



REQUEST FOR PROPOSALS **RIHousing Health and Housing Pilot Funding**

Posting Date: November 12, 2024

Response Submission Deadline: 3:00 EST p.m. on January 15, 2025.

Optional Information Session: 11:00 EST a.m. on November 19, 2024. Please click <https://bit.ly/HHInfoSession2024> to register.

NOTE TO RESPONDENTS:

Please be advised that **all** submissions (including those not selected for engagement) may be made available to the public on request pursuant to the Rhode Island Access to Public Records Act, Chapter 2 of Title 38 of the Rhode Island General Laws (the “APRA”) upon award of a contract(s). As a result, respondents are advised not to include information that they deem proprietary or confidential or that constitutes a trade secret.

INTRODUCTION

Through this Request for Proposals (“RFP”), the Rhode Island Housing and Mortgage Finance Corporation (“RIHousing”) seeks proposals from eligible applicants for a pilot that will support programs created in partnership between RIHousing financed developments and healthcare organizations to co-locate or care coordinate with healthcare services to assist residents with healthcare needs.

In 2022, RIHousing received a planning grant from the National Council of State Housing Agencies in partnership with the Robert Wood Johnson Foundation to enhance and expand healthcare and housing partnerships that target low-income households. We engaged a steering committee of local leaders and partnered with five Health Equity Zones (HEZs) committed to increasing housing opportunities within their communities.

The culmination of this effort was our [Healthy Housing, Healthy Communities \(“H3C”\) Plan](#), and a [Health and Housing Partnership Toolkit](#), which includes an accompanying resources section, to support RIHousing’s work to engage healthcare leaders in this work and to support local developers and healthcare providers as they establish and grow partnerships.

As a next step from this 18-month planning effort, RIHousing is launching the second round of this pilot to allow residents to receive services or care coordination onsite to stay healthy and stably housed. Specifically, we seek pilot programs that will support healthcare needs targeted to individuals and families living in affordable housing developments. With an estimated \$500,000 available, RIHousing intends to support three pilot sites over a three-year period.



RFP/RFQ Title: _____
Respondent Name: _____

RIHousing will host an optional information session on November 19, 2024 at 11:00 EST am. Please click <https://bit.ly/HHInfoSession2024> to register.

ELIGIBLE APPLICANTS:

RIHousing financed development owners and property managers in partnership with a healthcare entity are eligible to apply. Please see Attachment D to determine if a development qualifies as RIHousing financed. Healthcare entities may include hospital and health systems, community health systems, community mental health and substance abuse providers, and accountable entities.

Proof of partnership must include an executed written agreement or similar document. Applicants may submit more than one proposal.

This pilot is intended for existing affordable housing developments in order to assess outcomes from continuity of services. Scattered site developments, where units are dispersed amongst many buildings, are not eligible for this pilot. This pilot intends to serve residents living in the same location where healthcare services will be provided, as this ensures residents have easy access to services and will likely see or interact with the healthcare organization by living in the location. This pilot hopes to understand how and if this connection increases positive health and housing outcomes for residents. Shelter, temporary, or transitional housing is not eligible to apply. Services are intended for the households living in that development and not for the broader community.

Geographic Requirement:

The development where services will be provided must be in one of Rhode Island’s 15 HEZ communities. The location of each HEZ can be found on this map: <https://health.ri.gov/img/hez-map.jpg>. More information on the HEZs may be found at https://health.ri.gov/programs/detail.php?pgm_id=1108. The intention of focusing these pilots within HEZ communities is to build upon the place-based, community-led work happening in these historically underserved communities.

INSTRUCTIONS

Proposals must be submitted via the form on <https://app.smartsheet.com/b/form/6685521c498d4ea5bc8b93c21d83caa6> no later than the response submission deadline set forth above. Proposals must be submitted in Adobe PDF format or Microsoft Office files (Word, Excel).

Proposals that are not received by the response submission deadline or that do not substantially or materially adhere to the submission instructions described herein shall not be accepted or considered by RIHousing.

Proposals should be presented on business letterhead and include all attachments and the Submissions Certification at Attachment A. Please note that failure to provide any information, certification, or document requested in this RFP may cause your submission not to be reviewed or considered by RIHousing.



RFP/RFQ Title: _____
Respondent Name: _____

Proposal narrative should not exceed 5 pages. Attachment C, the Written Agreement, Certifications, and, if included, resumes and references, are not included in the page limit. All proposal content, except Attachment C, the Written Agreement, and Certifications, should be combined into one document (PDF or Microsoft Word). Substantially incomplete and materially incorrectly submitted proposals will not be evaluated.

RIHousing may invite one or more finalists to make presentations.

Updates, amendments, and Q&As related to this Request for Proposals may be posted from time to time at www.rihousing.com/rfps-rfqs.

Questions may be sent to Stacy Wasserman, swasserman@rihousing.com. Answers will be posted on: [RFPs & RFQs | RIHousing](#)



RFP/RFQ Title: _____
Respondent Name: _____

SCOPE OF WORK

Please see the Scope of Work as provided on Attachment B.

ITEMS TO BE INCLUDED WITH YOUR PROPOSAL

**SUBMISSION
CHECK LIST**

Section A: General Firm Information

1. Provide a brief description of your firm, including but not limited to the following:
 - a. Name of the principals of the RIHousing-financed housing development and healthcare entity
 - b. Name, business telephone number and business email address of a representative of the firm authorized to discuss your proposal.
 - c. Locations of all offices of the firm.
 - d. Number of employees of the firm.

RIHousing requests that the contact information provided in response to this subsection (1) be strictly limited to business addresses, telephone numbers, and email addresses to protect any personal information from being made available to the public pursuant to APRA.

Section B: Experience and Resources

1. Describe both the housing development and healthcare entity that are jointly applying. In particular, support the ability of this partnership to perform the Scope of Work.

2. Specify as to the healthcare services to be provided to residents under which model (co-locate services or care coordination). Provide a detailed description of the services to be provided and a description of evidence of need for these services.

Note how many days a week and during what times services will be provided, as well as where in the development services will be located. Applications should include an outreach plan to make residents aware of these services, a description of the number of residents your program plans to support, and an explanation of how that number was determined.

3. Provide a description of staffing levels or plans to hire additional staff. Provide appropriate background information for current staff and identify their responsibilities.



RFP/RFQ Title: _____
Respondent Name: _____

- 4. Applicants may submit references (encouraged if no prior working experience with RIHousing).
- 5. Identify individuals in your firm with multi-lingual skills, who are available to assist with communication in languages other than English. Please identify the language(s).
- 6. Describe your firm's information security systems and the steps that your firm takes to safeguard client communication, confidential information, and client data. Include in your response whether your firm performs penetration testing, your firm's encryption methods, and whether client data is stored onshore or offshore.
- 7. Outline how you intend to track the outcomes of those who receive healthcare services or care coordination. The goal of this funding is to assist residents with staying healthy and stably housed. Without providing any identifying or HIPAA protected information, grantees will be expected to provide data tracking residents' participation in the healthcare program and their housing outcomes over the three-year term. Proposals should be clear on what the program goals are, what outcomes will be provided, and how they will be tracked.
- 8. Description of plan for program execution including proposed timeline for program set-up and start date.
- 9. Identify any additional committed funds raised for the program/project (must include proof of commitment).
- 10. Include any organizational financial contribution.
- 11. Applicants must submit a fully executed written agreement demonstrating the formal partnership between the housing development and healthcare entity. Roles and responsibilities must be included in the agreement that correspond to the description of the partnership included within the proposal.
- 12. Confirm the development is RIHousing financed. Note the funding source or rental assistance contract the development has with RIHousing. (Developments must be RIHousing financed. Please see Attachment D to determine if a development qualifies.)

Section C: Budget

Funding is intended to support the healthcare program's start-up costs, implementation, and operation over the three-year term. Funding cannot be used to support current operating needs within the housing development, including existing staff. Funds may not be used to support indirect costs that cannot be assigned to a particular item or expense.



RFP/RFQ Title: _____
Respondent Name: _____

- 1. Complete and submit Attachment C: Housing and Healthcare Pilot Program Budget and Outcomes -beneficiary Worksheet with the proposal. This document should be submitted in the Excel template provided with this RFP, not saved as a PDF. The budget should be spread over a three-year period and include a description of what the funding will support. If applicable, describe how additional expenses above and beyond grant funding will be met as well as capability of sustaining the program once grant funding is depleted.

Section D: Affirmative Action Plan and Minority Owned Business/Women Owned Business

- 1. RIHousing encourages the participation of persons of color, women, persons with disabilities and members of other federally and State-protected classes. Describe your firm’s affirmative action program and activities. Include the number and percentage of members of federally and State-protected classes who are either principals or senior managers in your firm, the number and percentage of members of federally and State-protected classes in your firm who will work on RIHousing’s engagement and, if applicable, a copy of your Minority- or Women-Owned Business Enterprise state certification.

Section E: Miscellaneous (Total word limit: 1000 words)

- 1. Discuss any topics not covered in this RFP that you would like to bring to RIHousing’s attention.

Section F. Certifications

- All applicants must respond to and provide documentation as outlined in the Request for Proposals Submission Certifications at Attachment A.



RFP/RFQ Title: _____
 Respondent Name: _____

EVALUATION AND SELECTION

A selection committee consisting of RIHousing employees will review all proposals that meet the requirements set forth in the “Instructions” section of this RFP and make a selection based on the following factors:

PROPOSAL SCORING CRITERIA:	Maximum Score
1. Proposed Program – What is the proposed program, who will the program serve, when and how will residents be served? Does the program meet the requirements noted under the Eligible Activity section above? (Note: Co-location programs are eligible for a maximum of 20 points; Care Coordination programs are eligible for a maximum of 15 points)	20/15
2. Need – Is there a description of the need for these healthcare services, along with support to confirm the need?	20
3. Goals/Proposed Outcomes/Metrics – What is the goal of the program? What are some anticipated results during and at the end of the grant term? How will those be measured?	10
4. Program Implementation – Is there a clear plan for executing the program, including an adequate timeline? What will be the process and timeline for setting up the program, and when will services begin?	10
5. Budget – Budget should clearly show how funds will be allocated over the three-year term, by year. Is the budget clearly detailed, with appropriate costs and sources outlined for each item, over a three-year period? What will this funding support? If applicable, how will additional expenses, above and beyond the grant amount, be supported?	8
6. How many people will the program/project reach – How many residents are anticipated to participate in the healthcare services? How was this determined?	8
7. Organizational and Staff Experience – Do the housing development and healthcare entity have the ability to implement the program? Is there an appropriate level of staffing in place to sustain the program for the grant term, or a clear plan for the hiring of staff?	6
8. Program Sustainability – If the program is successful, is there a sense of how the program could sustain itself once the grant funding is depleted?	6
9. Leveraged Funds – Identify additional <u>committed</u> funds raised for the program (<u>must include proof of commitment – no points will be awarded if proof of commitment is not provided</u>). (≤\$49,999 = 2 points; \$50,000-\$99,999 = 4 points; ≥\$100,000 = 6 points)	6
10. Matching Funds – Include any organizational financial contribution to program (≤\$24,999 = 2 point; \$25,000 - \$50,000 = 4 points; ≥\$50,000 = 6 points)	6
TOTAL POSSIBLE SCORE	100

By this RFP, RIHousing has not committed itself to undertake the work set forth herein. RIHousing reserves the right to reject any and all proposals, to rebid the original or amended scope of services



RFP/RFQ Title: _____
Respondent Name: _____

and to enter into negotiations with one or more respondents. RIHousing reserves the right to make those decisions after its receipt of responses. RIHousing's decision on these matters is final.

For additional information contact: swasserman@rihousing.com.



RFP/RFQ Title: _____
Respondent Name: _____

Attachment A

Requests for Proposals Submission Certifications

Please respond to **all** items below and include it in your response to this RFP. Be sure to include any additional information in the space provided or as an attachment as needed. Please ensure that any attachments refer to the appropriate item by name (i.e., “Conflict of Interest,” “Major State Decision Maker,” etc.)

Total word limit for Sections A and B: 500 words

Section A: Conflicts of Interest

1. Identify any conflict of interest that may arise as a result of business activities or ventures by your firm and associates of your firm, employees, or subcontractors as a result of any individual’s status as a member of the board of directors of any organization likely to interact with RIHousing. **If none, check below.**

None

2. Describe how your firm will handle actual and or potential conflicts of interest (*please include in your proposal or attach a sheet with this information*).

Section B: Litigation, Proceedings, Investigations

1. Identify any material litigation, administrative proceedings, or investigations in which your firm is currently involved. **If none, check below.**

None

2. Identify any material litigation, administrative proceedings, or investigations to which your firm or any of its principals, partners, associates, subcontractors, or support staff was a party, that has been finally adjudicated or settled within the past two (2) years. **If none, check below.**

None

Section C: Certifications

1. In the course of providing goods or services to RIHousing, the selected respondent may receive certain personal information specific to RIHousing customer(s) including, without limitation, customer names and addresses, telephone numbers, email addresses, dates of birth, loan numbers, account numbers, social security numbers, driver’s license or identification card numbers, employment and income information, photographic likenesses, tax returns, or other



RFP/RFQ Title: _____
Respondent Name: _____

personal or financial information (hereinafter collectively referred to as the “Personal Information”). The maintenance of the Personal Information in strict confidence and the confinement of its use to RIHousing are of vital importance to RIHousing.

Please certify below that in the event your firm is selected:

- (i) any Personal Information disclosed to your firm by RIHousing or which your firm acquires as a result of its services hereunder will be regarded by your firm as confidential, and shall not be copied or disclosed to any third party, unless RIHousing has given its prior written consent thereto; and
- (ii) your firm agrees to take all reasonable measures to (a) ensure the security and confidentiality of the Personal Information, (b) protect against any anticipated threats or hazards to the security or integrity of the Personal Information, and (c) maintain reasonable security procedures and practices appropriate to your firm’s size, the nature of the Personal Information, and the purpose for which the Personal Information was collected in order to protect the Personal Information from unauthorized access, use, modification, destruction or disclosure; and
- (iii) when discarding the Personal Information, destroying it in a commercially reasonable manner such that no third party can view or recreate the information, electronically or otherwise.

These provisions, which implement the requirements of the Rhode Island Identity Theft Protection Act, R.I.G.L. § 11-49.2 et seq., will also be incorporated into the final contract with the selected respondent(s). In addition, if selected, your firm may be requested to provide a copy of its information security plan.

I certify that in the event our firm is selected, we will comply with the Personal Information and Security guidelines noted above.

2. Your firm’s president, chairman or CEO must certify below that (i) no member of your firm has made inquiries or contacts with respect to this RFP other than in an email or written communication to Stacy Wasserman at swasserman@rihousing.com seeking clarification on the Scope of Work set forth in this proposal, from the date of this RFP through the date of your proposal, (ii) no member of your firm will make any such inquiry or contact until after January 8, 2025 (iii) all information in the proposal is true and correct to the best of your knowledge, (iv) no member of your firm gave anything of monetary value or promise of future employment to a RIHousing employee or Commissioner, or a relative of the same, based on any understanding that such person’s action or judgment will be influenced, and (v) your firm is in full compliance with Chapter 27 of Title 17 of the Rhode Island General Laws, Reporting of Political Contributions by State Vendors.



RFP/RFQ Title: _____
Respondent Name: _____

I certify that no member of our firm has made or will make any such inquiries or contacts; all information supplied is true and correct; no member of our firm has provided anything of value to influence RI Housing; and our firm is in compliance with applicable political contribution reporting.

President, Chairman or CEO (*print*): _____

Signature: _____

Firm Name: _____



RFP/RFQ Title: _____
Respondent Name: _____

Attachment B

Scope of Work

Eligible Activity:

Funding is available for programs created in partnership between housing developments and healthcare entities to 1) co-locate healthcare services at the housing development to assist residents with specific healthcare needs or to 2) care coordinate with common goals to improve health outcomes for residents. Applicants are encouraged to review the [Health and Housing Partnership Toolkit](#), which, amongst other things, provides “a framework for the healthcare sector to develop and/or partner with the housing sector on an integrated housing and services model to maximize impact on their shared client base.”

Co-location involves placing a healthcare program on the same site as a housing development. This ensures the healthcare services are easily accessible to residents and allows the onsite staff to form relationships with the housing staff and build trust with residents.

Care coordination involves a concerted effort between a healthcare professional and housing staff to work as a team with common goals to improve the health outcomes of residents. The healthcare professional coordinates efforts around each client to remove barriers to and gaps within services, work with healthcare providers to address the resident’s care, and ensure the progress of individualized care plans. For some additional guidance on care coordination please visit <https://www.ahrq.gov/ncepcr/care/coordination.html>.

While care coordination does not involve locating healthcare services within a housing development, the care coordinator is expected to be co-located within the housing development.

Proposals proposing co-location of a healthcare program will be eligible for up to 20 points under the Proposed Program section of the scoring criteria, while care coordination programs will be eligible for up to 15 points.

Applicants must be specific about what type of healthcare service will be provided to residents under which model. The services should respond to an identified need among residents.

Examples of services provided in a co-location model may include, but are not limited to:

- Services for the elderly to allow them to live independently while receiving appropriate healthcare services in the home.
- Mental health services provided by psychiatrists, psychologists, social workers, or licensed professional counselors.
- Substance use services.
- Identification that a large percentage of residents have a specific healthcare need and need specific related care.
- Children and youth focused physical or mental healthcare.
- Physical and/or occupational therapy healthcare services.



RFP/RFQ Title: _____
Respondent Name: _____

Examples of services provided in a care coordination model may include, but are not limited to:

- Follow-up after healthcare services and procedures.
- Management of chronic disease medical needs.
- Elderly patients facing complex medical needs.
- Connection and coordination of primary care and other services related to the social determinants of health

RIHousing looks to applicants to determine what healthcare services would best serve a large proportion of their residents. Applications should support that there is a need for this service and that it is likely to be utilized. RIHousing assumes the type of healthcare needed amongst developments will vary.

This pilot requires that services, whether the co-location of direct healthcare services or a care coordination model, be administered on-site, at the housing development, with staff from the partnership healthcare entity there on a regular basis. For example, this may include offering services in a space built out for this purpose within the development, in a community room, or via a mobile van.

Funding is intended to support the start-up costs, implementation, and operation of the healthcare program over the three-year term. The housing development cannot use this funding to support current operating needs, which includes existing staff, even if they will play a role in this pilot.

Funding:

An estimated \$500,000 total is available in funding. Funds will be awarded as a three-year grant term to allow for some sustainability and longer assessment of outcomes. The anticipated maximum award per grantee is \$150,000 (\$50,000 per year). Grantees will have the opportunity at the end of each year to discuss changes in upcoming funding needs.

Matching and leveraged funds are encouraged, but not required.

RIHousing reserves the right to increase the total amount of funding, the number of projects funded, and the maximum award per project.



RFP/RFQ Title: _____
Respondent Name: _____

Attachment D:
RIHousing-financed Housing

This section will provide additional guidance on a development's eligibility under this program. RIHousing-financed housing is defined as “affordable multifamily developments that have received financing through RIHousing for development or preservation, or affordable multifamily developments with rental assistance contracts administered through the agency.” The funding source must be one that requires ongoing compliance and oversight from RIHousing, which will allow the agency to monitor the grant alongside the development’s performance. For instance, developments that receive predevelopment funding from RIHousing but no funding to support the development or rehabilitation of the project will not qualify. If a development has received at least one of the following funding sources from RIHousing or the following rental assistance contract, they are eligible to apply for this funding:

Funding Sources

- 4% Low Income Housing Tax Credits (LIHTC)
- 9% LIHTC
- Affordable Housing Trust
- Capital Magnet Fund
- HOME
- HOME-ARP
- Preservation Loan Fund Program
- Preservation Revitalization Deferred Loan Program
- RIHousing First Mortgage
- RIHousing Home Loan
- RIHousing Second Mortgage

Developments that have received state funding through Building Homes RI (BHRI), Acquisition and Revitalization Program (ARP), State Fiscal Recovery Funds (SFRRF), or Housing Production Fund (HPF), not in combination with one of the above funding sources are not eligible to apply, as these are state programs.

Rental Assistance (this category only applies to permanent, long-term, project-based rental assistance)

Performance Based Contract Administration (PBCA)