



## Housing Support Program

### Provider Application for Rate 1 in Congregate Settings

#### Application Screening and Selection Process

Vendors interested in obtaining a Housing Support Agreement with sites located in Dakota County are required to complete this application. Submission of an application does not guarantee approval of a Housing Support Agreement. Applications are reviewed by the Community Services Division monthly. Final determinations will be shared with the applicant within 60 days of submission of a completed application. Incomplete applications will not be considered. If additional information is needed and/or a site visit needs to be scheduled, County staff will contact the applicant. Housing Support payments will not be made for Rate 1 in congregate settings prior to a Housing Support Agreement being issued by the County and signed by all parties. Therefore, facilities should defer admitting residents until a Housing Support Agreement is in place, as payments will not be retroactive.

Email questions and submit your completed application to: [Steve.Thronson@CO.DAKOTA.MN.US](mailto:Steve.Thronson@CO.DAKOTA.MN.US)

#### Housing Support Background

Housing Support, formerly known as Group Residential Housing (GRH), is a State-funded program that provides an income supplement each month to pay for rent, food, and other allowable expenses. The amount of the Housing Support payment is based on a state standard of what an individual would need, at a minimum, to live in the community. The current rate is capped at \$954 per month and adjusts annually on July 1st.

This Housing Support rate pays for room and board, which must at a minimum include per resident:

- a. Room with a bed (bed frame and mattress) and linens (mattress cover, sheets, blankets, pillow).
- b. Clothing storage for each resident
- c. Three nutritional meals per day provided in accordance with food preparation licensing standards.
- d. Free access to laundry and laundry supplies, ensuring that linens are laundered at least once per week or the provision of laundering services.
- e. Housekeeping, including cleaning and lavatory supplies (hand soap, toilet paper).
- f. Maintenance and operation of building and grounds, including heat, water, garbage removal, electricity, telephone for the site, cooling, supplies and parts and tools to maintain equipment and facilities.

To be eligible for Housing Support funding, a person must be over age 18 and meet certain eligibility requirements required by the Social Security Administration or criteria established in [Minnesota Statutes Chapter 256I](#). These requirements include one or more of the following:

- a. Permanent/Temporary Illness
- b. Pending application or appeal for SSI or SSDI
- c. Unemployable

- d. Medically certified as having developmental disabilities or mental illness
- e. Advanced age (55 or older) impacting employment
- f. Learning disability impacting employment
- g. Drug/alcohol addiction
- h. Requires services in residence
  
- i. Transitioning from Residential Treatment

Counties administer the Housing Support program for the State and are responsible for determining eligibility. The Housing Support Rate is a monthly payment directly to the provider on behalf of the eligible person. When Housing Support recipients have reportable income (e.g. social security, wages, etc.), the person may be responsible for paying a portion of that income directly to the Housing Support provider, with the remaining balance coming from the County. The County financial worker will calculate those amounts and notify all parties. The Housing Support provider will be responsible for collecting the resident's portion of the Housing Support payments from the resident.

The MN Department of Human Services has delegated Counties the authority to approve new Housing Support facilities and monitor existing ones. Approved Housing Support providers must enter into a standardized Housing Support Agreement with the county. The Housing Support Agreement assures minimum quality standards for settings across the state and across setting types. The Housing Support Agreement can be terminated by the state, county, or provider with 60-day notice. The State can immediately terminate a Housing Support Agreement when the health or welfare of persons is in jeopardy.

Further details regarding Housing Support can be found at the [Minnesota Department of Human Services website](#).

## Dakota County Priorities

Dakota County wants to maximize choice and community integration for individuals living in Housing Support settings by having:

- Available, accessible, affordable Housing Support sites throughout Dakota County
- Diversity of services, settings and providers that can meet the needs of our residents
- Community-based settings that do not congregate people needing supportive services into one neighborhood or building
- Providers who specialize in working with underserved or underrepresented populations

To achieve these goals, Dakota County has established the following priorities to be used as a guide when evaluating all Housing Support applications:

- Sites allow individuals to live as independently and autonomously as possible
- Sites are accessible to individuals who have various mobility capabilities
- Sites function as a full apartment or home for each individual, and does not require shared kitchen, bathroom, or common areas
- Individuals can choose who they live with
- Providers who will serve seniors and those accessing services through the Elderly Waiver (EW)
- Providers who will serve individuals with complex rental histories and needs
- Providers that offer person centered services and do not impose arbitrary or unnecessary rules on residents

## Additional Licensing Information

### Building Requirements:

For inspections and licensing, contact the municipality in which your site is located.

### Minnesota Department of Health:

Many facilities receiving Housing Support are licensed through the Minnesota Department of Health. This includes assisted livings and boarding and lodging settings. [Visit their website](#) to learn more about the different requirements and licensing processes.

### Minnesota Department of Human Services:

Many facilities receiving Housing Support are licensed by Dakota County on behalf of the Minnesota Department of Human Services. This includes Family Adult Foster Care homes and Community Residential Settings, which serve adults with disabilities. [Visit our website](#) to learn more about the different requirements and licensing processes.

## Information Specific to Assisted Living Licensed Facilities

### Serving People with Disabilities Funded by Home and Community-Based Services:

Licensed Assisted Livings that provide the home and community-based service of Customized Living to people on the Brain Injury (BI) and/or Community Access for Disability Inclusion (CADI) waivers have additional program requirements. [Visit the Minnesota Department of Human Services Customized Living website](#) to learn more about these requirements. They include:

- The service of Customized Living is only available on the CADI and BI disability waivers. It is not available under the Developmental Disability (DD) or Community Alternative Care (CAC) programs.
- No more than four people unrelated to the principal care provider may reside in an assisted living setting if any of the residents meet both of the following criteria: CADI or BI waiver recipient and younger than age 55.
- Assisted living settings that were not operational prior to January 11, 2021 are only able to serve people age 55 and older. This age limitation is programmed into service authorization systems to prohibit people younger than age 55 from on the CADI or BI programs from receiving services in these settings.

### Serving Seniors

Many individuals over age 65 on Elderly Waiver (EW) receive services via a managed care organization, called MSHO/MSC+. Currently, Dakota County has four health plans: Blue Plus, UCare, Health Partners and Medica. Contact the respective health plans' provider help lines for more information on enrollment requirements.

## Directions

Applicants must complete all sections of the application and include all required attachments. Incomplete applications will not be considered.

Email questions to: [Steve.Throndson@CO.DAKOTA.MN.US](mailto:Steve.Throndson@CO.DAKOTA.MN.US)

Submit your completed application by email to [Steve.Throndson@CO.DAKOTA.MN.US](mailto:Steve.Throndson@CO.DAKOTA.MN.US) or by US mail to the address below. Email is preferred.

Attn: Steve Thronson  
Dakota County Social Services  
1 Mendota Road West, Suite 300  
West St. Paul, MN 55118

**CONTACT INFORMATION**

Provider/Individual Name:

Doing Business As:

Facility Address (where residents will live):

City: State: Zip:

Business Phone: Fax:

Owner/Director Name: Title: Phone:

Owner/Director E-mail:

Service Delivery Address (if different than above):

Phone: Fax: Office E-mail:

Contact Name on Site: Phone: E-mail:

**BUILDING OWNER INFORMATION (if applicable)**

Building Owner Name:

Owner Phone: Owner Fax:

Owner Email:

Facility Contact in charge of contacting owner (if different than site contact):

**ORGANIZATION INFORMATION**

Federal ID # and/or Social Security #: NPI or UMPI #:

Check One:  Profit Corporation  Non-Profit Corporation  Partnership  
 Proprietorship  Government Agency  Independent Contractor

Opening/Proposed Opening Date:

List all licenses and or registrations that the site has or will have issued by the MN Department of Health:

Status of MDH licenses  Active  Submitted/Pending  Not Yet Started

List all licenses that the site has or will have issued by the MN Department of Human Services:

Status of DHS licenses     Active                       Submitted/Pending                       Not Yet Started

### funding information

Percentage of all residents who would reside in the building will be Housing Support participants:                      %.

Monthly private pay rent amount:

Target Funding Streams (*EW, AC, CADI, BI, Private Pay, etc.*):

Enrolled With:     MN DHS     Blue Plus     Health Partners     UCare     Medica

## About the Facility:

1. Describe the following information about the building:
  - A. Number of bedrooms and location (main floor, upper floor, basement)
  - B. Number of bathrooms and number of showers/baths
  - C. Kitchen and Dining room(s)
  - D. Staff accommodations
  - E. Medication storage
2. Describe the facility's accessibility and individualized care features:
  - A. Accessible bathroom features (e.g. roll/walk in shower, accessible countertop, bath bench, etc.)
  - B. Ramp
  - C. Wide hallways/doorways
  - D. Call system
  - E. Locked unit for dementia care and/or Assisted Living Facility for Dementia Care license
  - F. Transportation

G. Modified diet accommodations

3. Complete the items below regarding occupancy.

A. Maximum resident capacity at site:

B. Number of current residents:

C. For each current resident, complete the information below.

Resident Initials	Move in Date	Age	Funding or Waiver	County of Financial Responsibility
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4. What kind of living arrangement will the program offer?

- Each person will have a complete unit—including private bathroom and kitchen.
- More than one person will share a complete unit.
- More than one person (single adults only) will share a bedroom.

**Target Population:**

1. Describe characteristics of the target population of the facility. This includes age, common support needs, gender, etc. Use sufficient detail that we would have enough information to make a referral to your program.
2. Describe how your facility will support items outlined in the Dakota County Priorities section.

## Provider Qualifications and Staffing:

1. Outline this company's and its owners/staff experience with:
  - A. GRH/Housing Support
  - B. Providing services and supports to the target population
  - C. Include a list of other company run programs and locations
2. Do you have other programs that have Housing Support (HS) agreements in other counties? If so, list the address(es).
3. Describe your program's staffing and staff-to-resident ratio assuming you are at full capacity.
4. Will your program have awake or asleep overnight staffing?
5. Provide an overview of the nursing coverage that will be provided at the facility and the level involvement of Registered Nurse staff with facility staff and residents. How often will a Registered Nurse be on site?
6. Explain the medication management or administration process, including if medication management duties will be delegated to an unlicensed staff.
7. Housing Support providers must initiate background studies in accordance with MN Statute 245C. Has your organization begun the background study process? Do you foresee any concerns with meeting this requirement?
8. It is the policy of Dakota County to respect culture and reduce bias in the workplace and service delivery. The County's commitment to inclusion, diversity, and equity requires that Housing Support providers uphold respectful regard for cultural differences and recognition of individual protected-class status as defined under the law. Describe how you will uphold this diversity and inclusion policy in your program and service delivery.

## Attachments

When returning this application to Dakota County, you must include the following attachments for it to be considered a complete application.

- Resident lease agreement
- Resident handbook including any "house rules"

Discharge policy

**CONFLICT OF INTEREST AND PROVIDER SIGNATURE:**

The applicant affirms that, to the best of their knowledge, this proposal does not present a conflict of interest with any party or entity, which may be affected by the terms of a potential forthcoming Housing Support Agreement. The applicant agrees that, should any conflict or potential conflict of interest become known, they will immediately notify the county of the conflict or potential conflict, and will advise the county whether they will or will not resign from the other engagement or representation.

Signature:

Date: