

## A) Technical-Related Questions

1. Regarding Item #29a: - Program Logic Model:  
I'm familiar with the outcomes for the Birth to Three program as well as various indicators. Are there benchmarks or outcomes that are specific to the screening/evaluation piece rather than the general Birth to Three program?

The bench marks and outcomes for birth to three are the same for screening and evaluation. The screening and evaluation process is integrated throughout a child's participation in the Birth to 3 program and is reflected in the performance and results indicators in the program description and outcomes for children participating in birth to 3.

2. Re Program logic model, item 29B, on page 4-41, approx. 1/3 down from top of page, it states that the Logic Model and Evaluation Report are not needed for the Birth – 3 program. But on page 4-45, under item # 29b, Program Narrative, second paragraph, it states that the Program Description Narrative MUST correspond with and derive from Item 30a, Program Logic Model. 30a is not found in the RFP. Please advise.

The item number "30a" is incorrect, rather it should read "29a". And yes, as this is a Birth to 3 program with established standards, the 29a Logic Model is not required.

3. Regarding item #36 – Client Characteristic Chart:  
Since we are a new applicant for this Screening RFP (but hold an contract for Birth 3 services) – do we include the total number of non duplicated clients we served within our Birth to Three program in the Prior Year Actual column? For 2014 estimate information, do we include only the estimate of the screening children (460) – or include what we project for 2014 for our regular Birth to Three services PLUS the 460 projected for screenings?

The prior year column is for agencies who performed this activity in the prior year. The RFP does not encompass any existing agency contracts/agreements that have already been implemented for 2014. This RFP is very specific to Assessments and Evaluations only. Consequently there should not be an inclusion of these numbers in the submitted materials. You may project based on the number provided of potential screens.

4. What is the program number, for this RFP?

DSD 009SE (DSD 009CM for case management as a separate program – see Question 13)

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5. Re Item # 12, automobile insurances (p4-20). Does the corporation need to carry insurance coverage, above and beyond the staff member's liability insurance? What if staff are not transporting clients?

Yes, the agency selected will be required to carry agency auto and general liability coverage on non-owned autos. The reason for this is that private insurance will likely not cover an individual using their own vehicle for employment travelling to and from assessment/evaluation appointments.

6. Are screens limited to certain ZIP codes?

The selected agency will be required to service children within Milwaukee County.

7. If office space is used for staff only, with no clients being at office, is the Emergency Management Plan (item #24, p 4-36) required?

An emergency management plan is required of all contractors as an aide in determining essential functions of an agency and putting in place plans to meet those functions. For more information see:  
[http://www.dhs.wisconsin.gov/rl\\_dsl/emergency-preparedness/emerg-prep-hva.htm](http://www.dhs.wisconsin.gov/rl_dsl/emergency-preparedness/emerg-prep-hva.htm)

8. Re ROSTER excel spread sheet, CBC section. What does BID refer to, regarding columns 20 through 23?

Background Information Disclosure, one component of the Criminal Background Check. This is a State form.

9. The RFP states to contact no one but you re: questions, but on page ii, it lists additional contacts. Whom should I contact regarding specific questions about entering data on the budget spread sheets?

For program related questions, please contact Darsell Johns at 289-6312  
For budget related questions, contact Sumanish Kalia at 289-6757

10. Re page 2-5, second paragraph, final sentence. Please clarify the meaning of 'both program services.' Does this mean screens and evaluations as 2 separate services, or screens and evaluations as one service, and service coordination as a second service? Or something else?

This language was erroneously carried over from a previous RFP. Assessments and Evaluations themselves are considered two components of a single program.

11. Re Program Narrative (4-45) Item 29B. Please define 'expected outputs' as compared to 'expected outcomes.'

Outputs are the numbers involved (Number of screens, evaluations, etc.);  
Outcomes are related to results as measured against performance standards.

12. Re Program Narrative (4-46) Item 29B, final chart column, please define 'service mix.'

Service mix is looking for previous experience for similar services (i.e., case management, evaluations, therapy, etc.)

## **B) Program-Related Questions**

13. Is there a case management component to these services?

Our previous experience has shown that for some children close to the transition age between B-3 and entry into the school system, the agency would continue to work with those children until the full transition to the school system.

On the linked budget forms, consider Evaluation and Assessment as one program, and Case Management as a separate program. In that way separate costs and unit rates can be derived for each function. For estimated numbers, contact Laurice Lincoln at 414-289-6285.

14. Section 5-DSD-15 - - 150.00 per screen - - Does the 150.00 per screen include those screenings that require an evaluation and subsequent IFSP development?

Screenings are paid at 150.00 per screen evaluations and IFSP development are billed through TCM and insurance as they are now.

In order to bill successfully for screens each month, the selected agency will submit an invoice as well as screening summaries. Timely completion of screens is an important component.

15. Section 5-DSD-2 / Section 5-DSD-15 - Is the 150.00 per screen in addition to the 160,000 (pro-rated) allocation? In other words, are the screens an additional revenue stream? (\$150 per screen?) How are these invoiced?

The amount per screen is included in the \$160,000 annual contract, the amount per screen is not additional revenue.

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16. Section 5-DSD-15 - - Program Volumes - 460 screening / 180 evaluations – is agency expected to meet these numbers or is this a projected amount in order to assist agencies in determining needs

Amount is a projected amount to assist agencies in understanding the volume of screens.

17. What is the current yearly number of screenings completed within county? What is the percentage of screens that result in needing an evaluation?

In 2013, 797 screens were completed; 320 were related to the Bureau of Child Welfare and CAPTA, while 477 were regular screens. About 120 children screened were evaluated and enrolled.

18. For screens that go to evaluations, can the evaluation portion be billed to TCM if appropriate (as we currently bill evaluations)? Can any therapy evaluations be billed to insurance carriers?

Yes, Evaluations are billed to TCM, Yes, therapy evaluations are billed to insurance.

Screens are billed separately from evaluations. Note that while screening tools may be used in the evaluation process, that portion of service would be evaluation, and could not be billed as a second screen.

19. This question refers to DSD RFP Section 5: Program Requirements Page 15 under Screens which indicates that “Screens will be paid at \$150.00 per completed screen.” If after a screen is conducted, and it is determined that a child should receive formal evaluations, where does the funding for the evaluations and IFSP development derive from? The Agency’s B-3 allocation? Or, does the \$150 cover the screen, evaluations and IFSP development for this child?

Evaluations are billed to insurance and are included in the total amount of the RFP. The \$150 is specific to screens. All other costs are billed to TCM or insurance.

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20. Section 5, Program Requirements, Service Structure, Page 5-DSD-8:  
For those screenings that determine that evaluation and IFSP is necessary, currently the evaluation and IFSP development are being billed as TCM-Birth to Three-(U2) and Non TCM-Birth to 3-(U3)units. Would this practice continue, or will these tasks now fall under the \$150 payment?

This process will continue. Screenings are the only item associated with the \$150.00 payment.

For those children who would not be enrolled, those evaluations could not be billed through TCM, we will establish a unit rate based on your budget and you will be reimbursed for those evaluations at your unit rate.

21. On the 533 report, would we report the screens completed under section U1?

Yes, one unit per each screen.

22. Can these services be billed along with our existing B-3 contract invoice?

This is a separate program and should be billed with a separate invoice spreadsheet.

23. Can semi-annual reports for these services be combined with our other B-3 services, or should this be reported separately?

Please report semi-annual outcomes with a separate report, not combined with your other B-3 contract. This contract will be intake, rather than ongoing B-3 services.

### C) Budget-Related Questions

24. Section 2: Budget -- Is the contract \$160k an expense based contract?

As with the other Birth to Three contracts, these services will be paid on the lesser of net units or net expenses. It is expense-based, but we are asking you to report units as well, and there would have to be enough units to support and cover expenses.

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25. On page 1 of the linked budget form, do the years need to be updated? It appears that this is last years' form.

The 2014 budget form asks for volumes from the previous year (2013) if the agency provided the same service that is being sought by this RFP. If no assessment/evaluation services were provide in 2013, then leave this column blank.

26. On the Budget, are we entering budget amounts based on a full year, or 7/12 of a year?

We anticipate this contract would begin June 1. The \$160,000 is a full-year (12 month) allocation, so budgets should reflect a pro-rated initial contract for 7 months. Once the contract begins in June, the successful agency will submit a separate preliminary budget for 2015 in September, with a final budget due in December.

27. Budget Form 5, column F. How do we fill in this column?

This is for your agency-wide indirect costs. Enter the 2014 projected annual indirect cost to be allocated to programs utilizing a cost allocation plan by Control Account.