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Applicant: Bluegrass Care Navigators, d/b/a Bluegrass Transitional Care

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Project: Bluegrass Transitional Care for Medical Respite

Bluegrass Transitional Care (BTC), originally KY Appalachian Transition Services, proposes to provide medical respite care for the Lexington homeless population transitioning them from the hospital when they are too ill, injured or frail to recover in a shelter or on the street. BTC is a case management entity, developed in 2011 to offer evidenced-based models of nurse transitions for patients at hospital discharge that are at risk of readmitting to the hospital within 30-days of discharge. BTC proposes to utilize the nationally recognized hotel/motel respite care model and has successfully utilized this model with University of Kentucky HealthCare homeless patients in 2017. Patients that are enrolled in the medical respite transition intervention are identified by hospital case managers and medical staff. The BTC intervention begins during the hospitalization with the hospital-based coach working closely with the medical staff and case managers to prepare for discharge and transition to the hotel/motel for medical respite. The BTC home nurse coach transitions the patient into the hotel on the day of discharge and follows throughout the intervention and medical respite stay.

5.1 Program Proposal and Design: Scope of Work

The Problem of Homelessness at Hospital Discharge

When most patients transition from the hospital to home they are often in poor health, recovering from an illness or injury, and generally have a new diagnosis that will require self-management or assistance from a caregiver or family member. After leaving the hospital it is the patient's responsibility to adhere to their discharge instructions, obtain their medications, make follow-up and attend physician and therapy appointments, and accurately tell new physician consultants about their medical conditions and treatments.

For people experiencing homelessness, transitioning from the hospital to the community has numerous obstacles that often lead emergency department utilization and hospital readmissions, both high-cost options for health care. Homeless patients that are transitioning to a shelter or the street, find adhering to discharge instructions and obtaining adequate rest for recuperation is nearly impossible if shelters are closed during the day and there are restrictions in lying down in public spaces, in addition to limited access to restrooms. It is not unusual for medications to be lost or stolen following discharge, leading to non-compliance is a risk for hospital readmission. According to the National Health Care for the Homeless Council, in a study on transitions for homeless patients, 59% reported no post-discharge transportation plans, and a number of the participants were concerned for their safety when discharged after dark and had to find a safe place to rest or go to a shelter. (Greyson, R., Allen, R, Lucas, G. I., Wang, E, Rosenthal, M. S. (2012). Understanding transitions in care from hospital to homeless shelter: a mixed-methods, community-based participatory approach. *Journal of General Internal Medicine.*)

Low health literacy and poor cognitive functioning are leading factors in putting people at risk for 30-day hospital readmission and high emergency department utilization. This is prevalent among low socioeconomic groups, which often includes the homeless. Patients with low health literacy have difficulty reading and understanding their discharge instructions, including medication and diet regimens that leads to poor health outcomes. The ability to communicate their hospital course to follow-up physicians and other providers is especially challenging for patients with low health literacy. Finally, living with homelessness causes and worsens poor health. The homeless are at high risk for chronic, uncontrolled medical conditions such as asthma (4-6 times higher), cardiovascular diseases (2-4 times higher), and diabetes (up to 2 times higher) than are people with consistent housing. (Bonin E, Brehove T, Kline S, Misgen M, Post P, Strehlow AJ, Yungman J. *Adapting Your Practice: General Recommendations for the Care of Homeless Patients*. Nashville: Health Care for the Homeless Clinicians Network, National Health Care for the Homeless Council, 2004) Multiple health conditions, such as tuberculosis, substance abuse, HIV and mental illness, are difficult to manage with patients who don't have housing, especially following a hospitalization. Poor diet, exposure to weather, lack of insurance, no physician follow-up, along with the stressors of being homeless all contribute to poor discharge outcomes. It is not surprising that homeless patients discharging from an acute hospitalization frequently end up in the emergency department and readmitting to the hospital frequently. Providing medical respite accommodations after hospital discharge for patients too fragile to return to the street or shelter will provide the environment to safely recuperate from the hospitalization. Medical respite will prevent readmissions, emergency department utilization and

improve health care outcomes through evidenced-based nurse transition interventions and dependable respite housing. Additionally, reducing health care costs.

Bluegrass Transitional Care

Bluegrass Transitional Care (BTC), originally KY Appalachian Transition Services, is a case management program developed in 2011 that contracts with payers and entities to transition at-risk frail patients to prevent avoidable hospital readmissions and emergency department utilization after discharging home or to a nursing facility. In February 2013, BTC was one of 100 community-based organizations that was awarded the Centers for Medicare and Medicaid, Center for Innovations' Community Based Care Transitions Demonstration Project. The goal of the demonstration was to test evidenced-based model of care transitions for persons at-risk of 30-day readmission. Each awardee had to partner with the highest readmission hospitals in the state, BTC worked with four Appalachian Regional Health Care acute hospitals in Eastern KY. The 5-year demonstration ended in March 2017 and BTC was one of sixteen high performers to finish the demonstration.

Transitions of care are a range of time limited services that are designed to ensure that patients and caregivers can understand and utilize health care information, ensure health care continuity and avoid preventable poor outcomes as they move from one level of care to another, among multiple providers across settings. Medication reconciliation, medication education, ensuring physician follow-up, assessment, resource referral, coaching regarding their medical conditions are all components of the transition intervention. BTC uses two transition models, the Dr. Mary Naylor Transitional Care Model (TCM), through the University of Pennsylvania's Ralston

PENN Center that has been tested and refined for over 20 years. The model has proven to prevent avoidable hospital readmissions and emergency department visits. The intervention begins in the hospital, with the hospital-based nurse coach enrolling, orienting, assessing and preparing the patient for discharge. The TCM is a six-week intervention with five home visits, one a week for four weeks, telephonic in week five and a discharge home visit in week six. BTC also uses Dr. Eric Coleman's Care Transition Intervention (CTI), which is similar to TCM, but shorter in duration, three home visits over thirty days. For the medical respite program, BTC will solely utilize the Naylor TCM intervention.

The hospital-based coach hands off the patient to a home coach at discharge, a visit is made within 24-hours of discharge and the home intervention is initiated. The hospital nurse/coach utilize the following clinical instruments to assess areas that could lead to readmission:

Short Portable Mental Status Questionnaire: measures intellectual function by assessing response to ten items

Geriatric Depression Scale: validity was established by correlation with both diagnostic clinical ratings and other self-report measures of depression

Instrumental Activities of Daily Living: Lawton's IADL is used to measure ability to perform money, medication management, shopping and household chores

KATZ Activities of Daily Living: measures ability to conduct self-care

Overall Quality of Life: high correlation has been demonstrated between perceived and actual quality of life and outcomes

Subjective Health Rating: high significant correlations have been reported between self-reports and physician ratings of health status

Symptom Bother Scale: positively associated with difficulty with activities of daily living and depression, and negatively associated with subjective health

Rapid Estimate of Adult Literacy in Medicine SF: tests the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

Generalized Anxiety Scale-7: screening tool to measure the severity of generalized anxiety disorder

Proposed Medical Respite Program

BTC proposes to utilize motel/hotel rooms for homeless respite care, which has 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, would allow families to stay together and is effective in protecting the patient from infections from other patients.

UK HealthCare estimates that there will be approximately five (5) homeless patients monthly that are eligible for medical respite. It is estimated that an additional twelve (12) patients annually from Baptist Health Lexington and Saint Joseph Hospital combined will be eligible for the medical respite program. The total patients eligible in the twelve-month period is seventy-two (72). Currently, BTC utilized the Bluegrass Extended Stay Hotel, Richmond Road, for homeless medical respite. Each room has a kitchenette with a full-size refrigerator, microwave and coffeemakers. There is an attendant at the front desk 24-hours a day, laundry facilities, handicapped accessible rooms, free coffee/tea and a light breakfast. UK HealthCare homeless patients that BTC has placed in the hotel for medical respite have been pleased with the accommodations. The hotel is secure through the 24-hour front desk, individual room locks and

routine hotel security. BTC has an on-call program 24 hours a day, 7 days a week for the patient to contact with questions and emergencies.

Process

Referral Process: BTC will target homeless patients at University of Kentucky Health Care, Baptist Health Lexington and Saint Joseph Hospitals. Hospital-based coach/nurses, 3 total, at UK will work closely with UK case managers and social workers to identify eligible patients for the medical respite intervention. The hospital coaches are on-site Monday-Friday identifying and enrolling patients into the transition intervention and begin the program. As part of the admission process, the patient signs a BTC Consent Form and for the medical respite intervention and addition Consent/Agreement Form will be developed that outlines expectations. The coach will visit the patient daily and begin planning for discharge and transition to the motel, working closely with UK case managers, medical staff and social workers. The hospital coach contacts the BTC office staff designated to arrange for the hotel medical respite, who begins the outpatient plans for discharge, working with the hotel and other community programs. The BTC designated office staff is medical respite motel manager. BTC is fully integrated into the UK HealthCare electronic health record system and internally utilizes an electronic health record that is web based, ContinuLink, that all hospital and home coaches access via laptops and chart in real time. The UK HealthCare medical record is also loaded into the BTC system to ensure the home coach is knowledgeable on the hospital stay, specifically the physician's discharge summary instructions.

For patients that will be discharged from Baptist Health Lexington and Saint Joseph Hospital, the BTC staff will work closely with case management, medical staff and social workers to identify eligible patients. The UK hospital coaches will go to the hospitals and enroll the patients in the program and begin the discharge planning process with the designated office staff coordinating the hotel stay and discharge.

Eligibility: Patients must be ambulatory and able to care for themselves (with assistance), including taking their medications appropriately with guidance. Patients should not be actively using alcohol or illegal substances, although a social worker is available for counseling and referral to community resources. Families are eligible to stay in the hotel with the patient during the medical respite for recuperation. Friends may be eligible to stay with the patient on a case-by-case basis. With the motel medical respite model there is not a limit on the number of patients that can access the service at the same time.

BTC utilizes the Naylor TCM Risk Assessment Tool to determine the patient's risk factors for readmitting to the hospital within 30-days of discharge. Risk factors include: Age 80 or older, moderate to severe functional deficits, history of mental/emotional illness, 4 or more co-existing health conditions, 6 or more prescribed medications, 2 or more hospitalizations within past 6 months, hospitalization in past 30 days, inadequate support system, "poor" self-rating of health, and documented history of non-adherence to therapeutic regimen. The hospital-based coach conducts the risk assessment prior to discharge and documents the score in the medical record and BTC electronic medical record. The risk factors are part of the comprehensive assessment and assist in the development of a plan for service.

UK HealthCare utilizes the LACE Risk Assessment Tool as well to identify patients at high risk of readmitting to the hospital following discharge. LACE is the acronym for Length of Stay, Acute Admission, Co-morbidity, and Emergency Room visits during the previous 6 months. The LACE Tool has a score from 1-19 and patients scoring ≥ 11 are at high risk for readmission. BTC hospital-based coaches receive a list of the LACE highest risk patients daily for enrollment and there are generally at least one (1) homeless patient identified. The daily LACE report will also be utilized to identify patients for the medical respite intervention.

Hospital Discharge: The hospital case managers are responsible to arrange transportation to the hotel; however, this proposal includes funds to pay for cab vouchers for transportation to the hotel and follow-up appointments. The patient will receive their filled medications prior to discharge from the hospital through the hospital's "meds to bed" program. The designated BTC office staff representative will meet the patient at the hotel on the day of discharge to stock the hotel refrigerator with food staples (BTC utilizes Bluegrass Moveable Feast for daily meals). The office representative also gives the patient a document that details expectations during the respite and orients them to the hotel and how meals will be handled.

The nurse/home coach visits the patient within 24-hours of hospital discharge at the hotel. The nurse assesses the effects of the transition from the hospital on the overall status of the patient. The nurse/home coach ensures that the patient understands and has access to all prescribed post-discharge medications and therapies and reviews their hospital discharge instructions with the patient. A comprehensive medication reconciliation is conducted and all discrepancies are

reported immediately to the hospital discharging physician. The nurse/coach ensures that the physician follow-up appointment is scheduled within seven (7) days of discharge, arranges transportation through Wheels or a volunteer, obtains any needed medical equipment or supplies and arranges for any other needed community or medical service. When and if a patient doesn't have a primary care provider, the nurse/coach is responsible for referring them to a practice and following through to ensure an appointment is scheduled. If the patient has a skilled nursing intermittent need, the nurse/coach refers the patient to home health, if that was not done prior to discharge and obtains a physician order. It is anticipated that seventy-five percent (75%) of the patients utilizing medical respite will require a visit by the BTC social worker to arrange for additional community services and begin the permanent housing process when applicable. BTC has processes in place to report to the referring hospital case management and medical staff what they observed and all concerns found during the first home visit within 24 hours. This can include medication errors, no discharge instructions, patient doesn't understand treatment plan, no follow-up appointment scheduled, etc. This not only ensures continuity of care, but provides the hospital with a "look into first day in hotel" and an evaluation of their discharge process.

The nurse/coach visits the patient as needed in the hotel, although at least weekly for the first four (4) weeks, telephonically in the fifth week, and in-person visit for the six and final week. It is expected that the average length of stay in the hotel will be seven (7) days, based on historical experience. When the patient discharges to a shelter or permanent housing the nurse/coach completes the intervention in those locations. For each visit, the goal is to encourage the patient's coping and well-being by focusing on: managing risk factors to prevent decline; managing problem behaviors; assessing and managing physical symptoms; preventing functional decline;

managing depression; promoting adherence to therapies; assuring proper medical management; validating knowledge of the medical condition.

Hospital 30-day Readmissions

BTC uses an evidenced-based Root Cause Analysis Tool (RCA) for all 30-day hospital readmissions. The hospital nurse/coach completes the RCA with the patient during the readmission and works with the patient to prepare for discharge and communicates regularly with the home nurse/coach. The RCA assists in determining if the readmission could have been avoided and includes medical admission information and the following questions: 1. When you left the hospital the first time, did you feel ready to leave or that you left too early? 2. When did you start to feel poorly again? What did you do when you felt poorly? 3. When you left the hospital, were you able to get the medications you were prescribed? 4. We know that many people don't take their meds every day. What problems have you had taking your medications? 5. Did you see your doctor/NP/PCP for follow-up since your hospital discharge? If no, why not? 6. When you need help, who do you ask? 7. Why do you think you ended up in the hospital again so soon? 8. Is there anything we could have done better, either when you were in the hospital the last time or after you left, that might have prevented you from coming back to the hospital? The BTC medical director reviews the medical information and RCA to determine if the readmission was avoidable. The RCA is sent immediately to case managers in the hospital. Approximately 95% of all readmissions in the BTC program are unavoidable.

Medical Respite & BTC Intervention Discharge

During the entire medical respite and transitional care intervention, the nurse/coach and social worker will be working with the patient on a plan for discharge. Working in collaboration with community agencies to prepare the patient to return to the community is vital to the success of the intervention. Agencies that BTC will coordinate care and services with are, but not limited to, Wheels, homeless shelters, LFUCG Office of Homelessness Prevention and Intervention, Moveable Feast, Lexington Rescue Mission, AIDS Volunteers, Adult and Tenant Services LFUCG, Catholic Action Center, LFUCG Housing Authority, KY Prescription Assistance Program, and home health agencies. BTC is fully integrated into the UK HealthCare system and its physician practices and works closely in transitions with all physician practices and provider groups in Lexington. Through its many lines of service, BCN has close collaborations with Baptist Health Lexington and Saint Joseph Hospital.

The BTC intervention will continue after the patient leaves the medical respite hotel and transition the patient to a shelter or permanent housing, for a maximum of six (6) weeks post hospital discharge. This will provide an opportunity to ensure the patient attend follow-up appointments and treatments. At six (6) weeks, arrangements will be in place for follow-up medical care and treatments. The patient will receive a written discharge instructions that reinforces goals attained, strategies developed, and emergency plan to manage their illness. BTC nurse/coaches use teaching sheets that include specific diagnosis “Red Flags” that help the patient manage their conditions and recognize warning signs and plans to address symptoms. The primary care provider physician also receives a Discharge Summary of services provided.

Marketing Medical Respite

BTC has a well-established process to secure referrals from Lexington hospitals, physicians, case managers and social workers that currently includes medical respite in hotels for UK HealthCare patients discharging that are too fragile to return to shelters, through the July 2017 LFUCG Extended Social Resource Grant. The same processes will be used with Baptist Health Lexington and St. Joseph Hospital case managers, medical staff and social workers. Bluegrass Care Navigators has an extensive marketing department that includes two (2) Lexington dedicated Provider Liaisons that will include the medical respite program as well as all lines of service.

BTC provides monthly reports to its partner hospitals on the outcomes of the transition program, that includes homeless medical respite. A regular report will be provided to the Office of Homelessness Prevention and Intervention as well as the homeless coalition. BTC has experience in keeping the community and key stakeholders informed of program outcomes and new initiatives in various venues that includes social media. Further discussion of securing additional funding is in 5.5 Program Sustainability Section.

5.2 Experience and Qualifications, Organizational Capacity

Bluegrass Care Navigator's (BCN) mission is to provide patient-centered care to seriously ill and their families with excellence and compassion and engaging community partnerships and the Bluegrass Transitional Care innovative transition service's mission is to improve patient satisfaction, improve health outcomes and reduce health care costs. The organization's missions align with the goals of Innovation and Sustainable Solutions to Homelessness Fund to provide medical respite for persons experiencing homelessness that are discharged from local hospitals

and need a place to rest and recuperate, which will lead to better health care outcomes, lower cost to medical facilities and lead to stable housing and improved quality of life in the community. Bluegrass Care Navigators, recognized as a leader, for nearly 40 years, in the hospice and palliative care arena, has provided expert, compassionate care to thousands of individuals and families. The organization's commitment to providing a full continuum of care is exhibited through innovative lines of services, such as Bluegrass Transitional Care, Bluegrass Extra Care Private Duty, CMS CMMI Medicare Care Choices Model, Primary Care and extensive services through Bluegrass Palliative Care. BCN operates a free-standing hospice facility in Hazard, Kentucky, a unit within Saint Joseph Hospital and will open a unit within Markey Cancer Center in the first quarter of 2018. Recently, BCN was successfully awarded a Certificate of Need for Bluegrass Adult Day Care in Franklin County and will be operational in April 2018.

BCN has the organizational infrastructure to expand its transition program and medical respite intervention, including Finance, Human Resources, IT, Quality Department and Marketing departments.

In 2016, BCN admitted 5,436 hospice patients, conducted 9,111 palliative care visits and admitted 5,280 transitional care cases, touching over 40,000 lives in central, northern and eastern Kentucky. BCN has 611 employees across its lines of service and 622 trained volunteers.

BCN began transitioning patients for UK HealthCare in February 2015, initially in hospital medicine, expanding cardiovascular, Good Samaritan Hospital, neurology, NICU NAS babies

and to emergency medicine in August 2016, which led to the Lexington homeless population. The UK HealthCare program to date November 2017 enrolled 995 patients of which 77 readmitted within 30-days (without ESRD patients) for a 7.7% readmission rate. Inclusion of the ESRD patients the average readmission rate is 14.4%, a very successful outcome. In July 2017, BTC was awarded the Extended Social Resource Grant by the LFUCG to provide medical respite in hotels and other services for the homeless patients transitioning from UK HealthCare. BTC transitions patients discharging from UK HealthCare to local shelters and provides the transition intervention within the shelter. Following are examples of the homeless transitions and medical respite.

Patient 1: 49-year-old divorced male originally from the Northwest that is Bipolar and quit taking medications that led to him crossing the country and ending up in Lexington. His initial hospitalization via the emergency department for chest pain that required a CABG 4 valves and a length of stay at UK for 14-days. The patient was too fragile to return to the homeless shelter and was discharged to a hotel for recuperation, with the ultimate goal of assisting him to return to the Northwest when released by his cardiologist. The patient had multiple co-morbidities including Hypertension, Diabetes, Anxiety, Chronic Obstructive Pulmonary Disease, PVD both legs, Heart Disease, Manic Depression and recent suicide attempts. The patient did have a planned readmission for surgery to clean the wound site, 2-day length of stay. The patient was in the hotel for 5 weeks and then released from his cardiologists and assisted with travel back to the Northwest. During his hotel stay he received multiple services including 3 nursing visits and 2 social work visits.

Patient 2: 68-year-old divorced male that was admitted to UK for Pneumonia for a 5-day stay. The patient has multiple co-morbidities including Hypertension, history of alcohol abuse,

Chronic Obstructive Pulmonary Disease, tobacco abuse and oxygen dependent. The patient needed a new special portable oxygen concentrator that UK HealthCare agreed to purchase, which would take 4-5 days to arrive. Rather than remain in the hospital, BTC transitioned the patient to a hotel and had a temporary oxygen concentrator delivered. The patient remained in the hotel for 5 days and transitioned back to the homeless shelter. The nurse/coach transitioned the patient to the shelter and completed the intervention. The patient didn't have a hospital readmission.

Patient 3: 55-year-old male hospitalized for Bacterial Pneumonia, 18-day length of stay. The patient has multiple co-morbidities, including HIV, Cellulitis and Hep C. The patient was awaiting a placement at Solomon House and rather than stay in the hospital BTC transitioned him to a hotel. He was at the hotel for 5 days and then transitioned to Solomon House. He was seen by the nurse/coach 3 times and by the social worker 2 times over the 6-week transition. Provided the patient with clothing to wear to his mother's funeral, food and obtained Wheels. The patient didn't have a hospital readmission and had one emergency department visit for an ear ache.

BTC has existing partnerships with hospitals, physician practices, social services agencies, such as Moveable Feast that will be leveraged to ensure the medical respite program is successful and part of a continuum of care in the community.

Team Members Working in Medical Respite:

Susan Swinford, MSW, VP of Administration: Project Lead, CV attached

Kelly Adkins, Associate of Business Management, Administration Office, Hotel Medical Respite Coordinator, Position Description: is responsible for coordinating with the hospital-

based coach and hospital case manager to arrange for the hotel, stock food, Moveable Feast, applicable durable medical equipment and coordinate the hotel stay, and assigning the home nurse/coach and social worker.

Hospital-based Nurse/Coach: Position Description: works closely with UK HealthCare to identify eligible homeless medical respite patients, enrolls the patients into transitions, in collaboration with UK case management, medical staff and social workers plans for patient discharge to the hotel. Section 5.1 has detailed descriptions of the roles and responsibilities for the hospital-based nurse/coach. There are 3 hospital-based coaches at UK that will also enroll patients at Baptist Health Lexington and Saint Joseph Hospital.

Home Nurse/Coach: Position Description: sees the patient at the hotel within 24-hours of hospital discharge and begins the medical respite intervention in the hotel. The nurse/coach sees the patient once a week for 4 weeks, telephonic when needed and in the fifth week, in-person visit in week 6 to discharge the patient. There are 3 Lexington home nurse/coaches that will provide the intervention. Section 5.1 has detailed descriptions of the roles and responsibilities for the home nurse/coaches.

Home Social Worker: Position Description: provides hotel visits as needed for community resource and program referrals, counseling and assessments. Section 5.1 has further detail on the roles and responsibilities.

Trained Volunteers: BCT will use the BCN organization's trained volunteers that work in all lines of service to provide transportation as needed, deliver food and offer companionship.

5.3 Timeline

BCN and BTC currently provide medical respite in hotels in partnership with UK HealthCare and the Extended Social Resource Grant and the program protocols, policies and procedures are in place to immediately begin the program.

July 1, 2018: Start date of one-year funding

July 2018: Work with the LFUCG and Office of Homelessness Prevention and Intervention to determine the data collection and reporting requirements. Responsible Person: Susan Swinford

July 2018: Enroll first eligible patients at UK HealthCare for medical respite transition.

Responsible Parties: Hospital Nurse/Coaches, Home Nurse/Coaches, Hotel Coordinator

July/August 2018: Meet with key stakeholders at Baptist Health Lexington and Saint Joseph Hospitals to develop and finalize processes for identifying eligible patients, referral process, enrollment and discharge processes. Responsible Person: Susan Swinford and BTC team

July/August 2018: Finalize meetings with community agencies that will collaborate in the medical respite program including homeless shelters, Wheels, Moveable Feast, housing agencies, etc. to develop streamlined processes for referrals for needed services. Responsible Persons: Susan Swinford and BTC team

September 2018: Provide first monthly report to hospital partners, Homeless Coalition, Office of Homelessness Prevention and Intervention: Responsible Persons: Susan Swinford and BTC team

October - December 2018: provide in-person reports on program progress and outcomes: Responsible Persons: Susan Swinford and BTC team

January – June 2019: provide in-person reports on program progress and outcomes: Responsible Persons: Susan Swinford and BTC team. Grant ends.

5.4 Sustainability, Cost and Overall Program Budget

BTC currently contracts for transitions for KY Medicaid Managed Care Organizations, specifically Aetna Better Health and Anthem MCO and is in the contractual stage with Humana CareSource. The MCOs pay for the transition intervention and BTC provides weekly reports on the activities and outcomes for their members as well as regular large detailed reports. During the grant period, BTC will meet with MCO leadership to present proposals on the outcomes of the medical respite program and request that they pay for the hotel at the end of the grant for their members. BTC will approach all five KY MCOs as well as Medicare Advantage programs. Hospital partners will receive regular reports on the program's outcomes that will lead to proposals for the hospitals to also share the cost of the medical respite program, which will provide them with cost avoidance and bed opportunity days.

BCN has an extensive Philanthropy Department that will work with BTC to evaluate what opportunities for additional grants and funding there are for the medical respite program.

Budget and Narrative

2018 Medical Respite Care Grant Budget Narrative

1. Personnel - total amount requested: \$37,043.28
 - a. Id each position allocated to the grant
 - i. Fayette County Home Coaches – \$28,440 requested
 - ii. Part time Social Worker - \$2,970 requested
 - iii. Administrative Assistant - \$5,633.28 requested

- b. What is their role in the project
 - i. Fayette County Home Nurse/Coaches will be the primary medical support for the patient
 - ii. Social Worker will provide one counseling visit in addition to nurse visits to 75% of patients
 - iii. Administrative Assistant will secure motel room and food provisions for patient
- c. What % of FTE allocated –
 - i. Fayette County Home Coaches: .50 FTE
 - ii. Social Worker: .25 FTE
 - iii. Administrative Assistant:
- 2. Fringe Benefits – total amount requested: \$3,094.20
 - a. Organization fringe benefit rate –
 - i. 24% for administrative assistant
 - ii. 7.65% for nurses and social worker
- 3. Equipment: small durable medical equipment, such as canes: in-kind donations
- 4. Travel: emergency cab vouchers: in-kind
- 5. Contractual – N/A
 - a. Describe expenses associated with providing expanded supportive services or other services or other services for which the organization intends to contract with another entity – THIS IS NOT APPLICABLE
- 6. Operating Expenses – total amount requested: \$38,520

- a. Breakdown supplies, office space, contracts for supportive services, HMIS expenses and other. For each category, ID category and give justification.
 - i. Other: Motel room @ \$70 per night for homeless patients to receive care.
\$35,280 requested
 - ii. Supplies: \$40 basic food supply for motel room. - \$2,880 requested
 - iii. Supplies: Medication Sets - Utilized to teach medication management, utilized with low literacy individuals - \$360 requested
7. Indirect Costs – total amount requested: \$3,932.87
- a. Is there an indirect cost rate? Yes
 - b. If yes – provided evidence of an approved indirect cost rate from appropriate cognizant agency – See Attachment
 - c. If no – provide clear indication of administrative costs as differentiated from direct operating expenses.

LFUCG Medical Respite Budget 2018

Revenue	\$82,590.35	
Personnel	Amount Requested	FTE
Fayette County Home Coaches	\$28,440.00	.44 FTE
PT Social Worker	\$2,970.00	.06 FTE based on 75% or 54 Clients
Scheduler/Hotel Manager	\$5,633.28	.14 FTE
Fringe Benefits-8.35% rate	\$3,094.20	
Equipment (none)	\$0.00	
Travel (none)	\$0.00	
Contractual (none)	\$0.00	
Operating Expenses		
Hotel Rooms	\$35,280.00	
Food	\$2,880.00	
Pillboxes	\$360.00	
Indirect Costs—5% rate	\$3,932.87	
Total Expenses	\$82,590.35	
Average Cost Per Client	\$1,147.09	
Number of Clients	72	

5.5 Program Outcomes and Performance Measures

BTC, through its work with CMS CMMI Community Based Care Transition Project, contractual relationships with KY MCOs, hospitals, and Medicare Advantage plans has extensive data collection, analysis and reporting processes in place. BTC utilizes an electronic medical record that includes all data collection items. Hospital nurse/coaches begin the medical record and then the home nurse/coach continues the documentation through the intervention. Monthly reporting leads to program evaluation and modifications based on outcomes. Hospital electronic medical records that are loaded into the BTC EMR also provide data elements for review and reporting.

Data Elements Collected:

Patient demographics: date of birth, marital status, insurance, county of origin, support system, shelter usage, education, employment

Hospital: admitted via emergency department/clinic, admission conditions, all diagnoses, hospital course, length of stay, hospital physician, discharge diagnosis, medications, discharge disposition: home health, cardiac clinic, etc.

Hospital Readmissions/Emergency Department Utilization/Observation Stay: Collect all elements on the Readmission Root Cause Analysis described in Section 5.1. Reason for readmission, via emergency room, days home prior to readmission, length of stay of readmission, avoidable/unavoidable. Collect all emergency department visits and observation stay and whether they could have been avoided

Transition Intervention: Findings at the first hotel visit, medication discrepancies, patient's understanding of medical condition and treatments, etc. Risk Factors, LACE Score

Clinical Assessment Instrument Scores: Short Portable Mental Status Questionnaire, Geriatric Depression Scale, Instrumental Activities of Daily Living, KATZ Activities of Daily Living,

Overall Quality of Life, Subjective Health Rating, Symptom Bother Scale, Rapid Estimate of Adult Literacy in Medicine-SF, Generalized Anxiety Scale-7

Quality Measurement:

Structure Measures: evaluating promptness of nurse intervention upon entry to the program, frequency of visits, frequency of contacts, medication reconciliation

Process Measures: Medication reconciliation, adherence to documentation requirements

Care Team Process: follow up with primary care provider within 7-days of discharge

Outcome Measures: patient experience of care and satisfaction, provider satisfaction

Health Care Resource Utilization: readmission within 30-days of discharge, emergency department utilization

Specific Medical Respite Outcome Data Elements: all tracked in EMR and Finance

Average cost per client and community savings: length of their medical respite stay, savings with avoided extended hospitalization, readmission, emergency department utilization, observation stay, number of staff visits, food costs

Housing Status at Discharge: percentage of patients placed or referred to permanent housing, percentage of patients preferring to return to shelters, percentage patients moving to other housing options

Supportive Services Offered/Accepted/Outcome: BTC will develop expected services to be offered, such as Wheelchairs, and track that utilization by acceptance and outcome. Other non-expected supportive services offered will be tracked as well.

AFFIDAVIT

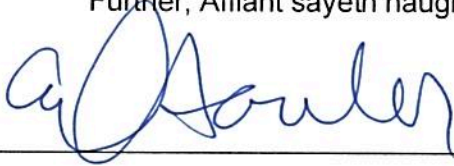
Comes the Affiant, Bluegrass Care Navigators dba Bluegrass Extra Care, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Elizabeth D. Fowler and he/she is the individual submitting the proposal or is the authorized representative of Bluegrass Care Navigators dba Bluegrass Extra Care, 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 Central Purchasing 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.



STATE OF Kentucky

COUNTY OF Fayette

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

by Elizabeth D. Fowler on this the 11th day
of January, 2019.

My Commission expires: February 22, 2019



NOTARY PUBLIC, STATE AT LARGE # 526860

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.

E. O. Hawley

Signature

Bluegrass Care Navigators

Name of Business

**DIRECTOR, DIVISION OF CENTRAL PURCHASING
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
200 EAST MAIN STREET
LEXINGTON, KENTUCKY 40507**

NOTICE OF REQUIREMENT FOR AFFIRMATIVE ACTION TO ENSURE EQUAL EMPLOYMENT OPPORTUNITIES AND DBE CONTRACT PARTICIPATION

Notice of requirement for Affirmative Action to ensure Equal Employment Opportunities and Disadvantaged Business Enterprises (DBE) Contract participation. Disadvantaged Business Enterprises (DBE) consists of Minority-Owned Business Enterprises (MBE) and Woman-Owned Business Enterprises (WBE).

The Lexington-Fayette Urban County Government has set a goal that not less than ten percent (10%) of the total value of this Contract be subcontracted to Disadvantaged Business Enterprises, which is made up of MBEs and WBEs. The Lexington Fayette Urban County Government also has set a goal that not less than three percent (3%) of the total value of this Contract be subcontracted to Veteran-owned Small Businesses. The goal for the utilization of Disadvantaged Business Enterprises as well Veteran –owned Small Businesses as subcontractors is a recommended goal. Contractor(s) who fail to meet such goal will be expected to provide written explanations to the Director of the Division of Purchasing of efforts they have made to accomplish the recommended goal, and the extent to which they are successful in accomplishing the recommended goal will be a consideration in the procurement process. Depending on the funding source, other DBE goals may apply.

For assistance in locating Disadvantaged Business Enterprises Subcontractors contact:

Sherita Miller, MPA, Division of Central Purchasing
Lexington-Fayette Urban County Government
200 East Main Street, 3rd Floor, Room 338
Lexington, Kentucky 40507
smiller@lexingtonky.gov

Firm Submitting Proposal: Bluegrass Care Navigators dba Bluegrass Extra Care

Complete Address: 2312 Alexandria Drive Lexington Ky 40504
Street City Zip

Contact Name: Susan Swinford Title: Vice President of Administration

Telephone Number: 859-276-5344 Fax Number: 859-223-0490

Email address: susans@bgcarenav.org

Not Applicable

**Lexington-Fayette Urban County Government
MWDBE PARTICIPATION GOALS**

A. GENERAL

- 1) The LFUCG request all potential contractors to make a concerted effort to include Minority-Owned (MBE), Woman-Owned (WBE), Disadvantaged (DBE) Business Enterprises and Veteran-Owned Small Businesses (VOSB) as subcontractors or suppliers in their bids.
- 2) Toward that end, the LFUCG has established 10% of total procurement costs as a Goal for participation of Minority-Owned, Woman-Owned and Disadvantaged Businesses on this contract.
- 3) **It is therefore a request of each Bidder to include in its bid, the same goal (10%) for MWDBE participation and other requirements as outlined in this section.**
- 4) The LFUCG has also established a 3% of total procurement costs as a Goal for participation for of Veteran-Owned Businesses.
- 5) **It is therefore a request of each Bidder to include in its bid, the same goal (3%) for Veteran-Owned participation and other requirements as outlined in this section.**

B. PROCEDURES

- 1) The successful bidder will be required to report to the LFUCG, the dollar amounts of all payments submitted to Minority-Owned, Woman-Owned or Veteran-Owned subcontractors and suppliers for work done or materials purchased for this contract. (See Subcontractor Monthly Payment Report)
- 2) Replacement of a Minority-Owned, Woman-Owned or Veteran-Owned subcontractor or supplier listed in the original submittal must be requested in writing and must be accompanied by documentation of Good Faith Efforts to replace the subcontractor / supplier with another MWDBE Firm; this is subject to approval by the LFUCG. (See LFUCG MWDBE Substitution Form)
- 3) For assistance in identifying qualified, certified businesses to solicit for potential contracting opportunities, bidders may contact:
 - a) The Lexington-Fayette Urban County Government, Division of Central Purchasing (859-258-3320)
- 4) The LFUCG will make every effort to notify interested MWDBE and Veteran-Owned subcontractors and suppliers of each Bid Package, including information on the scope of work, the pre-bid meeting time and location, the bid date, and all other pertinent information regarding the project.

C. DEFINITIONS

- 1) A Minority-Owned Business Enterprise (MBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by persons of African American, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native Heritage.
- 2) A Woman-Owned Business Enterprise (WBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by one or more women.

- 3) A Disadvantaged Business (DBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by a person(s) that are economically and socially disadvantaged.
- 4) A Veteran-Owned Small Business (VOSB) is defined as a business which is certified as being at least 51% owned, managed and controlled by a veteran and/or a service disabled veteran.
- 5) Good Faith Efforts are efforts that, given all relevant circumstances, a bidder or proposer actively and aggressively seeking to meet the goals, can reasonably be expected to make. In evaluating good faith efforts made toward achieving the goals, whether the bidder or proposer has performed the efforts outlined in the Obligations of Bidder for Good Faith Efforts outlined in this document will be considered, along with any other relevant factors.

D. OBLIGATION OF BIDDER FOR GOOD FAITH EFFORTS

- 1) **The bidder shall make a Good Faith Effort to achieve the Participation Goal for MWDBE and Veteran-Owned subcontractors/suppliers. The failure to meet the goal shall not necessarily be cause for disqualification of the bidder; however, bidders not meeting the goal are required to furnish with their bids written documentation of their Good Faith Efforts to do so.**
- 2) Award of Contract shall be conditioned upon satisfaction of the requirements set forth herein.
- 3) The Form of Proposal includes a section entitled "MWDBE Participation Form". The applicable information must be completed and submitted as outlined below.
- 4) **Failure to submit this information as requested may be cause for rejection of bid or delay in contract award.**

E. DOCUMENTATION REQUIRED FOR GOOD FAITH EFFORTS

- 1) Bidders reaching the Goal are required to submit only the MWDBE Participation Form." The form must be fully completed including names and telephone number of participating MWDBE firm(s); type of work to be performed; estimated value of the contract and value expressed as a percentage of the total Lump Sum Bid Price. The form must be signed and dated, and is to be submitted with the bid.
- 2) Bidders not reaching the Goal must submit the "MWDBE Participation Form", the "Quote Summary Form" and a written statement documenting their Good Faith Effort to do so. If bid includes no MWDBE and/or Veteran participation, bidder shall enter "None" on the subcontractor / supplier form). In addition, the bidder must submit written proof of their Good Faith Efforts to meet the Participation Goal:
 - a. Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.
 - b. Included documentation of advertising in the above publications with the bidders good faith efforts package

- c. Attended LFUCG Central Purchasing Economic Inclusion Outreach event
- d. Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned businesses of subcontracting opportunities
- e. Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses.
- f. Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).
- g. Contacted organizations that work with MWDBE companies for assistance in finding certified MWDBE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.
- d. Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs and/or Veteran-Owned businesses soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.
- e. Followed up initial solicitations by contacting MWDBEs and Veteran-Owned Businesses to determine their level of interest.
- j. Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.
- k. Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce
- l. Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.
- m. Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.
- n. Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

o. Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

p. Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

q. Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

Note: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to review by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.



MINORITY BUSINESS ENTERPRISE PROGRAM

Sherita Miller, MPA
Minority Business Enterprise Liaison
Division of Central Purchasing
Lexington-Fayette Urban County Government
200 East Main Street
Lexington, KY 40507
smiller@lexingtonky.gov
859-258-3323

OUR MISSION: The mission of the Minority Business Enterprise Program is to facilitate the full participation of minority and women owned businesses in the procurement process and to promote economic inclusion as a business imperative essential to the long term economic viability of Lexington-Fayette Urban County Government.

To that end the city council adopted and implemented Resolution 484-2017 – A Certified Minority, Women and Disadvantaged Business Enterprise ten percent (10%) minimum goal and a three (3%) minimum goal for Certified Veteran-Owned Small Businesses and Certified Service Disabled Veteran – Owned Businesses for government contracts.

The resolution states the following definitions shall be used for the purposes of reaching these goals (a full copy is available in Central Purchasing):

Certified Disadvantaged Business Enterprise (DBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a person(s) who is socially and economically disadvantaged as defined by 49 CFR subpart 26.

Certified Minority Business Enterprise (MBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by an ethnic minority (i.e. African American, Asian American/Pacific Islander, Hispanic Islander, Native American/Native Alaskan Indian) as defined in federal law or regulation as it may be amended from time-to-time.

Certified Women Business Enterprise (WBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a woman.

Certified Veteran-Owned Small Business (VOSB) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

Certified Service Disabled Veteran Owned Small Business (SDVOSB) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a disabled veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

The term “Certified” shall mean the business is appropriately certified, licensed, verified, or validated by an organization or entity recognized by the Division of Purchasing as having the appropriate credentials to make a determination as to the status of the business.

We have compiled the list below to help you locate certified MBE, WBE and DBE certified businesses. Below is a listing of contacts for LFUCG Certified MWDBEs and Veteran-Owned Small Businesses in (<https://lexingtonky.ionwave.net>)

Business	Contact	Email Address	Phone
LFUCG	Sherita Miller	smiller@lexingtonky.gov	859-258-3323
Commerce Lexington – Minority Business Development	Tyrone Tyra	ttyra@commercelexington.com	859-226-1625
Tri-State Minority Supplier Diversity Council	Susan Marston	smarston@tsmsdc.com	502-365-9762
Small Business Development Council	Shawn Rogers UK SBDC	shawn.rogers@uky.edu	859-257-7666
Community Ventures Corporation	Phyllis Alcorn	palcorn@cvky.org	859-231-0054
KY Transportation Cabinet (KYTC)	Melvin Bynes	Melvin.bynes2@ky.gov	502-564-3601
KYTC Pre-Qualification	Sheila Eagle	Sheila.Eagle@ky.gov	502-782-4815
Ohio River Valley Women’s Business Council (WBENC)	Sheila Mixon	smixon@orvwbc.org	513-487-6537
Kentucky MWBE Certification Program	Yvette Smith, Kentucky Finance Cabinet	Yvette.Smith@ky.gov	502-564-8099
National Women Business Owner’s Council (NWBOC)	Janet Harris-Lange	janet@nwbo.org	800-675-5066
Small Business Administration	Robert Coffey	robertcoffey@sba.gov	502-582-5971
LaVoz de Kentucky	Andres Cruz	lavozdeky@yahoo.com	859-621-2106
The Key News Journal	Patrice Muhammad	production@keynewsjournal.com	859-685-8488



Not Applicable

LFUCG MWDBE PARTICIPATION FORM

Bid/RFP/Quote Reference # _____

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. **Failure to submit a completed form may cause rejection of the bid.**

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1.				
2.				
3.				
4.				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Company

Company Representative

Date

Title



Not Applicable

LFUCG MWDBE SUBSTITUTION FORM

Bid/RFP/Quote Reference # _____

The substituted MWDBE and/or veteran subcontractors listed below have agreed to participate on this Bid/RFP/Quote. These substitutions were made prior to or after the job was in progress. These substitutions were made for reasons stated below and are now being submitted to Central Purchasing for approval. By the authorized signature of a representative of our company, we understand that this information will be entered into our file for this project.

SUBSTITUTED MWDBE Company Name, Address, Phone, Email	MWDBE Formally Contracted/ Name, Address, Phone, Email	Work to Be Performed	Reason for the Substitution	Total Dollar Value of the Work	% Value of Total Contract
1.					
2.					
3.					
4.					

The undersigned acknowledges that any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Company

Company Representative

Date

Title



Not Applicable

MWDBE QUOTE SUMMARY FORM

Bid/RFP/Quote Reference # _____

The undersigned acknowledges that the minority and/or veteran subcontractors listed on this form did submit a quote to participate on this project. Failure to submit this form may cause rejection of the bid.

Company Name	Contact Person
Address/Phone/Email	Bid Package / Bid Date

MWDBE Company Address	Contact Person	Contact Information (work phone, Email, cell)	Date Contacted	Services to be performed	Method of Communication (email, phone meeting, ad, event etc)	Total dollars \$\$ Do Not Leave Blank (Attach Documentation)	MBE * AA HA AS NA Female	Veteran

(MBE designation / AA=African American / HA= Hispanic American/AS = Asian American/Pacific Islander/ NA= Native American)

The undersigned acknowledges that all information is accurate. Any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Company

Company Representative

Date

Title



Not Applicable

LFUCG SUBCONTRACTOR MONTHLY PAYMENT REPORT

The LFUCG has a 10% goal plan adopted by city council to increase the participation of minority and women owned businesses in the procurement process. The LFUCG also has a 3% goal plan adopted by cited council to increase the participation of veteran owned businesses in the procurement process. In order to measure that goal LFUCG will track spending with MWDBE and Veteran contractors on a monthly basis. By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentation may result in termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims. Please submit this form monthly to the Division of Central Purchasing/ 200 East Main Street / Room 338 / Lexington, KY 40507.

Bid/RFP/Quote # _____

Total Contract Amount Awarded to Prime Contractor for this Project _____

Project Name/ Contract #	Work Period/ From:	To:
Company Name:	Address:	
Federal Tax ID:	Contact Person:	

Subcontractor Vendor ID (name, address, phone, email)	Description of Work	Total Subcontract Amount	% of Total Contract Awarded to Prime for this Project	Total Amount Paid for this Period	Purchase Order number for subcontractor work (please attach PO)	Scheduled Project Start Date	Scheduled Project End Date

By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentations may result in the termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

Company

Company Representative

Date

Title

Not Applicable

LFUCG STATEMENT OF GOOD FAITH EFFORTS

Bid/RFP/Quote # _____

By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation.

_____ Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.

_____ Included documentation of advertising in the above publications with the bidders good faith efforts package

_____ Attended LFUCG Central Purchasing Economic Inclusion Outreach event

_____ Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities

_____ Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses

_____ Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).

_____ Contacted organizations that work with MWDBE companies for assistance in finding certified MWBDE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.

_____ Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.

_____ Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest.

_____ Provided the interested MWBDE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.

_____ Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work

Not Applicable

items into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce

_____ Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.

_____ Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

_____ Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

_____ Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

_____ Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

_____ Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.

The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Company

Company Representative

Date

Title

WORKFORCE ANALYSIS FORM

Name of Organization: Bluegrass Care Navigators dba Bluegrass Extra Care

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	2		2														
Professionals	78	4	62			1	10		1								
Superintendents																	
Supervisors	1		1														
Foremen																	
Technicians																	
Protective Service																	
Para-																	
Office/Clerical	4		4														
Skilled Craft																	
Service/Maintenan																	
Total:	85	4	69			1	10			1							

Prepared by: Susan Swinford, Vice President Administration Date: 01/11/2018

(Name and Title)

Revised 2015-Dec-15

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.

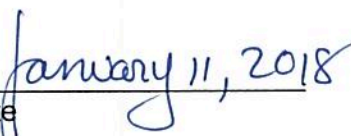
- 13. **Assignment of Contract:** The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated 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