



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: December 4th, 2012

HSS 12 048

Housing Management Services

FOR

Division of Substance Abuse and Mental Health

Date Due: December 21st, 2012
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME PART
OF THE ABOVE MENTIONED BID. Pre-bid meeting
questions and answers

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REQUEST FOR PROPOSAL NO. HSS-12-048
Housing Management Services
Pre-Bid Meeting Questions and Answers
November 13, 2012

Q1. How do we handle a tenant who has no income?

- A. If the client (tenant) does not have an independent source of income s/he will typically have SSDI, SSI or GA.**

If the client (tenant) does not have any income the service provider assigned to the client should have submitted an application to the Social Security Office and/or the State for benefits. If the service provider has not submitted an application for benefits the housing service provider will want to collaborate with the service provider to ensure the application is submitted. In the mean time while the client (tenant) is waiting for benefits s/he can live in the housing and not pay rent. When the benefits are awarded the rent will be calculated to determine her/his portion of the rent.

Q2. Does the Provider collect the rent from the consumer?

- A. Yes, additionally, if the client is receiving benefits, DSAMH is looking into contracting with an organization that will act as the representative payee. This service would be conducted by a provider that does not contract with DSAMH for clinical services or housing services.**

The goal for DSAMH clients is that they learn skills that will allow them to live independently in a more integrated setting. Thus, a representative payee may only be a short term solution.

Q3. Can we act as the representative payee if necessary?

- A. No, DSAMH intends to have the representative payee service provided by an independent organization separate from housing and clinical services.**

Q4. Can you further clarify the responsibilities of the "housing case management" and "clinical services"...? Where do the responsibilities of housing management, clinical management, and the state workers begin and end? Is there overlap and can you give examples?

- A. "Housing Case Management" - the housing case management referral program is used to assist clients who have state rental assistance program (SRAP) vouchers to locate affordable housing that is not congregated in a community with other persons with a disability. (Page 14 of the RFP).**

The SRAP program is a state funded housing voucher program similar to the Housing Choice Voucher (Section 8) program. It was created exclusively for clients of DHSS and the Kids Department who have disabilities and are being de-institutionalized or “at risk” of being institutionalized. DSAMH has 200 SRAP vouchers and will have an additional 200 to make it 400 by the end of FY15 or June, 30, 2015. The DSAMH vouchers are for clients who have serious and persistent mental illness (SPMI) as they are referred to in the Settlement Agreement between the State of Delaware and the U.S. DOJ.

The Housing Service Provider will be asked to assist the clients with SRAP vouchers in their housing search. The Housing Service provider will be expected to identify vacant units that meet the payment standard of the SRAP program, negotiate the lease and collaborate with the Delaware State Housing Authority on HQS inspection, lease up which included ensuring the client has funds for a security deposit for housing as well as utilities. Currently 80 vouchers are leased up, 54 clients have vouchers and are looking for housing and 66 vouchers are to be issued over the next couple of months.

The Housing Service Provider conducts housing case management services for a client who has an SRAP voucher and is looking for housing.

“Clinical Services Provider” – the clients are assigned to service providers that provide various levels of clinical services. The clinical needs of a client including housekeeping, money management, rent payments and understanding the lease are provided by the clinical teams. The teams take the lead on services for clients who are living in both the supervised apartment program and the state rental assistance program.

“Housing Counseling” – a term that is not used in the RFP but implied by the question. Housing Counseling would be services provided by the Housing Services provider to also assist clients (tenants) become good stewards of their apartments and understand the lease agreement. The Housing Services Provider will be expected to work with the Clinical Services provider when determining the best opportunities for educating the clients (tenants) on their responsibilities of a lease and taking care of the home.

Example: A tenant living in the supervised apartment program has recently acquired employment and is no longer receiving benefits. He is responsible for payment of his rent although up to this point he has never had the direct responsibility of rent payment – always a parent or a rep. payee. From a larger perspective he has never had responsibility for any money management obligations. Both the Clinical Service Provider and the Housing Service Provider have the responsibility of assisting the client (tenant). The Clinical Service Provider addresses the money management issues from a case management perspective and the Housing Service Provider address’s the budget and money management from a rental perspective. Both will be working with the client (tenant) and the two providers should confer in working with the client (tenant). The goal being the client (tenant) grows into

new behaviors which will enable him/her to live independently without intensive services.

Q5. It is my understanding that leases will be turned over to successful bidder. What is the process for that happening and how will the leases held currently by tenants be addressed?

A. There are two ways the current units are rented:

- **the service provider holds a master lease with the landlord and in turn the leases the bedroom or unit to the client (tenant), and**
- **the client (tenant) has a lease directly with the landlord**

The landlords who have a master lease with the service providers have been put on notice that DSAMH will be contracting with a housing provider who will assume the master leases. In every case the landlords have indicated a willingness to transfer the lease to the new housing service provider.

The leases that are directly with the clients (tenants) remain in effect. There are very few leases that are directly with the client (tenant). The landlords who have a lease with the client (tenant) are aware of the change in how DSAMH manages housing and have indicated a willing to interact with the new housing service provider.

DSAMH and the housing provider will coordinate with the service providers who currently hold the master leases and the landlords to make the transition as smooth as possible.

Q6. It is my understanding that there are currently 116 or so units under management. There could be 200 subsidies in year one. Is the housing services provider responsible for identifying the additional units?

A. Yes for the supervised apartments and for the SRAP Voucher holders.

In the case of the supervised apartments the housing provider will negotiate with the landlord to acquire a block of units in the apartment complex – keeping in mind the 20% rule.

In the case of finding housing for the SRAP Voucher holders – the housing provider will be locating individual apartments, houses or mobile homes throughout the state for clients who have SRAP vouchers. Again, keeping in mind the 20% rule – not more than 20% of the units in a building and development can be occupied by persons with a mental health disability.

Q7. In the event of damages to the rental units, what is the process for paying for repairs?

Q1. The damages will be paid by both the client and DSAMH. If the client can pay for the damages s/he will be asked to do so. If the client does not have the ability to pay for the damages DSAMH will pay for it.

- Q8. Should we include money for repairs in the budget?
- A. Yes, the operating budget is to capture the requirements of the successful vendor in meeting the service requirements of the program.**
- Q9. If we are the current owner of the property can we also be the provider?
- A. This will be discussed with the successful bidder during negotiations**
- Q10. What role will the housing provider play in furnishing the unit?
- A. If the provider knows of an applicant who needs furniture the provider will need to submit a request to DSAMH for purchase. In addition the provider will work closely with the client in choosing his or her furnishings. The provider will not be responsible for the cost of furniture.**
- The housing provider should also identify other sources that provide funds and furniture for clients.**
- Q11. Would it be permissible to sublease and rent directly to the consumer?
- A. Yes; assuming that the housing provider has the master lease with the landlord it is expected that the housing provider will have the ability to sublease (lease) to the client. The client should have a lease agreement with the housing provider similar to a lease that one would have with a landlord in the community. The client is expected to abide by the lease and house rules. If the client (tenant) has issues with following the lease the housing provider will collaborate with the service provider to ensure the client (tenant) learns how to be a responsible tenant under the lease agreement.**
- The Supervised Apartment Program is designed to provide a home whereby the client (tenant) has her/his clinical needs met while s/he is developing skills to live more independently in the community. The client (tenant) will have a care manager and other clinical support provided by the service provider to negotiate her/his mental health issues as well as learning to become good stewards of the apartment or room that s/he is renting.**
- Q12. What strategies can the providers use to help keep tenants in their units (collect rent)?
- A. The housing provider should be collaborating with the service providers who are responsible for the clinical services for the client (tenant). It is the**

responsibility of the service providers to work with the client (tenant) if s/he is having difficulties meeting the obligations of the lease agreement.

It is not the responsibility of the housing provider to provide housing counseling services to the client (tenant). By knowing the clients (tenants) and making referrals to the service providers when you know the client (tenant) is struggling – that is the best strategy.

Q13. How many providers are there currently managing these beds?

A. There are four providers managing the beds. There are beds located in each county with a majority of the beds in New Castle County. Up until recently, each provider was able to use the beds they managed for their clients.

In the new scenario the housing provider will offer housing to all the clients in the state. There will be five service providers that will make referrals to the housing provider. Specifically there are four service providers who administer the ACT/ICM Teams and one service provider that administers the TCM Program statewide. If a CRISP client were to live in a Supervised Apartment the CRISP program would pay the rent and additional services.

Q14. Are the current landlords willing to work with new Management?

A. Yes

Q15. DSAMH currently has 4 Providers of Supervised Apartments; will the new provider become the Leaser of those units?

A. We will be transferring the housing units to the new provider. A new Lease Agreement will be made between the owner/landlord of the property and the new housing provider. The client (tenant) will remain in their current unit. The new provider will be responsible for the leases, tenants, and any repairs of units that were caused by tenants beyond wear and tear.

Q16. Under the record keeping requirements there is a note about keeping records of medical expenses. Can you give any indication as to how much detail you want?

A. This is referring to rental contributions for clients who have medical expenses that are not covered by their insurance. DSAMH will discuss options with the successful bidder.

Q17. The landlords that you have in place currently, are they SRAP 28 or 30%?

A. This varies based on the individual clients assigned to the program. We will determine a standard process/percentage with the successful vendor.

Note: The required business proposal should be based on the operating costs for the proposing agency for staffing and operating costs. The budget submission should not include the leasing/rental costs for the client units. It should a separate line item for repair and maintenance of the tenant units. We will add those funds as a separate budget/account based on the number of units being managed.