ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. Contact the Mayor's Legislative team with questions

Please mark one: Bill Request or	Date of Request: 9/12/22 Resolution Request
1. Type of Request:	
	oment (ICA) Degening/Fout Amendment
	ement (IGA) Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Suppleme	ntal DRMC Change
Other:	
2. Title: Approves a first amendment to the contract with Bayaud \$515,594 and to extend the term by one year for a new end dat 202264084-01, SOCSV-202262399-01.	
4. Contact Person:	
Contact person with knowledge of proposed	Contact person to present item at Mayor-Council and
ordinance/resolution Name: Kimberly Preeson	Council Name: Laura Tateyama
Email: Kimberly.Fatta@denvergov.org	Email: Laura.Tateyama@denvergov.org
 County of Denver. City Attorney assigned to this request (if applicable): Raar City Council District: City wide 	disability navigation services to eligible clients within the City and na Haidari
8. **For all contracts, fill out and submit accompanying Key	Contract Terms worksheet**
To he completed by M	ayor's Legislative Team:
Resolution/Bill Number:	Date Entered:

Key Contract Terms

Type of Contract: Professional Services > \$500K		
Vendor/Contractor Name: Bayaud Enterprises, Inc.		
Contract control number: SOCSV-202264084-01, SOCSV-202262399-01.		
Location: City wide		
Is this a new contract? ☐ Yes ☒ No Is this an Amendment? ☒ Yes ☐ No If yes, how many? 1		
Contract Term/Duration (for amended contracts, include existing term dates and amended dates): 3/1/22-6/30/23		
Original Agreement: SOCSV_202262399_00: 3/1/2022 to 6/30/2022		

First Amendment: SOCSV-202264084-01, SOCSV-202262399-01: 7/1/2022 to 6/30/2023

Contract Amount (indicate existing amount, amended amount and new contract total):

Current Contract Amount	Additional Funds	Total Contract Amount
(A)	(B)	(A+B)
\$155,594	\$360,000	\$515,594
Current Contract Term	Added Time	New Ending Date

Scope of work:

Under this agreement Bayaud will accept referrals from DHS for AND clients who present any moderate to severe disability, mental health concerns, and/or current or recent substance use. Benefit Navigators will maintain responsibility for determination of appropriate SSI/SSDI candidacy and will assist all referred AND clients with the initial SSI/SSDI application process. This may include referrals to and follow-up with mental health, medical, and/or other community-based professionals and community resources. The Benefit Navigators will also provide direct assistance in services related to the reconsideration process).

Referrals from DHS will be managed by the Benefit Navigators as follows:

- 1. AND clients will be assisted with SSI applications or supported with appealing a denial within the allowable reconsideration and appeal timeframes. AND clients referred with a recent denial of an initial claim will receive assistance with filing an appeal for first reconsideration prior to the expiration of the appeal period.
- Assessment/screening of the following categories will occur independently or concurrently, depending on the participant's
 - SSI/SSDI eligibility for initial adult applicant with no pending SSI/SSDI cases: assessment of SSI/SSDI eligibility will be determined by the Benefit Navigators through utilization of a screening. The Benefit Navigators have adopted the SOAR procedures and tools to determine whether an individual is a good candidate to qualify medically for SSI/SSDI approval or needs further development. Worksheets and questionnaires are utilized as tools to determine impacts and severity of disability, as appropriate (copies of these tools are available upon request). A review of medical documentation will also be conducted. Signed releases of information are provided to all potential sources when requesting records and documentation. If medical documentation supporting stated diagnosis is insufficient or nonexistent, then referrals to appropriate providers and resources will be made for clients to enhance their medical

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- documentation. Bayaud will utilize the DHS referral form to document justification for any referrals made for AND clients. This information will be shared with the DHS Program Administrator.
- o SSI/SSDI reconsideration assistance for an adult applicant who has received an initial denial within 25 days of denial date: see screening process described above to determine the best approach to secure the claim.
- o Referral needed for Bayaud Bridge mental health services: up to 30 adults may receive up to 12 sessions of individual counseling along with access to therapeutic groups. When appropriate, the Mental Health Counselor may exit the claimant earlier than 12 sessions for reasons including, but not limited to, violation of Bayaud policies, need for higher level of care, or meeting treatment goals. Services include facilitated connection to long-term mental health supports for the individual. Mental health records may be requested by the referring Benefit Navigator to include in the SSI/SSDI screening process and submission to Disability Determination Services (DDS).

Was this contractor selected by competitive process? Yes
Has this contractor provided these services to the City before? $oximes$ Yes $oximes$ No
Source of funds: CO State, Aid to the Needy Disabled State Only (AND-SO) Funding - 23 IHGA 177344
Is this contract subject to: W/MBE DBE SBE XO101 ACDBE N/A
WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A
Who are the subcontractors to this contract? $\mathrm{N/A}$
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