTALS

2. STAFF FRINGE BENEFITS

TOTAL FRINGE BENEFITS (XX% of total pay)

3. CONSULTANT SERVICES

TOTAL CONSULTANT SERVICES

4. SPACE/FACILITIES

Lodging

TOTAL SPACE/FACILITIES

5. OPERATING EXPENSES

Transportation

Food

TOTAL OPERATING EXPENSES

6. SCHOLARSHIPS/STIPENDS

TOTAL SCHOLARSHIPS/STIPENDS EXPENSES

7. OTHER

Indirect Cost (10%)

TOTAL OTHER EXPENSES

TOTAL FY2025 PROGRAM BUDGET

A Total ES Budget	B LFUCG Funding	C Non-city Funding
\$ 60,743.00	\$ 35,000.00	\$ 25,743.00
\$ -	\$ 35,000.00	\$ 25,743.00
\$ 60,743.00	\$ 35,000.00	\$ 25,743.00

\$ -	\$ -	\$ -
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\$ -	\$ -	\$ -
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\$ 56,538.00	\$ 30,000.00	\$ 26,538.00
\$ 56,538.00	\$ 30,000.00	\$ 26,538.00

\$ 3,139.00	\$ 3,139.00	\$ -
\$ 11,543.00	\$ 11,543.00	\$ -
\$ 14,682.00	\$ 14,682.00	\$ -

\$ -	\$ -	\$ -
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\$ 13,196.00	\$ 7,968.00	\$ 5,228.00
\$ 13,196.00	\$ 7,968.00	\$ 5,228.00

\$ 145,159.00	\$ 87,650.00	\$ 57,509.00
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Origination 03/2023
 Last 12/2023
 Approved
 Effective 12/2023
 Last Revised 12/2023
 Next Review 12/2024

Owner Stephanie
 Greene: Chief
 Operating Officer
 Clinical Services
 Area Rights and
 Responsibilities
 References LD.04.01.01,
 RI.01.07.01

Non-Discrimination Policy and Grievance Process

Purpose

To prevent Bluegrass Care Navigators' (BCN) team members from discriminating against patients or clients on the basis of race, color, religion, sex, sexual orientation, handicap, or place of national origin.

Policy

In accordance with Title VI of the Civil Rights Act of 1964, and its implementing regulation, BCN will directly, or through contractual, or other arrangement, admit and treat all persons without regard to race, color, religion, sex, sexual orientation, gender expression or identity, disability, national origin in its provision of services and benefits, including assignments, or transfers within facilities.

In accordance with Section 504 of the Rehabilitation Act of 1973, and its implementing regulations, BCN will not, directly, or through contractual, or other arrangements, discriminate on the basis of disability (mental or physical) in admissions, access, treatment, or employment. The Vice President of Human Resources, or designee has been designated as the coordinator for implementation of this policy.

In accordance with the Age Discrimination Act of 1975, and its implementing regulation, BCN will not, directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to the normal operation, or the achievement of any statutory objective.

In accordance with Title II of the American with Disabilities Act of 1990, BCN will not, on the basis of disability, exclude, or deny a qualified individual with a disability from participation, or benefits of, the services, programs, or activities of the hospice.

It is the policy of BCN to admit and/or provide treatment to patients and clients without regard to race, color, national origin, disability, or age. Patients or clients known to be infected with the Human

Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) will be cared for with respect and dignity, and will not be discriminated against in any way. Protection of privacy and confidentiality is stressed. These patients or clients do not require any isolation or precautions other than those included under Universal Precautions. BCN team member(s) will adhere strictly to Centers for Disease Control and Prevention (CDC) recommended Universal Precautions.

Universal Precautions guidelines are posted throughout the facility, and an in-service will be conducted annually, with mandatory attendance required. Information will also be included in all new team member onboarding.

Procedure

1. The Section 504/ADA Coordinator designed to coordinate the efforts of BCN to comply with the regulations will be the Vice President of Human Resources, or designee.
2. BCN will identify an organization, or person in their service area who can translate for persons with limited English proficiency, and who can disseminate information to sensory impaired persons. These contacts will be listed and kept in the policy manual.
3. The following statement will be printed on brochures and other public materials: "Patient services are provided without regard to race, color, creed, age, sex, disability (mental or physical), communicable disease, place of national origin, sexual orientation, gender expression, or identity."
4. Any person who believes she or he has been subjected to discrimination, or who believes he or she has witnessed discrimination on the basis of handicap, in contradiction of the policy stated above, may file a grievance under this procedure. It is against the law for BCN to retaliate against anyone who files a grievance, or cooperates in the investigation of a grievance.
5. Grievances must be submitted to the Vice President of Human Resources, or designee within thirty (30) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
6. A complaint may be filed in writing, or verbally, containing the name and address of the person filing it ("The Grievant"). The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought by The Grievant.
7. The Section 504 Coordinator, or designee will conduct an investigation of the complaint to determine its validity. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.
8. The Section 504 Coordinator, or designee will issue a written decision on the grievance no later than thirty (30) days after its filing.
9. The Grievant may appeal the decision of the Section 504 Coordinator, or designee by filing an appeal in writing to BCN within fifteen (15) days of receiving the Section 504 Coordinator, or designee's decision.
10. BCN will issue a written decision in response to the appeal no later than thirty (30) days after its filing.
11. The Section 504 Coordinator, or designee will maintain the files and records of BCN relating to

such grievances.

12. The availability and use of this grievance procedure does not preclude a person from filing a complaint of discrimination on the basis of handicap with the regional office for Civil Rights of the U.S. Department of Health and Human Services.
13. All BCN team members will be informed of this process during their on-boarding process.
14. BCN will make appropriate arrangements to assure that disabled persons can participate in, or make use of this grievance process on the same basis as the non-disabled. Such arrangements may include, but are not limited to, the provision of interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator, or designee will be responsible for providing such arrangements.

Locations

All Bluegrass Care Navigator locations, including:

Bluegrass Hospice Care

Bluegrass Grief Care

Bluegrass Adult Day Health Care

Bluegrass Palliative Care

Bluegrass Extra Care

Bluegrass Home Primary Care

Bluegrass Transitional Care

Bluegrass PACE Care

Bluegrass Home Health Care

Positions

Bluegrass Hospice Care team members

Bluegrass Grief Care team members

Bluegrass Adult Day Health Care team members

Bluegrass Palliative Care team members

Bluegrass Extra Care team members

Bluegrass Home Primary Care team members

Bluegrass Transitional Care team members

Bluegrass PACE Care team members

Bluegrass Home Health Care team members

Administrative support team members of all BCN departments

References

Title VI of the Civil Rights Act of 1964

Section 504

Age Discrimination Act of 1975:

Title II of the Americans with Disabilities Act

Addendum Below

Addendum 1.13 L

Section 504 Grievance Procedure

Grievance Procedure

It is the policy of Bluegrass Care Navigators (BCN) not to discriminate on the basis of handicap.

BCN has adopted an internal grievance procedure providing for prompt, and equitable resolution of complaint alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), or the U.S. Department of Health and Human Services regulations implementing this act. Section 504 states, in part, that "no otherwise qualified, handicapped individual will, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program, or activity receiving Federal financial assistance." The law and regulations may be examined in the office of BCN's Human Resources Vice President, or designee, who has been designated to coordinate the efforts of Bluegrass Hospice Care to comply with Section 504.

1. Any person who believes she, or he has been subjected to discrimination on the basis of handicap, in contradiction of the policy stated above, may file a grievance under this procedure. It is against the law for BCN to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.
2. Grievances must be submitted to Vice President of Human Resources, or designee, Bluegrass Care Navigators, 1733 Harrodsburg Road, Lexington KY 40504, (859) 276-5344 within thirty (30) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
3. A complaint may be filed in writing, or verbally, containing the name and address of the person filing it ("The Grievant"). The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought by The Grievant.
4. The Vice President of Human Resources, or designee will conduct an investigation of the complaint to determine its validity. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.

The Human Resources Vice President, or designee will maintain the files and records of BCN relating to such grievances.

5. The Vice President of Human Resources, or designee will issue a written decision on the grievance no later than thirty (30) days after its filing.
6. The Grievant may appeal the decision of the Human Resources Vice President, or designee by filing an appeal in writing to the President/Chief Executive Officer (CEO), Bluegrass Care Navigators, 1733 Harrodsburg Road, Lexington KY 40504, within fifteen (15) days of receiving the Director of Human Resources, or designees decision. This is the final level of appeal.
7. The President/CEO, or designee will issue a written decision in response to the appeal no later than thirty (30) days after its filing.
8. The availability and use of this grievance procedure do not preclude a person from filing a complaint of discrimination on the basis of handicap with the local Department of Health and Human Services (HHS) office for Civil Rights.
9. BCN will make appropriate arrangements to assure that disabled persons can participate in, or make use of this grievance process on the same basis as the non-disabled. Such arrangements may include, but are not limited to, the provision of interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings.

Approval Signatures

Step Description	Approver	Date
Publisher	Denise Moncivaiz: Policy and Performance Improvement Analyst	12/2023
Owner	Stephanie Greene: Chief Operating Officer Clinical Services	11/2023
Accreditation Checker	Eugenia Smither: Corporate Compliance Officer/VP Compliance & Quali	10/2023
Policy Writer	David Carper: Counseling Resource Officer	10/2023
Initiator	Sharlene Allnutt: Executive Assistant	10/2023

Status Active PolicyStat ID 14056792



Origination 02/2023
Last 09/2023
Approved
Effective 09/2023
Last Revised 09/2023
Next Review 09/2024

Owner Elizabeth Fowler:
President/CEO
Area Governance-
Leadership
References 484.65,
BHHC,
CQI.1.1.M1
+ 4 more

Experience of Care Surveys

Purpose

To delineate Bluegrass Care Navigator's (BCN) process for responding to the needs, and expectations of those we serve, and/or their representatives.

Policy

BCN will maintain a patient experience of care program, designed to obtain feedback from those we serve, including patients/families/caregivers, and patient representatives, and to assist BCN in improving performance, as well as planning, or design of care and services. Results are included in the standardized Information Cascade PowerPoint presented to team members, and shared with Senior Leadership, and the Governing Body.

Procedure

BCN will obtain information from those we serve regarding the care and service provided.

Bluegrass Hospice Care:

1. By the 15th of every month, a list of patients discharged during the previous month will be generated, and uploaded to an approved Center for Medicare and Medicaid Services (CMS) third party Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) vendor.
2. The Patient Experience of Care Survey, and (HCAHPS®) will be mailed by the vendor to each primary caregiver listed, along with a self-addressed, stamped envelope (SASE) for the surveys return. The vendor will receive and aggregate all survey data. They will send files to CMS' Data Warehouse Manager.

3. The Patient Experience of Care Survey will address questions in the following domains:
 - a. Rating of BCN
 - b. Willingness to recommend BCN
 - c. Communication with family
 - d. Getting timely help
 - e. Treating patient with respect
 - f. Emotional & spiritual support
 - g. Help for pain & symptoms
4. Each quarter, the responses will be summarized by the designated member of the Continuous Quality Improvement (CQI) Department, including:
 - a. Response rate, at least biannually
 - b. Overall experience of care quality measures
 - c. Individual survey comments in an anonymous format
5. The summarized data will be used to identify any patterns, trends, or issues. Further analysis will be performed, using performance improvement tools, when improvement areas are identified.
6. Results will be shared with the Quality and Compliance Committee, (QCC) and Senior Leadership who ensures results are available to the governing body. Results are included in the standardized Information Cascade PowerPoint presented to team members by the regional executive director.
7. The information will be utilized in the planning process to design care, and services that meet the needs, and expectations of the patients and their representatives.
8. BCN leadership will immediately address any issues that do not meet the mission, goals, and objectives of BCN.

Bluegrass Grief Care:

1. Experience of care surveys will be conducted in-house quarterly for new program enrollees.
2. The experience of care surveys will be mailed to the client with a SASE, to be returned to the Grief administrative support person for tabulation.
3. The experience of care survey will include two common questions (rating of care, and willingness to recommend) for comparison across lines of business along with other pertinent questions.
4. The responses will be summarized quarterly by the Grief administrative support person, and results shared with the Chief Hospice Officer and the designated CQI representative. Results includes;
 - a. Response rate
 - b. Overall experience of care quality measures
 - c. Individual survey comments in an anonymous format

5. The summarized data will be used to identify patterns, trends, or issues. Further analysis will be performed, using performance improvement tools, when improvement areas are identified.
6. Results will be shared with the QCC, and Senior Leadership, who ensures results are available to the governing body. Results may be included in the standardized Information Cascade PowerPoint presented to team members.
7. The information will be utilized in the planning process to design care, and services that meet the needs and expectations of the clients, and their representatives.
8. BCN will immediately address any issues that do not meet the mission, goals, and objectives of Grief Care.

Bluegrass Program for All Inclusive Care of the Elderly (PACE)/ Adult Day Health Care:

1. Experience of care surveys will be conducted in-house annually for new program enrollees.
2. The experience of care surveys will be mailed to the patient/caregiver with a SASE to be returned to the designated CQI department representative for tabulation.
3. The experience of care survey will address two common questions (rating of care and willingness to recommend) for comparison across lines of business, along with other pertinent questions.
4. The responses will be summarized annually including:
 - a. Response rate
 - b. Overall experience of care quality measures
 - c. Individual survey comments in an anonymous format
5. The summarized data will be used to identify patterns, trends, or issues. Further analysis will be performed using performance improvement tools, when improvement areas are identified.
6. Results will be shared with the QCC, and Senior Management, who ensures results are available to the governing body. Results are included in the standardized Information Cascade PowerPoint presented to team members.
7. The information will be utilized in the planning process to design care and services that meet the needs and expectations of the patients, and their representatives.
8. Clinical Operations will immediately address any issues that do not meet the mission, goals, and objectives of Adult Day Health Care.

Bluegrass Home Primary Care:

Surveying Home Primary Care has not yet begun

Bluegrass Palliative Care:

1. Experience of care surveys will be conducted in-house quarterly for new program enrollees.
2. The experience of care surveys will be mailed to the patient with a SASE to be returned to the

- designated CQI representative for tabulation.
3. The experience of care survey will include two common questions (rating of care, and willingness to recommend), for comparison across lines of business along with other pertinent questions.
 4. The responses will be summarized quarterly including;
 - a. Response rate
 - b. Overall experience of care quality measures
 - c. Individual survey comments in an anonymous format
 5. The summarized data will be used to identify patterns, trends, or issues. Further analysis will be performed, using performance improvement tools, when improvement areas are identified.
 6. Results will be shared with the QCC, and Senior Leadership, who ensures results are available to the governing body. Results are included in the standardized Information Cascade PowerPoint presented to team members.
 7. The information will be utilized in the planning process to design care and services that meet the needs and expectations of the patients and their representatives.
 8. Palliative and Clinical Operations leadership will immediately address any issues that do not meet the mission, goals, and objectives of Palliative Care.

Bluegrass Home Health Care

1. By the 15th of every month, a list of patients discharged during the previous month will be generated and uploaded to an approved Center for Medicare and Medicaid Services third party CAHPS vendor.
2. Only patients whose home health care is paid by Medicare or Medicaid will be included in the CAHPS Survey. Patients enrolled in a Medicare Advantage (MA) health plan such as a MA health maintenance organization, a MA preferred provider organization (PPO) or a Medicare private fee-for-service (PFFS) plan, are considered Medicare patients and are eligible to be included in the survey. In addition, patients whose home health care is paid for by a Medicaid managed care plan are eligible to be included in the survey.
3. The Patient Experience of Care Survey will be mailed to each patient on the list by the third-party vendor, along with a self-addressed, stamped envelope (SASE) for the return. The third-party vendor will receive and aggregate all data. They will send files to CMS' Data Warehouse Manager, RAND Corporation.
4. At least forty (40) completed HHCAHPS surveys over the four-quarter reporting period are necessary to receive Star Ratings.
5. The Patient Experience of Care Survey will address questions in the following domains:
 - a. Care of patients (questions #9, 16, 19 and 24).
 - b. Communication between providers and patients (questions #2, 15, 17, 18, 22 and 23).
 - c. Specific care issues (questions #3, 4, 5, 10, 12, 13 and 14).
 - d. Willingness to recommend this home health agency

6. Each quarter, the responses will be summarized by the Patient Experience Manager, including:
 - a. Response rate, at least biannually
 - b. Overall experience of care quality measures
 - c. Individual survey comments in an anonymous format
7. The data will be summarized to identify any patterns, trends, issues. Further analysis will be performed, using performance improvement tools, when areas in need of improvement are identified.
8. Results will be shared with the Quality and Compliance Committee and senior management, who in turn forward the information on to the governing body. The information is presented to clinical team members quarterly by the Home Health Care Executive Director.
9. The information will be utilized in the planning process to design care and services that meet the needs and expectations of the patients and their representatives.
10. Senior management will immediately address any issues that do not meet the mission, goals, and objectives of Home Health Care.

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	08/2023

References

484.65, BHHC, CQI.1.I.M1, HH6-4A.05, LD.04.03.01, PI.01.01.01, RI.01.07.01