



Milwaukee County Department of Health & Human Services (DHHS)

2017 Request for Proposal Technical Assistance

Presented by:

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2017 Purchase of Service Guidelines

Overview and Changes from 2016 in Application Submission Requirements

Overview

- **2017 Purchase of Service Guidelines (Guidelines) cover requirements for all these divisions:**
 - ◆ **Delinquency and Court Services**
 - ◆ **Disabilities Services**
 - ◆ **Housing**

All submission requirements apply to all programs and contract divisions, unless otherwise indicated in Technical Section 4 or Program Requirements Booklets.

Overview Cont'd

The changes described in this presentation represent an overview of the most significant changes from the prior year and are NOT inclusive of ALL changes; applicants are responsible for carefully reading the Guidelines and submitting all required information

**For corrections & additions proposers are responsible to check frequently online at:
<http://www.county.milwaukee.gov/Corrections22671.htm>**

Overview Cont'd

- **Since 2012, uncompleted hard copies of budget forms have been removed from the TR Guidelines. 2017 budget forms are available online at:
http://www.county.milwaukee.gov/dhhs_bids
top right hand column.**
- **Forms can be completed electronically, as fill-able Word or Excel documents. However, all forms, excluding budget, will still need to be printed and submitted as paper copies, as most require signatures.**

Overview Cont'd

- Budget forms, including Form 2B, Employee Demographics Summary **MUST** be completed electronically in the required format & submitted via email to:
dhsca@milwaukeecountywi.gov **No longer need to submit paper copies of Budget forms (covered in detail, later in presentation).**

Overview Cont'd

- Forms for Designation of Confidential & Proprietary Information and Statement of Deviations & Exceptions are located in Section 6, Appendices
- If there are no deviations, exceptions, confidential or proprietorial information, then state “None” on both forms. Both Forms should be signed and dated and placed immediately following the Cover Letter (item 1). **Mandatory Sign-off**

Summary of Revisions- Program

- **Since last year Program Requirement** Section has been split from Technical requirements booklet and added as separate booklets for each Division. Some forms have also been moved to these booklets and those Forms need to be submitted with Program packet and copies.
http://www.county.milwaukee.gov/dhhs_bids
- All print materials generated by contractors that reference the contracted program must recognize Milwaukee County DHHS as a funding source. (**Added with 2016 Contracts**)

Summary of Revisions- Program

■ Performance Based Contracts:

DHHS is moving toward making ALL programs performance based, with a portion of payments based on meeting established goals and outcomes. As in 2016 Programs up for competitive bids in 2017 will be on the information gathering stage in preparation for commencing performance payments in 2018. Consult the specific program descriptions for more information.

Section 4– Technical Requirements

Agency Application

- Item #2 Proposal Summary Sheet should be first item in each proposal & identify Division as well as both Program Number & proper Program Name. **A separate Proposal Summary must be submitted for each program being proposed.**
- Proposal Contents Sheet must be attached immediately after the Proposal Summary & provide page no. for each submission item.
- Cover Letter (Item #1) to DHHS director should follow Proposal Content sheet.

Agency Application Cont'd

Proposal Submission Packets:

- Should only include one program for each program within a division
- A separate, complete application, including all agency-wide items, must be submitted for each program within a division

Agency Application Cont'd

- If an item is deemed NA, attach a separate page with an explanation as to why, or the name of the DHHS staff person who told you it doesn't apply
- Submission requirements not addressed or responded to may be scored as **zero** for that criterion or sub-criterion

Proposal Submittal

Competitive Programs in 2017:

- **Paper:** **One original copy** of Technical Section Forms and Program Proposal, each as separate documents and **Five copies** of **Program Proposal only along with required forms included in Program booklet.**
- **Email:** The Budget Spreadsheet and the Staffing Roster, both in their native Excel formats
- **USB Drive:** Technical Section Forms (Word or PDF), Program Proposal (Word or PDF), Budget Spreadsheet (Excel) and Staffing Roster (Excel)

Proposal Submittal Cont'd

Continuing, Non-Competitive Programs in 2017:

III. SUBMISSIONS FOR AGENCIES CURRENTLY IN A MULTI-YEAR CYCLE

Page 4-6

- **Paper:** One original and one copy of required submittal forms.
- FINAL SUBMISSION, plus the Authorization To File* (Item 3), Emergency Management Plan (found in the *Program Requirements/Description* document), plus any other items that have changed from the previous contract year
- **Email:** The Budget Spreadsheet and the Staffing Roster, both in their native Excel formats
- **USB Drive:** Required submittal forms (Word or PDF), Budget Spreadsheet (Excel) and Staffing Roster (Excel)

Proposal Submittal Cont'd

- Agencies in a multi-year contract cycle must submit all the items listed under FINAL SUBMISSION

2 Proposal Summary Sheet

8 Insurance Certificate

17 IRS Form 990 For Non-Profit Agencies (disregard if current Form 990 was included with initial RFP submittal)

19 Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A & 6-6H

30 Current Direct Service Provider/Indirect Staff Roster

- (Tech Reqs, Page 4-6), plus the Authorization To File (Item 3) plus any other items that have changed from the previous contract year (e.g., change in Board of Directors, change in Personnel Roster, etc.).

FAQ

- Regardless of the cycle year Competitive, Continuing and Non-Competitive Programs, all agencies must submit application packages by 4:00 p.m. CDT on Friday, Sept. 9, 2016 at 1220 W Vliet St, Suite 304 Milwaukee, WI 53205
- **For Revisions Since Publication Go to** <http://www.county.milwaukee.gov/Corrections22671.htm> the RFP “Corrections Page” for a detailed list of revisions since the RFP was released.

Refer to Information Summary sheet in technical booklet for more info (Pages 1-2 & 1-3).

Overview of Changes to Staff Roster and Add-Delete Form

Presented By:

Dennis Buesing, DHHS Contract Administrator

Staff Roster

- The original Staff Roster form (required to be submitted to your CSC) - was revised in year 2014 to track additional information regarding direct service providers and indirect staff (DSP), i.e., valid driver's licenses (if applicable), and compliance with Caregiver Background Check (CBC) requirements.
- Staff Roster was revised in 2016 Instructions and verbiage on top.
- New Columns were added to identify and list if DSP is working in another Milwaukee County program and DSP email address.

Staff Roster - Contd.

- **IMPORTANT CLARIFICATION:** Any employee included on final Staff Roster for whom an Add-Delete Form has not been submitted. Agencies are required to submit Add-Delete form and seek approval before staff is allowed to work with Milwaukee County clients.

ADD-DELETE Form

- Add-Delete Form: has been revised to reflect changes made to Staff Roster form. This form is to be used to communicate to DHHS as to any New Hires or Staff that leave employment at your agency
- “Contractors shall not replace named personnel without the prior written approval of DHHS” (Per POS Contract).
- **ADDING DSP**: All three parts of CBC (including out-of-state CBC or FBI Fingerprint check, if applicable) are required to be submitted for all new DSP.
- If DSP works in multiple DHHS programs, only send 1 set of CBCs. (for BHD programs, follow BHD procedure)

Add-Delete Form Cont'd

- CBC (3 part) may be emailed in PDF format (only if password protected and **file to be named as lastname-first initial-last four of SSN-date of DOJ “mmddyy” example Doe-J-1234-041215**), delivered via US Mail, or Faxed (**One CBC per fax and Please follow the instruction on the Fax coversheet**)
- **REMOVING DSP**: Complete Columns 1 thru 8 only on the Add-Delete Form.
- Submit Add-Delete Form to your CSC per our emailed instructions.

A new set of procedures for CBC submission are in works and will be implemented soon.

Overview of 2017 RFP Audit & Reporting and Budget Forms

Presented By:

Dennis Buesing, DHHS Contract Administrator

Audit & Reporting Section

**moved as a separate booklet in 2015
downloadable from the website.**

http://www.county.milwaukee.gov/dhhs_bids

Audit Requirements, Schedules and Allowable Costs

Allowable Costs under County Contract

- The Annual Audit Report shall contain a **budget variance and reimbursable cost calculation** for each program contracted. (refer to format)
- Costs allowable under State and Federal allowable cost guidelines that exceed the approved program budget by the **greater of (1) 10% of the specific budget line item or (2) 3% of total budgeted costs** are deemed unallowable. You can remedy this variance by submitting an amended budget and having it approved by DHHS prior to end of contract year. (Refer to separate Audit and Reporting Requirements at website http://www.county.milwaukee.gov/dhhs_bids)
- An annual audit report that omits information or doesn't present line item information utilizing classifications per Form 3 will place the Contractor out of compliance with the contract.

Audit Requirements

All County Funding over \$25,000 requires submission of an audit unless you request and qualify to receive a waiver from Audit refer to the “Audit & Reporting Requirements” booklet for more details regarding who qualifies for waiver and procedure to obtain.

Audit waiver form can be downloaded from <http://county.milwaukee.gov/ContractMgt15483.htm>

Audits are due within 6 months of end of fiscal year unless extension is requested to extend the due date (Waiver & Extension Requests due 5/31.

Failure to Comply with Audit Requirements

If Contractor fails to have an appropriate audit performed or fails to provide a complete audit-reporting package to the County as required by this Contract within the specified timeframe, the County may:

- **Conduct an audit or arrange for an independent audit of Contractor and charge the cost of completing the audit to Contractor;**
- **Charge Contractor for all loss of Federal or State aid or for penalties assessed to County because Contractor did not submit a complete audit report within the required time frame;**

Failure to Comply with Audit Requirements

Contd...

- **Disallow the cost of the audit that did not meet the applicable standards; and/or withhold or suspend any or all payments due the Contractor from County**
- **Suspend, reduce or terminate the Contract - Agreement, or take other actions deemed by County to be necessary to protect the County's interests**
- **Purchaser will withhold a sum of \$1,500 from payments due to the Contractor from County as liquidated damages.**

Budget and Other Forms

IMPORTANT

Instructions for Budget forms have been placed with the Linked Budget forms as a separate TAB. Actual forms have been removed from Technical Guidelines

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. DHHS has the right to define the unit of service. Form 1 (Unit Costs) partially comprises the points scored under Budget Justification

Use of Linked forms has been made mandatory & requires submission in Excel format on USB with email copy to: dhsca@milwaukeecountywi.gov

Budget and Other Forms

- Form 2 partially comprises the points scored under Staffing Plan
- Form 2B partially comprises the points scored under Cultural Diversity and Cultural Competence
- It is important for Form 2 to be completed in its entirety for data to carry to Form 2B, Employee Demographic Summary
- Detailed instructions to fill up respective forms are included on “Instructions” tab of linked budget forms.

Budget and Other Forms Contd.....

Fillable unprotected budget forms

Forms 1, 2, 3S and 4S (non-printable forms w/o subtotals) were added last year to assist Proposers in copying data from one budget year to the next.

Use of the unprotected forms is optional and data can still be entered directly on the fillable fields of the printable forms

Instructions have been revised accordingly

Budget and Other Forms Contd.....

Form 1_Program Volume Data and Unit Rate Calculation

Agencies are required to report an estimate of units for 2016 proposals based on current year or previous year trend. Some agencies have been reporting lower number of units or repeating # of units from previous budgets, which are not close to actual experience.

Form 2 & Form 2A Agency Employee Hours & Salaries

Agencies should fill up all the columns and categories for each employee like Position Code, Sex, Ethnic Group and Handicap category. This ensures the **Form 2B (Employee Demographic Summary)** fills up correctly.

Budget and Other Forms Contd...

Form 2C Employee Hours Related Information Disclosure (item 10 page 4-20).

For each employee of your agency who works for more than one related organization, 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. (Includes multiple LLCs under same ownership.

Budget and Other Forms Contd...

Form 3 & Form 3S, Anticipated Program Expenses

Programs funded by site must include separate forms for each site. Total Non DHHS contract revenue will automatically carry forward to the corresponding line on Form 3 from Form 4. Please Fill Form 3S first. Each Control Account subtotal will automatically carry forward to corresponding Control Account on Form 3.

Budget and Other Forms Contd.....

Form 5 & 5A Total Agency Anticipated Expenses & Revenue

Report Total Agency expenses in Col's B, C and D for 2015, 2016 & 2017 respectively. Each individual **Form 3 Expenses** will automatically carry forward to a separate Col E for each DHHS program on Form 5. Report Total Agency **Revenue** in Cols B, C and D of Form **5A**. Each individual Form 4 will automatically carry forward to a separate Col. E of Form 5A.

Form 5, Col F, Total Agency-Wide Indirect & Administrative Costs **MUST** be manually entered by agency. Control Account totals will automatically carry to Form 6, Indirect Cost Allocation Plan

NEW for Agency's with Approved Indirect cost rate plans can enter the rate in the cell on **top of** Form 5 (column F) to fill Control account 9200 without filling up Form 6

Control Account, Row 9200, Indirect Costs, on Form 5 will automatically fill and carry forward from Form 6 for each program. Please refer to instructions on first tab in linked forms, for Form 6.

Budget and Other Forms Contd...

Form 6 and 6D through 6H Indirect Cost Allocation Plan

To be submitted only if Agency provides more than one program to Milwaukee County, or one or more services to Milwaukee County and also has programs with other purchasers, or when allocating to other functions like fund raising, etc. or allocating costs between agency and affiliates.

Instruction tab in Linked Form provides the order of preparing the cost allocation plan in detail.

Budget and Other Forms Contd...

Linked Budget Forms:

All budget forms Form 1 - Form 6 are downloadable at:

http://www.county.milwaukee.gov/dhhs_bids

Agency can use these linked forms to report up to 6 programs or sites without redoing Form 2, 5 and 6. Other forms are also linked so numbers automatically fill up wherever they are calculated based on another form.

If agency has more than 6 DHHS programs for a division, make a copy of filled up Linked form and redo Forms 1,2,3S and 4S (only) for additional programs. Forms 5, 5A and 6, will automatically adjust themselves. Use a separate linked budget forms set for each DHHS Division.

Please Contact:

For Program Information:

Delinquency and Court Services Division:

Kelly Pethke

(414) 257-5725

Disabilities Services Division:

Darsell Johns (Children's Services)

(414) 289-6312

Cleopatra Echols (Other Programs)

(414) 289-6420

Housing Division:

Stacey Bielski

(414) 278-4386

Please Contact:

For Technical Assistance:

Sumanish K Kalia, CPA	(Budget)	(414) 289-6757
James Sponholz	(Website, Housing)	(414) 289-5778
Rachna Kalia	(DSD)	(414) 289-5871
Theresa Randall	(DCSD)	(414) 257-6869

Thank you for your
participation!

Have a Great Day!



LINKED FORMS TUTORIAL

LINKED FORM WITH SAMPLE DATA