

**RFP Library Question/Answer Sessions 8-10-11 and 8-11-11****ALL PROGRAMS****General Questions:**

**Q:** The Proposal Summary Sheet (Item 1) asks agencies to check whether their proposal is a "continuation" or "new." How should agencies that currently have a contract for a service that is up for competitive proposals respond to that question?

**A:** Agencies currently under contract (2011) for the service should check "continuation," while all other agencies should check "new." Agencies currently under contract who are applying for a new program they do not currently provide under contract should check "new."

**Q:** What order do you want Item 1 (Summary Sheet), the Proposal Contents Checklist, and Item 2 (Cover Letter) submitted in the proposal?

**A:** Please submit Item 1, Summary Sheet as the first page of your proposal, followed by the Proposal Contents Checklist, and then the Cover Letter, followed by the remainder of your proposal.

**Q:** On Budget Form 1, what should I use for Units for programs that are paid on expenses?

**A:** Check the program requirements (Section 5) for the particular program you are applying for. In many instances, the unit of service is referenced there. If the program requirements do not identify a required unit, select a reasonable unit of cost and define your unit on Form 1.

**DSD****Crisis Respite:**

**Q:** Are you looking to expand the two existing 4 bed facilities or are you looking for an additional 8 beds?

**A:** We're looking for proposals to see what vendors can provide. The proposal should include what the provider would be able to support within the available funding. The facilities need to be fully wheelchair accessible.

**Q:** Who would manage intake referrals?

**A:** DSD staff - Resource Center

**Q:** What age is served?

**A:** 18 to age 59

**CLTS:**

**Q:** Are you looking for additional providers?

**A:** Yes.

**Q:** What growth are you anticipating; are you planning on moving part of the existing clientele to the new provider for case management?

**A:** Growth will be phased in; we may move part of the existing clientele and/or refer new clients.

**Q:** Are specific target groups being looked at for this contract? Autism or autism spectrum?

**A:** We're looking for all target groups, non-autism included. Can bid on some or all of the clients. Need separate budgets for each if applying for both (some or all). There is not a plan to contract for clients currently being case managed by Milwaukee County staff.

**WATTS:**

**Q:** Is there currently a contract agency providing this service?

**A:** No.

**General:**

**Q:** Which two programs are Fee-for-Service Agreements?

**A:** Fiscal Agent and CLTS. There is a 1 page rate sheet – Sect. 7-3 – for these two services. Responding agencies do not need to submit a full budget spreadsheet for these services.

**Q:** What page are the multi-year programs listed?

**A:** Section 5 page 36 on the CD document

**BHD****Secure Emergency Detox:**

**Q:** Are the clientele adults?

**A:** Yes

**Q:** What is the number of beds desired?

**A:** The current vendor provides approximately 15 Social Detox and 30 Medical Detox beds (capacity fluctuates based on need).

**Q:** The State standard doesn't require an MD on site 24/7. Is 24 hr on call ok with an actual presence every 72 hrs?

**A:** We are requiring an MD to come in once a day – length of time spent will depend upon the number of patients; there are generally fewer during the summer months.

**Q:** Could you expand on the "3 Yr. Contract with renewal each year" idea?

**A:** The contract is for one year; renewal for up to two subsequent years is subject to the county budget and County Board approval.

**Q:** Is insurance billable for these clients?

**A:** Insured patients are transferred to the hospital unless they're on a legal hold.

**Q:** What about net expenses? Is other revenue treated as an offset to the contract amount?

**A:** Payment is based on the established unit rate x the number of clients, minus the revenue rec'd from other sources. It's gross expenses minus all other revenue to equal the net expense.

**Q:** Is the contract reimbursed at 1/12?

**A:** Yes; Program Paid on the Lesser of Net Expenses or Net Units Earned up to 1/12 of the contract

**Q:** What about T19?

**A:** Medicaid will not certify Community Detox Facilities; only those affiliated with hospitals.

**Q:** How often is billing submitted?

**A:** The vendor bills the County on a monthly basis.

**Q:** Can you supply annual client volume data?

**A:** data from 8/1/10 through 7/31/11:

- Medical Detox = 2,926 total admits for 2,175 unduplicated clients
- Social Detox = 2,449 total admits for 532 unduplicated clients

**Q:** What percentage or number of clients is brought in by the police department under protective custody?

**A:** Percentage or number of clients brought in by the police department under protective custody:

- Medical Detox = approx 10%
- Social Detox = approx 15%

**Q:** In addition to Medical Monitored and Residential intoxication monitoring, what about ambulatory detoxification?

**A:** Within the amount of available dollars, providers can propose an alternate level of care and obtain the required certification. Applicants would need to address how they would engage a transient population and/or populations with legal holds.

**Crisis Respite Home:**

**Q:** You currently have two 8-bed facilities; are you looking for bids on those or for expansion?

**A:** Bid is for existing 8-bed units. Maybe in the future there will be an expansion. The proposed county budget recommends an increase of another 8-bed unit, but the outcome is uncertain.

**Q:** Does the vendor bill MA?

**A:** No, they are billed by the County per DHS 34 – Crisis Services.

**Q:** Who is responsible for intake?

**A:** BHD serves as the gatekeeper at both the front and back door.

**Q:** What is the dollar amount available?

**A:** The dollar amount in the RFP is for both homes.

**Q:** Is there a difference the clientele between the two homes?

**A:** No, the facilities are not specific to a particular type of client.

**Q:** Are bidders required to operate their own facility to provide these services or may they contract with existing facilities to provide them?

**A:** Vendors may subcontract services subject to Milwaukee County contracting rules.

**Q:** How long is a client usually in the facility?

**A:** Usually the maximum stay is 30 days – the average stay is about 14 days.

**Q:** What about the staffing pattern?

**A:** The vendor provides round-the-clock staff, room and board, and peer specialists. The County provides the clinician. Interaction is expected between all.

**Q:** Is a license required?

**A:** Yes, under Administrative Code 83

**Q:** How will the contract be awarded?

**A:** The homes are free-standing – no particular clientele at either so they do not have to be related. The proposals are scored on a point system. The criteria are listed and can be reviewed in the technical requirements.

**Q:** The Mobile Crisis Unit approves the placement, but does the provider have the ability to refuse an admission or referral?

**A:** Milwaukee County clinicians determine who will be admitted to the program, although they always work collaboratively with the provider if concerns arise.

**Q:** Is there a County-wide study or data available on expected demand for this service (i.e. how many crisis calls received, how many were placed in psychiatric hospitals, how many were placed in Mendota and Winnebago)?

**A:** Not applicable as the Mobile Crisis Team is the gatekeeper for referrals.

**Language/Interpreter (Professional Service Agreements):**

**Q:** Where on the CD is this information; couldn't find it.

**A:** There are two sections on the CD; one for POS and one for PSA. They are in separate folders. The PSA comes after the POS. BHD is looking for a 24/7 service for all language needs. Submit the rates for both phone and in-person services.

**WRAPAROUND****Care Coordination:**

**Q:** Will there be a number of providers?

**A:** Yes, for this program. For Advocacy, there is currently just one provider and it's not likely that there will be more. It's an expense based contract.

**Crisis/Respite Group Home-Boys 12-17:**

**Q:** Is this connected directly with MUTT or will there be two separate providers?

**A:** The connection is through collaboration, no direct link is necessary.

**Q:** Is this a new contract?

**A:** No, this is a current contract.

**General:**

**Q:** Are separate submissions needed for each program?

**A:** Separate material is needed for each program, even though a lot will be the same. This is necessary because there are different review panels for each program proposal. You can copy the material that is the same and include it with each submission.

## **DCSD**

### **General:**

**Q:** There are specific requirements spelled out in the program descriptions but there are also some requirements listed in the Introduction and Expectations section preceding the program descriptions for the Delinquency and Court Services Division. Should these various requirements be integrated into the program narrative and logic model in a way that makes sense?

**A:** Yes. The general requirements regarding the service/treatment process listed in the Introduction and Expectation for Delinquency and Court Services Division (page 5-DCSD-2), apply to all DCSD contracts up for bid and should be incorporated into the program narrative and logic model as appropriate, along with specific requirements listed in the program description. It doesn't have to be in a specific order.

Please also note that the Delinquency and Court Services Division seeks proposals that utilize evidence-based practices and approaches to address targeted criminogenic needs associated with the probability of re-offense. The following is a list of on-line resources with information on best practices and/or evidence-based practices as a reference:

- Office of Juvenile Justice and Delinquency Prevention's Model Program Guide <http://www.ojjdp.gov/mpg/mpgSearch.aspx>
- What Works, Wisconsin fact sheets <http://whatworks.uwex.edu/Pages/1factsheet.html>
- Crime Solutions <http://www.crimesolutions.gov/>
- DMC Reduction Best Practices Database [http://www2.dsgonline.com/dmc/dmc\\_default.aspx](http://www2.dsgonline.com/dmc/dmc_default.aspx)

### **First Time Juvenile Offender Tracking Program (DCSD 004)**

**Q:** The program description mentions that the Community Education Workshops may include non-FTJOP youth. Who are these youth?

**A:** In addition to first time offenders participating in the First Time Juvenile Offender Program, the Division may refer other youth with a delinquency referral to the Community Education Workshops, including youth on deferred prosecution agreements, pending court, or adjudicated delinquent and placed on probation.

**Q:** Should the Community Education Workshop proposed per session rate include non-FTJOP youth?

**A:** Yes. The maximum number of youth, including non-FTJOP youth, is 20 (unless by mutual agreement with DCSD). However, the average number of youth may be less. Please provide supporting documentation for the calculation of the rates, including any variable per session costs based on the number of youth.

**Q:** The program description mentions that up to two agencies will be selected to provide this service. Does that mean that there will be a total of 24 Community Education Workshops that are coordinated between the two agencies?

**A:** We do plan to have 24 Community Education Workshops (half-day workshops 2x a month on Saturdays alternating between north side and south side locations) in 2012. If two tracking agencies are selected, each agency would be responsible for 12 workshops, the dates of which to be coordinated in concert with the Delinquency Division. If one agency is selected, that agency would be responsible for all 24 workshops.

**Q:** Is staff travel time built into the contract or billed as a direct service?

**A:** Travel to homes, schools, and community-based agencies is an important part of the tracking agencies' role. As such, travel is billable as a part of tracking and is documented on monthly reports forms. The current unit rate for tracking services is \$3.20 per 1/10 of an hour.

**Day Treatment Program (DCSD 001)**

**Q:** Please clarify how Outcomes 3 and 4 relate.

**A:** Outcome 4 is eliminated. Proposers need only address Outcomes 1 – 3 and any additional outcomes they wish to include.

**HOUSING****Supported Apartments:**

**Q:** Does each site require a separate proposal?

**A:** Yes. Separate proposals are needed for each site, at least for staffing/budgets, etc. The service plan can be the same and just duplicate for the second site.

**Q:** Is the contract strictly for providing a facility or also for providing services?

**A:** We currently have three sites (Fardale, Main and Oklahoma). The contract is to staff those sites.