



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES

Program A-0117 Secure Emergency Detoxification Program

YEAR 2015
REQUEST FOR PROPOSAL
PURCHASE OF SERVICE GUIDELINES

Issued June 30, 2014
Proposal due 4:00 PM CDT, August 15, 2014



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Milwaukee County

July, 2014

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Health and Human Services (DHHS) invites community agencies, organizations and interested parties to participate in the RFP process by submitting proposals for the Behavioral Health Division (BHD) Community Access to Recovery Services' **Secure Emergency Detoxification Program** to be purchased in the year 2015. The Department welcomes new prospective vendors to participate in this RFP process.

Proposal materials (*Program Requirements and Technical Requirements*) will be available for download in electronic format beginning **Monday, June 30, 2014** from:

http://county.milwaukee.gov/DHHS_bids

Proposers must submit their questions via email to dhhsca@milwaukeecountywi.gov on or before **July 18, 2014**. **All questions must cite the appropriate RFP section and page number.** In addition, all questions should also be submitted via email to dennis.buesing@milwaukeecountywi.gov. Answers to questions received will be posted on or before July 25, 2014 at: http://county.milwaukee.gov/DHHS_bids

All proposals for funding in response to this RFP must be received by the Department of Health and Human Services no later than 4:00 p.m. CDT on **Friday, August 15, 2014**. No extensions will be granted for submission of proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

Proposals may be mailed or delivered to:

**Marcia P. Coggs Human Services Center
Attention: Dennis Buesing
1220 West Vliet Street
Room 300
Milwaukee, WI 53205**

To receive information or assistance, please contact the following persons:

Program information:

Susan Gadacz, Behavioral Health Division (414) 257-7023
Jennifer Wittwer, Behavioral Health Division (414) 257-4704

Technical Requirements (questions about proposal submission requirements):

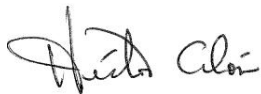
Stefanie Erickson, Behavioral Health Division (414) 257-7354
Sumanish Kalia, CPA, Contract Administration (414) 289-6757

Fiscal/budget questions:

Sumanish Kalia, Contract Administration (414) 289-6757

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,

A handwritten signature in black ink, appearing to read "Héctor Colón". The signature is fluid and cursive, with the first name being more prominent.

Héctor Colón
Director
Milwaukee County Department of Health and Human Services

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**BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES**

SECTION 1:

INTRODUCTION

1. INTRODUCTION

Welcome to the Year 2015 Request for Proposal (RFP) process. The Technical Requirements set forth in these guidelines apply to proposals submitted for funding programs under the Department of Health and Human Services (DHHS) Behavioral Health Division, Community Access to Recovery Services. The programs for purchase are described in the *Year 2015 Purchase of Service Guidelines: Program Requirements* found in Section 5 of this document.

The DHHS RFP process begins with the emailing of an "Interested Parties" letter to all current contractors and interested parties on the DHHS E-notify mailing list maintained by Contract Administration, and the publication of media announcements in the Milwaukee Journal-Sentinel newspaper. The "Interested Parties" letter is also posted on the County Business Opportunities Portal.

Proposals will be accepted **only** for the programs described as accepting proposals in the *Year 2015 Purchase of Service Guidelines: Program Requirements*, Section 5. The RFP information is organized into SEVEN (7) separate sections plus appendices. Instructions and forms are included in most sections; forms can also be found on the Contract Administration web page at:

http://county.milwaukee.gov/DHHS_bids

Updates and revisions to this and other RFP related publications may occur through the proposal deadline, and can be viewed at:

<http://www.county.milwaukee.gov/Corrections22671.htm>

This site should be checked frequently, as it is the responsibility of the Proposer to respond to all requirements as they appear in the posted revisions.

ALL PROPOSALS WILL BE REVIEWED AND SCORED AS DESCRIBED IN THE "OVERVIEW OF PROPOSAL REVIEW PROCESS" FOUND IN PART 4 OF THE TECHNICAL REQUIREMENTS unless evaluation criteria is identified with Program Description in Section 5.

**BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES**

SECTION 2:

RFP INFORMATION

2. RFP INFORMATION

The Manager for this RFP is Mr. Dennis Buesing, Contract Administrator.

Address:

Dennis Buesing, Contract Administrator
Milwaukee County Department of Health and Human Services
1220 W Vliet Street, Ste 301
Milwaukee, WI 53205
Tel. 414-289-5853
Fax. 414-289-5874
Email: dennis.buesing@milwcnty.com

INQUIRIES, QUESTIONS AND RFP ADDENDA

Proposers must submit their questions via email to dhhsca@milwaukeecountywi.gov on or before **July 18, 2014**. **All questions must cite the appropriate RFP section and page number.** In addition, all questions should also be submitted via email to dennis.buesing@milwaukeecountywi.gov.

It is the intent of DHHS that these questions will be answered and posted on: http://county.milwaukee.gov/DHHS_bids on or before **July 25, 2014**.

In the event that a Proposer attempts to contact, orally or in writing, any employee or representative of Milwaukee County other than Dennis Buesing or other persons mentioned as contacts in the interested party letter (refer to page iii above) on any matter related to the proposal, the proposer may be disqualified.

Proposers are expected to raise any questions, noted errors, discrepancies, ambiguities, exceptions, additions or deficiencies they have concerning this proposal in writing through e-mail on or before July 18, 2014, to:

Dennis Buesing, Contract Administrator, DHHS
E-mail: Dennis.buesing@milwaukeecountywi.gov

If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this proposal after the above date, they shall immediately notify the above named individual of such error and request modification or clarification of the proposal document before the proposal due date.

If the proposer fails to notify DHHS prior to the proposal due date of any condition stated above that reasonably should have been known to the proposer, and if a contract

is awarded to that proposer, the proposer shall not be entitled to additional compensation or time by reason of the error or its correction.

Revisions to this proposal request will be made in the form of an official written addendum issued by Milwaukee County DHHS. Proposers may attach additional relevant information to their proposal response. In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, addenda will be posted to Website at:

<http://www.county.milwaukee.gov/Corrections22671.htm>. **Proposers must check the website for posted addenda; they are encouraged to check daily.**

The provisions of the proposal of the successful Proposer will become contractual obligations. Failure or refusal of the successful Proposer to accept these obligations in a contractual agreement may result in cancellation of the award.

REASONABLE ACCOMMODATIONS

Upon request, DHHS will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. If the Proposer needs accommodations, please contact the RFP Manager.

ESTIMATED TIMETABLE FOR RFP

The key RFP dates are outlined in the table below titled "RFP Schedule." In the event that DHHS finds it necessary to change any of the specific dates and times in the calendar of events, it will do so by issuing an addendum to this RFP **which will be posted at:** <http://www.county.milwaukee.gov/Corrections22671.htm>

Proposals are due by **4:00 PM CDT on August 15, 2014.**

RFP Schedule

RFP Milestones	Completion Dates
RFP issue date	June 30, 2014
Last day for submitting written questions	July 18, 2014
Written Q&A posted to website	July 25, 2014
Written Proposals due	August 15, 2014; 4:00 PM CDT

CONTRACT TERM AND FUNDING

The County as represented by DHHS intends to use the results of this Request for Proposal (RFP) to award Purchase of Service Contracts up for competitive proposal as

listed in Section 5, Program Requirements, of this RFP. The DHHS reserves the right to award multiple contracts for each program in this RFP. Programs awarded contract allocations under this RFP are to be renewed annually upon review of contract compliance, for up to a three-year period (initial contract and up to two continuation funding cycles). Funds have been earmarked in advance to be allocated among the Programs of this RFP. All proposals within a program area will receive equal consideration in the review of proposals and the award of contracts.

The initial contract cycle is estimated at 12 months (January 1, 2015 – December 31, 2015). Start date is contingent on successful conclusion of contract negotiations. The continuation funding cycles will be 12 month cycles on the County fiscal year (January 1 – December 31).

Continued funding for DHHS programs is contingent upon the availability of funds, a satisfactory continuation funding submission (Partial Submission), acceptable program performance, fulfilling required match, if any, review of the program by the applicable division at the end of each contract period, and the respective division administrator's discretion.

PREPARING AND SUBMITTING PROPOSALS

The evaluation and selection of contractors will be based on the information submitted in the proposal plus references, if applicable (such as called for in the Experience Assessment for New Proposer Agency, Items # 29c and 29d, or in individual program descriptions). Proposers should respond clearly and completely to all requirements. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a proposal.

Elaborate proposals (e.g. expensive artwork), beyond that sufficient to present a complete and effective proposal, are not necessary or desired.

All proposals for funding **must be received** by the DHHS **no later than 4:00 p.m. CDT on Friday, August 15, 2014**. Proposals will be time-stamped upon delivery and late proposals will be rejected. Proposals for all DHHS divisions must be mailed or delivered to: Milwaukee County DHHS, Contract Administration, 1220 West Vliet Street, Suite 300, Milwaukee WI 53205.

All proposals must be typed using the format and the forms presented in this booklet, or the DHHS website. All pages are to be numbered, with each requested item on a separate page. Proposals do not need to be submitted in binders, however each copy should be secured with a binder clip or other securement (please avoid using rubber bands to secure individual copies).

WITH RARE EXCEPTION, ALL SUBMISSION REQUIREMENTS APPLY TO ALL PROGRAMS. If there is any question about the applicability of a particular submission item, contact the Technical Requirements contact person (p. iii) affiliated with the

Division with which you are applying. In the case an item is determined **not** to be applicable, include a separate page in the appropriate place indicating this is the case and with whom you spoke. If a separate page is **not** included with this information and the item is **not** submitted with the proposal, it will be considered an omission. Points will be deducted during the proposal scoring process for all omissions, and depending upon which items are missing, the entire proposal may be removed from consideration.

Proposers applying for **programs up for competitive, panel review**: **One original plus four copies** of the complete proposal for each program must be submitted on three-hole punched paper for each program within each division (Behavioral Health Division, Community Access to Recovery Services Division (CARS), for which funding is requested. **A list of programs up for competitive, panel review can be found in the introduction to *Program Requirements (section 5)*.**

MODIFICATION OF PROPOSAL

A Proposal is irrevocable until the Contract is awarded, unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the Proposal due date and time.

To accomplish this, a written request must be signed by an authorized representative of the Proposer and submitted to the RFP Manager. If a previously submitted Proposal is withdrawn before the Proposal due date and time, the Proposer may submit another at any time up to the due date and time.

INCURRING COSTS

Neither Milwaukee County nor its Authorized Representatives are responsible for expenses incurred by a Proposer to develop and submit its Proposal. The Proposer is entirely responsible for any costs incurred during the RFP process, including site visits for discussions, face to face interviews, presentations or negotiations of the Contract.

RENEWAL/DATES OF PERFORMANCE

Contractor shall begin work on January 1, 2015, subject to conclusion of successful contract negotiation and terminate December 31, 2015, unless the Contract is otherwise renewed or extended, or it is indicated otherwise in the Program Requirements.

DHHS shall have the option of extending any contract for two additional one-year periods under the same terms and conditions, and upon mutual consent of DHHS and the Contractor, for all proposals up for competitive bid in this RFP.

Obligations of DHHS shall cease immediately and without penalty or further payment being required, if in any fiscal year, DHHS, state, or federal funding sources fail to appropriate or otherwise make available adequate funds for any contract resulting from this RFP.

MISCELLANEOUS

The Contractor shall agree that the Contract and RFP shall be interpreted and enforced under the laws and jurisdiction of the State of Wisconsin and will be under Jurisdictions of Milwaukee Courts.

RFP Document: Proposals submitted by an agency become the property of Milwaukee County at the point of submission. For agencies awarded a contract, the proposal material is placed in an agency master file that becomes part of the contract with DHHS. It will become public information, and will be subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the conclusion of contract negotiations and the written Notification of Intent to Award a Contract, the proposal is considered a "draft" and is not subject to the open records law.

For agencies not awarded a contract, proposal material will be retained for a period of time as specified by County document retention policies.

PROPRIETARY INFORMATION:

Any restriction on the use of data contained within a request must be clearly stated in the Proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the proposer's responsibility to defend the determination in the event of an appeal or litigation.

Data contained in a proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation and innovations become the property of the Milwaukee County Department of Health and Human Services.

Any materials submitted by the proposer in response to this RFP that the Proposer considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats, or material which can be kept confidential under the Wisconsin public record law, must be identified on the Designation of Confidential and Proprietary Information form. (*see appendices*) Confidential information must be labeled as such. Costs (pricing) always becomes public information when Proposals are opened, and therefore cannot be kept confidential. Any other requests for confidentiality MUST be justified in writing on the form provided and included in the Proposal submitted.

**BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES**

SECTION 3:

PROPOSAL SELECTION AND AWARD PROCESS

3. PROPOSAL SELECTION AND AWARD PROCESS

3.1 PROPOSAL SCORING AND SELECTION PROCESS

All Proposals will first be reviewed by the RFP Manager and/ or his representative to determine if 1) all “Technical Requirements” have been met; 2) the Proposals contain the required forms properly completed; and 3) submittal requirements are met. In the event that none of the Proposals meet one or more of the specified requirements, the DHHS reserves the right to continue the review and scoring of Proposals and to select the Proposals that most closely meet the requirements specified in this RFP.

Proposals that do not comply with instructions or are unable to comply with specifications contained in this RFP may be rejected by DHHS. DHHS may request reports on a Proposer’s financial stability and if financial stability is not substantiated, Milwaukee DHHS may reject a proposal. DHHS retains the right to accept or reject any or all proposals, or to accept or reject any part of a proposal if it is deemed to be in the best interest of DHHS. DHHS shall be the sole judge as to compliance with the instructions contained in this RFP.

REQUEST FOR PROPOSAL REVIEW AND SCORING:

Accepted Proposals will be reviewed and scored by the respective DHHS Departments. A panel of community experts, consumers and county staff will be composed to verify that the proposals meet all specified requirements. This verification may include requesting reports on the Proposer’s financial stability, conducting demonstrations of Proposer’s proposed products and/or services, and reviewing results of past awards to the Proposer by Milwaukee County or other funders. Accepted Proposals will be reviewed by a Review and Scoring Panel and scored against the stated criteria. **A Proposer may not contact any member of the review panel except at the RFP Manager’s direction.** A Proposer’s unauthorized contact of a panel member shall be grounds for immediate disqualification of the Proposer’s Proposal. The panel may review references, request oral presentations and use the results in scoring the Proposals. However, DHHS reserves the right to make a final selection based solely upon review and scoring of the written Proposals should it find it to be in its best interest to do so.

Proposals are evaluated against the review and scoring criteria as indicated in 3.2. Review Panel scores are presented to division administrator(s), who may, or may not recommend the highest scoring proposal(s), to the DHHS Director

The review and scoring panel will be the sole determiner of the points to be assigned. The determination whether any proposal by a Proposer does or does not conform to the conditions and specifications of this RFP is the responsibility of the RFP Manager.

The Review Panel has the right to rely on any narrative, supporting materials or clarifications provided by the Proposer. The Review Panel can ask for oral clarification to supplement written proposal, if it will assist review and scoring procedure.

In addition, the division administrator may convene a second panel to hear oral presentations from the highest-scoring proposers, based on the initial review and ranking of the proposals by the Review Panel based on the criteria outlined in the RFP.

The Proposer is responsible for any Proposal inaccuracies, including errors in the budget and any best and final offer (if applicable). The DHHS reserves the right to waive RFP requirements or gain clarification from a Proposer, in the event that it is in the best interest of the DHHS to do so.

The DHHS reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.

3.2 REVIEW AND SCORING CRITERIA

Proposals submitted in response to this RFP will be evaluated per the process and criteria detailed in Part 4 of Technical Requirements (**Section 4**).

3.3 RIGHT TO REJECT PROPOSALS

The DHHS reserves the right to reject any and all Proposals. This RFP does not commit the DHHS to award a contract, or contracts.

3.4 NOTICE OF INTENT TO AWARD

All Proposers who respond to this RFP will be notified in writing of the DHHS's intent to award a contract as a result of this RFP. **A Notification of Intent to Award a contract does not constitute an actual award of a contract, nor does it confer any contractual rights or rights to enter into a contract with the DHHS.**

After Notification of the Intent to Award is made, copies of all Proposals will be made available for other proposer's inspection subject to proprietary information exclusion mentioned in **Section 2**. Any such inspection will be conducted under the supervision of DHHS staff. Copies of proposals will be made available for inspection for five working days from the date of issuance of "Notice of Intent to Award" between 8:30 a.m. to 4:00 p.m. at:

Milwaukee County Department of Health and Human Services
Contract Administration
1220 W Vliet Street, Suite 300
Milwaukee, WI 53205

Proposers should schedule inspection reviews with Cleo Stewart, at 414-289-5980 to ensure that space and time are available for the review.

3.5. NEGOTIATE CONTRACT TERMS

The DHHS reserves the right to negotiate the terms of the contract, including the award amount, evaluation process, authorized budget items, and specific programmatic goals, with the selected proposer(s) prior to entering into a contract. If contract negotiations cannot be concluded successfully with the selected proposer, the agency may negotiate a contract with another proposer at the respective division administrator's discretion.

3.6 PROTEST AND APPEALS PROCESS

Only unsuccessful proposer(s) are allowed to file an appeal. Applicants can only protest or appeal a violation of the procedures outlined in these RFP instructions or in the selection process. Subjective interpretations by the reviewers are not subject to protest or appeal. All appeals must be made in writing and must fully identify the procedural issue being contested. On demand by such appellant(s), DHHS may provide the summary score(s) of review and scoring panel, but in no case will the names of panel members be revealed.

A written appeal, fully documenting the basis for the appeal, must be made in writing. The appeal must be as specific as possible and should identify deviations from published criteria in the selection process or the procedures outlined in these RFP instructions that are alleged to have been violated.

The written appeal should be filed with Héctor Colón, Director, Department of Health and Human Services, 1220 W. Vliet St., Suite 301, Milwaukee, WI 53205, and received in his office no later than five (5) working days after the notice of intent to contract or non-funding is post-marked. Late filing of the appeal will invalidate the protest.

The decision of the DHHS Director will be binding.

**BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES**

**SECTION 4:
TECHNICAL REQUIREMENTS**

4. TECHNICAL REQUIREMENTS

These requirements are for submitting a proposal to DHHS. The DHHS reserves the right to add terms and conditions to the RFP as necessary.

This section contains mandatory requirements that Proposer(s) are required to provide or agree to at NO cost to DHHS. Proposers who cannot, or will not, meet all of these requirements may be disqualified on the grounds of noncompliance.

CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

By signing and submitting a proposal, the Proposer certifies, and in the case of a joint Proposal, each party thereto certifies as to its own organization, that in connection with this RFP:

The prices in this Proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Proposer or with any competitor;

Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening in the case of an advertised RFP or prior to award in the case of a negotiated procurement, directly or indirectly to any other Proposer or to any competitor; and

No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a Proposal for the purpose of restricting competition.

DEVIATIONS AND EXCEPTIONS

Submission of a proposal shall be deemed as certification of compliance with all terms and conditions outlined in the RFP unless clearly stated otherwise in the attached "Statement of Deviations and Exceptions" (*see Appendices*). The DHHS reserves the right to reject or waive disclosed deviations and exceptions.

Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the attached "Statement of Deviations and Exceptions" (*see Appendices*) and attached to the Cover Letter (*item 2*). In the absence of such statement, the Proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the Proposers shall be held liable.

**Part 1: AGENCY PROPOSAL
INSTRUCTIONS and FORMS**

2015 PURCHASE OF SERVICE PROPOSAL CONTENTS – I. INITIAL SUBMISSION

This proposal contents sheet must be attached immediately after the proposal summary sheet (item #1)

<u>Technical Requirements</u>		<u>Proposal</u>	
<u>Item #</u>	<u>Item Description</u>	<u>Check each Item Included</u>	<u>Page # of Proposal</u>

INTRODUCTION

1	Proposal Summary Sheet		
	Proposal Contents		
2	Cover Letter		

Part 1 – AGENCY PROPOSAL

3	Authorization To File		
4	Agency Description and Assurances		
5	Board Of Directors, Owners, Stockholders Demographic Summary		
6	Ownership, Independence, and Governance		
7	Owners/Officers		
8	Mission Statement		
9	Agency Organizational Chart		
10	Agency Licenses and Certificates		
11	Indemnity, Data And Information, and HIPAA Compliance Statement		
13	Related Organization/Related Party Disclosure		
14	Employee Hours-Related Organization Disclosure		
15	Conflict Of Interest & Prohibited Practices Certification		
16	Equal Employment Opportunity Certificate		
17	Equal Opportunity Policy		
18	Audit Fraud Hotline		
19	Certification Statement Regarding Debarment And Suspension		
20	Additional Disclosures		
21	Certification Regarding Compliance With Background Checks – Children & Youth		
22	Certification Regarding Compliance With Background Checks - Caregiver		
23	Promotion of Cultural Competence		
24	Emergency Management Plan		

Part 2 – BUDGET AND OTHER FINANCIAL INFORMATION

25	IRS Form 990 For Non-Profit Agencies		
26	Certified Audit/Board Approved Financial Statement		
27	Electronic versions of: Form 1 (Program Volume Data)		
	Form 2 and 2A		
	Form 2B		
	Form 3 and 3S (Anticipated Program Expenses)		
	Form 4 and 4S (Anticipated Program Revenue)		
	Form 5 and 5A		
	Form 6-6H		

Part 3 –PROGRAM PROPOSAL

Technical Requirements		Proposal	
Item #	Item Description	Check each Item Included	Page # of Proposal
<u>Part 3 –PROGRAM PROPOSAL</u>			
28	Program Organizational Chart		
29a	Program Logic Model		
29b	Program Narrative		
29c	Experience Assessment For Agency		
29d	Experience Assessment For Agency Leadership		
29e	Most Recent Program Evaluation (Current Contractors)		
30	Provider Proposal Site Information		
31	Accessibility		
32	Staffing Plan		
33	Staffing Requirements		
34	Current Direct Service Provider/Indirect Staff Roster		
36	Client Characteristics Chart		

Part 4 - OVERVIEW OF PROPOSAL REVIEW PROCESS, PROPOSAL REVIEW AND SCORING CRITERIA

Overview Of Proposal Review Process
Proposal Review and Scoring Criteria

Agency attests that all items and documents checked are complete and included in the proposal packet.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

Proposers applying for **programs up for competitive, panel review** must submit all items in the above table (Introduction; Part 1, Agency Proposal; Part 2, Budget and Other Financial Information; and Part 3, Program Proposal).

II. FINAL SUBMISSION

After completion of the proposal review and upon receiving notice of a contract award, funded agencies are required to submit the following updated proposal items (if nothing has changed from initial submission, re-date and resubmit):

Item #	Item Description
1	Proposal Summary Sheet
12	Insurance Certificate
25	IRS Form 990 For Non-Profit Agencies
27	Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6-6H
34	Current Direct Service Provider/Indirect Staff Roster

Final submissions are due by 4:00 p.m., November 21, 2014. Budget forms must be emailed to: dhhzca@milwaukeecountywi.gov

Other items can be scanned and emailed as well to the above address.

If mailed or delivered, send to:

Milwaukee County DHHS
Contract Administration
1220 West Vliet Street, Suite 300
Milwaukee WI 53205

SAMPLE COVER LETTER
(ON PROPOSER LETTERHEAD)

ITEM #2

DATE:

Mr. Héctor Colón, Director
Milwaukee County Department of Health and Human Services
1220 West Vliet Street, Room 301R
Milwaukee, WI 53205

Dear Mr. Colón:

I am familiar with the *"Year 2015 Purchase of Service Guidelines: Program and Technical Requirements"* for Behavioral Health Division services set forth by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

YEAR 2015 PROPOSAL SUMMARY SHEET

ITEM # 1

Agency _____ Agency Director _____

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity _____

Address _____
(Street) (City) (State) (Zip)

Contact Person _____

Telephone # _____ Email _____

Agency Fiscal Period _____ Federal ID Number _____
(Mo/Day/Year to Mo/Day/Year)

Please complete the following information for each 2015 program proposed in your proposal. Program name, and if applicable, a program number must be assigned to each program. This proposal must include programs from only one division. In order to apply for programs from more than one division, a separate, complete proposal must be submitted for each division.

Division: BHD/CARS X DCSD _____ DSD ___ MSD ___ Housing ___ Wraparound ___

(REFER TO TABLE OF CONTENTS IN PROGRAM REQUIREMENTS FOR PROGRAM NUMBER & NAME)

A. Program Number: _____ **Program Name:** _____

Continuation ___ New _____

2014 Funding: _____ 2015 Request: _____

Site(s):

(1) _____ (3) _____

(2) _____ (4) _____

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE PROPOSAL PACKAGE.
PLEASE DUPLICATE AS NEEDED. PLEASE USE A SEPARATE SHEET FOR EACH DHHS DIVISION FOR WHICH YOU ARE SUBMITTING PROPOSALS, AS WELL AS A SEPARATE SHEET FOR EACH PROGRAM WITHIN EACH DIVISION FOR WHICH YOU ARE APPLYING

YEAR 2015 AUTHORIZATION TO FILE RESOLUTION
(Applicable for Non-Profit and For-Profit Corporations Only)

ITEM #3

PLEASE NOTE: Proposals cannot be recommended for funding to the Milwaukee County Board until the Authorization to File is completed and received by DHHS Contract Administration.

This is to certify that at the _____ (Date) meeting of the Board of Directors of _____ (Agency Name), the following resolution was introduced by _____ (Board Member's Name), and seconded by _____ (Board Member's Name), and unanimously approved by the Board:

BE IT RESOLVED, that the Board of Directors of _____ (Agency Name) hereby authorizes the filing of a proposal for the Year 2015 Milwaukee County Department of Health and Human Services (DHHS) funding.

In connection therewith,

_____ (Name and Title) and _____ (Optional Name(s) and Title) is (are) authorized to negotiate with DHHS staff.

In accordance with the Bylaws (Article ____, Section ____) of _____ (Agency Name), _____ (Name and Title) and _____ (Optional Name(s) and Title) is (are) authorized to sign the Year 2015 Purchase of Service Contract(s).

Name: _____ (Signature of the Secretary of the Board of Directors) Date: _____

Printed Name: _____

YEAR 2015 AGENCY DESCRIPTION AND ASSURANCES

ITEM # 4

Please check all the statements below that describe your business entity:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership/Joint Venture | <input type="checkbox"/> Service Corporation (SC) |
| <input type="checkbox"/> For-Profit | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Single Member LLC | <input type="checkbox"/> Individual Credentialed Provider |

The agency has on file and agrees to make the following documents available for review upon request by DHHS.

_____ Articles of Incorporation (*applicable for Corporations only*)

_____ Operating Agreement (*applicable for LLC only*)

_____ Bylaws (*applicable for Corporations only*)

_____ Personnel Policies

_____ A client grievance procedure informing clients covered under DHS 94 of their rights and identifying the process clients may use to enforce those rights. The procedure is in compliance with Wisconsin Statute §51.61 and Wisconsin Administrative Code DHS 94.

_____ Audit Hotline Policy (see item 18)

_____ Accounting Policies and Procedure Manual in compliance with General Accepted Accounting Principles (GAAP) and the Wisconsin Department of Health and Family Services (DHFS) allowable cost policies.

_____ Agency billing procedure, in compliance with DHS 1, regulating billing and collection activities for care and services provided by the agency and purchased by Milwaukee County.

_____ A 'whistleblower' policy and procedure that enables individuals to come forward with credible information on illegal practices or violations of organizational policies. This policy must specify that the organization will not retaliate against individuals who make such reports.

_____ A conflict of interest policy and procedure to ensure all conflicts of interest, or appearance thereof, within the agency and the Board of Directors (if applicable) are avoided or appropriately managed through disclosure, recusal, or other means. At a minimum, the policy should require full written disclosure of all potential conflicts of interest within the organization.

_____ A code of ethics policy, which outlines the practices and behaviors expected from trustees, staff, and volunteers. The code of ethics policy shall be adopted by the board and shall be disseminated to all affected groups as part of orientation and updated annually.

_____ An emergency policy, which outlines the policies and procedures to be prepared for an emergency such as a tornado, blizzard, electrical blackout, pandemic influenza, or other natural or man-made disaster. Provider shall develop a written plan, to be retained in the Provider's office, that addresses:

1. The steps Provider has taken or will be taking to prepare for an emergency;
2. Which, if any, of Provider's services will remain operational during an emergency;
3. The role of staff members during an emergency;
4. Provider's order of succession and emergency communications plan; and
5. How Provider will assist Participants/Service Recipients to individually prepare for an emergency.

Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs are actively encouraged to develop an individualized emergency preparedness plan and shall assure at-risk Participants/Service Recipients have been offered any assistance they might require to complete the plan.

_____ Occupancy Permit and/or other permits required by local municipalities, as applicable, for services being provided.

Agency agrees to submit 2 original copies of a certified audit report, performed by an independent certified public accountant licensed to practice by the State of Wisconsin, in compliance with the audit requirements of the Purchase of Service Contract.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

Items 5, 6, & 7 partially comprise the points scored under Administrative Ability
Item 5 partially comprises the points scored under Cultural Diversity and Cultural Competence
ITEM # 5

YEAR 2015 BOARD OF DIRECTORS/AGENCY OWNERS/STOCKHOLDERS
DEMOGRAPHY SUMMARY

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

Cultural Diversity – *The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.*

Ethnicity	Female	Male	Disabled
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

A "disabled individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
2. Black: All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

YEAR 2015 BOARD OF DIRECTORS OWNERSHIP, INDEPENDENCE, COMPENSATION, AND GOVERNANCE (Applicable to for-profit and nonprofit Corporations Only)

Please list the current board members and indicate the office title, term, percentage of ownership interest (applicable for for-profit corporations only), amount of prior year’s distributions or dividends (applicable for for-profit corporations only), whether the board member receives any compensation from the agency, and whether the board member can be considered independent. “Independent” board members include individuals (1) who are not compensated by the organization as an employee or independent contractor; (2) whose compensation is not determined by individuals who are compensated by the organization; (3) who do not receive, directly or indirectly, material financial benefits from the organization except as a member of the charitable class served by the organization; and (4) who are not related to (as a spouse, sibling, parent or child), or do not reside with, any individual described above.

In addition, a resume must be submitted for each board member. The resume should include the board member’s name, education and experience but should exclude identifying information such as social security numbers, addresses, D.O.B and marital status.

Board Member Name	Office Title	Term	% Ownership	Amount Distributions/ Dividends (\$)	Compensated? (Yes/No)	Independent? (Yes/No)	Resume Attached

Are positions of Agency Head (e.g. President, Chief Executive Officer, Executive Director, etc.), Board Chair, and Treasurer held by separate individuals?

- Yes
- No

If agency is a **non-profit** corporation with fewer than five board members, explain the rationale for the number of board members, and indicate what, if any, compensatory controls are in place to mitigate self-dealing and other potential abuses by the Board.

Board Committees/ Advisory Committees

Committee Name	Committee Purpose

The Board of Directors' 2015 meetings for the agency will be held on the following dates:

January	May	September
February	June	October
March	July	November
April	August	December

Contractor agrees to retain Board of Directors' meeting minutes for a period of at least four (4) years following contract termination and agrees to provide Milwaukee DHHS access to the meeting minutes upon request.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

YEAR 2015 AGENCY OWNERS/STOCKHOLDERS/OFFICERS
(applicable to all organizations)

ITEM # 7

Please list each agency owner, stockholder, officer, LLC manager, Partner, and/or LLC member, and indicate the office title and total compensation. For Non-profits this will include names of officers appointed by the Board (such as COO or CEO). In addition, for For-profit organizations also provide the percentage of ownership interest, amount of prior year's distributions or dividends from the agency during the prior year. Please note that only those stockholders holding twenty percent or greater interest must be listed. Volunteer board members with no ownership stake or compensation need not be listed here (but should be listed on Item 6). *This Item applies to both For-profit and Non-profit agencies.*

Name	Status	Office / Title	% Owner-ship	Amount of Distributions/ Dividends (\$)	Total Compensation (\$)*
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				

*Total Compensation should reflect amount reported on IRS Form W-2 and 1099.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

Item 8 comprises the points scored under Mission

YEAR 2015 AGENCY MISSION STATEMENT

ITEM # 8

Agency: _____

Submit your agency's Mission Statement. Explain how it aligns with the Division or Program's stated mission, values or goals.

AGENCY ORGANIZATIONAL CHART

ITEM # 9

Submit an organizational chart of the agency detailing each major department or program.

AGENCY LICENSES AND CERTIFICATIONS

ITEM # 10

Submit a copy of each agency license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

**YEAR 2015 INDEMNITY, DATA & INFORMATION
SYSTEMS COMPLIANCE, HIPAA**

ITEM # 11

Indemnity/Insurance

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

Provision for Data and Information Systems Compliance

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications. All Contractors shall have internet access, an email address, and shall utilize Microsoft Excel 2000 or newer, or shall use applications which are exportable/convertible to Excel.

Health Insurance Portability and Accountability Act

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the contractor provides or purchases with funds provided under this contract.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

INSURANCE

ITEM # 12

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees, board, or volunteers. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability (**which includes board, staff, and volunteers**), Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in the Agreement is required for all agency vehicles (owned, non-owned, and/or hired). **If any employees or other service providers of the Contractor will use their personal vehicles for any purpose related to the provision of services under this proposal, those employees or other service providers shall have Automobile Liability Insurance providing the same liability limits as required of the Contractor through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee's vehicle in the same amount as required of the Contractor.**

If the services provided under the contract **constitute professional services, Contractor shall maintain Professional Liability coverage as listed below.** Treatment providers including psychiatrists, psychologists, social workers) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements might result in suspension or termination of the Agreement.

TYPE OF COVERAGE	MINIMUM LIMITS
<u>Wisconsin Workers' Compensation</u> or Proof of all States Coverage	Statutory
<u>Employer's Liability</u>	\$100,000/\$500,000/\$100,000
<u>Commercial General and/or Business Owner's Liability</u>	
Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 - Per Occurrence \$1,000,000 - General Aggregate
<u>Automobile Liability</u>	
Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired Uninsured Motorists And/or,	\$1,000,000 Per Accident Per Wisconsin Requirements
<u>Umbrella/Excess Liability</u>	\$1,000,000 Per Occurrence \$1,000,000 Aggregate
Uninsured Motorists	Per Wisconsin Requirements

Professional Liability

To include Certified/Licensed Mental Health and AODA Clinics and Providers and Hospital, Licensed Physician or any other qualified healthcare provider under Sect 655	\$1,000,000 Per Occurrence \$3,000,000 Annual Aggregate As required by State Statute Wisconsin Patient Compensation Fund Statute
Any non-qualified Provider under Sec 655 Wisconsin Patient Compensation Fund Statute State of Wisconsin (indicate if Claims Made or Occurrence)	\$1,000,000 Per Occurrence/Claim \$3,000,000 Annual Aggregate
Other Licensed Professionals	\$1,000,000 Per Occurrence \$1,000,000 Annual aggregate or Statutory limits whichever is higher

Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well.

Milwaukee County, as its interests may appear, shall be named as, and receive copies of, an “additional insured” endorsement, for general liability, automobile insurance, and umbrella/excess insurance. Milwaukee County must be afforded a thirty day (30) written notice of cancellation, or a non-renewal disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable.

Exceptions of compliance with “additional insured” endorsement are:

1. Transport companies insured through the State “Assigned Risk Business” (ARB).
2. Professional Liability where additional insured is not allowed.

Workers Compensation coverage is required for all Contractors, regardless of organizational structure or size (includes one-employee providers as well as Contractors composed solely of independent contractors). **A Waiver of Subrogation for Workers’ Compensation by endorsement in favor of Milwaukee County is also required. A copy of the endorsement shall be provided to DHHS.**

Contractor shall furnish Purchaser annually on or before the date of renewal, evidence of a Certificate indicating the above coverages (with the Milwaukee County Contract Administrator named as the “Certificate Holder”) shall be submitted for review and approval by Purchaser throughout the duration of this Agreement. If said Certificate of Insurance is issued by the insurance agent, it is Provider’s responsibility to ensure that a copy is sent to the insurance company to ensure that the County is notified in the event of a lapse or cancellation of coverage.

CERTIFICATE HOLDER

Milwaukee County Department of Health and Human Services
Contract Administrator
1220 W. Vliet Street
Milwaukee, WI 53205

If Contractor's insurance is underwritten on a Claims-Made basis, the Retroactive date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that *professional malpractice or errors and omissions coverage, if the services being provided are professional services coverage* is Claims-Made and indicate the Retroactive Date, Provider shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement.

It is also agreed that on Claims-Made policies, either Contractor or County may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by Provider.

Binders are acceptable preliminarily during the provider application process to evidence compliance with the insurance requirements. All coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to Purchaser, if requested, to obtain approval of insurance requirements.

Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the Milwaukee County Risk Manager for approval prior to the commencement of activities under this Agreement:

Milwaukee County Risk Manager
Milwaukee County Courthouse – Room 302
901 North Ninth Street
Milwaukee, WI 53233

YEAR 2015 RELATED PARTY DISCLOSURES

ITEM # 13

Milwaukee County Employee

Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2012, 2013, and 2014 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2012 Wages	2013 Wages	2014 Wages

No employment relationship with current or former Milwaukee County employees (within 3 years) exists.

Related Party Relationships

The agency rents from or contracts with a person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, officer, employee, or board member? Yes No

If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, owner, officer, or member of the immediate family of any board member, stockholder, owner or officer, holds interest in firms or serves on the board from which materials or services are purchased by the agency, its subsidiaries, or affiliates. "Immediate family" means an individual's spouse or an individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than one-half of his/her support directly from the individual or from whom the individual receives, directly or indirectly, more than one-half of his/her support.

Name	Relationship	% or Estimated Income

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

FORM 2C - YEAR 2015 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE *ITEM # 14*

For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

“Related Organization” is defined as an organization with a board, management, and/or ownership which is (are) shared with the Proposer organization.

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours

Please check the statement below, sign and date the form if the above condition does not exist.

_____ No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

YEAR 2015 CONFLICTS OF INTEREST AND PROHIBITED PRACTICES

ITEM # 15

Interest in Contract

No officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

Interest of Other Public Officials

No member of the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.

Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

Prohibited Practices

Contractor attests that it is familiar with Milwaukee County’s Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, “No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer’s or employee’s vote, official action, or judgment would be influenced thereby.”

Said chapter further states, “No person(s) with a personal financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval.”

Where Agency intends to meet its obligations under this or any part of this RFP through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this RFP.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify),(Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause. A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and disabled persons and other protected groups, at all levels of employment in all divisions of the vendor's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the afore stated requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street 9th Floor, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

If a current plan has been filed, indicate where filed _____ and the years covered _____. VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

_____ VENDOR certifies that it has _____ (No. of Employees) _____ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) _____ employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this ___ day of _____, 20___ by: Firm Name _____

By _____ Address _____
(Signature)

Title _____ City/State/Zip _____

YEAR 2015 EQUAL OPPORTUNITY POLICY

ITEM # 17

_____ is in compliance with the equal opportunity policy and standards of all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of race, religion, color, national origin or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

_____ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. _____ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of _____ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, _____ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms. /Mr. _____. Ms. /Mr. _____ may be reached during week days at _____.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

(Director or Chief Officer)

(Title)

(Date)

This Policy Statement shall be posted in a conspicuous location.

Audit Services Division Hotline

Milwaukee County has set up the Audit Services Division Hotline to be the primary conduit for concerned employees, citizens, and contractors to communicate allegations of fraud, waste and abuse involving County government. Milwaukee County’s resolution states, in part,

“all department heads and administrators of Milwaukee County are hereby directed to provide information regarding Milwaukee County Audit Services Division Fraud Hotline to all professional service and construction contractors when they commence work for Milwaukee County and, further, that instructions and bulletins shall be provided to said contractors that they post this information in a location where their employees will have access to it and provide said information to any and all subcontractors that they may retain; and

...Milwaukee County funded construction and work sites shall also have posted the bulletin that the Audit Services Division has developed which provides the Fraud Hotline number and other information and the Department of Public Works shall inform contractors of this requirement”

A Hotline bulletin is attached (See flyer under Appendices). Please distribute the revised bulletin to contractors as contracts are let or renewed and also post it prominently at all County employee work locations associated with your organization.

Certifies that the copies of Audit Hotline poster will be posted at prominent locations within our organization upon effective date of awarded contract.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

ITEM # 19

CERTIFICATION STATEMENT

DEBARMENT AND SUSPENSION

The Proposer certifies to the best of its knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

ADDITIONAL DISCLOSURES

ITEM # 20

1. Has your organization or any representative, owner, partner or officer ever failed to perform work awarded or had a contract terminated for failure to perform or for providing unsatisfactory service?

Yes No If yes, on a separate page please provide a detailed explanation.

2. Within the past five (5) years, has your organization or any representative, owner, partner or officer (collectively "your Company") ever been a party to any court or administrative proceedings or disciplinary action, where the violation of any local, state or federal statute, ordinance, rules, regulation, or serious violation of company work rules by your Company was alleged?

Yes No If yes, on a separate page, please provide a detailed explanation outlining the following:

- Date of citation or violation
- Description of violation
- Parties involved
- Current status of citation

3. Within the past 5 years has your organization had any reported findings on an annual independent audit?

Yes No If yes, on a separate page please provide a detailed explanation.

4. Within the past 5 years, has your organization been required to submit a corrective action plan by virtue of review or audit by independent auditor, or any governmental agency or purchaser of services?

Yes No If yes, on a separate page please provide a detailed explanation including if the corrective action has been accepted by the purchasing agency and completely implemented? If not, please explain remaining action required by purchasing agency.

5. Have you, any principals, owners, partners, shareholders, directors, members or officers of your business entity ever been convicted of, or pleaded guilty, or no contest to, a felony, serious or gross misdemeanor, or any crime or municipal violation, involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol, or are charges pending against you or any of the above persons for any such crimes by information, indictment or otherwise?

Yes No If yes, on a separate page, please provide a detailed explanation.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS FOR AGENCIES SERVING YOUTH

Proposer certifies that it will comply with the provisions of the Milwaukee County Resolution Requiring Background Checks, File No. 99-233. Agencies under contract shall conduct background checks at their own expense.

RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements providing direct care and services to Milwaukee County children and youth were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall certify, by written statement to the DHHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks shall be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.
2. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall certify, by written statement to the DHHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHHS or its designee; and, that the DHHS or its designee shall be submitted, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.
3. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which do not submit to the DHHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents.
4. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001 and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.
5. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions

stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.

6. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1st and 2nd degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.
7. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.
8. DHHS contract agency employees and employees of agencies/organizations with which the DHHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHHS or its designee within two (2) business days of the actual arrest.
9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.
10. The DHHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.
11. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of proposal, shall notify the DHHS or its designee immediately.
12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

CERTIFICATION STATEMENT

ITEM# 21

**RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS
FOR AGENCIES SERVING CHILDREN AND YOUTH**

This is to certify that _____
(Name of Agency/Organization)

- (1) has received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- (2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- (3) is in compliance with the provisions of File No. 99-233, the Resolution requiring background checks.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

CERTIFICATION STATEMENT

RESOLUTION REGARDING CAREGIVER AND CRIMINAL BACKGROUND CHECKS

(Applies to all agencies with employees who meet the definition of "caregiver", per definition below)

Contract agencies and agencies with which the DHHS has reimbursable agreements shall certify, by written statement, that they will comply with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS13, Wis. Admin. Code *State of Wisconsin Caregiver Program* (all are online at <http://www.legis.state.wi.us/rsb/code.htm>). Agencies under contract shall conduct background checks at their own expense.

DEFINITION: EMPLOYEES AS CAREGIVERS (Wisconsin Caregiver Program Manual, <http://dhfs.wisconsin.gov/caregiver/pdffiles/Chap2-CaregiverBC.pdf>)

A caregiver is a person who meets all of the following:

- is employed by or under contract with an entity;
- has regular, direct contact with the entity's clients or the personal property of the clients; and
- is under the entity's control.

This includes employees who provide direct care and may also include Housekeeping, maintenance, dietary and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

This is to certify that _____
(Name of Agency/Organization)

is in compliance with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS 13, Wis. Admin. Code *State of Wisconsin Caregiver Program*

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

Item 23 partially comprises the points scored under Cultural Diversity and Cultural Competence

CULTURAL COMPETENCE

ITEM #23

Cultural Competence - *A set of congruent behaviors, attitudes, practices and policies formed within a system, within an agency, and among professionals to enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.*

Cultural Humility - *Cultural Humility recognizes variation within members of a group which may otherwise be similar in terms of race, gender, ethnicity, or other characteristic. The emphasis in Cultural Humility is not on specific knowledge of any given cultural orientation, but rather on an approach which demonstrates a respectful attitude toward diverse points of view, recognizing that groups of individuals cannot be reduced to a set of discrete traits. This approach specifically avoids making broad assumptions about groups based on defined traits or behaviors; instead, it focuses on recognizing and integrating the unique perspective each client brings to the service delivery experience.*

Describe your proposed strategy for developing and maintaining Cultural Competence. Apart from having a culturally diverse board and or staff, please provide specific examples of existing and/or proposed policies, procedures, and other practices promoting Cultural Competence. A defining characteristic of Cultural Humility is client centered care. Proposers should describe their client centered approach specifically in terms of how it incorporates Cultural Humility.

**Item 24 partially comprises the points scored under Administrative Ability
EMERGENCY MANAGEMENT PLAN**

ITEM # 24

In order for Agencies under contract with DHHS to be prepared for a natural or man-made disaster, or any other internal or external hazard that threatens clients, staff, and/or visitor life and safety, and in order to comply with federal and state requirements, Agencies shall have a written Emergency Management Plan (EMP). All employees shall be oriented to the plan and trained to perform assigned tasks. **Submit a summary of your Emergency Management Plan (no more than 6 pages) that identifies the steps Proposer has taken or will be taking to prepare for an emergency and address, at a minimum, the following areas and issues:**

1. Agency's order of succession and emergency communications plan, including who at the facility/organization will be in authority to make the decision to execute the plan to evacuate or shelter in place and what will be the chain of command;
2. Develop a continuity of operations business plan using an all-hazards approach (e.g., floods, tornadoes, blizzards, fire, electrical blackout, bioterrorism, pandemic influenza or other natural or man-made disasters) that could potentially affect current operations or site directly and indirectly within a particular area or location;
3. Identify services deemed "essential", and any other services that will remain operational during an emergency (**Note, Agencies who offer case management, residential, or personal care for individuals with medical, cognitive, emotional or mental health needs, or to individuals with physical or developmental disabilities are deemed to be providers of essential services**);
4. Identify and communicate procedures for orderly evacuation or other response approved by local emergency management agency during a fire emergency;
5. Plan a response to serious illness, including pandemic, or accidents;
6. Prepare for and respond to severe weather including tornado and flooding;
7. Plan a route to dry land when a facility or site is located in a flood plain;
8. For residential facilities, identify the location of an Alternate Care Site for Residents/Clients (Note, this should include a minimum of two alternate facilities, with the second being at least 50 miles from the current facility);
9. Identify a means, other than public transportation, of transporting residents to the Alternate Care location (Note, for Alternate Care Sites and transportation, a surge capability assessment and Memorandum of Understanding (MOU) with Alternate Care Site and alternative transportation provider should be included in the development of the emergency plan);
10. Identify the role(s) of staff during an emergency, including critical personnel, key functions and staffing schedules (**Note, in the case of Personal Care Workers, staff should be prepared to accompany the Client to the Alternate Care Site, or local emergency management identified Emergency Shelter**). Provide a description of your agency's proposed strategy for handling fluctuations in staffing needs. Examples may include, but are not limited to: referral networks, flexible staffing, on-call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity due to crisis, variations in client volume, or other staffing emergencies;
11. Identify how meals will be provided to Residents/Clients at an Alternate Care Site. In addition, a surge capacity assessment should include whether the Agency, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and/or the family of staff;

12. Identify how Agencies who offer case management, residential care, or personal care for individuals with substantial cognitive, medical, or physical needs shall assist Clients to individually prepare for an emergency and obtain essential services during an emergency, including developing a Care Plan that includes an emergency plan on an individual level.
13. Ensure that current assessment and treatment plan for each Resident/Client with specific information about the characteristics and needs of the individuals for whom care is provided is available in an emergency and accompanies the Resident/Client to the Alternate Care Site. This should include: Resident identification, diagnosis, acuity level, current drugs/prescriptions, special medical equipment, diet regimens and name and contact of next of Kin/responsible person/POA.
14. Identify staff responsible for ensuring availability of prescriptions/medical equipment and Client information at Alternate Care Site;
15. Communicate and Collaborate with local emergency management agencies to ensure the development of an effective emergency plan (typically the fire chief, or his/her designee); and
16. Collaborate with Suppliers and Personal Services Providers.

Describe, in detail, formal and informal agreements (such as Memoranda of Agreement) which support elements of your plan, as well as any specific examples of tests, drills, or actual implementation of any parts of your plan. Agencies shall have agreements or MOUs with other agencies or operators of Alternate Care Sites and assess the availability of volunteer staff for such emergencies.

Proposers can find resources for EMPs including sample plans, Mutual Aid Agreement and templates at the following website:

http://www.dhs.wisconsin.gov/rl_dsl/emergency-preparedness/emerg-prep-hva.htm

If Proposer serves persons with special needs receiving in-home care, or care in a supportive apartment, it should have the Client, the caregiver or someone upon whom the Client relies for personal assistance or safety complete the below referenced "DISASTER PREPAREDNESS CHECKLIST FOR INDIVIDUALS WITH SPECIAL NEEDS".

<http://www.dhs.wisconsin.gov/preparedness/resources.htm>

Part 2: BUDGET AND OTHER FINANCIAL INFORMATION
INSTRUCTIONS and FORMS

IRS FORM 990

ITEM #25

Organizations exempt from income tax under Section 501(c) of the Internal Revenue Code are required to submit the most recent copy of their Internal Revenue Service (IRS) Form 990 with their corresponding CPA audit report.

Note: This does not apply to new agencies that have never filed IRS Form 990

CERTIFIED AUDIT/BOARD APPROVED FINANCIAL STATEMENT

ITEM #26

Agencies not under contract with the DHHS should submit a copy of the agency's prior year certified audit or the most recent Board of Directors approved financial statement if an audit has not been performed for that year.

BUDGET FORMS

ITEM #27

Item 27, forms 1 – 6H comprise the points scored under Budget Justification

All proposers must define a unit of service and calculate a cost per unit on Budget Form 1 regardless of the payment method expected to be identified in the final executed contract. Form 1 partially comprises the points scored under Budget Justification.

Form 2 partially comprises the points scored under Staffing Plan

Form 2B partially comprises the points scored under Cultural Diversity and Cultural Competence

Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6 – 6H, are all linked with one another and are located at:

http://county.milwaukee.gov/DHHS_bids.

All Proposers must report unit details on Form 1. These forms must be used in the format provided, and completed according to the Instructions provided with the link forms under various tabs marked "Instructions". Any forms that have been altered will not be accepted; the item will be considered an omission in the proposal and will be scored accordingly during the review process.

All Proposers in addition to submitting a hard copy, must submit budget forms electronically to dhhsca@milwcnty.com In the subject line indicate agency name, contract division (DSD, MSD, BHD, WRAP, DCSD, or Housing) and "2015 budget forms" e.g. XYZAgency-DSD-2015 Budgetforms.xls

Part 3: PROGRAM PROPOSAL
INSTRUCTIONS and FORMS

PROGRAM PROPOSAL: COMPLETE PARTS 2 AND 3 FOR EACH PROGRAM

A separate PART 2, BUDGET AND OTHER FINANCIAL INFORMATION and PART 3, PROGRAM DESIGN, must be completed **for each program** for which an agency is requesting DHHS funding. Agencies are required to submit a separate program proposal section, including all of the required submission items in PART 1, for each program, **not for each site**. If an agency offers a program at more than one site, Items 30 and 31 must be submitted **for each site**.

PROGRAM ORGANIZATIONAL CHART

ITEM # 28

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. Include all positions for which funding is being requested.

PROGRAM LOGIC MODEL AND EVALUATION REPORT

(To be included In Initial Submission of ALL Proposals except for the Birth-3 Program)

ITEM # 29a

Use single words or short phrases to describe the following:

Inputs: List the physical, financial, and human resources dedicated to the program.

Processes/Program Activities: List the services to be delivered, **to include any “Required Program Components” as described in the Program Requirements.**

Outputs: List the volume of processes/program activities to be delivered, **to include any “Expected Outputs” listed in Program Requirements (See Section 5 for Program Requirements).**

Expected Outcomes: List the intended benefit(s) for participants during or after their involvement with a program, **to include all “Expected Outcomes” listed in the Program Requirements**, as well as any additional outcomes already established for the program. If no “Expected Outcomes” are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status.

Indicators List the measurable approximations of the outcomes you are attempting to achieve, **to include any required “Indicators” listed in the Program Requirements.** Indicators are the observable or measurable characteristics which indicate whether an outcome has been met, which shall be expressed by number and/or percentage.

For more examples of Inputs, Processes, Outputs, and Outcomes, see DHHS Outcomes Presentation, March 16, 2006, at: <http://county.milwaukee.gov/ContractMgt15483.htm> (Look under “Reference Documents”)

Projected Level of Achievement-Using column F of your Program Logic Model (Item 29a), identify the number and percentage of participants you project will achieve each “Expected Outcome” for each program proposed.

Describe methods of data collection proposed. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT (Sample) ITEM # 29a

A	B	C	C1	D	E	F	G	H
Inputs	Processes/Program Activities	Outputs	For evaluation report	Expected Outcomes	Indicators	Projected level of achievement	For evaluation report	
			Actual level of achievement				Actual level of achievement	Description of changes
<i>example</i> Staff Clients Community sites (list major ones) Community living curriculum Transportation (vans)	<i>Staff establish sites for community activities.</i>	<i>32 unduplicated clients will participate in 500 community living experiences.</i>		<i>Outcome 1: Clients increase awareness of community resources.</i>	<i>Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores</i>	<i>24 (75%) of clients will achieve the outcome</i>		
	<i>Staff and clients identify community interests.</i>		<i>Outcome 2: Clients increase utilization of public and private services in their community.</i>	<i>Number and percent of clients who demonstrate an increase in utilization of public and private services in their community</i>	<i>24 (75%) of clients will achieve the outcome</i>			
	<i>Staff arrange/coordinate transportation to/from community activities.</i>		<i>Outcome 3: Clients generalize acquired skills to other home and community living situations</i>	<i>Number and percent of clients who generalize acquired skills to other home and community living situations</i>	<i>24 (75%) of clients will achieve the outcome</i>			
	<i>Staff facilitate community activities.</i>							
	<i>Staff conduct pre and post activity workshops to teach and support clients' involvement in community life</i>							

Items 29a and b partially comprise the points scored under Service Plan and Delivery

PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT

ITEM # 29a

A Inputs	B Processes/Program Activities	C Outputs	C1 For evaluation report Actual level of achievement	D Expected Outcomes	E Indicators	F Projected level of achievement	G For evaluation report	
							Actual level of achievement	Description of changes

Items 29b and 290c & d (as applicable) partially comprise the points scored under Previous Experience

PROGRAM NARRATIVE

ITEM # 29b

Identify the name and number of the program for which you are requesting funding as it is identified in the *Year 2015 Purchase of Service Guidelines: Program Requirements*.

Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 29a, Program Logic Model.

Refer to the *Year 2015 Purchase of Service Guidelines: Program Requirements* for all the required program components for the program you are proposing. In particular, each proposed program must include:

- All Required Program Components
- Required Documentation
- Expected Outputs
- Expected Outcomes
- Indicators

If no “Expected Outcomes” are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of the service recipients’ knowledge, skills, behaviors, condition, or status. Where indicated, programs must utilize Indicators as they appear in the Program Requirements, OR Proposer shall propose a minimum of one indicator for each “Expected Outcome”.

Using the table on the next page, describe the agency's ability to provide this program, and the agency's experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation. Discuss past service experience with similar contracts. Specifically address recent and current experience in terms of program volume, target population, dollar amount of contract, and service mix (i.e., types of services provided).

Program Name	Funding period	Funder	Program volume	Target Population	Dollar amount	Service Mix

Items 29c, 29d, or 29e as applicable, partially comprise the points scored under Administrative Ability

Item 29c or 29d, as applicable, comprises the points scored under Outcomes and Quality Assurance

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c

For agencies with some history of funding, but without a current DHHS Purchase of Service contract, submit this form. **This document shall be completed by a prior funder**, and is subject to verification.

If unable to get an Experience Assessment from a prior funder, proposer may submit alternate documentation to verify agency experience. Examples of alternate documentation include, but are not limited to: grant agreements, grant proposals, correspondence, contracts, evaluation reports, or annual reports. Please submit this information attached to form 29C. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance Assessment for (Agency)_____

From (Funding Source)_____

Please provide the following information relating to Agency's history with Funding Source.

1. Name of Program_____

2. When and for how long did Funding Source fund this program?_____

3. Program volume: How many people did this program serve?_____

4. Target Population: What was the primary target population for this program?_____

5. What was the dollar amount provided by Funding Source?_____ /year

6. What services were provided through this program?_____

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

7. Was this program funded through a federal, state or local funding stream under a cost reimbursement framework? (Y/N)_____

8. If no longer funding this program, why not?_____

9. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0 1 2 3 4 5 NA

Comments:_____

Achievement of established outcomes

0 1 2 3 4 5 NA

Comments:_____

Timely submission of program reports

0 1 2 3 4 5 NA

Comments:_____

Accurate submission of program reports

0 1 2 3 4 5 NA

Comments:_____

Signed,

Name (print) _____

Title _____

Phone _____

Email _____

**EXPERIENCE ASSESSMENT FOR NEW PROPOSER
ORGANIZATIONAL LEADERSHIP**

ITEM #29d

All new agencies, or agencies without a previous Purchase of Service contract with Milwaukee County DHHS, must complete and submit this form. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. **This document shall be completed by a prior funder or by a prior employer**, and is subject to verification.

A separate form should be submitted for the *head of the organization and senior fiscal and program staff*. Please have a prior fundor or a prior employer complete the form(s).

If unable to get an Experience Assessment from a prior fundor, proposer may submit alternate documentation to verify organizational leadership. Examples of alternate documentation include, but are not limited to: current or previous position/job description, prior agency's mission statement, W2 form, or annual report. Please submit this information attached to form 29d. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance assessment for (Individual): _____

From (Agency) _____

Please provide the following information relating to Individual's history with Agency.

1. Individual's title _____

2. When and for how long did Individual work for Agency? _____

3. Program volume: How many people were served by this program? _____

What was Individual's role in program administration?

_____ Direct _____ Indirect (supervision) _____ Limited or none

4. Target Population: What was the primary target population for this program? _____

5. What was the dollar amount provided by Funding Source? _____/year

What was Individual's role in fiscal management of the program?

_____ Direct _____ Indirect (supervision) _____ Limited or none

6. What services were provided through this program? _____

7. If no longer funding this program, why not? _____

EXPERIENCE ASSESSMENT FOR NEW PROPOSER LEADERSHIP

8. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0 1 2 3 4 5 NA

Comments: _____

Achievement of established outcomes

0 1 2 3 4 5 NA

Comments: _____

Timely submission of program reports

0 1 2 3 4 5 NA

Comments: _____

Accurate submission of program reports

0 1 2 3 4 5 NA

Comments: _____

Signed, _____

Name (print) _____

Title _____

Phone _____

Email _____

Program Evaluation: Agencies **currently providing services under a Purchase of Service contract with the DHHS** in 2014 must include a copy of the most recent annual or semi-annual program evaluation report for the program currently provided, or, if several programs are being provided, for the program that is the most similar to the service being applied for in this proposal.

2015 PROVIDER SERVICE SITE INFORMATION

ITEM #30

Provide a separate sheet for each site location where services are provided.

Agency Name:	Site Name:
Site Address:	City/State/Zip:
Site Contact Person:	Title:
Phone:	Email:
Fax:	

Describe differences in programs or services available at this site:

Total number of unduplicated consumers you are presently able to serve at any one time: _____

Total number of unduplicated consumers you are currently serving: _____

Please check if your agency provides the following at this site:

____ Programs for men ____ Programs for women ____ Programs for men & women

____ Services for pregnant women

____ Services for families with children ____ Childcare provided

____ Services for Persons Involved in the Criminal Justice System

____ Services for the Developmentally Disabled

____ Services for the Physically Disabled

____ Services for persons with co-occurring mental health and substance use disorders

____ Wheelchair accessible

Hours of operation: ____ for specific program ____ for all programs at this site

_____ Monday:

_____ Tuesday:

_____ Wednesday:

_____ Thursday:

_____ Friday:

_____ Saturday:

_____ Sunday:

_____ Emergency contact available 24 hours ____ Emergency number _____

_____ Agency owns this Service Site

_____ Agency leases this Service Site:

Expiration date of Lease: _____

(lease must extend through the end of the contract year, at minimum)

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed, _____

Name (print) _____

Title _____

Phone _____

Email _____

PROGRAM ACCESSIBILITY

ITEM # 31

What is your agency's plan to serve clients:

- With physical disabilities

- With developmental disabilities

- With hearing impairment

- With visual impairment

- Who are non- English speaking or have limited English proficiency

- Who require personal care assistance

List any other services enhancing program access, e.g. agency located near public transportation, etc.

Item 32 partially comprises the points scored for Administrative Ability

STAFFING PLAN

ITEM # 32

Describe the staffing plan and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity. Any program with the potential to require 24-hour coverage must submit a detailed description of how, by staff position, coverage will be provided.

Agencies providing services at more than one site must include a description of the staffing pattern for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

Items 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

Indicate the number of staff **directly related to achieve your objectives for the program(s) you are applying for**, as indicated by codes 02 and 04 on Forms 2 and 2A. **Executive staff providing direct services to clients should be budgeted as either “Professional Salaries” or “Technical Salaries” on Budget Forms 2 and 2A.** Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). **Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted.** If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. **For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.**

PROGRAM _____ 2015 PROGRAM No. _____

POSITION TITLE _____ NO. OF STAFF: _____

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.

Annual tuition reimbursement granted for this position: \$ _____

Actual total hours worked for all employees in this position for the 12 months prior to completing this application: _____

Annual turnover for *this position (all employees, full and part-time)*, as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation):
_____ / _____ = _____

For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
_____ / _____ = _____

For Behavioral Health Division, CARS proposals, include copies of staff licenses, certifications and diplomas.

CURRENT DIRECT SERVICE PROVIDER AND INDIRECT STAFF (DSP) ROSTER ITEM # 34

ITEM 34 is available as a download from: 0Hhttp://county.milwaukee.gov/DHHS_bids

This form should be submitted electronically along with the budget spreadsheet.

PROGRAM EVALUATION (No Submission Required with Proposal)

ITEM # 35

Annual evaluation reports for the twelve-month period ending June 30, 2015 are due by Friday, August 1, 2015 for contractors that are continuing from 2014. For new contractors, evaluation reports are for the 6 months ending June 30, 2015, due August 1, 2015.

Evaluation Reports for the DSD Early Intervention Birth to Three Program will continue to be due semiannually on January 31st and July 31st of each year. Compliance with this contract requirement constitutes “submission” of this proposal Item.

To summarize, unless otherwise indicated in the Program Requirements, Evaluation Reports for the 12 months ending June 30, 2015 are due August 1, 2015.

Evaluation reports must conform to the following, in format and content:

Using Column G of your Program Logic Model (Item 29a) for the current year’s program, identify the number and percentage of participants who have achieved each “Expected Outcome” for each program delivered. Using the Program Logic Model, the evaluation reports must consider actual outcomes achieved against outcomes projected in the logic model and must include a copy of the measurement tool (e.g., pre/post test, etc.) used to measure the achievement of the outcome. Using Column H of your Program Logic Model (Item 30a), describe modifications to program and/or indicators and/or projected level of achievement for future reporting periods, based on the findings of the evaluation.

Describe methods of data collection used. Describe how consumers and community members have been integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

The Evaluation Reports must be submitted electronically to DHHSCA@milwaukeecountywi.gov in either Excel, Word, or PDF format. In order to ensure that the appropriate division receives the Evaluation Report, the subject line must include the Agency Name, Contracting Division, and Program Title to which the report applies.

In addition to the electronic submission, the evaluation reports may also be submitted to the following persons:

Behavioral Health:

Stefanie Erickson
Community Access to Recovery
Services
9201 W. Watertown Plank Rd.
Milwaukee, WI 53226

Management Services:

Diane Gallegos
Management Services Division
1220 W. Vliet St., Rm 300
Milwaukee, WI 53205

Housing:

James Sponholz
Housing Division
1220 W. Vliet St., Rm 300
Milwaukee, WI 53205

Delinquency and Court Services:

Theresa Randall
Delinquency & Court Services
10201 West Watertown Plank Road
Milwaukee, WI 53226

Disabilities Services:

Jane Alexopoulos
Disabilities Services
1220 West Vliet Street, Room 300
Milwaukee, WI 53205

Item 36 partially comprises the points scored under Cultural Diversity and Cultural Competence and under Staffing Plan.

CLIENT CHARACTERISTICS CHART

ITEM # 36

ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

DISABLED DEFINITIONS

A disabled individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such impairment.

Describe your data source for completing this form. If your projected client composition differs from your previous year's actual client composition, describe the basis for the difference.

2015 CLIENT CHARACTERISTICS CHART

ITEM # 36

Agency Name _____

Disability/Target Group _____

Program Name _____ 2015 Program #

Facility Name & Address _____

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

	Number	Percent (%)	Prior year actual
2. Age Group:			
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20			
e. 21 - 35			
f. 36 - 60			
g. 61 & over			
TOTAL			

3. Sex:			
a. Female			
b. Male			
TOTAL			

4. Ethnicity:			
a. Asian or Pacific Islander			
b. Black			
c. Hispanic			
d. American Indian or Alaskan Native			
e. White			
TOTAL			

5. Other:			
a. Disabled individuals			
b. Not applicable			
TOTAL			

Date Submitted:

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year.

(Rev 7/13)

PART 4: OVERVIEW OF PROPOSAL REVIEW PROCESS

PROPOSAL REVIEW AND SCORING CRITERIA

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
REQUEST FOR PROPOSAL REVIEW PROCESS

I. Proposal Review Panel Selection and Representation

A. Proposal Review Panel Selection

Proposals to provide services under a purchase contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members and their immediate families (Spouse, Parent, Child, Sibling or Significant Other) may not have any familial, official, board member, employment, fiduciary or contractual relationships with organizations currently funded by Milwaukee County in the program area for which the Proposer has applied, or hold any ownership, contractual or employment interests in the Proposer or its subsidiaries under consideration. At the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations;
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Community Business Development Partners, etc.

B. Proposal Review Panel Representation

Panel representation to review proposals submitted for contract recommendations shall include:

- minority and culturally diverse representation;
- consumer / service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division or DHHS Contract Administration staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Milwaukee County DHHS staff, as consultants, may provide responses to program and procedural information including:

- past performance of a Proposer;
- Proposer's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and,
- program outcomes and performance reviews.

Using the established review criteria, representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will include a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including division program or quality assurance staff, and/or DHHS Contract Administration staff. Milwaukee County DHHS staff will not comprise the majority of panel members.
2. Panel representation when **only one proposal is submitted** to provide a particular program or service will be **no more than two members**. If only one proposal is received, and the proposer is not an incumbent agency, the panel will be comprised of no more than two members, and at least one member must be a community representative.
3. Alternately, if only one proposal is received and the proposer is an incumbent agency that is the current provider of the program services for which proposals are being requested, DHHS may not convene a panel to score the proposal; however, DHHS staff may review the proposal to verify that the proposal meets all specified requirements. This verification may include requesting reports on the Proposer's financial stability, and reviewing results of past awards to the Proposer by Milwaukee County DHHS and/ or other funders. Continued funding for DHHS programs is contingent upon the availability of funds, a satisfactory continuation funding submission (Partial Submission), acceptable program performance, fulfilling required match, if any, review of the program by the applicable division at the end of each contract period, and the respective division administrator's discretion.
4. Though there is not a competitive review process for programs and services purchased by the DHHS on a multi-year funding cycle or designated provider agencies, the agencies submitting proposals for all divisions are required to submit proposal items identified in the Purchase of Service Guidelines: Technical Requirements. Program, quality assurance and/or Contract Administration staff will perform a screening of items submitted by agencies in this category.

II. General Guidelines

- A. The role of the review panel is to rate proposals against the published scoring criteria. These ratings are forwarded to Division Administrators who may accept or dispute them. If a Division Administrator disputes a review and scoring panel's scoring, the panel shall be apprised of the item in dispute, the related criterion and the basis for the dispute. The panel shall then be reconvened to

discuss and evaluate the basis for the dispute and make a determination to uphold or modify their original rating based on any new information presented. Any alteration to the panel's scoring of a proposal shall be noted in the report to the Milwaukee County Board of Supervisors when a contract recommendation is made by the Division Administrator.

- B. The primary measure of the quality of the Proposer's proposal will be specific examples of successful previous experience which relates to the various items in the proposal. Successful previous experience will be measured and scored based on the current and recent County contract performance of Proposers, or, for new Proposers, current and recent non-County contract performance, or, for new organizations, the current and recent experience of senior staff at Proposer's agency.
- C. The review process may include verification of assertions made by the Proposer in the proposal, including but not limited to site visits, record review and interviews and reference checking. The County reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.
- D. Reviewers will score proposals against the published criteria, and will not consider non-published criteria.
- E. Criteria to be considered in evaluating proposals include the Proposer's ability to provide the proposed program, the Proposer's proposed program relative to that proposed by other Proposers, and the Proposer's proposed cost to provide the program or service compared to the cost proposed by other qualified Proposers.
- F. For omissions of requested items, Proposers will have scores reduced to 0 for any corresponding review line item, or for requested items which do not have an associated review line item, will receive a reduced score under the "Administrative Ability" section. However, omission of certain requested items may result in proposals not receiving any further consideration.
- G. Division Administrators may consider factors other than scoring in making contract recommendations.

III. Proposal Review and Scoring Criteria for ALL contract divisions

- A. **Administrative Ability - 12 percent.** The Proposer demonstrates evidence of administrative capacity to meet federal, state, county and creditor requirements, including timeliness of required submissions and payment of obligations. Proposer demonstrates an ability to provide timely and accurate monthly client and financial reports. Proposer demonstrates an ability to be responsive to crisis situations, including, but not limited to, variations in client referral volume and serving exceptional cases.

In scoring proposals, for agencies currently under contract with DHHS, reviewers will consider the on time and accuracy rate of Proposer in prior year's

required submissions. For new Proposers, reviewers will consider the on time and accuracy rate of Proposer as described by the person providing the required Experience Assessment report (item 29c or 29d). Existing proposers will be rated on the most current evaluation report (item 29e). Additionally, in scoring proposals for Administrative Ability, reviewers will consider the accuracy and completeness of the proposal. Inaccurate or incomplete proposals will receive reduced scores.

In scoring Administrative Ability, reviewers will consider the size, structure, experience, and independence of the board of directors and officers.

The Proposer demonstrates comprehensive emergency preparedness. For full points, Proposer has an existing emergency management plan which includes all required elements, has been tested, and includes specific examples of memoranda of agreement or other formal arrangements for continuity of operations, client care, etc.

Administrative Ability will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- B. Budget Justification - 13 percent.** The Proposer provides a budget that is accurate, clear, and in sufficient detail. The budget effectively and efficiently supports the level of service, staffing, and the proposed program. The Proposer's proposed cost to deliver the service, compared to other Proposers, reflects the quality and quantity of service to be provided. The reviewer's analysis will include: unit cost comparisons and/or budget overview, total number of units of service to be provided, any limitations on the total number of clients to be served during the contract period.

Budget Justification will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- C. Cultural Diversity and Cultural Competence - 9 percent.** The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as serving a culturally diverse population in a culturally competent manner.

In evaluating Cultural Diversity in proposals, reviewers will consider the representation of racial and cultural minorities in board and staff relative to the representation of racial and cultural minorities in the projected target population, as measured by data on forms Board of Directors, Owners, Stockholders Demographic Summary (Item 5), Client Characteristic Chart (Item 36) and Employee Demographics Summary (Form 2B, Item 27). For full points, Proposer must demonstrate a ratio of board and staff which is greater than or equal to the ratio of racial and cultural minorities in the projected target population. If Proposer receives less than full points for this item, one point will be added to the score if the Proposer can demonstrate proof of specific action(s) taken within the previous year geared toward increasing board or staff diversity. The action(s) taken must be supported with documentation.

In evaluating Cultural Competence in proposals, reviewers will consider the Proposer's proposed methods for developing and maintaining Cultural Competence as well as the Proposer's history of performance in this area. (Item 23) Proposer must provide specific examples of existing and/or proposed policies, procedures, and other practices, if any, which promote Cultural Competence. For full points, Proposer will have a history of promoting Cultural Competence. Examples of acceptable policies, procedures, and practices can include, but are not limited to: providing in service or other training, or involvement of consumers in policy-making, planning, service delivery, and/or evaluation.

Cultural Diversity and Cultural Competence will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- D. **Previous Experience – 18 Percent.** The Proposer's experience demonstrates the ability to provide the proposed service to the target group. For Proposers without prior Milwaukee County experience, information will be gathered from Performance Assessments provided by the Proposer following a prescribed format. Documented non-performance or noncompliance under previous contracts will be taken into consideration.

In evaluating experience in proposals, reviewers will consider:

Past Service Experience with similar contracts. Similarity to be measured by looking at specific, detailed examples of **successful** current or recent contracts in terms of: 1) program volume, 2) target population, 3) dollar amount of contract, and 4) service mix. For full points, Proposer currently successfully operates a program which meets or exceeds these four criteria. In evaluating "success" reviewers will consider the content of evaluation and other program reports, as well as Quality Assurance findings and corrective action plans, as applicable.

Previous Experience will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- E. **Outcomes and Quality Assurance – 13 Percent.** For Proposers with a current or recent County contract, scoring will be based on compliance with submission deadline, required content and overall findings of program evaluation reports for most current contract period (item 29e). For new Proposers or Proposers without a current DHHS contract within the last two years, scores will be derived from item 29c or 29d as applicable.

Outcomes and Quality Assurance will also be scored based on reviewers' prior experience with Proposer, if applicable relating to these criteria.

F. Service Plan and Delivery – 23 Percent.

Review and scoring and scoring of the Service Delivery Plan will consider its:

- Consistency with program objectives as defined by DHHS in the Year 2015 Purchase of Service Guidelines Program Requirements and the contract agency.
- Rationale and theories supporting the program activities. Proposers should use research or other evidence-based support for their program model.

There is a performance improvement plan, which includes measurement of outcomes, and demonstrated use of performance information to improve services and program management. For full points, Proposer must describe service delivery in terms of inputs, processes, outputs, and outcomes, and indicators as described in Items 29a and b.

The agency mission statement (item 8) is shown to be consistent with the Division's or program's mission, values or goals.

Agency either owns service site or has a current lease which expires no earlier than the ending date of the current contract period.

Service Delivery Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

G. Staffing Plan – 12 Percent. The Proposer demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate, and staff is adequately compensated. Staff are licensed and certified as appropriate, or meet other required qualifications. Direct service staff is appropriately experienced. Proposer's turnover rate of direct service staff and training for direct service staff will be compared and ranked against the other Proposers' proposals. Compensation of lowest paid staff will be compared and ranked against the other Proposers' proposals.

Proposer must include average years of experience and turnover rate for direct service staff. For new agencies without a prior contracting history of any kind, Proposer must indicate the required years of experience for direct service staff proposed for the program. Proposer must indicate what type of training is available to staff, including in-service training, tuition reimbursement (if applicable) benefits and utilization, and other training activities such as conference attendance, etc. For full points, Proposer must indicate the specific type and quantity of training available and utilized by direct service staff during the previous year, and the type and quantity is appropriate.

Staffing Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

TOTAL SCORE 100 Percent

**BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES**

SECTION 5:

PROGRAM REQUIREMENTS

5. PROGRAM REQUIREMENTS

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A-0117 Secure Emergency Detoxification	5-CARS-6
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2015 TENTATIVE CONTRACT ALLOCATIONS

COMMUNITY ACCESS TO RECOVERY SERVICES

<u>Recommended Programs</u>	2015 * Tentative Allocations
Secure Emergency Detoxification	\$2,250,000 - \$2,572,145 *

* All 2015 program allocations are contingent on the 2015 Community Access to Recovery Services, Behavioral Health Division adopted budget. Potential vendors are asked to submit a baseline budget in response to this solicitation in the amount of \$2,250,000 with the potential for earning the full amount of the dedicated allocation through the achievement of performance indicators.

The Behavioral Health Division/Community Access to Recovery Services has a three year contract cycle. All current organizations providing services to this Division are required to submit annual applications. A complete application including a full panel review of the application are required prior to renewal at the beginning of a three year cycle. Assuming satisfactory performance and continued availability of funds, contract agencies are given two one-year contract extensions. During the two years of those extensions, applications are not reviewed by a full panel.

Final 2015 program allocations are contingent on the 2015 BHD adopted budget.

Behavioral Health Division

Vision for the Milwaukee County Behavioral Health Division

The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

Mission of the Milwaukee County Behavioral Health Division

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

The Milwaukee County Behavioral Health Division (BHD), part of the Department of Health and Human Services (DHHS), is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders. BHD strives to provide patient centered care, adhere to best practice standards and outcomes, promote accountability at all levels, offer recovery support in the least restrictive environment, and coordinate integrated service delivery.

Services that are purchased by BHD are intended to efficiently manage the available resources so that we may best match the priorities of our service area. BHD utilizes its funding to provide a broad continuum of services. BHD will continue to develop and support service models that are evidence-based, culturally competent, and culturally diverse. BHD currently provides mental health services in the following areas:

- Inpatient Services: Nursing Facility Services
- Inpatient Services: Acute Adult/Child Services
- Crisis Services
- Adult Community Services: Mental Health and Substance Abuse
- Child and Adolescent Community Services

The BHD has been undergoing a system redesign with the help of numerous community stakeholders. There have already been a number of accomplishments of the redesign process, including the redesign of the acute inpatient hospital units, an added Crisis Stabilization home, and the addition of a post-hospitalization peer follow-along program (CLASP). There are additional recommendations that are still to be implemented, many of which are well underway. At the core of the recommendations, it is consistently believed that there needs to be a continued movement toward and expansion of community services.

Furthermore, the Community Services Branch (CSB) is in the process of undergoing its own internal reorganization. Between 65% to 80% of all clients served in the Milwaukee

County Behavioral Health Division CSB present with both a mental health and substance use disorder. In an effort to deliver services using an integrated care model, CSB will ensure that programs and services are delivered under the systems framework established in Milwaukee Co-occurring Competency Cadre (MC3) to create a co-occurring capable system. Emphasis will be placed on assessing an individual for both a mental health and substance use disorder upon intake. A recovery oriented system of care that focuses on a person-centered approach, continuous quality improvement, and allows for the use of peers as providers within a genuine integrated care model will become standard of service practice.

PROGRAM DESCRIPTIONS

PROPOSAL SUBMISSION REQUIREMENTS (Applies to all BHD (CARS) programs up for competitive bid):

Service/Treatment Process

For each program for which you are submitting a competitive proposal:

- (1) List and define each program's activities, purpose of the activity, and the usual size, structure, and schedule of activities or groups.
- (2) Describe the sequence of program activities, including counseling and/or treatment, if applicable. Indicate the phases of service/treatment, the length of time in each phase, and the criteria used to determine movement from one phase to another.
- (3) If counseling or treatment is a program component:
 - Describe how and when individualized plans, goals and operationalized strategies are developed and reviewed. Identify by position who is involved in this process.
 - Provide a detailed description of the issues and topics to be addressed in counseling.
 - Provide a description of the treatment modality that will be utilized. Address the specific service needs of individuals living with co-occurring disorders.
- (4) Describe your plan to ensure that services can be provided to service recipients with Limited English Proficiency (LEP).
- (5) Describe any agreements and working collaborations with other community agencies that will provide services to the target population. Describe the qualifications of said providers. Include any letters of agreement.

- (6) Program incumbents should provide a summary description of their most recent program evaluation reports submitted to BHD. Include any changes made in the program as a result of the evaluation.

The Following Programs are open for competitive proposals for 2015

DHHS is issuing a Request for Proposals for contract year 2015 for the following programs. These programs are open for competitive application; detailed program descriptions follow this introduction.

Program A-0117 Secure Emergency Detoxification Program

Agencies seeking to contract for the provision of this program are required to submit a complete application package that includes all of the documents and formats as defined in this document, the *Year 2015 Request for Proposal – Purchase of Service Guidelines*.

Applicants not currently providing the proposed program should include a separate and distinct action plan and time frame for program start-up as part of the Program section of the application. While consideration may be given for documented and justified additional transition costs, applicants are strongly encouraged to remain within the tentative funding levels.

Please note: Tentative funding levels are based upon Departmental level budget requests and as such may be subject to change based upon the final adopted 2015 Milwaukee County budget. As a result, significant changes may occur in the structure and funding of our programs by the time applications are due for submission in September. Applicants should routinely check the Milwaukee County DHHS website for updates to the RFP throughout the application process and prior to submitting a proposal.

FOLLOWING PROGRAMS ARE OPEN FOR COMPETITIVE PROPOSAL

Secure Emergency Detoxification Program # A0117

Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal to minimize the physical harm caused by the abuse of substances. Supervised detoxification can prevent potentially life-threatening complications that may arise in the absence of treatment. Detoxification is also a form of palliative care for persons who want to become abstinent from substance use. For some patients, detoxification is a point of first contact with the treatment system and represents the first step toward recovery. Though it is not classified as substance use disorder treatment or rehabilitation *per se*, detoxification is a critical component on the continuum of care that provides emergency stabilization services for a person in need. A critical component of detoxification service is preparing the individual for engagement with appropriate substance abuse treatment commensurate with his or her ongoing needs.

The program shall include the following components:

- Medically monitored residential detoxification service (DHS 75.07)
- Ambulatory detoxification service (DHS 75.08)
- Residential intoxication monitoring service (DHS 75.09)

A successful proposal should describe strategies for providing stage-matched interventions within these three service descriptions. Applicant agencies must submit a separate logic model, program description, evaluation plan, client characteristic data, and program volume data for each component. Applicant agencies are also required to identify and clearly state the daily maximum capacity for each component. Documentation of services provided by the contracted agency will be required to indicate the applicable service component or licensure by the proper administrative code – DHS 75.07, 75.08, or 75.09.

Accessibility

The detoxification program makes its contact information and scope of services readily available and searchable online and in public directories, including IMPACT 2-1-1. Brochures describing the detoxification program shall be distributed to general hospitals, social service agencies, and to other potential referral agents (e.g. criminal justice system). The program must be accessible to non-English-speaking individuals and must facilitate ADA-compliant access for persons with disabilities.

Detoxification Advisory Council

A Detoxification Advisory Council shall be established to ensure the needs of residents are being sufficiently met, and resources are coordinated and being efficiently utilized. Members of the council must include representation from the general hospital system, Behavioral Health Division (BHD) Crisis Services Branch, BHD Community Access to Recovery Services, BHD Legal Services, the police district in which the facility is located, former consumer(s) of detoxification services, a substance use disorder treatment provider not affiliated with the applicant agency, a mental health treatment provider not affiliated with the applicant agency, and a homeless shelter provider. Other representation may be added, including the criminal justice system, other municipal police districts, and other social service agencies. The Council is required to meet quarterly. The detoxification program is expected to incorporate quality improvement projects identified by the Council into future evaluation plans. The applicant agency is required to include current or proposed membership within the medical detoxification program description of their application, as well as tentative meeting dates for the term of the contract.

Information Management

The contractor is required to input accurate and timely information on patient demographics, episode and service data, including:

- Clinical Institute Withdrawal Assessment – Alcohol (CIWA-A or CIWA-Ar) score at admission (as soon as medically possible) and at discharge
- Episode closure and complete discharge summary
- Documentation of referral to CIU or other services

Changes to documentation and information management procedures are anticipated with the full implementation of new Electronic Medical Records (EMR) technology at the BHD. The BHD will support the contracted provider through this transition and will expect full and active cooperation with the adaptation of such procedures.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

The contracted organization is expected to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) for individuals who present for services but do not meet ASAM criteria for an established level of detoxification specified by the contract.

Performance Indicators

BHD is committed to quality detoxification services as an embedded level of care on a treatment continuum. Potential vendors are asked to submit a baseline budget in response to this solicitation in the amount of \$2,250,000 with the potential for earning the full amount of the dedicated allocation through the achievement of performance indicators. The contracted provider shall comply with all applicable sections under DHS 75 and may earn monetary incentives for meeting or exceeding additional performance targets that are specified in the contract resulting from this RFP. Likewise, failure to meet certain performance targets may result in monetary penalties. Targets will be set in areas including but not limited to:

- Documentation requirements on all individuals served in detoxification levels of care and timely entry of intake and discharge information into the BHD EMR system
 - Adequate information is necessary to ensure an appropriate treatment placement for follow-up care and accurate reflection of those currently in detoxification.
- Referrals to Central Intake Units (CIU) for follow-up services once the detoxification episode is completed (beyond base requirements of DHS 75.03(19))
 - In an effort to minimize the number of repeat detox episodes in a relatively short period of time, linkages for comprehensive intake assessments will be established.
- Sustained engagement of clients in multiple treatment sessions following the treatment recommendation at the CIU
 - Potential vendors should discuss strategies for communication with treatment providers and/or care coordinators to comply with DHS 75.03(19)(e).
- Connecting heavy or high-risk users with medication-assisted treatment (MAT)
 - The use of medications, in combination with counseling and behavioral therapies, allows for a whole-person approach to the treatment of substance use disorders.

The awarded vendor will negotiate the performance incentive and penalty amounts as part of the final contract negotiations. The performance incentives and penalties will be based on either a per client rate or as a percentage of the overall number of individuals receiving detox services as a result of this solicitation.

This information supports all state and county reporting requirements related to performance monitoring, service reporting, service payment. The program will be paid on the lesser of net expenses or net units earned, determined by the number of units of service that have been calculated by the system based on the episode information. The contractor must report complete information for all components of the program.

Training

The contractor must provide in-service training for its staff from the SAMHSA-published Treatment Improvement Protocols (TIP) series. The contractor must train all medical, clinical, and paraprofessional staff on either TIP 35 (Enhancing Motivation for Change) or TIP 42 (Substance Abuse Treatment for Persons with Co-occurring Disorders), and proposals will be strengthened by a commitment to training on TIP 34 (Brief Interventions and Brief Therapies for Substance Abuse), TIP 43 (Medication Assisted Treatment for Opioid Addiction), and/or TIP 45 (Detoxification and Substance Abuse Treatment). Applicant agencies should identify in their application which TIP training curriculum they will use and provide a schedule of the trainings that will be conducted during the contract period (including training mandated by DHS 75 and other applicable statutes). The contractor will be required to include a training update in its annual report.

Memorandum of Understanding

A Memorandum of Understanding (MOU) will be developed to govern the relationship between the contracted agency and the BHD. The MOU will define clear roles and responsibilities for each party. Issues to be addressed in the MOU will include: clinical and treatment expectations, referral and transportation mechanisms between BHD and the contracted provider, contract monitoring, and legal responsibilities of BHD and the contracted agency with regard to civil detention and commitment proceedings.

Licensing

The contracted provider is required to hold certifications from the Wisconsin Department of Health Services, Division of Quality Assurance (DQA) under chapters DHS 75.07, 75.08, and 75.09 (also complying with all applicable requirements under 75.03) in order to operate the secure emergency detoxification program. Certifications must be obtained before this contract can be executed. However, applicant agencies may submit a copy of their pending application to the DQA for the required licenses in lieu of the actual licenses to receive consideration from Milwaukee County. Documentation of current valid licenses or pending applications for licensure must be included with the response to this RFP (Section 1, Item #10, *Agency Licenses and Certifications*).

Medically Monitored Residential Detoxification (DHS 75.07) and Ambulatory Detoxification Service (DHS 75.08)

Medically monitored residential detoxification must be licensed under DHS 75.07, be a facility approved under DHS 83 or 124, and adhere to criteria of ASAM Level III.7-D. Ambulatory detoxification service is a medically managed or monitored service delivered on an outpatient basis – licensed under DHS 75.08 – for patients meeting criteria for ASAM Level II-D.

Residential and ambulatory medical detoxification consist of 24-hour supervised evaluation and withdrawal management services, delivered by a multidisciplinary team of medical, nursing, and other clinical professionals. A physician must be available to assess a patient in person within 24 hours of admission and as medically necessary thereafter. Psychiatric services must be available within 8 hours by telephone or 24 hours in person. A registered nurse conducts an assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring and medication administration. Clinical staff must be knowledgeable about the biological and psychosocial dimensions of substance dependence and mental disorders and have specialized training in behavior management techniques.

The applicant agency is required to employ or contract with one of the following to provide clinical supervision to medical detoxification staff: an individual who meets the qualifications established in s. SPS 160.02 (7); a physician knowledgeable in addiction treatment; or a psychologist knowledgeable in psychopharmacology and addiction treatment. Clinical supervision includes auditing of client files, review and discussion of active cases and direct observation of treatment, and exercising supervisory responsibility over substance abuse counselors in regard to counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility.

PCS Relationship

The medical detoxification provider is required to admit patients detained through an Emergency Detention, Treatment Director's Supplement, Re-Detention, Three-Party Petition, and Protective Custody in accordance with Chapter 51, Wis. Stats. A thorough knowledge of Chapter 51 detention and commitment procedures is required. Applicant agencies must include in their budget the provision of 24-hour transportation between the applicant agency and BHD Psychiatric Crisis Service (PCS) for 24-hour admissions and transfers, as well as transportation and escort services to BHD for commitment proceedings. Applicant agencies must also provide in their budget for pharmacologic interventions to manage withdrawal from a variety of substances, as well as commonly prescribed psychotropic medications and medications to manage medical complications. The program is required to continue administration of medications initiated in PCS and provide a two-day supply of medications upon discharge to facilitate transfer to another treatment provider.

Target Population

The target population includes Milwaukee County residents' age 18 or older meets criteria for ASAM Level III.7-D for residential (75.07) and Level II-D for ambulatory (75.08). Referrals may come from municipal police departments, homeless service providers, social service agencies, family or self-referrals, hospitals, and PCS.

Persons who exhibit homicidal or suicidal ideation due to substance abuse – including those with co-occurring mental illness – are brought to PCS for assessment, evaluation, and treatment. This may include a history of recent homicidal or suicidal attempts but does not require a one-on-one suicide watch. For many persons, the use of substances is a causal factor in the homicidal or suicidal ideation, and they do not have a mental illness that requires inpatient mental health treatment. Patients are most often brought in by law enforcement, either as an Emergency Detention or other police hold. Those patients who present a danger to themselves or others due to substance abuse or substance abuse with mental illness will be considered appropriate for medical detoxification.

ASAM Dimensional Criteria

The patient is evaluated as having a Risk Rating of 3 per the multidimensional risk matrix of the ASAM PPC-2R, which indicates the patient demonstrates poor ability to tolerate and cope with withdrawal discomfort. Severe signs and symptoms of intoxication indicate that the patient may pose an imminent danger to self or others. There are severe signs and symptoms, or risk of severe but manageable withdrawal. Additionally, many patients may have prolonged withdrawal signs and symptoms, or "protracted abstinence syndrome" that is exacerbating conditions in other Dimensions, particularly Dimensions 2 and 3. For example, the patient may have moderate to severe psychiatric decompensation (involving paranoia, compulsive behaviors, severe depression, and moderate psychotic symptoms such as hallucinations and delusions) upon discontinuation of drugs of abuse. Note that the patient's service needs should be considered in each ASAM Dimension. The interaction between Dimension 1 and other ASAM Dimensions may increase or decrease the overall level of severity or function.

In Dimension 2, the patient may have moderate to severe active and potentially destabilizing medical problems (e.g. either acute such as nausea and intermittent vomiting from gastritis, or chronic such as severe hypertension). The patient demonstrates poor ability to tolerate and cope with physical problems, and/or his or her general health condition is poor. Severe medical problems (such as severe pain requiring medication or brittle diabetes) are present but stable.

In Dimension 3, symptoms of a co-occurring psychiatric disorder are moderate to severe. The patient demonstrates frequent impulses to harm self or others that are potentially destabilizing, but the patient is not imminently dangerous in a 24-hour setting. The patient may also demonstrate uncontrolled behavior, confusion, or disorientation, which limit the patient's capacity for self-care. Recovery efforts are negatively affected by the patient's emotional, behavioral or cognitive problems in significant and distracting ways. Acute course of illness dominates the clinical presentation so that symptoms may involve impaired reality testing, communication, thought processes, judgment, or attention to personal hygiene. The patient has limited ability to follow through with treatment recommendations, thus demonstrating risk of and vulnerability to dangerous consequences.

If the patient's symptoms intensify to a Risk Rating of 4 after admission to medical detoxification, then the patient shall be transferred to an emergency room of a general hospital for medical treatment or to PCS for psychiatric treatment.

Clinical Programming

A range of cognitive, behavioral, medical, mental health and other therapies based on the patient's assessed needs in ASAM Dimensions 2 through 6 and documented in the individualized service plan are administered to the client on an individual and group basis. These are designed to enhance the patient's understanding of addiction, the completion of the detoxification process and appropriate referral for continuing treatment. This should include clinical and didactic motivational enhancement strategies, health education services, and services to families and significant others. The application must demonstrate a person-centered planning process incorporating staged interventions consistent with the trans-theoretical model of change, and contain a schedule of individual and group sessions seven days a week.

Evaluation

Applicants must have a service evaluation plan in accordance with DHS 75.03(20). In addition to the outcome areas specified therein for data collection and progress measurement (subd. 3.a., b., c., and f.), applicants shall also include treatment recidivism and retention in treatment (subd. 3.e. and i.) in their evaluation plans. Also, each applicant agency must submit a completed Comorbidity Program Audit and Self-Survey (COMPASS™), and identify quality improvement project(s) that will be undertaken as a result of the audit tool. The contractor will be required to report on their identified project(s) in their biannual reports.

Residential Intoxication Monitoring (DHS 75.09)

A facility shall be approved under DHS 124 as a hospital, licensed under DHS 83 as a community-based residential facility, certified under DHS 82 or licensed under DHS 88 as an adult family home before offering DHS 75.09 services.

Residential Intoxication Monitoring includes 24-hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal from alcohol and/or sedative-hypnotics and who are not in need of emergency medical or psychiatric services. The service does not administer or dispense medications (DHS 75.09(e)). It is characterized by its emphasis on social and emotional support, including availability of nourishment and supervision for withdrawal symptoms. If complications arise requiring admission to a hospital during a patient's stay under this component, the transfer (including transportation) shall be coordinated by staff.

Target Population

The target population includes adult (18+) residents of Milwaukee County who meet the ASAM Level III.2-D diagnostic admission criteria. Referrals may come from municipal police departments, homeless service providers, social service agencies, and family and self-referrals.

ASAM Dimensional Criteria

The patient is evaluated as having a Risk Rating of 2 per the multidimensional risk matrix of the ASAM PPC-2R, which indicates the patient is experiencing some difficulty in tolerating and coping with withdrawal discomfort. Alternatively, the patient experiences a severe level of intoxication or withdrawal but responds to support and treatment sufficiently and does not pose an imminent danger to self or others. The patient's service needs should be considered in each ASAM Dimension. The interaction between Dimension 1 and other ASAM Dimensions may increase or decrease the overall level of severity or function. If the patient's symptoms intensify to a Risk Rating of 3 after admission to social detoxification, then the patient shall be transferred to the medical detoxification component.

Clinical Programming

A range of cognitive, behavioral, medical, mental health, and other therapies will be administered on an individual or group basis based on the individual's needs as they are assessed in ASAM Dimensions 2 through 6 and documented in the individualized service plan. This programming – including motivational enhancement therapy, health education services, and services to families and significant others – should enhance the patient's understanding of addiction, the completion of the detoxification process, and appropriate referral for continuing treatment. Applicant agencies must identify the therapeutic modalities of the proposed social detoxification component that foster engagement in continued treatment and recovery.

Evaluation

Applicants must have a service evaluation plan in accordance with DHS 75.03(20). In addition to the outcome areas specified therein for data collection and progress

measurement (subd. 3.a., b., c., and f.), applicants shall also include treatment recidivism and retention in treatment (subd. 3.e. and i.) in their evaluation plans.

**BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES**

SECTION 6:

AUDIT AND REPORTING

6. AUDIT AND REPORTING

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INTRODUCTION

Audit and Reporting Requirements are organized into three (3) separate sections, each of which explain various audit and reporting requirements along with the format of schedules and forms to use for billing, annual audit and audit waiver requests. The relevant instructions, format and forms are included in each respective section. Forms can also be found on the Contract Administration web page at:

http://county.milwaukee.gov/DHHS_bids

The sections are:

Section 6.1: Monthly Purchase of Service Contract Billing Forms

Section 6.2: Annual Audit Requirements

Section 6.3: Required Annual Audit Schedules

To receive information or assistance, please contact the following persons:

Dennis Buesing, CPA, Contract Administrator (414) 289-5853

Sumanish K Kalia, CPA, Contract Administration (414) 289-6757

James Sponholz, Contract Services Coordinator, Contract Administration (414) 289-5778

INSTRUCTIONS, FORMS and SCHEDULES

SECTION 6.1: MONTHLY PURCHASE OF SERVICE CONTRACT BILLING FORMS

Monthly billing instructions
Monthly billing forms

Milwaukee County Department of Health and Human Services (DHHS)

Billing Instructions

- 1 Please enter one Program per Exhibit 1 per spread sheet/ "Expense Statement". DO NOT combine Programs. Some program may have multiple services.**
- 2 Data can be entered in "grayed" cells **ONLY**.
 - Choose month from drop down box on the "Exp" tab.
 - Enter Agency/Program information on the "Exp" tab which will populate the same data fields on the "Rev" and other tabs.
 - For expenses, enter data on "Exp-Details" Tab **ONLY** and it will automatically populate the "EXP" Tab fields.
 - For Revenue, enter data on "Rev" Tab **ONLY** and it will automatically populate the respective field in other forms.
- 3 For "EXP" Tab; please select the starting and ending month of the contract from the drop down menu. Also select the type of reimbursement i.e. Final or Partial from the drop down menu. It will be a partial reimbursement every month except when it is a final invoice. For every month Please also select whether the Expenses being claimed are Actual or Estimated.**
- 4 All amounts must be rounded to the nearest whole dollar.
- 5 Any prior period adjustments must be made in the current month.
 - **DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.**
 - Footnote any prior period adjustments on the current month report on the "Exp-Details" Tab in Comment Box
- 6 INCREASES IN REVENUES AND EXPENSES MUST BE ENTERED AS POSITIVE NUMBERS.**
- 7 DECREASES IN REVENUES AND EXPENSES MUST BE ENTERED AS NEGATIVE NUMBERS.**
- 8 If you report units, Please enter the rates and units on the "Units" TAB only, even though your agency may have only one type of service and one rate only. **DO NOT** enter any units on "EXP" TAB it will be automatically calculated and entered on the "Exp" TAB. **Please also select the unit type from the drop down menu for each unit rate.**
- 9 Please do not enter "Text" or "punctuation marks" in numerical fields or vice versa.
- 10 Please email the report to dhhsaccounting@milwcnty.com, the subject line must read : Division, Agency, Program and Month example: DSD ABC LLC TCM January 07
- 11 Equipment Cost for code 8700 includes all Assets for example: Fax Machine, Printer, Copier, Computers, Laptop, Phone systems, Furniture, Chairs, Desks, Sofa, Beds etc
- 12 Employee Travel has been split into two rows on the "Exp-Details" TAB, one row is for expenses like hotel, meals & related expenses like fares etc. which is linked to the supplementary information to be provided on the "TRAVEL" TAB. The other row is for all other mileage and gas reimbursement being paid to employees to travel locally in Milwaukee Metro area or under employee agreement.

Milwaukee County Department of Health and Human Services (DHHS) Expense Report

Agency: Agency Disability Division
 Program: Program Reimbursement
 Contract: Contract Starting Month Ending Month
 Month Ending: JANUARY
 Certified By: Agency Representative
 Email: gmall (123) 456-7800
 Phone #: (123) 456-7800
 Fax #: (123) 456-7890

Agency: Agency Disability Division
 Program: Program Reimbursement
 Contract: Contract Starting Month Ending Month
 Month Ending: JANUARY
 Certified By: Agency Representative
 Email: gmall (123) 456-7800
 Phone #: (123) 456-7800
 Fax #: (123) 456-7890

EXPENSES

Account Number	Expense Description <small>Amounts are Estimated or Actual</small>	January		February		March		April		May		June		July		August		September		October		November		December		Year-To-Date		Approved Budget
		Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	Actual	Expenses	
*7100	Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*7100	Employee Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*7200	Payroll Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8000	Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8100	Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8200	Telephone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8300	Postage & Shipping	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8400	Occupancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8500	Equipment Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8600	Printing & Publications	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8700	Employee Travel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8800	Conferences, Conventions, Meetings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8900	Specific Assistance to Individuals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
**8916	Client Allowance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9000	Membership Dues	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9100	Awards & Grants	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9200	Allocated Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9300	Client Transportation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9400	Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9500	Depreciation/Amortization	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9600	Allocations to Agencies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*	Other Than Above	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Expenses before profit	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Profit if Authorized	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Expenses including Profit	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Non-DHHS Contract Revenue Brought Forward	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Net Expenses/Request	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

* all items must be entered only on the separate TABS "Exp-Details" or "Units" or the report will be returned and payment denied.

** Applies only to 3D group homes and family care homes.

Items must be explained on the separate TABS provided with this report or report will be returned and payment denied.

CONTRACT

Current Contract	Year-To-Date Contract	Approved Contract
-	-	-

Number of Contract Months: 12

ESTIMATED PAYMENTS ARE MADE BASED ON THE LOWER OF CURRENT MONTH CONTRACT, CURRENT MONTH EXPENSES, OR CURRENT MONTH UNITS Earned (if Applicable)

		(if applicable)														
Current Contract	Year-To-Date Contract	January Units	February Units	March Units	April Units	May Units	June Units	July Units	August Units	September Units	October Units	November Units	December Units	Final Units	Year-To-Date Units	Approved Budget Units
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

NET UNITS EARNED (units of services times the rate, less revenues) (in \$) (if applicable)

		(if applicable)														
Current Contract	Year-To-Date Contract	January Units	February Units	March Units	April Units	May Units	June Units	July Units	August Units	September Units	October Units	November Units	December Units	Final Units	Year-To-Date Units Earned	Approved / Weighted Average Unit Rate
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Expenses for Reimbursement does not include EARLY payments:

Email to: dhhsaccounting@milwaukee.com Fax: DHHS Accounting @ (414) 289-8374
 Mail to: Milwaukee County Department of Health Human Services
 Attn: Fiscal Services
 1220 West Vliet Street Suite 109, Milwaukee, WI 53205

Milwaukee County Department of Health and Human Services (DHHS)
Units Report

Agency Program
Agency Program

Important: Please use county approved units and rates per Exhibit 1 ONLY. If no approved units or rate please fill "0" not N/A.

Details of Units

Service	Approved Budget Units	Approved Unit Rate	January Units	February Units	March Units	April Units	May Units	June Units	July Units	August Units	September Units	October Units	November Units	December Units	Final Units	Year-To-Date Units
U1	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U2	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U3	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U4	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U5	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U6	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U7	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U8	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U9	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U10	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U11	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U12	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	TOTAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Milwaukee County Department of Health and Human Services (DHHS)
Detailed Expenses Report

Agency Program
Program

Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.

Account Number	Expense Description	January Expenses	February Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	September Expenses	October Expenses	November Expenses	December Expenses	Final Expenses	Year-To-Date Expenses
*7000	Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7001	Owner/Executive/Officer Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Manager's Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Others salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*7100	Employee Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*7200	Payroll Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8000	Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8001	Medical & Dental Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8002	Psychological Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8003	Legal Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8004	Rehabilitation & Education Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8005	Development & Public Relations Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8006	Brokerage, Commission, Collection Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8007	Employment Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8008	Audit Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8009	Electronic Data Processing Service Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8010	Other Contract Payments to Consultants	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8011	Talent Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8012	Other Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8100	Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8200	Telephone	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8300	Postage & Shipping	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8400	Occupancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8401	Office Rent	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8402	Other Bldg. & Parking Lot Rent	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8404	Mortgage Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8405	Electricity	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8406	Gas	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8407	Heating Oil	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8408	Water & Sewer	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Milwaukee County Department of Health and Human Services (DHHS)
Detailed Expenses Report

Agency Program
Program Program

Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.

Account Number	Expense Description	January Expenses	February Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	September Expenses	October Expenses	November Expenses	December Expenses	Final Expenses	Year-To-Date Expenses
8409	Janitorial/Maintenance/Repairs Purchased	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8410	Real Estate Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8411	Personal Property Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8412	Licenses & Permits-Occupancy Related	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8413	Bldg. & Grounds Maintenance Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8414	Miscellaneous Occupancy Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8415	Amortization/Leasehold Improvements	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8416	Depreciation - Buildings	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
**8500	Equipment Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Equipment/Assets <\$500	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Equipment/Assets >\$500 including rental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8600	Printing & Publications	-	-	-	-	-	-	-	-	-	-	-	-	-	-
**8700	Employee Travel	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8709	Hotels, Meals & Incidental Exp's (Fares etc)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8702	Mileage/Gas reimbursement/Lease etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8800	Conferences, Conventions, Meetings	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8900	Specific Assistance to Individuals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
**8916	Client Allowance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9000	Membership Dues	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9100	Awards & Grants	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9200	Allocated Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9300	Client Transportation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9400	Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9401	Employee Malpractice Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9402	Employee Bonding Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9403	Other (Please itemize below)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9500	Depreciation/Amortization	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9600	Allocations to Agencies	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9601-9690	Allocations to Agencies,	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9691	Payments to Affiliated Organizations	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-

**Milwaukee County Department of Health and Human Services (DHHS)
Detailed Expenses Report**

Agency Program

Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.

Account Number	Expense Description	January Expenses	February Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	September Expenses	October Expenses	November Expenses	December Expenses	Final Expenses	Year-To-Date Expenses
	* Other Than Above (please itemize)														
Total Expenses															

January:	February:	March:	April:	May:	June:	July:	August:	September:	October:	November:	December:	Final Expense:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
<p>UNITS OF SERVICE-CLIENT MOVEMENT SUMMARY 533 MASTER SHEET</p> <p>UNITS OF SERVICE-CLIENT MOVEMENT SUMMARY CLOSING CODES: XM-moved/relocated XD-Family no longer want services XK-Services no longer needed XC-Died Address of Contact CA-Did not meet LOC (level of Care) CA-Did not meet LOC (level of Care) CA-Did not meet LOC (level of Care) CA-Did not meet LOC (level of Care)</p> <p>BOX A. MOVEMENT SUMMARY CENSUS ON LAST DAY OF PREVIOUS MONTH: 0 INITIATIONS DURING REPORT MONTH: 0 COMPLETION DURING REPORT MONTH: 0 CENSUS ON LAST DAY OF REPORT MONTH: 0</p> <p>BOX B. UNITS OF SERVICE SUMMARY DISABILITY: 0 DEVELOPMENTAL DISABILITIES: 0 TOTAL UNITS OF SERVICE: 0</p> <p>BOX C. UNITS OF SERVICE SUMMARY SERVICE TYPE CODE ZCODE: 0 TOTAL UNITS OF SERVICE: 0</p> <p>CONTACT PERSON: 0 TELEPHONE NUMBER: 0 FAX NUMBER: 0</p> <p>FACILITY NAME: 0 PROGRAM NAME: 0 CONTACT PERSON: 0</p> <p>PROVIDER NUMBER: 0 SITE NUMBER: 0 DISABILITY: 0 PROGRAM AREA: 0 SERVICE TYPE: 0 FUNDING TYPE: 0</p>																																	
IM		OU		Closing Code		CLS		BIRTHDATE		CLIENT'S NAME		CASE #		Total Units		Client Count		Total Units		Client Count		Total Units		Client Count		Total Units		Client Count		Total Units		Client Count	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
<p>UNITS OF SERVICE PROVIDED</p> <p>TOTAL BILLABLE UNITS</p>																																	

Applicable to DSD Programs

Section 6.2: Annual Audit Requirements

General Requirements

Milwaukee County DHHS requirements

Examples of properly or improperly reported schedules

Audit Waiver

SECTION 6.2: ANNUAL AUDIT REQUIREMENTS

6.2.1. General Requirements

Annual audits of contract agencies receiving \$25,000 or more from Milwaukee County Department of Health and Human Services are required per Wisconsin Statutes, Section 46.036(4)(c). Those audits are to be performed in accordance with the requirements of the Wisconsin *Provider Agency Audit Guide (PAAG)*, 1999 revision issued by WI Department of Corrections and Workforce Development or *Department of Health Service Audit guide DHSAG* latest revision issued by Wisconsin Departments of Health Services.

The PAAG/DHSAG includes the following audit reports and schedules:

- Auditor's Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.
- Financial Statements of the Overall Agency.
- Schedule of Expenditures of Federal and State Awards.
- Incorporated Group Home/Child Caring Institution Supplemental Schedule.
- Reserve Supplemental Schedule.
- Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements in Accordance with Governmental Auditing Standards and the Provider Agency Audit Guide.
- Schedule of Prior Year Findings.
- Schedule of Current Year Findings.
- Corrective Action Plan.
- Schedule of Findings and Questioned Costs.

6.2.2. Milwaukee County Department of Health and Human Services Requirements

The allowability of costs is determined by the Federal Allowable Cost Principles found in *O.M.B. Circular A-122* for non-profit agencies and the Code of Federal Regulations *48 CFR part 31* for for-profit entities, and State Allowable Cost Principles found in the *Allowable Cost Policy Manual* issued by the Wisconsin Department of Health and Family Services and *Allowable Cost Policy Manual* Issued by Department of Children and Families. Purchase of Service Contracts effective January 1, 2006 and later also limit the allowability of costs based on variance from the approved budget(s).

The annual audit report shall contain a budget variance and reimbursable cost calculation for each program contracted, as identified as a separate line item in Attachment I of the Purchase of Service Contract. Such report shall follow the prescribed format, and determine the budget variance for each line item within the approved budget. Costs allowable under State and Federal Allowable Cost guidelines that exceed the approved budget by the greater of (1) 10% of the specific budget line item or (2) 3% of the total budget amount are deemed unallowable and not reimbursable under this contract. In no event shall the reimbursable amount exceed the contract amount.

An annual audit report in which the Schedule of Program Revenues and Expenses omits information or presents line-item information utilizing classifications not in strict adherence to those found in Budget Form 3 will place the Contractor out of compliance with the contract.

In past years, many auditors have prepared audited financial statements and supplementary schedules with total disregard to the requirements in the contract. This has placed many Contractors in technical non-compliance. Effective with 2006 Purchase of Service Contracts, such deviations from the contract requirements may cause budget variances, resulting in fiscal recoveries owed DHHS that would not be owed if the auditor had complied with the requirements of the contract. **IT IS IMPORTANT THAT YOUR AUDITOR READ THE CONTRACT, THIS SUPPLEMENT, AND AGREE TO ABIDE BY THESE REQUIREMENTS.**

In order to implement these limitations on the allowability of costs, additional schedules are required in your annual audit. These schedules must conform specifically as laid out, and cannot combine individual line items. The line items **must** conform precisely to the line items found in the *Anticipated Program Expenses*, Budget Form 3 for each individual program. A separate schedule must be prepared for each program award. **MULTIPLE PROGRAMS MAY NOT BE COMBINED INTO A SINGLE SUPPLEMENTAL SCHEDULE.**

Audited financial statements and supplementary schedules are the representation of management, not the auditor. Although auditors often prepare the financial statements and schedules on behalf of management, the accuracy and compliance of the financial statements are still the responsibility of management. If auditor prepared supplementary schedules deviate from the required content and level of detail, it is quite possible the Contractor Agency will have unallowable costs and owe money back to Milwaukee County DHHS, simply because of the deficient reports. Please be sure your auditor is aware of the required schedules, their required content and the required level of detail. These schedules are your representation and responsibility; **you are the party responsible for their content and preparation, not your auditor.**

6.2.3. Examples of properly and improperly reported schedules.

Following are examples of properly and improperly prepared Supplementary Schedules of Program Revenue and Expense. These are all examples of reports based on the same underlying costs. The Contractor Agency in this example spent the contract amount; within allowable budget variance levels, on allowable expenditures, and when the Schedule of Program Revenue and Expense is properly prepared, owes no money back. All of the fiscal recoveries are the result of improperly prepared audit reports.

EXAMPLES OF PROPERLY AND IMPROPERLY REPORTED SCHEDULES

Underlying data and assumptions

	Budget	Actual
Wages	\$ 200,000	\$ 210,000
Benefits	50,000	57,000
Payroll Taxes	20,000	21,000
Supplies	1,000	2,000
Occupancy	150,000	140,000
Indirect:		
Payroll	40,000	35,000
Benefits	10,000	7,500
Taxes	4,000	2,500
	\$ 475,000	\$ 475,000

Example 1: Audit report correctly presented

Example 2: Audit report combines Wages, Benefits & Taxes

Example 3: Audit report segregates Benefits as Insurance & Retirement

Example 4: Audit reports Indirect Cost items as direct costs

Schedule of Revenue & Expense	Example 1	Example 2	Example 3	Example 4
Wages	\$ 210,000		\$ 210,000	\$ 245,000
Benefits	57,000			64,500
Benefits - Insurance			40,000	
Benefits - Retirement			17,000	
Payroll Taxes	21,000		21,000	23,500
Wages, Benefits & Taxes		\$ 288,000		
Supplies	2,000	2,000	2,000	2,000
Occupancy	140,000	140,000	140,000	140,000
Indirect Costs	45,000	45,000	45,000	
	\$ 475,000	\$ 475,000	\$ 475,000	\$ 475,000

Example 1: Audit report correctly presented

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 210,000	\$ 10,000	\$ 20,000	\$ -
Benefits	50,000	57,000	7,000	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	<u>45,000</u>	(9,000)	14,250	-
		475,000			
Disallowed Variance		<u>-</u>			<u>\$ -</u>
	<u>\$ 475,000</u>	<u>\$ 475,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ -</u>			

Example 2: Audit report combines Wages, Benefits & Taxes

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 288,000	\$ 88,000	\$ 20,000	\$ 68,000
Benefits	50,000	-	(50,000)	14,250	-
Payroll Taxes	20,000	-	(20,000)	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	<u>45,000</u>	(9,000)	14,250	-
		475,000			
Disallowed Variance		<u>(68,000)</u>			<u>\$ 68,000</u>
	<u>\$ 475,000</u>	<u>\$ 407,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 68,000</u>			

Example 3: Audit report segregates Benefits as Insurance & Retirement

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 210,000	\$ 10,000	\$ 20,000	\$ -
Benefits	50,000	40,000	(10,000)	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
Unbudgeted Items		17,000	17,000	-	17,000
		475,000			
Disallowed Variance		(17,000)			\$ 17,000
	<u>\$ 475,000</u>	<u>\$ 458,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 17,000</u>			

Example 4: Audit reports Indirect Cost items as direct costs

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 245,000	\$ 45,000	\$ 20,000	\$ 25,000
Benefits	50,000	64,500	14,500	14,250	250
Payroll Taxes	20,000	23,500	3,500	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000		(54,000)	14,250	-
		475,000			
Disallowed Variance		(25,250)			\$ 25,250
	<u>\$ 475,000</u>	<u>\$ 449,750</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 25,250</u>			

6.2.4. Audit Waiver

Wisconsin Statute 46.036 requires an audit from providers that receive more than \$25,000 from the Department of Health and Human Services or from a county. The statute allows the department to waive audits on a case-by-case basis. The waiver of the audit may be appropriate in certain circumstances, some of which are given below. The audit waiver criteria don't apply to Group Homes and Child Caring Institutions that provide out of home residential care for children. In addition, audits required under the Single Audit Act Amendment of 1996 cannot be waived (this refers to Single Audits under OMB Circular A-133 for agencies expending more than \$500,000 of federal funding).

If the provider does not need to have a federal audit, the audit may be waived when:

- Provider is identified as a low risk, (Sole Proprietor/ Single member LLC, or with funding around \$100,000, paid on a unit rate, alternative forms of financial reports are submitted, prior experiences, certain CBRF, AFH etc.)
- Provider agency agrees to increased or alternate form of reporting/monitoring efforts,
- Provider is funded solely with federal funds below the \$500,000 threshold,
- Department's funding is a very small part of provider's overall business,
- The audit will create a financial hardship on the provider, (e.g. audit fee more than 5% of funding).
- Audited information is not needed, due to alternate source(s) being available,
- The agency does not operate a Group Home or Child Caring Institution.

As stated earlier, the waiver will be allowed on case-by-case basis. A request for waiver may be submitted to Contract Administration, Department of Health and Human Services on the attached Audit Waiver Request form before the due date of the audit. The form is also available on the web at <http://county.milwaukee.gov/ContractMgt15483.htm>. The Audit Waiver Request form may be completed electronically and submitted as an email attachment to sumanish.kalia@milwaukeecountywi.gov, or faxed to DHHS Contract Administration at (414) 289-8574.

Agency Name: _____
 Contact Person: _____ Title: _____
 Address: _____
 Phone #: _____ Fax # _____ Email: _____

AUDIT WAIVER REQUEST

Dennis Buesing,
 Contract Administrator
 Milwaukee County Department of Health & Human Services (DHHS)
 1220 West Vliet St. Room B26 # 4
 Milwaukee, WI 53205

Re: 2012 Purchase of Services Waiver of Audit Request

1. Date of Request: _____ 1a. Type of Entity: _____
2. Program: _____
3. DHHS Division: BHD/DSD/DCSD/MSD/HD
4. Total Amount of Contract with DHHS: \$ _____
5. Total Amount earned/payment received from DHHS: \$ _____ (estimate revenue)
6. Total Amount earned/received from Other Governmental Sources (e.g. State, City): \$ _____
7. Reason Audit Waiver is being requested:
 - a. Experience:

Number of years in Business: _____
 Number of year's experience providing these services: _____
 Number of year's experience providing these services to DHHS: _____
 Payment Method: Unit Rate/Cost/Lower of Cost or net units/Fee for Service
 Other program reports submitted to DHHS: _____

Other Program Reports e.g. Daily Time Sheets, Monthly Evaluation Reports, etc.
 - b. Audit Fee exceeds 5% of payments under DHHS contract:

Audit Cost: \$ _____
 Source of estimate: _____
CPA Firms name, Contact & Phone number
 - c. Audit not cost effective or undue burden. Please explain: _____
Any other reasons for audit being undue burden or unnecessary. e.g. Not Cost Effective, Single Member LLC, Sole Proprietorship, etc.
8. Alternate Form of Financial Statement/Reports being provided in lieu of certified audit reports
 (Check all that you can provide)
 CPA Compiled /Reviewed Internally Generated Financial Statement,
 Statement of Revenue and Expenditure by Program, Copy of Tax return

Signature _____	Date _____
OFFICE USE: ___ Recommended ___ Denied Vendor Type: Low Risk/High Risk	
Comments/ alternate form of Financial and/or Program compliance monitoring being implemented: _____ _____	
Signature _____	Date _____

You can fax or email this form to: Fax (414) 289-8574 Email: skalia@milwcntv.com

Section 3: Required Annual Audit Schedules

Schedule of Program Revenue and Expense

Schedule of Revenue and Expense by Funding Source

Schedules Required by Provider Agency Audit Guide\Department of Health Services Audit Guide

Schedule of Expenditures of Federal and State Awards

Incorporated Group Home/Child Caring Institution Supplemental Schedule

Reserve Supplemental Schedule

Schedule of Findings and Questioned Costs

SECTION 6.3: REQUIRED ANNUAL AUDIT SCHEDULES

6.3.1 Schedule of Program Revenue and Expense

Prepare a separate Program Revenue and Expense Schedule for each program contracted. Each program contracted is represented by a separate line item on Exhibit I of the Purchase of Service Contract, and had has a separate Budget Form 3 in the proposal submission. **DO NOT COMBINE MULTIPLE PROGRAMS INTO A SINGLE PROGRAM REVENUE AND EXPENSE SCHEDULE.**

Specific Instructions

Actual. In the column labeled “Actual”, report the actual costs incurred for the program during 2015 or the fiscal period ending in 2015. Do not include costs unallowable under the allowable costs principles contained in the *Allowable Cost Policy Manual, 1999 revision, O.M.B. Circular A-122 or Code of Federal Regulations 48 CFR part 31.*

Approved Budget. In the column labeled “Approved Budget”, report the latest approved budget for the program, as calculated on Budget Forms 3 and 4. If you need to combine information from more than one Form 3 and Form 4 in order to encompass the entire budget for this program, **STOP.** Two or more programs have been combined in the report. The total actual expenses reported in this schedule will be compared to one and only one program budget. **MONEY WILL BE OWED BACK TO MILWAUKEE COUNTY.** Prepare a separate Program Revenue and Expense Schedule for each individual program.

Variance from Budget. In the column labeled “Variance From Budget” report the difference between the actual expenses incurred and the approved budget. Actual expenses in excess of the approved budget will be reported as positive amounts; actual expenses less than the approved budget amount will be reported as negatives.

Revenues. Report program revenues for all services performed in 2015 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original proposal, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference.

Expenses. Report program expenditures for all services performed in 2015 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original proposal, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference. As indicated in the examples previously presented, combination of line items may result in un-allowability of otherwise allowable costs.

NAME OF AGENCY
Schedule of Program Revenues and Expenses
For the Year Ended December 31, 2XXX

Program Name : _____

	Actual	Approved Budget	Variance from Budget
Revenues:			
DHHS Purchase of Service Contract	XXX	XXX	XXX
DHHS LTS Revenue (CIP/COP)	XXX	XXX	XXX
DHHS IPN/FFSN Revenues	XXX	XXX	XXX
MCDA (Aging) Revenue	XXX	XXX	XXX
Other Program Revenues	XXX	XXX	XXX
Total Revenues	XXX	XXX	XXX
Expenses:			
Salaries	XXX	XXX	XXX
Employee Benefits	XXX	XXX	XXX
Payroll Taxes	XXX	XXX	XXX
Professional Fees	XXX	XXX	XXX
Supplies	XXX	XXX	XXX
Telephone	XXX	XXX	XXX
Postage and Shipping	XXX	XXX	XXX
Occupancy	XXX	XXX	XXX
Equipment Costs	XXX	XXX	XXX
Printing and Publications	XXX	XXX	XXX
Employee Travel	XXX	XXX	XXX
Conferences, Conventions, Meetings	XXX	XXX	XXX
Specific Assistance to Individuals	XXX	XXX	XXX
Membership Dues	XXX	XXX	XXX
Awards and Grants	XXX	XXX	XXX
Allocated Costs (From Indirect Cost Allocation Plan, if applicable)	XXX	XXX	XXX
Client Transportation	XXX	XXX	XXX
Miscellaneous	XXX	XXX	XXX
Depreciation or Amortization	XXX	XXX	XXX
Allocations to Agencies, Payments to affiliated Organizations	XXX	XXX	XXX
Total Expenses	XXX	XXX	XXX
Net Profit	XXX	XXX	XXX
Allowable Profit (include calculation)	XXX	XXX	XXX
Net Profit in excess of Allowable Profit	XXX	XXX	XXX

6.3.2 Schedule of Revenue and Expenses by Funding Source

The Schedule of Revenues and Expenses by Funding Source incorporates all revenues and expenses for Milwaukee County DHHS funded programs as well as all other contracts, programs and functions of the Agency.

Milwaukee County DHHS Funded Programs. Report the total funding from Milwaukee County DHHS funded programs by Division – Disabilities Services Division (DSD), Delinquency & Court Services Division (DCSD), Management Services Division (MSD), Behavioral Health Division (BHD), and Wraparound Milwaukee and other Fee for Service Networks (e.g. CCSN, Wiser Choice, etc.). It is not necessary to report each individual program separately; however, it is necessary to report programs funded by each of the Divisions separately. If a program is partially funded by Milwaukee County DHHS and partially funded by another source, it must be included here.

Other Programs. Report other programs, contracts and functions of the Agency that are not funded by Milwaukee County DHHS. These would include Contracts with and Programs funded by Municipalities, Other Counties, the State of Wisconsin, and other Agencies. If a program is partially funded by Milwaukee County DHHS and partially funded by another source, do not include it here, it must be included under “Milwaukee County DHHS Funded Programs.”

Indirect Costs. Report all indirect costs, allocable and unallocable, in this column. **Note**, not all indirect costs are allocable to federal, state, or county funded programs.

Total Agency. Sum all the reported revenues and expenses from the previous columns and place the total in the final column. The amounts in the final column should agree with the Agency-wide Statement of Operations or Income Statement.

Revenues and Expenses. Please do not alter the line items identified in this Schedule. These line items correspond to the line items in the approved budget upon which the Contract amount and/or rate were based.

Allocated Costs. Report the indirect costs allocated to each program or contract in each respective columns. Report the total costs allocated to all the programs as a negative figure in the “Indirect Costs” column. When this row is summed across, the total for this line reported in the “Total Agency” column should be zero.

SCHEDULE OF REVENUES AND EXPENSES BY FUNDING SOURCE

**NAME OF AGENCY
Schedule of Revenues and Expenses By Funding Source
For the Year Ended December 31, 20XX**

	Milwaukee County DHHS Funded Programs					Other Programs	Indirect Cost	Total Agency
	DSD	DCSD	ESD	BHD	IPN / FFSN			
Revenues:								
DHHS Purchase of Service Contract	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DHHS LTS Revenue (CIP/COP)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DHHS IPN/FFSN Revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
MCDA (Aging) Revenue	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Other Program Revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total Revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Expenses:								
Salaries	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Employee Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Payroll Taxes	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Professional Fees	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Supplies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Telephone	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Postage and Shipping	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Occupancy	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Equipment Costs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Printing and Publications	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Employee Travel	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Conferences, Conventions, Meetings	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Specific Assistance to Individuals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Membership Dues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Awards and Grants	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Allocated Costs (From Indirect Cost Allocation Plan, if applicable)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Client Transportation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Miscellaneous	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Depreciation or Amortization	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Allocations to Agencies, Payments to affiliated Organizations	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total Expenses	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Net Profit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Allowable Profit (include calculation)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Net Profit in excess of Allowable Profit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

6.3.3 Schedules Required by the Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision

In addition to the above schedules, the Wisconsin Provider Agency Audit Guide/ *Department of Health Service Audit guide DHSAG) latest revision* has several required schedules. These schedules are also required to be included in the annual audit report by the Milwaukee County Purchase of Service Contract. Please refer to the Provider Agency Audit Guide/ *Department of Health Service Audit guide DHSAG) latest revision* for instructions and information regarding each of these schedules.

6.3.3.1 Schedule of Expenditures of Federal and State Awards. Follow the format and instructions contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision* and the *Purchase of Service Contract with the Milwaukee County DHHS*. There are differences between the Schedule of Expenditures of Federal Awards required by *O.M.B. Circular A-133* and the Schedule of Expenditures of Federal and State Awards contained in the *Provider Agency Audit Guide*. Prepare the Schedule under the requirements of the *Provider Agency Audit Guide*.

6.3.3.2 Incorporated. Group Home/Child Caring Institution Supplemental Schedule. Follow the format and instructions contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. This form includes a calculation of the allowable reserve for Non-profit Agencies. **For Profit Entities are not permitted to retain a reserve under Federal or State Guidelines.** Non-profit Agencies wishing to retain a reserve **MUST** complete the reserve schedule at the bottom of the form.

6.3.3.3 Reserve Supplemental Schedule. Follow the format and instructions contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. Non-profit Agencies contracting for services on a prospective unit-rate basis are permitted to retain a reserve under State guidelines. **For Profit Entities are not permitted to retain a reserve under Federal or State Guidelines.** Non-profit Agencies wishing to retain a reserve **MUST** complete the reserve supplemental schedule.

6.3.3.4 Schedule of Findings and Questioned Costs. Follow the format and instructions contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. There are differences between the Schedule of Findings and Questioned Costs required by *O.M.B. Circular A-133* and the Schedule of Findings and Questioned Costs for audits performed in accordance with Circular A-133 contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. Prepare the Schedule under the requirements of the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. Failure to include a Schedule of Findings and Questioned Costs consistent with the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision* may result in requesting a properly prepared schedule before accepting the audit. Please refer to *Milwaukee County Department of Health and Human Services Administrative Probation Policy* regarding potential consequences if the audit is not accepted as submitted, and the auditor does not remedy the shortcomings.

Illustration 7.4 Schedule of Expenditures of Federal and State Awards

**Example Agency
Schedule of Expenditures of Federal and State Awards¹
For the Year Ended June 30 19X1**

<u>Federal Grantor/Pass-Through Grantor/Program or Cluster Title Expenditures</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number²</u>	<u>Federal</u>
U.S. Department of Agriculture: Pass-Through Program From: Wisconsin Department of Health and Family Services			
Special Supplemental Food \$350,000	10.557	147071, 147080	
Program for Women, Infants, And Children		& 147156	(Note B) ³
Total Expenditures of Federal Awards			<u>\$350,000</u>
<u>State Grantor/Program Expenditures</u>		<u>State Identifying Number</u>	<u>State</u>
Wisconsin Department of Health and Family Services:			
GPR Childhood Lead	na	177010	\$85,000
GPR Lead Poisoning	na	177020	<u>\$15,000</u>
Total Expenditures of State Awards			<u>\$100,000</u>

The accompanying notes are an integral part of this schedule.
(These notes are on the following page.)

1 Additional formats for this schedule are available in the AICPA's Statement of Position 98-3 "Audits of States, Local Governments, and Not-for-Profit Organizations Receiving Federal Awards." Also, some providers prefer other formats for the schedule to better suit their circumstances and the information needs of their report users. Providers can use other formats if they include the elements for this schedule that are listed in Section 7.1.4.

2 Use the Community Aids Reporting System (CARS) profile number, purchase order number, or contract number for the Pass-Through Entity Identifying Number and the State Identifying Number.

3 If federal, state, and local funds are commingled and if the commingled portion cannot be separated to specifically identify the individual funding sources, the total amount should be included in the schedule, with a note describing the commingled nature of the funds.

Illustration 7.9 Schedule of Findings and Questioned Costs, Continued

**Example A – An agency-wide audit in accordance
with just the *Provider Agency Audit Guide***

**Example Agency
Schedule of Findings and Questioned Costs
For the Year Ended June 30 19X1**

A. Summary of Auditor's Results

Financial Statements

- | | |
|---|---------------|
| 1. Type of auditors' report issued? | Unqualified |
| 2. Internal control over financial reporting: | |
| a. Material weakness(s) identified? | No |
| b. Reportable condition(s) identified not considered to be material weaknesses? | None reported |
| 3. Noncompliance material to the financial statements noted? | No |

B. Financial Statement Findings

No matters were reported

C. Other issues

- | | |
|--|-------|
| 1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern? | No |
| 2. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the <i>Provider Agency Audit Guide</i> : | |
| Department of Health and Family Services | Yes |
| Department of Workforce Development | N/A |
| Department of Corrections | N/A |
| 3. Was a Management Letter or other document conveying audit comments issued as a result of this audit? (yes/no) | No |
| 4. Name and signature of partner | _____ |
| 5. Date of report | _____ |

Illustration 7.9 Schedule of Findings and Questioned Costs, Continued

**Example B – An agency-wide audit in accordance with both
the Provider Agency Audit Guide and OMB Circular A-133**

**Example Agency
Schedule of Findings and Questioned Costs
For the Year Ended June 30 19X1**

A. Summary of Auditor's Results

Financial Statements

- | | |
|---|---------------|
| 1. Type of auditors' report issued? | Unqualified |
| 2. Internal control over financial reporting: | |
| a. Material weakness(s) identified? | No |
| b. Reportable condition(s) identified not considered to be material weaknesses? | None reported |
| 3. Noncompliance material to the financial statements noted? | No |

Federal Awards

- | | |
|---|---------------|
| 4. Internal control over major programs: | |
| a. Material weakness(s) identified? | No |
| b. Reportable condition(s) identified not considered to be material weaknesses? | None reported |

- | | |
|--|-------------|
| 5. Type of auditor's report issued on compliance for major programs? | Unqualified |
|--|-------------|

- | | |
|--|----|
| 6. Any audit findings discloses that are required to be reported in accordance with Circular A-133, Section .510(a)? | No |
|--|----|

- | | | |
|--|-----------------|---------------|
| 7. Identification of major programs: | <u>CFDA No.</u> | <u>Amount</u> |
| Special Supplemental Food Program for Women, Infants, and Children | 10.557 | \$350,000 |

- | | |
|---|-----------|
| 8. Dollar threshold used to distinguish between Type A and Type B programs? | \$300,000 |
|---|-----------|

- | | |
|---|----|
| 9. Auditee qualified as low-risk auditee? | No |
|---|----|

B. Financial Statement Findings

No matters were reported

C. Federal and State Award Findings and Questioned Costs

No matters were reported

D. Other Issues

- | | |
|--|----|
| 1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern? | No |
|--|----|

- | | |
|--|-----|
| 2. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the <i>Provider Agency Audit Guide</i> : | |
| Department of Health and Family Services | Yes |
| Department of Workforce Development | N/A |
| Department of Corrections | N/A |

- | | |
|--|----|
| 3. Was a Management Letter or other document conveying audit comments issued as a result of this audit? (yes/no) | No |
|--|----|

- | | |
|----------------------------------|--|
| 4. Name and signature of partner | |
|----------------------------------|--|

- | | |
|-------------------|--|
| 5. Date of report | |
|-------------------|--|

**BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES**

SECTION 7:

FORMS

7. FORMS

- Rate Sheet
- All other required forms have been included in the respective sections, except linked budget forms, which are available for download from the Contract Administration website at: http://county.milwaukee.gov/DHHS_bids

RATE SHEET

Service: _____

Proposer must submit a rate for Billable Services (ONLY if required in the Program Section of the RFP document)

Service	Unit of Service (per Hour, Per 15 min, Per Client etc)	Cost per Unit	Comments (if any)

Authorized Signature:

Printed Name:

Title:

Company:

Date:

**BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES**

**SECTION 8:
APPENDICES**

8. APPENDICES

- Department of Audit Hotline Flyer
- Designation of Confidential and Proprietary Information
- Statement of Deviations and Exceptions



MILWAUKEE COUNTY GOVERNMENT

H O T L I N E

**Ph: (414) 93-FRAUD – Fax: (414) 223-1895
(933-7283)**

**Write: Department of Audit Hotline- 2711 W. Wells St., 9th Floor, Milwaukee, WI 53208
Website: my.execpc.com/~milcoaud**

A service of the Milwaukee County Department of Audit

For Reporting:

- **Concerns over inefficient Milwaukee County government operations**
- **Incidents of fraud or waste in County government**
- **Ideas for improving efficiency and/or effectiveness of services**

CALLERS NOT REQUIRED TO IDENTIFY THEMSELVES

----- Other Numbers -----

Milwaukee County:	
Aging - Elder Abuse Helpline	414-289-6874
Child Support - TIPS Hotline (Turn in Parents for Support)	414-278-5222
District Attorney - Consumer Fraud Unit	414-278-4585
Public Integrity Unit	414-278-4645
Mental Health Crisis Hotline	414-257-7222
Crisis Hotline (TTY/TDD)	414-257-6300
Sheriff's Department - Community Against Pushers (Anonymous Drug Reporting)	414-273-2020
Guns Hotline	414-278-4867
W-2 Fraud	414-289-5799
City of Milwaukee:	
Fraud Hotline	414-286-3440
State of Wisconsin:	
Child Abuse or Neglect Referrals	414-220-7233
Wisconsin Shares Fraud Hotline	877-302-3728
Federal:	
Food Stamp Fraud	1-800-424-9121
Medicare Fraud	1-800-447-8477
NEW! Stimulus Package Fraud	1-800-424-5454

(6/1/09)

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

Please insert this form after the cover letter in your submission

The attached material submitted in response to the 2012 RFP includes proprietary and confidential information, which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats. or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval.

Prices always become public information when proposals are open, and therefore cannot be kept confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c). Wis. Stats. As follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released:

Section	Page #	Topic
---------	--------	-------

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HERBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD MILWAUKEE COUNTY HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF MILWAUKEE COUNTY'S AGREEMENT TO WITHOLD THE MATERIALS.

Failure to include this form in the RFP may mean that all information provided as part of the proposal response will be open to examination and copying. Milwaukee County considers other markings of confidential in the proposal document to be insufficient. The undersigned agrees to hold Milwaukee County harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name _____

Authorized Representative _____
Signature

Authorized Representative _____
Type or Print

Date _____

STATEMENT OF DEVIATIONS AND EXCEPTIONS

Proposer(s) has reviewed the RFP and other Requirements in their entirety and has the following exceptions and deviations:

(Please list your exceptions and deviations by indicating the section or paragraph number, and page number, as applicable. Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully. Be specific about your objections to content, language, or omissions. Add as many pages as required. Please insert this form after the cover letter in your submission.)

Name of Authorized Representative

Title

Signature of Authorized Representative

Date