



Bidder's Conference SOAR Request for Proposals

August 9, 2018

Logistics

- Questions
 - Send through Chat feature
 - Any questions after webinar send email to DHS.ssaadvocacy@state.mn.us
- Recording of Bidder's Conference, slide deck & updated FAQ will be made available: <https://mn.gov/dhs/partners-and-providers/grants-rfps/soar-rfp/>

Agenda

- SOAR Model Overview
- SOAR RFP Overview
- RFP SOAR Pay-For-Performance Grant Opportunity
- SOAR One-Time Service Grant Opportunity
- Application Details
- Q&A



The SOAR Model

How Does SOAR Work?

What is SOAR?

- SSI/SSDI Outreach Access and Recovery (SOAR)
- A model for assisting eligible individuals to apply for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)
- For individuals who are experiencing or at-risk of homelessness and have a serious mental illness, co-occurring substance use disorder, or other physical disabilities
- Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Social Security Administration (SSA) since 2005
- All 50 states and Washington, D.C. currently participate

What Makes SOAR Unique?

SOAR-trained case workers are the heroes!



SOAR WORKS CRITICAL COMPONENTS



SOAR Online Course

Articles & Content

What is SOAR?

Many people with disabilities who experience homelessness or are at risk of homelessness (e.g., those returning to the community from institutions such as jails, prisons, or hospitals) struggle to access the resources they need. The Social Security Administration (SSA) has two programs that can provide assistance.

Many suffer from disabling mental illnesses, co-occurring substance use, trauma, and medical issues that impact their ability to work. The path to recovery can be extraordinarily challenging when one is constantly struggling to meet basic needs. Having income and health care benefits is often a critical first step on the road to recovery.

The Social Security Administration (SSA) has two programs that can provide assistance.

- Supplemental Security Income (SSI), a needs-based program, for individuals who are blind, disabled, or elderly, with low income/resources
- Social Security Disability Insurance (SSDI) for blind or disabled individuals who are insured through employee and employer contributions to the Social Security Trust Fund
- In most states Medicaid and/or Medicare health insurance accompany these benefits for those eligible

Circumstances can impede access to income and health care benefits.

- SSA communicates mainly by mail, which is a challenge when one does not have a permanent, reliable address
- People who are experiencing homelessness often have sporadic medical care, making it difficult to access medical records to document disability
- Symptoms can interfere with cognitive functioning, making it difficult to navigate a complex system

CLASSES IN THIS COURSE

1. **The Need for SOAR**
 - Class Home
 - 1. What is SOAR?
 - 2. SOAR Values
 - 3. SSA: What is Disability?
 - 4. Overview of Social Security Disability Programs: SSI and SSDI
 - 5. Access to SSA Disability Programs: Players, Roles & Tasks
 - 6. Steps in the SSA Disability Application Process
 - 7. Disability Determination: The SSA Sequential Evaluation
 - 8. Definitions of Homelessness
 - 9. The SOAR Model: Key Components
 - 10. Identifying SOAR Applicants
 - 11. Steps to Completing an SSI/SSDI Application Using the SOAR Model
 - 12. Try It: Key Concepts of Class 1
 - 13. Conclusion
2. **Initiating the Application**
3. **Exploring Basic Eligibility**

Practice Case Component

Practice Case: Meet Your Client

Welcome to the SOAR Online Course Practice Case. This component of the course provides a unique opportunity to put into practice the SOAR techniques you are learning.

INSTRUCTIONS:

1. You will **play the role** of a caseworker assisting a **fictitious** SSI/SSDI applicant.
 - On each Practice Case page (located at the end of every class) you will learn more about your applicant via interview videos, progress notes and medical records.
2. With the information you gather, you will **complete five (5) SSA forms and write a Medical Summary Report (MSR)**.
 - **NOTE: Use ONLY the SSA forms provided below as they are fillable versions created specifically for this course.**
3. On later Practice Case pages, you will be prompted to complete the forms/write the MSR and add them to **Your Practice Case File**.
 - **At the end of Class 7**, you will submit your complete **Practice Case File** to the SOAR TA Center for review.

Ready? Here we go...

Your name is "Will Jones" from XYZ Community Mental Health Center and you are assisting "Collette Rose" to apply for SSI/SSDI. Watch the interview video below to meet Collette and begin to gather information about her.

Practice Case Instructions

To add **completed forms**/'documents to **Your Practice Case File**

- Click "Choose File" to find and select the file on your computer, and then click "Upload."
- Click "Save and Continue" to proceed to next class.
- You will submit your complete application packet to the SOAR TA Center at the **end of Class 7**.
- All blank SSA Forms are provided in Class 1 Practice Case: Meet Your Client

If you are having any difficulties, please contact us

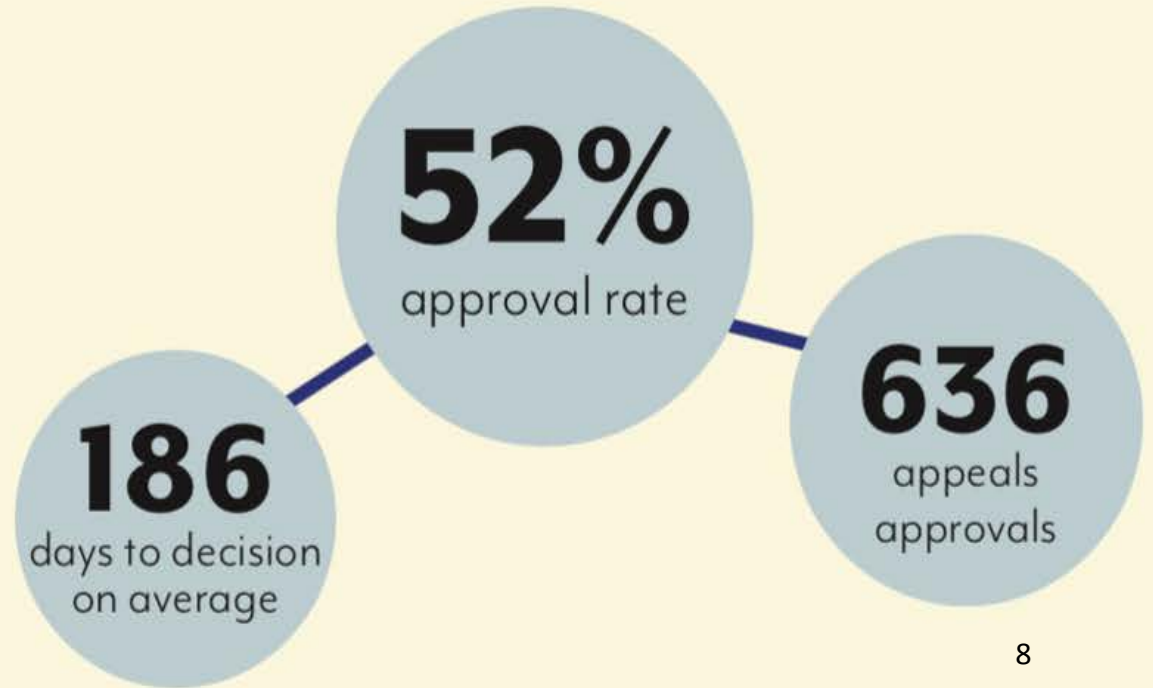
SOAR Case Study - Female, Part 1

2017 OUTCOMES

INITIAL APPLICATIONS



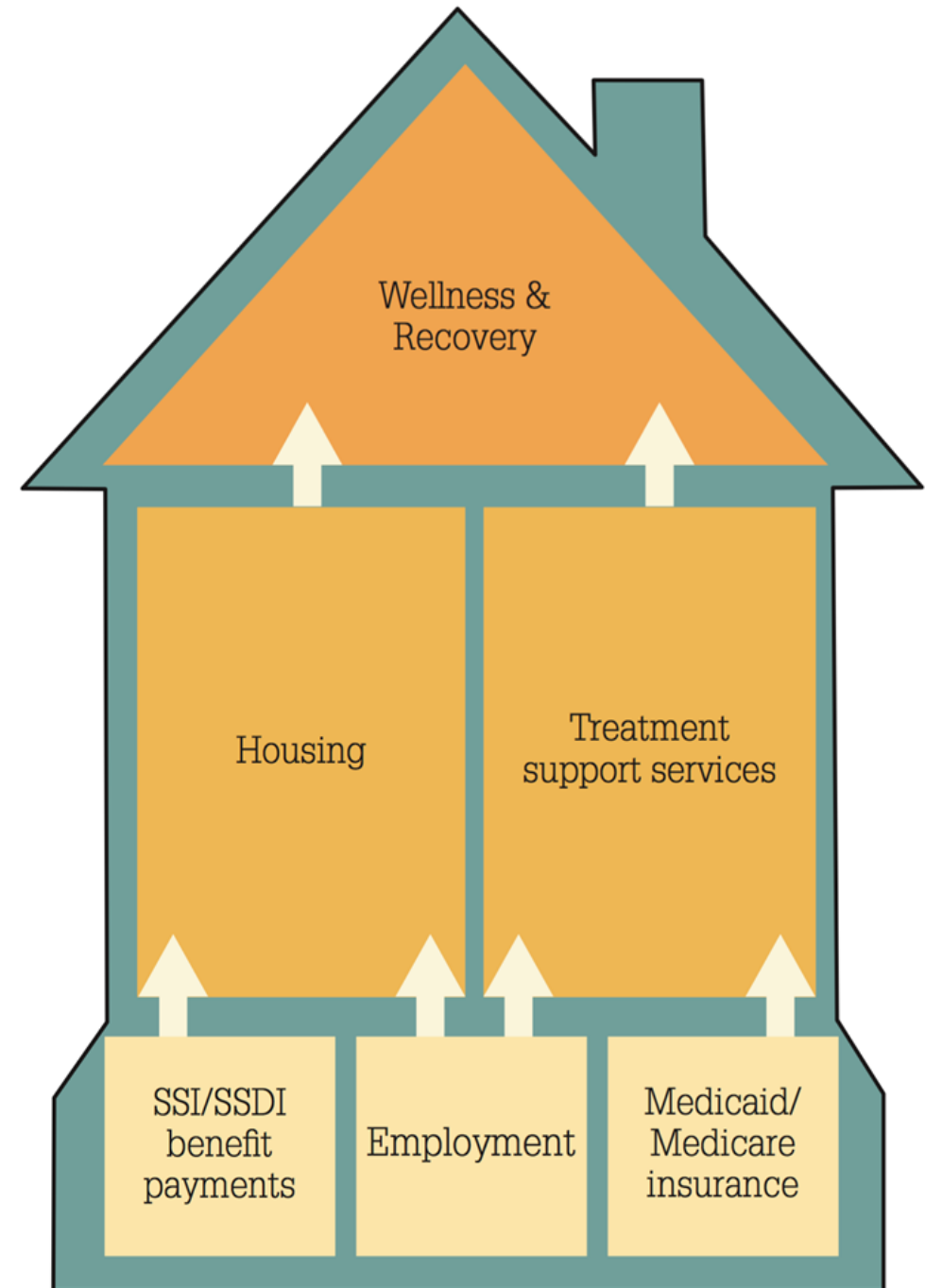
APPEALS



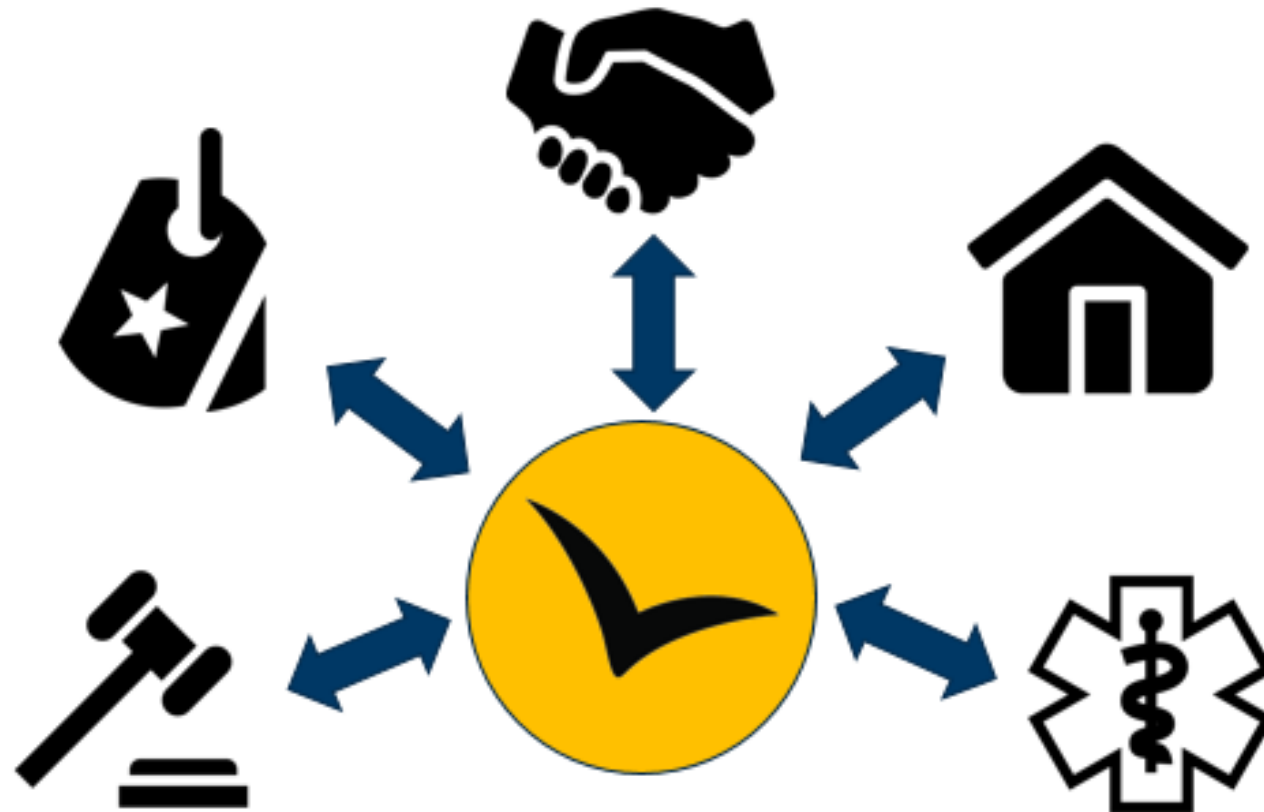
A Foundation for Recovery

SSI/SSDI provides more than income:

- Access to health care and housing
- Increased employment opportunities
- Decrease in incarcerations and hospitalizations



Community Collaborations





SOAR Request for Proposals

Goals

- Expand the number of contracted agencies across Minnesota with SOAR certified and dedicated staff
- Improve access to Social Security benefits for individuals experiencing or at-risk of homelessness
- Strengthen the SOAR collaborative presence in regional homelessness response systems

Timeline

RFP Timeline:	Date
RFP Publication:	July 23, 2018
Bidder's Conference:	August 9, 2018 1:30-3:00 PM CST
FAQ Publication:	By August 23, 2018
Question due:	By 3:00 PM CST September 21, 2018
Applications due:	By 4:00 PM CST September 21, 2018
DHS Evaluation Process:	October 2018 through November 2018
Award Notification:	DHS will notify all applicants in writing by November 15, 2018
Contract Negotiations:	Begin November 15, 2018
Grant Period	January 1, 2019 – December 31, 2020

Grants Webpage

- Start at SOAR RFP page located on the DHS public website

<https://mn.gov/dhs/partners-and-providers/grants-rfps/soar-rfp/>

One RFP/Two Funding Opportunities

1. SOAR Pay-For-Performance Grants
2. One-Time Service Funding Grants
 - Competitive
 - Special consideration for distribution by CoC region and through the MN Tribal Collaborative.

Eligible applicants

- All interested counties, tribal nations, nonprofit agencies, and for-profit agencies
- If you are a *current* DHS-contracted SOAR or Social Security Advocacy provider, only apply if you are interested in the One-Time Service funding opportunity

Service Expectations

Provide intensive services, including:

- Act as client representative and maintain contact throughout process
- Outreach and engagement
- In-depth interviews and assessments
- Assistance with completing applications and forms
- Collecting medical records
- Presenting client's story through Medical Summary Report
- Referrals and assistance with accessing other resources

We're here to help!

- Assigned primary contact for technical assistance
- Training and ongoing case consultations
- Payment for their advocacy work
- Collaboration with state and local stakeholders
- Documentation of successes and identification of areas for improvement and growth
- Development of regional workgroups to identify and address barriers



SOAR Pay-For-Performance

Grant Opportunity

SOAR Pay-For-Performance Grants

- Submit application (Section A & B) including all applicable Statements and Certifications (Section D).
- If NOT applying for One-Time Service Grants, you do NOT need to submit a
 - Budget (Section C), OR
 - Continuum of Care (CoC) or Minnesota Tribal Collaborative (MTC) Certification



SOAR One-Time Service Funding

Grant Opportunity

SOAR One-Time Service Grant

- \$550,000 available to create or expand staffing dedicated to providing SOAR services and build infrastructure to maintain SOAR services within the community.
- Requests may not exceed \$50,000.
- Special consideration for distribution by Continuum of Care (CoC) region and Minnesota Tribal Collaborative (MTC).
- Cannot submit more than one application.
- Submit application (Section A and B) including all applicable Statements and Certifications (Section D) AND
 - Budget (Section C), AND
 - Continuum of Care (CoC) or Minnesota Tribal Collaborative (MTC) Certification

SOAR One-Time Service Grant Evaluation

Application Section	Points
A. Applicant Organization Information and Experience	20
B.1. Proposed SOAR Dedicated Services	20
B.2. SOAR Service Delivery Model	20
B.3. Community Planning and Collaboration	20
C. Budget and Narrative	20
D. Required Statements and Certifications	Pass/Fail
TOTAL	100

SOAR One-Time Service Grant Expectations

- Onboard Staff. Hire staff or update Position Description for SOAR dedicated staff within first quarter. Staff trained by the end of the second quarter.
- Community Planning and Collaboration. Agencies funded with the SOAR one-time service funding must attend regional Continuum of Care (CoC) or Minnesota Tribal Collaborative (MTC) meetings at least quarterly.
- Quarterly reports. Awardees will be expected to report actual expenditures quarterly with basic stats. SOAR contracted providers will be paid at least quarterly (in addition to any pay-for-performance payments)
- Explore sustainable service funding



The Application!

A: Applicant Organization Information and Experience

2. Identification Numbers (provide if able)		
Registered 501(c)(3)? <input type="checkbox"/> YES <input type="checkbox"/> NO	DUNS # <input type="text"/>	SWIFT Vendor # <input type="text"/>
3. Application Type		
SOAR Provider Pay-for-Performance Grant (Select the one that applies)	<input type="checkbox"/> Current DHS contracted Social Security Advocacy Provider interested in adding SOAR services	
<input type="checkbox"/> SOAR Service Funding Grant (Select the one that applies)	<input type="checkbox"/> Current DHS contracted Social Security Advocacy, SOAR (or both) Provider	
SOAR Service Funding Request (up to \$50K)	\$ <input type="text"/>	

4. Applicant experience

- a. Provide a brief description of relevant experience: (500 words max)
 - Assisting individuals applying for Social Security benefits (if none, other public benefits?)
 - Serving people experiencing or at risk of homelessness
 - Serving people with mental health issues
- b. Describe efforts to create personnel composition within your staffing, leadership, and governing board that is reflective of the population served. (200 words max)

B. Project Description

1. Proposed SOAR Services

a. Service Goals (Proposed numbers will become basis for Final Work Plan, if contract awarded):

- Total # of people proposed to be assisted in Year 1

10

- Total # of people proposed to be assisted in Year 2

20

b. Proposed SOAR Personnel

- Total Proposed # Full Time Employees (FTE) dedicated to SOAR activities # 1 . 00
- FTE breakdown: (Sum of #s below should reflect Total # FTE above AND should match personnel breakdown by activity in [Budget Template and Narrative](#))

FTE dedicated to SOAR activities — Administration

#

0 . 25

FTE dedicated to SOAR activities — Program

#

0 . 75

- How many staff do you anticipate will complete the [SOAR Works!](#) online training by June 30, 2019?

1

B. 3. Community Planning & Collaboration

- a. How will you partner and collaborate with your local [Coordinated Entry System](#) within your [Continuum of Care](#) (CoC) region and other regional service delivery systems (PATH projects, homeless-serving organizations, counties, healthcare system, mental health collaboratives, vocational rehabilitation, workforce centers, etc.)? (500 words max)
-
- b. For SOAR Service Funding ONLY,
I have attached the [CoC Certification form](#) for one CoC within the intended service area, or [Minnesota Tribal Collaborative Certification form](#), if Tribal nation applicant. Yes No

C. Budget and Narrative

C. Budget and Narrative (SOAR service funding request only)

I have attached the [Budget Template with Narrative](#). Yes No

Consider both Pay-For-Performance and Service Funding sources:

1 SOAR dedicated FTE	YR 1=10 applications	YR 2=20 applications
Applications	10 @ \$750 = \$7,500	20 @ \$750 = \$15,000
Approvals @ 60%	6 @ \$1800 = \$10,800	12 @ \$1800 = \$21,600
Total w/o Service funds	\$18,300	\$36,600
+ Service funds	\$35,000	\$15,000
Total	\$53,300	\$51,600

Total Project Budget- (up to \$50K) (same as column F): \$ 50,000.00

GRANT FUNDS REQUESTED YR 1 + GRANT FUNDS REQUESTED YR 2 = PROJECT TOTAL

I. ADMINISTRATIVE

Personnel Name/Position/FTE			
Fringe			\$ -
EX: Steven Soar, SOAR Practitioner, 0.25	\$ 7,038.00	\$ 2,992.50	\$ 10,030.50
Fringe	\$ 782.00	\$ 332.50	\$ 1,114.50
			\$ -
			\$ -
		Admin Subtotal	\$ 11,145.00

II. PROGRAM SERVICES

Personnel Name/Position/FTE			
Fringe			\$ -
EX: Steven Soar, SOAR Practitioner, 0.75	\$ 21,114.00	\$ 8,977.50	\$ 30,091.50
Fringe	\$ 2,346.00	\$ 997.50	\$ 3,343.50
			\$ -
			\$ -
Travel (for planning, coordination & conferences)	\$ 220.00	\$ 200.00	\$ 420.00
		Program Subtotal	\$ 33,855.00

IV. INDIRECT (up to 10% of requested grant funds)

Organizational overhead	\$ 3,500.00	\$ 1,500.00	\$ 5,000.00
		Indirect Subtotal	\$ 5,000.00
TOTAL EXPENSES	\$ 35,000.00	\$ 15,000.00	\$ 50,000.00

BUDGET NARRATIVE (required):

*Please provide a budget narrative in the space below. Explain how line item costs were determined and calculated especially salary.

Steven Soar's salary + fringe (15%) = 46,000 (\$40,000 + 6000)

Year 1 Service funding covers 68% of Steven's salary+ fringe (15%) = \$31,280 (\$28,152 + \$3,128).

Assuming 10 complete applications and an approval rate of 60% covers the remaining wages and fringe with an excess.

Year 2 salary will remain consistent and Service funding will cover 29% of Steven's salary + fringe (15%)= \$13,300 (\$11,970 + \$1,330). Assuming 20 complete applications and an approval rate of 60% covers the remaining wages and fringe with an excess.

D. Statements and Certifications

1. Responder information and declarations

- I completed and attached the [Responder Information/Declarations Form- Grant RFP, DHS-7020](#) (PDF).

2. Proof of insurance

- I have read the [insurance requirements](#) (PDF) and understand that if selected, I will have to submit valid proof of insurance for the specified amounts and types.
- I do **NOT** accept all of the [insurance requirements](#) (PDF) and have attached an [Exception to Terms and Conditions Form, DHS-7019-ENG](#) (PDF) with my proposal.

D. Statements and Certifications

3. Human rights compliance

- I completed and attached the [STATE of Minnesota Affirmative Action Data Page - Grant RFP - DHS-7016-ENG](#) (PDF).
- I completed and attached the [STATE of Minnesota - Equal Pay Certificate - DHS-7075-ENG](#) (PDF).

4. Certificate regarding lobbying

- I completed and attached the [Certificate Regarding Lobbying Form - DHS-7017-ENG](#) (PDF).

5. Documentation to establish fiscal responsibility

- I understand and have to submit ONE of the following to DHS prior to contracting:
 - Most recent IRS form 990 if you are a not-for-profit organization
 - Most recent certified financial audit
 - Most recent Board of Directors reviewed financial statement
 - A certified statement of assets and debts (balance sheet) and evidence of cash flow (including amounts in checking account)

D. Statements and Certifications

6. Exceptions to the grant contract terms (Select one)

The contents of this application may become part of the final contract if a contract is awarded.

- I have read and accept all of the state's contract terms and conditions, as written in [DHS SOAR Grant Sample contract \(PDF\)](#).
- I do NOT accept all of the State of Minnesota's terms and conditions and have attached an [Exceptions to Terms and Conditions Form, DHS-7019-ENG](#) (PDF) with my proposal.

7. Trade secret/confidential data notification (Select one)

All materials submitted in this application will become property of the state and will become public record after the evaluation process is completed. If you believe that you have submitted trade secret/confidential materials, you must follow the procedures outlined in the [Trade Secret/Confidential Data Notice-Grant RFPDHS-7015-ENG](#) (PDF).

- I accept that the materials I have submitted in this application will become public record and property of the state. I certify that I have not included trade secret/confidential information in my response.
- The response contains trade secret/ confidential information, and I have submitted the above Trade Secret/Confidential Data Notice Form with my proposal.

D. Statements and Certifications

8. Disclosure of federal funding (Select one)

All entities and organizations that receive any federal funds must report their federal funding.

- I certify that I do receive federal funding and have submitted a [Disclosure of Funding Form - Grant RFP - DHS-7018-ENG](#) (PDF) with my response.
- I certify that I do NOT receive any federal funding.

9. Disclosure of funding

I certify that:

- I am the applicant with authority to sign on behalf of the applicant organization.
- This application came to us independently and we are submitting it without collusion with other applicants. (This step is designed to promote fair and open competition, and to avoid two groups working together unfairly).
- We didn't share our proposal with anyone outside of the organization who also is applying. The contents of our proposal have been secret and we will not share it with to anyone who is not an employee, partner or agent of our organization.

D. Statements and Certifications

10. Final certification

I understand that the submission of a response does not guarantee that the state will award me a contract.

11. Signature

By signing here, I certify that the information provided in this application is true and that DHS will rely on them for purposes of evaluation for potential contract award. I understand that if I submit inaccurate or misleading information, I may be disqualified from receiving a grant award. It also may subject me or my company/organization to suspension or debarment proceedings, as applicable by state law.

SIGNATURE	
PRINTED NAME	TITLE
<input type="text"/>	<input type="text"/>
ORGANIZATION	DATE
<input type="text"/>	<input type="text"/>

Submission

- Email application with authorized signatures (scanned, NOT electronic) and all required attachments to DHS.SSAAadvocacy@state.mn.us by **September 21, 2018 at 4:00 PM CST**
 - If size allows (under 10mb), please submit in one email.
- DELIVERED Paper copy will be accepted by/before **September 21, 2018 at 4:00 PM CST**
- Attachments:
 - Budget (Section C): One-Time Service Funding only
 - Continuum of Care (CoC) or Minnesota Tribal Collaborative (MTC) Certification: One-Time Service Funding only
 - Any applicable Statements or Certifications (Section D)

Then what?

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Questions?

Thank You!

DHS.SSAAdvocacy@state.mn.us