**Request for Proposal (RFP)** 

# **Housing Support Program Provider**

(Board and Lodge Establishment with Special Services – Supplemental Service Rate)



Benton County Human Services 531 Dewey St. P.O. Box 740 Foley, MN 56329

1/27/2025

### About Benton County Health and Human Services

Benton County is in Central Minnesota, adjacent to Stearns, Sherburne, Morrison and Mille Lacs Counties. Benton County has an estimated population of 41,000. The densest portions of Benton County are East St. Cloud and Sauk Rapids MN.

The mission of Benton County is to provide excellent service in a fiscally responsible manner. Our commitment to this mission is demonstrated through a history of quality programs that assist county residents across the health and human services spectrum.

## **Project Overview**

Benton County is seeking a Housing Support Supplemental Service Provider for the state's Housing Support Program, to be located in Benton County. Our objective is to select the vendor who most fully meets the requirements identified in this Request for Proposal (RFP).

There are 37 SSR (Supplemental Service Rate) beds available which may be awarded to one or multiple providers. This RFP seeks providers to establish Board and Lodge housing with a monthly base rate of \$1170.00 to be inclusive for rent, utilities, food and other supplies and a Supplemental Service Rate of \$494.91 for additional approved services.

## **Evaluation Criteria**

Benton County Human Services will evaluate proposals based on the responder's ability to provide the following services:

- Adequate space for residents with no more than 2 occupants per room
- Obtain and maintain the appropriate licenses required by Minnesota Department of Health or the Minnesota Department of Human Services
- Ensure all staff who have direct contact with individuals in Board and Lodge housing, meet the minimum staff qualifications
- Food preparation and service for three nutritional meals a day on site
- Provide a bed, clothing storage, linen, bedding laundering and laundry supplies or service.
- Housekeeping and operation of the building and grounds, including heat, water, garbage removal, electricity, telephone for the site, cooling, supplies, and parts to repair and maintain equipment and facilities
- The vendor is required to uphold the quality standards of the license for their setting, including storage of medications for dispensing purposes
- Provide Supplemental Services to eligible Housing Support recipients including but not limited to:
  - Oversight and 24 hours supervision
  - Medication reminders
  - Assistance with transportation
  - Arranging for meetings and appointments

- Arranging for medical and social services
- Ensure that recipients have at a minimum assistance with services needed according to their Professional Statement of Need
- Maintain case notes with date and description of services provided to individual recipients
- Vendor billing staff, along with managers and owners, are required to complete the Minnesota Health Care Programs Supplemental Service Rate Provider Billing Training within six months of enrollment or employment start

MN Statute: https://www.revisor.mn.gov/statutes/cite/256I/full

## Housing Support Supplemental Services (HSSS):

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&RevisionSelection Method=LatestReleased&dDocName=DHS-289228

## **Application Content**

- 1. Cover Letter- Responders will provide information such as type of organization, summary of the organization's background, staffing, site capacity, and relationship to other corporations or partnership, if any.
- 2. Proposal narrative must include the following Information:
  - a. Agency name, type of entity (person, corporation, partnership) location of business
  - b. Providers history including experience in providing similar or same services
  - c. Providers experience using outside resources including community resources
  - d. Providers experience and familiarity with Financial Assistance programs
  - e. Providers experience in working with homeless, developmental disabilities, learning disabilities, mental health and substance use disorders in individuals.
  - f. For services provided, identify any required licensures, registrations, or other approvals.
  - g. Proposals must identify the name, title, address, and telephone number of the person who represents the agency.

The selected applicants will be required to enter into a written agreement with the county. The agreement will cover items such as the Provider Standards, Room and Board Standards, Supplemental Service Standards, Payment Standards and other requirements.

The County may investigate the qualifications of any respondent under consideration, require confirmation of information furnished by the respondent, and require additional evidence of qualifications requested in this RFP. The County reserves the right to:

a. Reject any or all proposals if such action is in the public interest;

- b. Cancel the entire RFP;
- c. Issue a subsequent RFP;
- d. Remedy technical errors in the RFP process;
- e. Appoint an evaluation committee to review the proposals;

- f. Establish a short list of proposers eligible for interview after evaluation of written proposals;
- g. Negotiate with any, all, or none of the proposers; and
- h. Reject and replace one or more subcontractors.

Applicants are placed on notice that responses to the RFP will become public information thirty days after receipt of the response.

### **Responders' Questions**

All questions must be submitted in writing to: lknosall@co.benton.mn.us

Questions will be addressed in writing and distributed to all identified prospective responders.

### **Proposal Timeline**

Note that this request for proposal has a two calendar month deadline for submissions (Must be received no later than 3/31/25).

### **Proposal Submission**

Responders are required to submit a copy of the proposal and other attachments by sending them as either electronically; email or faxed, or mailed them for consideration to:

### **Benton County Human Services**

ATTN: Lindsey Knosalla

PO Box 740

Foley, MN 56329

Or Emailed to: <a href="https://www.ukanabuscopentor.mn.us">https://www.ukanabuscopentor.mn.us</a> Or Faxed to 320-968-5330 ATTN: Lindsey Knosalla