



Legislation Details (With Text)

**File #:** 23-1165      **Version:** 1

**Type:** Resolution      **Status:** Adopted

**File created:** 8/27/2023      **In control:** Safety, Housing, Education & Homelessness Committee

**On agenda:** 9/18/2023      **Final action:** 9/18/2023

**Title:** A resolution approving a proposed Second Amendatory Agreement between the City and County of Denver and Bayaud Enterprises, Inc. to continue providing disability navigation services to eligible clients citywide.  
Amends a contract with Bayaud Enterprises, Inc., adding \$360,00 for a new total of \$875,594 and one year for a new end date of 6-30-2024 to continue providing disability navigation services to eligible clients, citywide (SOCSV-202367647-02 / SOCSV-202262399-02). The last regularly scheduled Council meeting within the 30-day review period is on 10-9-2023. The Committee approved filing this item at its meeting on 9-6-2023.

**Sponsors:**

**Indexes:** Anne Wallace

**Code sections:**

**Attachments:** 1. RR23-1165\_DHS\_Bayaud\_AND-SO\_Resolution\_202367647-02\_202262399-02, 2. 23-1165 Filed Resolution\_Bayaud Enterprises, Inc, 3. 23-1165\_Bayaud Enterprises, Inc\_Second Amendment, 4. 23-1165 Filed Resolution\_Bayaud Enterprises, Inc, 5. 23-1165\_signed

Date	Ver.	Action By	Action	Result
9/18/2023	1	Council President	signed	
9/18/2023	1	City Council	adopted	Pass
9/6/2023	1	Safety, Housing, Education & Homelessness Committee	approved by consent	

**Contract Request Template (Contracts; IGAs; Leases)**

**Date Submitted: 9-04-2023**

**Requesting Agency: Denver Human Services  
Division:**

**Subject Matter Expert Name: Christian Maddy**  
**Email Address: [Christian.maddy@denvergov.org](mailto:Christian.maddy@denvergov.org)**  
**[<mailto:Christian.maddy@denvergov.org>](mailto:Christian.maddy@denvergov.org)**

**Phone Number:**

**Item Title & Description:**

*(Do not delete the following instructions)  
These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).*

*Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.*

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**A resolution approving a proposed Second Amendatory Agreement between the City and County of Denver and Bayaud Enterprises, Inc. to continue providing disability navigation services to eligible clients citywide.**

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**Affected Council District(s) or citywide?**  
**Citywide**

**Contract Control Number:**  
SOCSV-202367647-02 / SOCSV-202262399-02

**Vendor/Contractor Name (including any "DBA"):**  
**Bayaud Enterprises, Inc.**

**Type and Scope of services to be performed:**

- A. Aid to the Needy and Disabled (AND) clients will be assisted with Social Security Income (SSI) and Social Security Disability Income (SSDI) applications or supported with appealing a denial within the allowable reconsideration 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.
- B. Assessment/screening of the following categories will occur independently or concurrently, depending on the participant's need:
  - 1. 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 Outreach, Access, and Recovery (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 documentation. Bayaud will utilize Colorado Benefits Management System (CBMS) to document all contact attempts and actions for any referrals made for AND clients. This information will be shared with the DHS Program Administrator.
  - 2. SSI/SSDI reconsideration assistance for an adult applicant who has received an initial denial prior to the appeal window expiration date.
  - 3. Referral needed for Bayaud Bridge mental health services: up to 30 adults may receive along with access to therapeutic groups. When appropriate, the Mental Health Counselor may exit the claimant 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).

**Location (if applicable):**

**WBE/MBE/DBE goals that were applied, if applicable (construction, design, Airport concession contracts):**

**XO101**

**Are WBE/MBE/DBE goals met (if applicable)?**

N/A

**Is the contract new/a renewal/extension or amendment?**

Amendment

**Was this contractor selected by competitive process or sole source?**

Competitive process

**For New contracts**

**Term of initial contract:**

**Options for Renewal:**

How many renewals (i.e. up to 2 renewals)?

Term of any renewals (i.e. 1 year each):

**Cost of initial contract term:**

**Cost of any renewals:**

**Total contract value council is approving if all renewals exercised:**

**For Amendments/Renewals Extensions:**

**Is this a change to cost/pricing; length of term; terms unrelated to time or price (List all that apply)?**

Cost & length of term

***If length changing***

**What was the length of the term of the original contract?**

3/01/2022 - 6/30/2023

**What is the length of the extension/renewal?**

One year

**What is the revised total term of the contract?**

3/01/2022 - 6/30/2024

***If cost changing***

**What was the original value of the entire contract prior to this proposed change?**

\$515,594

**What is the value of the proposed change?**

\$360,000

**What is the new/revised total value including change?**

\$875,594

***If terms changing***

**Describe the change and the reason for it (i.e. compliance with state law, different way of doing business etc.)**