



**MILWAUKEE COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Disabilities Services Division**  
***PROGRAM REQUIREMENTS/DESCRIPTIONS***  
**Continuing Programs Only**

**YEAR 2017**  
**REQUEST FOR PROPOSAL**  
**PURCHASE OF SERVICE GUIDELINES**

**Issued July 18, 2016**  
**Proposal due 4:00 PM CDT, September 9, 2016**

**DISABILITIES SERVICES DIVISION**

**PROGRAM REQUIREMENTS/DESCRIPTIONS**

**PART 1**

**PROGRAM PROPOSAL REQUIREMENTS**

## Performance-Based Contracts

Over the next few years, the DSD programs up for competitive proposal for 2017, and later, will be moving to **performance-based contracting**. The timeframe over which these contracts will be phased in will depend upon the program. Each program up for competitive proposal for 2017 will be performance-based. The tentative timeframe over which the performance measures will be phased in is approximately two years. 2017 will be used to develop performance goals, establish submission procedures and gather data to obtain a baseline. It is anticipated that performance incentives for programs let for RFP in 2016, for 2017 contracts, will begin to be paid performance incentives in 2018.

As with non-performance-based contracts, contracts with a performance component will have a base amount that can be earned by invoicing monthly for the quantity of units provided or expenses booked in performing services under the program. However, over and above the base amount of the contract, agencies will have the opportunity to receive additional payments quarterly, or at intervals as determined by the program, by showing that performance goals were met during the associated performance period.

For those programs up for competitive proposal, performance goals and associated measures will be developed and identified. Over the course of the coming year, those measures and associated tools will be further refined with additional input from respective stakeholders.

Performance goals have been specified for affected programs let for RFP in the prior year (2015). In many cases, these programs also have additional performance goals that contractors will be expected to meet, but only a portion of those goals have been tied to performance-based payments.

Program descriptions may set minimum performance targets. For some programs, the level of performance proposed by respondents over and above minimum targets may, in part, serve as a basis for scoring proposals. In some cases, the required level of achievement for each measure in order to earn the performance incentive may be modified in DSD discussions with contract providers.

As applicable, providers will receive instructions on invoicing for the base amount as well as for the performance-based payments prior to the start of the first year of performance-based payments.

When completing your budget for a performance-based program, budget for the total amount of the contract - the base allocation plus the performance incentive, if any.

## SUBMISSIONS FOR AGENCIES CURRENTLY IN A MULTI-YEAR CYCLE

All agencies with programs that are currently in the second or third year of a multi-year contract cycle (do not require a competitive, panel review), **must** submit **all** the items listed below, **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 (e.g., change in Board of Directors, change in Personnel Roster, etc.). Submittal items must be sent in the formats and on paper/media as stated in **Preparing and Submitting Proposals** in Section 2 of the *Technical Requirements* document.

Submissions from all agencies must be received by the DHHS **as specified on the Information Summary Sheet in the *Technical Requirements***. DHHS may allow proposers to modify, correct or remove any deviations and exceptions after the proposal due date if deemed to be in the best interest of DHHS, or may reject and proposed deviations exception, or objections and deem the proposal to be nonresponsive.

Item #	Item Description
2	Proposal Summary Sheet
8	Insurance Certificate
15	Certification Statement Regarding Debarment And Suspension
16	Additional Disclosures
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, and 6-6H
30*	Current Direct Service Provider/Indirect Staff Roster

**Initial submissions are due by 4:00 p.m. CDT, September 9, 2016.**

Final submissions (containing anything that has changed since the initial submission) are due by 4:00 p.m., December 9, 2016, and must be emailed to:

[dhhsca@milwaukeecountywi.gov](mailto:dhhsca@milwaukeecountywi.gov)

**YEAR 2017 PROPOSAL SUMMARY SHEET**

ITEM #2

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 2017 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: DCSD \_\_\_\_ DSD \_\_\_\_ MSD \_\_\_\_ Housing \_\_\_\_

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

A. Program Number: \_\_\_\_\_ Program Name: \_\_\_\_\_  
Continuation X New \_\_\_\_\_

2016 Funding: \_\_\_\_\_ 2017 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 2017 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 2017 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 2017 Purchase of Service Contract(s).

Name: \_\_\_\_\_ (Signature of the Secretary of the Board of Directors) Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## 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](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>

*(Item 24 partially comprises the points scored under Administrative Ability)*

## **PROGRAM LOGIC MODEL AND EVALUATION REPORT**

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

ITEM # 25a

The Logic Model is the basis for the Evaluation Report you will be submitting during the contract period. 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 Description found in this document.**

**Outputs:** List the volume of processes/program activities to be delivered, **to include any “Expected Outputs” listed in Program Description.**

**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 description**, as well as any additional outcomes already established for the program. If no “Expected Outcomes” are listed in the Program Description, 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 Description.** 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 25a), 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 # 25a**

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)	Staff establish sites for community activities.	32 unduplicated clients will participate in 500 community living experiences.		Outcome 1: Clients increase awareness of community resources.	Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores	24 (75%) of clients will achieve the outcome		
	Staff and clients identify community interests.			Outcome 2: Clients increase utilization of public and private services in their community.	Number and percent of clients who demonstrate an increase in utilization of public and private services in their community	24 (75%) of clients will achieve the outcome		
	Staff arrange/coordinate transportation to/from community activities.			Outcome 3: Clients generalize acquired skills to other home and community living situations	Number and percent of clients who generalize acquired skills to other home and community living situations	24 (75%) of clients will achieve the outcome		
	Staff facilitate community activities.							
	Staff conduct pre and post activity workshops to teach and support clients' involvement in community life							

**PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT**

ITEM #25a

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

Program Evaluation: Agencies **currently under contract to the DHHS** in 2016 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.

**CURRENT DIRECT SERVICE PROVIDER AND INDIRECT STAFF (DSP) ROSTER** *ITEM # 30*

ITEM 30 is available as a download from: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids)

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

**DISABILITIES SERVICES DIVISION**

**PROGRAM REQUIREMENTS/DESCRIPTIONS**

**PART 2**

**PROGRAM DESCRIPTIONS**

## 2. DHHS PROGRAMS IN THIS VOLUME

### Table of Contents

#### Recommended Programs and Tentative Allocations

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Disabilities Services Division	
Programs Not Open for Competitive Proposals	2-DSD-6

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The following are **continuing programs** in a multi-year cycle and are **not** open to competitive proposals:

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# Disabilities Services Division

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## VISION, MISSION & GUIDING PRINCIPLES

### Vision for the Milwaukee County Disabilities Services Division

All persons with disabilities and their support networks will have maximum individual choice and access to resources leading to full participation in all aspects of community life.

### Mission of the Milwaukee County Disabilities Services Division

Our mission is to enhance the quality of life for all individuals with physical, sensory and developmental disabilities and their support networks living in Milwaukee County by addressing their needs and providing individualized opportunities for persons to participate in the community with dignity and respect, while acknowledging their cultural differences and values.

### Guiding Principles

Independence: Everyone has a right to do what they want and need to do to function in society.  
Achievement of the highest level of independence  
Continuum: Need to provide a continuum of services  
Real Choice: Self Determination  
Nurturing Relationships/Friendships  
Strengths Based vs. Needs Based  
Respectful and Fully Accessible  
Equality and Rights for All  
Participation in the Mainstream  
High Quality staff, providers, services, options  
Maximum flexibility  
Individualized, Person-Centered, Culturally Competent  
Collaboration and Partnership  
Values cultural and ethnic diversity  
Emphasizes Home and Community Based programs and services  
People have the ability to live where they want to live, and have opportunities to work and recreate  
Total acceptance in the community, no stigma  
Involvement of consumers in the planning process  
Comprehensive grievance system, systemic method to resolve issues  
Continuing grievance system, systemic method to resolve issues  
Continuing community education and advocacy  
All stakeholders as advocates  
Allocation of sufficient resources  
Successful outcomes for each individual

The premise of this approach rests on flexible supports for individuals with disabilities changing through life stages, starting at birth through childhood, adult living and senior years. Services and supports at these critical stages require unique consideration, assessment, planning and intervention to offer appropriate supports to the individuals and families. Providing flexible supports and allowing for changes through life's stages promotes a continued presence in the community, encourages higher achievement levels and successful outcomes for each individual served.

Developmental Disabilities staff expects all providers of services to be familiar with and, aware of, the following in regards to service delivery:

**Selected Providers:**

- must be familiar with developmental disabilities condition and have a basic understanding of the cognitive issues and current service philosophy;
- should be knowledgeable in the person-centered and/or person-directed service planning model;
- must strive for cultural and social competencies, i.e., ethnic, religious or gender factors;
- should be open and seek to address stated preferences of consumer/guardian family;
- should have knowledge of the inclusion philosophy;
- should have knowledge of program design and service implementation in natural environments;
- must be interested in and willing to support or provide reasonable flexibility in service to meet the different consumer needs of the population;
- must be interested in seeking utilization of generic resources for community awareness and participation on behalf of the consumer;
- must be able to plan, coordinate and/or provide transportation services to meet transportation needs (to include the use of family, friends, public transportation, specialized service, or leasing of a vehicle;)
- must be able to plan and collaborate services with other providers and exhibit a cooperative spirit.

All providers must communicate with designated county staff and other providers within confidentiality laws about any incidents or situations regarded as Critical Incidents as defined in the Medicaid Waivers Manual, Chapter IX.

## **PROGRAM DESCRIPTIONS**

### **PROPOSAL SUBMISSION REQUIREMENTS (FOR CONTINUING CONTRACTORS ONLY):**

#### **Service/Treatment Process**

If applying as an incumbent agency (Item 25a), summarize the process and results of the previous year's evaluation report submitted to DSD. Include any changes made in the program as a result of the evaluation.

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## 2017 TENTATIVE CONTRACT ALLOCATIONS

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### DISABILITIES SERVICES DIVISION (DSD)

Disabilities Services Division has five-year program contract cycles in several program areas.

Agencies that are currently in a multi-year contract cycle (do not require a competitive panel review), **must** submit **all** the items listed under FINAL SUBMISSION, **plus** the Authorization To File (Item 3) as found in the Proposal Contents section of the *Purchase of Service Guidelines - Technical Requirement*.

The following program allocations are tentative and may change.

<b>Continuing Programs</b>	<b>Cycle</b>	<b>2017 * Tentative Allocations</b>
DSD 005 – Advocacy		\$251,043
DSD 006 - Work Services	3yr	\$75,000
DSD 009 - Early Intervention - Birth to Three	3yr	\$4,525,105
DSD 010 - Employment Options	3yr	\$67,235
DSD 012CR - Stabilization-Crisis Resource Center		\$500,000
DSD 015 - Supportive Living Options	5yr	\$166,338
DSD 017 – WATTS Reviews	5yr	
DSD 021 - Fiscal Agent Services (Children's)	3yr	
DSD 025 - Corporate Guardianship	5yr	

**\*Final 2017 allocations are contingent on the 2017 adopted budget.**

# **ADVOCACY**

## **ADVOCACY/CONSUMER EDUCATION**

**DSD005**

Services are designed to assist individuals and their families to speak for their interest and need, and to promote community sensitivity and responsiveness to disability issues. Self-advocacy, parental, guardian and/or significant other advocacy should promote opportunities to share experiences, learn client/disability rights information and work on self-expression of disability issues. These areas focus on obtaining or maintaining access to community resources to enhance community living, acquire specialized services, in addition to addressing service needs and gaps. Advocacy effort is also intended to be a support network to, and for, adults with disabilities and their families aiding with system change initiatives.

Advocacy agencies are expected to provide or coordinate training forums on self-determination and person directed supports, community education, core service areas, and personal safety with the goal of enabling the consumer to engage in a self-directed support model.

Service emphasis should reflect a shift to self-advocacy. Program designs must include elements of consumer education to persons with disabilities in person directed and centered planning, fundamentals of self-determination, social/peer relationship building, and self and system advocacy. Parental and family linkages are anticipated to continue through support groups, or through focus group discussions.

This area also seeks to provide training/in-service to participants, families, agency partners (i.e. school personnel, health care system), and community at-large on system access and challenges in disabilities i.e. adult long term support system, waitlist, funding programs, budget cycle, transitioning from school services for awareness of needs, funding and how to impact the supports system.

### **Advocacy Service Requirements:**

#### **Advocacy**

The agency will provide or coordinate self-advocacy training for individuals with developmental disabilities and coordinate parent/guardian or siblings and significant other advocacy training on behalf of consumer with disabilities.

Two (2) times per year the agency will provide or coordinate system advocacy training/in-service for consumers and significant others.

Two (2) times per year the agency will facilitate person-directed education and training for self-advocates, and their families.

One time yearly (mid-year) the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions.

Annual program evaluation or program service summary should be included in the Year 2013 Purchase of Service application submittal, if applicable.

### **Consumer Education**

The agency will provide training with emphasis on self-expression, choice, person-centered services and elements of self-determination.

The agency will issue a participant survey to identify topics for training directed to consumers or families.

The agency will develop a tool to measure the progress or benefit of the training sessions.

This advocacy program provides up to \$136,043 for advocacy and consumer education services.

Services are designed to assist individuals and their families to speak for their interest and need, and to promote community sensitivity and responsiveness to disability issues. Self-advocacy, parental, guardian and/or significant other advocacy should promote opportunities to share experiences, learn client/disability rights information and work on self-expression of disability issues. These areas focus on obtaining or maintaining access to community resources to enhance community living, acquire specialized services, in addition to addressing service needs and gaps. Advocacy effort is also intended to be a support network to, and for, adults with disabilities and their families aiding with system change initiatives.

Advocacy agencies are expected to provide or coordinate training forums on self-determination and person directed supports, community education, core service areas, and personal safety with the goal of enabling the consumer to engage in a self-directed support model.

Service emphasis should reflect a shift to self-advocacy. Program designs must include elements of consumer education to persons with disabilities in person directed and centered planning, fundamentals of self-determination, social/peer relationship building, and self and system advocacy. Parental and family linkages are anticipated to continue through support groups, or through focus group discussions.

This area also seeks to provide training/in-service to participants, families, agency partners (i.e. school personnel, health care system), and community at-large on system access and challenges in disabilities i.e. adult long term support system, waitlist, funding programs, budget cycle, transitioning from school services for awareness of needs, funding and how to impact the supports system.

### **Advocacy Service Requirements:**

#### **Advocacy**

The agency will provide or coordinate self-advocacy training for individuals with developmental disabilities and coordinate parent/guardian or siblings and significant other advocacy training on behalf of consumer with disabilities.

Eight (8) times per year the agency will provide or coordinate system advocacy training/in-service for consumers and significant others.

Two (2) times per year the agency will facilitate person-directed education and training for self-advocates, and their families.

Twice yearly the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions.

Annual program evaluation or program service summary should be included in the Year 2015 Purchase of Service application submittal, if applicable.

### **Consumer Education**

The agency will provide training with emphasis on self-expression, choice, person-centered services and elements of self-determination. This includes four (4) public information and educational presentations in order to increase the community's knowledge and awareness of developmental disabilities, services and/or consumer needs associated with the disability. These sessions must focus on self-expression, choice, person-centered services and self-determination.

The agency will provide two (2) training sessions on community resources and service options in conjunction with community resources in order to facilitate the development of consumer choice in service planning.

The agency will provide early outreach to families that have a child with a developmental disability that is entering the school system, and provide the information and technical assistance necessary to assist the family in building a network of support that can be accessed as their child progresses through the school system.

The agency will increase multicultural outreach and participation in its Advocacy and Education programs by traditionally-underserved consumers, professionals and family members. Two (2) educational sessions yearly will be held in locations within diverse neighborhoods to increase participation by underserved populations.

The agency will issue a participant survey to identify topics for training directed to consumers or families.

The agency will develop a tool to measure the progress or benefit of the training sessions.

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## DEVELOPMENTAL DISABILITIES-CHILDREN

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### EARLY INTERVENTION BIRTH TO THREE SERVICES FOR CHILDREN #DSD009

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The Birth to 3 Special Education Early Intervention is a United States Department of Education Special Education Program that focuses on the parent and child dyad. It provides in-home special education services for children from birth to 2 years 9 months of age. An Early Interventionist learns about a parent's understanding of their child's developmental delays or diagnosis. The Early Interventionist then uses coaching strategies to promote parental competence and confidence in supporting their child's learning and development in the home and community. The Birth to 3 Special Education Early Intervention Program is provided in accordance with the requirements of The **United States Department of Education Office of Special Education Programs proscribed by the Disabilities Education Act (IDEA Part C)**. The intent of special education is to ensure that eligible children with a suspected or diagnosed disability receives a free appropriate public education (FAPE) encompassing supports and services to meet the child's unique needs preparing the child for further education by improving or changing the child's developmental trajectory.

The Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD) Children's Services provides Birth to 3 Special Education Early Intervention services in Milwaukee County. Milwaukee County Birth to 3 Special Education builds upon and provides supports and resources to family members and caregivers through evidenced based practices that embrace the family ecology and its sense of community. Proposers will act as an extension of the Milwaukee County Birth to 3 Program, providing Birth to 3 Special Education Services within Milwaukee County's diverse community

The intent of this RFP is to identify successful proposers who will implement quality evidenced based special education early intervention services and supports that are culturally responsive. Services provided will be comprehensive to eligible infants and toddlers. Eligible children will include those with a wide variety of disabilities and developmental delays. Proposers are advised to review Office of Special Education Programs Part C IDEA Regulations as well as DHS 90 Administrative Code.

#### **The principles that guide the Birth to 3 Program are:**

- 1. Children's optimal development depends on their being viewed first as children and second as children with a developmental challenge or disability.**

2. **Children’s greatest resource is their family. Children are best served within the context of family.**
3. **Parents are partners in any activity that serves their children.**
4. **Just as children are best supported within the context of family, the family is best supported within the context of the community.**
5. **Professionals are most effective when they can work as a team member with parents and others**
6. **Collaboration is the best way to provide comprehensive services.**
7. **Early intervention for children with suspected or diagnosed disabilities enhances their overall development.**

### **Program Requirements**

#### **Evidenced Based Service Delivery**

Proposers are expected to articulate in their proposal how they are currently or will operationalize Routines Based Interviewing and Primacy Coach Approach to Teaming in their proposed service delivery. Primary Coach Approach to Teaming identifies the coaching role of the Early Interventionist to “identify the parent’s priorities for their child’s development, determine what they already know and are doing in relation to their child’s development, share new information and ideas, and then work together with the parent to support the child’s participation and expression of interest within everyday activity settings to provide opportunities for learning.”(2) Proposers must describe the procedures your agency has or will have in place to monitor the delivery of coaching and routines based interviewing, methods to ensure the coaching approach and routines based interviewing is being implemented with fidelity including quality assurance activities that monitor and guide staff in the implementation of activities/therapies for the family. Within your description please include any fidelity markers that will clarify steps toward implementation and or quality assurance.

The key elements of the Primary Coach Approach to Teaming Practices are:

- consistent with adult learning
- capacity building
- nondirective
- goal oriented
- solution focused
- performance based
- reflective, collaborative
- context driven
- **as hand-on as it needs to be (2)**

## **Birth to 3 Core Services Description**

- **Developmental Screening**
  - **Evaluation**
  - **IFSP Development**
- **IFSP Plan Implementation**
  - **Transition**

- Operate year-round, 12 months per year with the ability to receive referrals 52 weeks of the year.
- Contact families within 24 hours
- Accept all referrals and transfers
- Ensure Birth to 3 Special Education Services are administered within specified United States Department of Education time frames. Including the implementation of developmental Screening as your contract requires or evaluations.
- Complete programmatic ongoing eligibility assessments with families. (Multidisciplinary evaluation across all five developmental domains) within three calendar weeks of referral to the program.
- Within four days of evaluation, notify families of the eligibility determination in writing, in their native language unless it is clearly not feasible to do so.
- Ensure that service coordination and a minimum of two qualified therapy professionals, in addition to the parent, participate in the eligibility evaluations.
- Assign a Primary Coach who will serve as an early interventionist primarily assigned to the family from the time of referral to transition from the program.
- Ensure that the Evaluation team will perform evaluations within the child's home or community environment and complete individual written reports using proscribed norm and referenced instruments.
- Develop and implement an initial Individual Family Service Plan Meeting with 45 days.
- Ensure that Individual Family Service Plans encompass Special Education Activities/Therapies that include Occupational Therapy, Physical Therapy, Speech Therapy, Assistive Technology, Social Work, Family Training and counseling, Home Visitation, Hearing and Vision Services as appropriate and identified by the parent.
- Provide opportunities for services to include group teaming activities, consultation activities with families and team meetings with providers of service.
- Ensure families understand their rights

- Schedule and design Activities/Therapies that are identified and implemented to meet the families identified priorities and needs regarding their child's developmental progress. Ensuring that they are the focus of outcomes and interventions.
- Provide appropriate time and resources for staff to work in teams sharing knowledge and skills, communicating, planning and collaborating in accordance with Primary Coach Approach to Teaming
- Comply with all Milwaukee County Disabilities Services Division, Birth to 3 Special Education Program and Federal IDEA and DHS 90 Early Intervention requirements.
- Maintain appropriate qualified staff. Staff must meet the personnel, education and training requirements of DHS 90. Maintain appropriate and professionally qualified staff for the provision of activities/therapies to families and children within the context of the family's daily routines and the child's natural environments.
- Provide services within all geographical regions of Milwaukee County
- Participate in Milwaukee County Disability Services Trainings and Meetings as required.
- Make documented efforts to ensure diversity in staff that is reflective of the community and populations participating in special education early intervention programs.
- Provide billing procedures to ensure that third-party revenues are maximized and that the Birth to 3 Parental Cost Share System is implemented and reported as required.
- Enter all child and family data timely into information management systems to ensure data accuracy. (Direct, accurate entry of records and professional documentation)
- Provide reports on program activities monthly, quarterly and yearly as required.
- Participate in Milwaukee County quarterly quality assurance reviews and monitoring meetings.
- Maintain complete Milwaukee County Disability records of children participating in the Birth to 3 Program. Follow all record maintenance requirements and provided copies of documents in the file as requested when written proper release is obtained and as requested by Milwaukee County.

- Participate in Program Improvement Plan development; informed by agency results on performance measures, and compliance with Milwaukee County Disability Services Program policy and procedure as appropriate.
- Notify Milwaukee County Disability Services immediately of unresolved concerns or complaints regarding the delivery of Birth to 3 Special Education services with parents or partner agencies.
- Provide Transition planning and support for children whose families are seeking special education services at age three:
  - Refer to school districts
  - Distribute the Transition Guidebook
  - Coordinate Transition Planning conferences

### **Program Performance Data and Monitoring Requirements**

Milwaukee County Birth to 3 Special Education performance is based on compliance with United States Department of Education Office of Special Education Programs Indicators of Results and Compliance. In addition program requirements of Wisconsin DHS 90 as well as contract performance measures and contract compliance all articulate subcontractor performance measures that are intended to improve the quality of services to families and children.

Determination of compliance with Federal Indicators is provided annually. Program Quality Assurance measures and contract performance standards are determined annually with opportunities for Corrective Action, Contract Reductions or Contract Increases as appropriate.

Programs are expected to comply with Milwaukee County Contract standards, participate in Birth to 3 Special Education monitoring and accountability activities.

100% compliance indicators are:

- Indicator 1 percent of Infants and toddlers with Individualized Family Service Plans (IFSPs) who receive early intervention services *listed* on their IFSP in a timely manner (within 30 days). 100% compliance indicator.
- Indicator 7 percent of eligible infants and toddlers with IFSPs for whom evaluation was completed within 45 days. 100% compliance
- Indicators 8a, 8b, and 8c percent of children exiting Part C who receive timely transition planning. 100% compliance.
- Indicator 14 agency reported data into information management systems is timely and accurate. Agency reported information in PPS is supported by timely and accurately completed IFSP, case notes and therapy notes. Case notes and therapy notes timely and accurately reflect evidence of IFSP being implemented as written.

**The results indicators considered are as follows and require varying percentage targets:**

**(Indicators 2 & 3 are Performance Based Contract Indicators for this contracting period.)**

- **Indicator 2** percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or in programs for typically developing children (natural environments). Target: 98%-100%
- **Indicator 3** percent of infants and toddlers with IFSPs who demonstrate positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behavior. Target: State Targets
  - All agencies will be required to identify and enter ongoing child entry and exit data for each eligible child receiving services
  - Child Outcomes will be collected for each child by the evaluation team and documented on a Child Outcomes Summary Form
    - Children have positive social-emotional skills (including positive relationships).
    - Children acquire and use knowledge and skills (including early language/communication).
    - Children will take appropriate actions to meet their needs.
- **Indicator 4** percent of families participating in Part C who report that early intervention services have helped the family. Target: State Targets
  - Family Outcome information will be collected on an annual basis in the form of a family survey. The survey responses will reflect achievement/progress toward the family outcomes.
  - Family Outcome information collected:
    - Families understand their child's strengths, abilities, and special needs.
    - Families know their rights and advocate effectively for their children.
    - Families help their child develop and learn.
    - Families have support systems.
    - Families' access to desired services, programs, and activities in their community.
- **Indicator 5** percentage of infants and toddlers from birth to age 1 with IFSPs compared to birthrate. State target: 1.1% of birthrate.
- **Indicator 6** percent of infants and toddlers from birth to age 3 with IFSPs. State target: 2.84%

All future contract allocations are based on performance in relationship to Milwaukee County Disability Services Performance Contract requirements. The performance requirements for this contracting period include: Obtaining the required percentage and marked and continuous improvement in percentages of children served in their natural environments as well as child and family outcomes that demonstrate child progress; Federal and State indicators as well as compliance with DHS 90, their quality of service,

their quality of IFSP development and their collaboration and cooperation with Milwaukee County Disability Services Division. For all successful proposers, Baseline measures of performance will be initiated to determining performance results. After Baseline measures are initiated Performance Requirements will be implemented.

### **Successful Proposers will include:**

- Articulate staffing plans for delivering each of the services with as much specificity as possible
- Discuss the availability and recruitment of sufficient OTs, PTs and Speech Pathologist
- Proposed training and supervision of staffing
- Knowledge of community resources, relationships and linkages
- Administrative oversight of the program up to the level of executive director

### **Agency Reporting**

On a semi-annual basis, each agency must provide a narrative report to Milwaukee County DSD.

1. The semi-annual report is due by the last business day of July and must include.
  - a. List of training activities provided for service coordinators. Attach an agenda sheet that records information covered and a signature sheet documenting the list of participants.
    - i. Note challenges in providing the training if they exist.
    - ii. List training you believe would benefit your staff that the county or state could provide.
  - b. Include a spreadsheet that identifies those children with whom your agency failed to meet compliance indicator 1, 7, and 8. Ensure that a reason is given for each case and explain efforts your agency will make or has made to correct this in the future.
  - c. Describe your agency's outreach efforts in the community. This may include individual efforts or collaborations with other agencies or the county.
  - d. Describe efforts to comply with "natural environment" and describe perceived barriers to meeting compliance.
  - e. Identify efforts to improve child outcomes percentages along with challenges in doing so.
  - f. Describe your staff shortages over the last six months and challenges, if they exist, and efforts your agency has made to retain staff as well as to recruit a diverse work force.
  - g. Complete the self-assessment reports and individual staff surveys annually as well as the outcomes assessment reports.

- h. Document Parental Cost Share calculations by family for the first 6 months of the year. The total amount collected or reason(s) the parental cost share was not collected or refunded.
2. Annual report is due to Milwaukee County DSD on or before the 14<sup>th</sup> Business day of January for the previous year and must include the following:
  - a. Describe the challenges faced by your agency in meeting the requirements of DHS 90, United States Department of Education Requirements, quality of IFSP development requirements, and documentation file maintenance requirements.
  - b. List of training activities provided for Service Coordinators. Attach an agenda sheet that records information covered and a signature sheet documenting the list of participants.
    - i. Note challenges in providing the training if they exist.
    - ii. List training you believe would benefit your staff that the county or state could provide.
  - c. Include a spreadsheet with that identifies those children with whom your agency failed to meet compliance indicator 1, 7, and 8. Ensure that a reason is given for each case and explain efforts your agency will make or has made to correct this in the future.
  - d. Describe your agency's outreach efforts in the community. This may include individual efforts or collaborations with other agencies or the county.
  - e. Describe efforts to comply with "natural environment, and child outcomes and describe perceived barriers to meeting compliance.
  - f. Describe your staff shortages and challenges, if they exist, and efforts your agency has made to retain staff as well as to recruit a diverse work force.
  - g. Describe and highlight at least one success in providing services to a family within the context of the community. How did the experience enhance the performance of your overall staff? What barriers to providing services did you and the family face, and how did your staff overcome those barriers?
  - h. List any parent education activities your agency provided for the year. Give the date of the event/training/activity, topic, location, and number of parent participants.
  - i. Provide a spreadsheet that documents Parental Cost Share calculated by family for the full year. The total amount collected or reason(s) the parental cost share was not collected or refunded.

## **Reporting Program Units of Service**

**Direct service time** is staff time spent in providing services to the program participants, which includes face-to-face contacts (office or field), collateral contacts, telephone contacts, client staffing, and time spent in documentation of service provisions. Direct service does not include indirect time such as that spent at staff meetings, in service training, vacations, etc.)

**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing services to those participants,

and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

**For all agencies, a unit of service is one-quarter hour (.25) of direct service time.**

Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided among the group participant and recorded in case records of each participant.

### **Documentation**

Direct service time must be documented through an entry in the case notes or narrative for units billed. The case narrative must be contained in the case record maintained by the agency. The narrative entry must include:

1. The date of the contact,
2. The type of contact (fact-to-face, phone, email, etc.),
3. Who the contact was with,
4. The content of the contact, and
5. The number of units (the length of contact).

FOR ADULTS WITH A DEVELOPMENTAL AND/OR PHYSICAL DISABILITIES AND A SECONDARY CONDITION OF MENTAL HEALTH OR SIGNIFICANT BEHAVIORAL CHALLENGES

## **INTRODUCTION**

The Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD) is seeking proposals to create Stabilization-Crisis Resource Center (SCRC) sites that will provide a short-term stay to address adults with disabilities in behavioral crisis and, be fully accessible to support individuals with physical challenges. The goal for this resource development is to expand the community service system with a resource model that serves as a residential treatment location that offers social service supports to aid adults who are developmentally and/or physically disabled and have a significant mental health crisis or exhibit chronic behavioral challenges as a secondary condition.

DSD vision of the SCRC is to develop and utilize a community-based setting deterring the adults from institutional care. The Stabilization-Crisis Resource Center will link to personnel and support services to de-escalate the individual's situation and implement a structure and system of professional crisis supports to facilitate continued community living.

## **BACKGROUND**

Disabilities Services Division initiated a Stabilization-Crisis Resource Center service in 2007. Since the onset, the SCRC home has assisted several adults residing in the community with stabilization challenges that required a short-term stay, away from the individual daily living arrangement/home. The intent of the service was achieved as adults with disabilities were diverted from in-patient stays at BHD's mental health facility and a new community intervention service was established. Many individuals were also able to continue in community living, returning to their homes and, the respite home resulted in a cost benefit to Milwaukee County.

In 2010 Milwaukee County DHHS personnel at Disabilities Services and Behavioral Health Divisions along with other local stakeholders established a workgroup to participate in a series of discussions on the community service system addressing crises. The needs of adults with developmental disabilities in crisis utilizing BHD services and inpatient stays, was a primary topic. The workgroup reviewed the needs

these adults in the community waitlisted for services, those who transitioned from Hilltop and other ICF-MRs' and, discuss current Hilltop residents in planning for future transition to the community. Service recommendations were identified with this expansion service addressing one of the need areas. As a result, the 2012 adopted budget highlighted this initiative as needing continued support, and approved the planned investment to enhance community resources targeting individuals with developmental disabilities and mental health issues. The proposed home/sites, stabilization-crisis house, is a result of the workgroup's effort that received fiscal support from the County Board for expansion.

Funding has been allocated to address additional stabilization-crisis beds and, program enhancements for physical accessible modifications to support accommodations necessary for individuals' with developmental and physical disabilities in mental health crisis to sustain successful living in the community.

## **SERVICE DESIGN**

The Stabilization-Crisis Resource Center model, by design, is planned to operate a residential resource with capacity for 8 bed arrangements, (2 sites – 4 beds each). The sites are to be community-based facilities created as a stabilization service that facilitates basic residential service with safety as a primary focus, and professional supports of staff trained in interventions for individuals who are developmentally and physically disabled in a mental health-behavioral crisis period. The goal of the “new” stabilization initiative is to:

1. provide additional crisis beds in the community, from four beds previously, to eight beds with an emphasis on intervention and stabilization.
2. make further improvements to the crisis resource center and its application for adults with physical challenges, by creating a fully physical accessible site, as well as a behavioral intervention service, and
3. enhance community support system that will be needed to aid the reorganization of services for individuals with cognitive disabilities at BHD- Hilltop, who will be part of the downsizing efforts at the ICF-nursing home facility.

This new SCRC resource expansion effort will not only assist adults who are waitlisted in the community, in addition, it will serve as an option for individuals placed in the community from Hilltop who experience a set-back, and/or divert potential new admissions to Hilltop or other BHD services.

The SCRC service plan remains, to utilize a community-based licensed home setting that provides an alternate residence for a short-term stabilization period, deterring an adult from institutional care, and maintaining the social or work services the person is engaged in, where feasible.

Services are focused to address inappropriate, dysfunctional and high-risk behaviors presented by an individual with a disability, facilitating community living stability while developing strategies to address behavioral difficulties. The ultimate objective is to return the individual to their home or primary residence as soon as possible and resume the regular activities of daily living with a behavioral strategy.

The SCRC is an intervention/prevention service model of delivery, where the support team develops a behavioral support plan focused on maintaining the participant's residence and supporting caregivers through a difficult episode with strategies to alter challenging behaviors. The SCRC will link the residential-treatment provider staff, a DSD representative, and where appropriate a publicly funded- LTC system staff, with professional clinical support to seek a plan of prevention and/or intervention on behalf of the individual in crisis and the primary caregiver. The team approach will enable professional support and consultation during and after the crisis with focus on decreasing or preventing future episodes.

The selected provider will be able to maximize resources through utilizing Medicaid billing for crisis services. The provider will need to address all required documentation and collaborate with Milwaukee County DSD administration and data personnel on the required process and forms to complete for billing. Revenues earned from the special Medicaid billing will offset professional staff and program costs.

The Stabilization-Crisis Resource Center must be available in 2012. DSD anticipates the home and service will be open for business in the late fall of 2012.

Important elements for this Stabilization-Crisis Resource Center service are:

- A close collaborative, professional relationship with all parties on behalf of the person and primary home site.
- Accurate data gathering on persons served and review for fine tuning service delivery as well as tracking program outcomes.
- Participation by the involved parties in a review of the crises and future planning with the caregiver, family or significant others.
- Periodic follow-up to assist with maintaining client stability in the home and community.
- Be a fully physical accessible home site.

The primary objectives of the community-based SCRC service are threefold:

1. Develop a support model that provides a community residential option paired with experience professionals in crisis management to provide guidance and address crises.

2. Develop a residential service model for the homes designed to offer a consultative support model after discharge of a resident that diverts individuals from frequent returns to the home or inpatient treatment care, and
3. Create a service that offers a short-term stay for adults with cognitive disabilities and physical conditions requiring a physical accessible site, who are in crisis.

DSD is seeking a provider to:

- Develop and integrate a team approach with DSD and active parties involved in the home service model, or the primary caregiver for an individual.
- Accept only referrals made through DSD. Individuals admitted to the SCRC will be reviewed by DSD and screened by the residential treatment provider.
- Formal authorization for admission must be acquired from DSD.
- Provide 24-hour supervision when an individual/resident(s) is present in the home.
- Provide flexible staff pattern (home manager) to meet at various locations to aid with follow-up monitoring and support of a resident or to assess an individual for admission.
- Develop staff capacity to visit the primary home/dwelling of a SCRC participant.
- Provide hours of operation for the home resource -staffing from 8 a.m. to 6 p.m., Monday through Friday, an on-call/as needed status.
- Install a phone system with availability to staff on weekdays 8 a.m. to 6 p.m., weekdays. And, for weekends 9 a.m. to noon via cell phone for DSD designated staff contact.
- Demonstrate the ability to develop professional Medicaid Crisis Intervention and Stabilization services provided by agency staff and bill for Medicaid revenue under HFS 34.
- To develop budgets that reflect projected revenues and costs associated with the provision of crisis and stabilization services.

## **TARGET GROUP**

Individuals to be considered for the SCRC by design are developmentally and physically disabled with secondary conditions of a mental health diagnosis or current patterns of behavioral instability. The conditions/characteristics typically seen are:

- Impulsive behavioral outburst patterns.
- Physical aggression.
- Self-abusive behavior.
- Property destruction.
- Threatening behavior toward others.
- Running away from home setting.

- Striking others.
- Refusal to go to appointments.
- Withdrawal from participating in socializing with others.

Individuals to be served in the home are typically wait-listed for services and may reside with family, significant others or in semi-independent settings or, the candidate may be relocated from a nursing home or ICF setting. However, all candidates must meet and pass the State of Wisconsin Long-Term Care Functional Screen to receive on-going support.

Service Outcomes to be achieved by the SCRC:

1. Reduce the number of admissions of adults with developmental disabilities in PCS, Acute inpatient or Observation services.
2. Reduce the length of stay of adults who are inpatient at mental health/psychiatric hospitals.
3. Establish a specialized residential setting by providing a facility offering short-term stays for stabilization.
4. Provide linkage and follow-up services for adults admitted to the home and their respective home/family or caregivers.

## **WORK PLAN**

Agency/Provider responding to this RFP will need to include a Work Plan that outlines the critical functions and timeline or schedules of activities to address the expeditious opening of the Stabilization-Crisis Resource Center.

The work plan should include at minimum, the “key” activities/tasks and timeline to address the following areas:

- acquire residential setting(s) or modify an existing homes
- acquisition of staff -direct support and supervisory
- create and complete a home staffing coverage plan and the chain of administrative oversight. Including staff/process to provide or link to consultative service.
- clarify or develop a plan that addresses the agency’s capacity to meet criteria identified for billing under HFS 34 for crisis intervention service.

## **PROVIDER EXPERIENCE**

Provider qualifications and experience must meet the basic criteria for DSD consideration.

A Provider must be:

- Familiar with dual conditions (developmental disabilities and mental health) in addition to having an understanding of current service philosophy and provide reasonable flexibility in service to meet the different needs of the population.
- Accommodating and strive for cultural and social competencies, i.e., ethnic, religious or gender factors.
- Identify and demonstrate linkage to “critical” services (clinical supports) typically needed for crisis stabilization.
- Develop capacity needed to meet compliance with HFS 34 that includes professional staff necessary to implement and deliver in-home crisis services and follow-up services.

**Specialized Background of the Provider:**

- 5 years of experience with the provision of residential services.
- 5 years of experience in service provision for adults with developmental disabilities and with mental health or chronic behavioral challenges.
- 5 years of experience working with adults in crisis intervention and stabilization.
- 5 years of experience working with families through informal and formal counseling and guidance services.

**Agency Administrative Requirement, Stabilization-Crisis Resource Center**

The Provider shall submit an annual program evaluation/summary that includes the following elements:

\*Information on service utilization and number of repeat admissions to the home.

\*Number of repeat inpatient psychiatric admissions of 2 days or more for medication adjustment or psychiatric episode.

\*Number of consumers receiving assertive case intervention (ASI) services.

\*Number of consumers maintained in or those assisted to move into stable housing.

\*Number of families, guardians and/or significant others (primary residence of the consumer) receiving education and support from staff at the Stabilization-Crisis Resource Center(s)/sites or from other treating professionals.

\*Number of families, consumer/participant or significant others who received education and support post discharge of SCRC service.

### **AVAILABLE FUNDS**

Disabilities Services has funding available for the Stabilization-Crisis Resource Center up to \$500,000 for residential sites to support up to 8 people. These funds are available on a calendar year basis to support the residential sites and services. Funds can be used for the home operations, staffing, training, and ancillary supportive services necessary for home implementation.

### **GENERAL REQUIREMENTS**

A cover letter should accompany each proposal, which indicates the name of the individual who should be contacted if clarification of the proposal's content is necessary and specifies the agency representatives of the firm to meet with the County for a formal interview, if requested.

An in-person presentation of the proposal to the County may be required. All expenses incurred by the firm for the completion of this proposal including, but not limited to interviewing, in-person presentations and clerical expenses are to be paid by the firm. The County reserves the right to reject any and all proposals and to accept the proposals most advantageous to Milwaukee County or re-advertise.

Interested vendors must be able to enter into a standard purchase of service agreement with the Department of Health and Human Services after approval by the Milwaukee County Board of Supervisors and the County Executive.

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## COMMUNITY LIVING SUPPORT - RESIDENTIAL SUPPORT PROGRAMS

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### **SUPPORTIVE LIVING OPTIONS**

**DSD015**

The Supportive Living Options Program (SLO) provides individually tailored training, support and supervision to individual adults to promote, maintain, and maximize independence in community living. The premise of the program is that adults with disabilities can live independently or semi-independent in settings provided the appropriate support arrangements and home can be identified and acquired on behalf of the participant. Program participants are assessed for their abilities, needs, and family or significant other assistance in order to clarify the appropriate service components needed in the supportive living service structure. The goal of the program is to enable the participant to experience a safe, supported, and positive living experience while enhancing their understanding, access and utilization of community. Participants receive guidance with interpersonal relationships and supervision from various agency staff that fosters personal growth. The program model includes four service components: Case Management, Daily Living Skills Training, Daily Living – Maintenance Service, and Supportive Home Care Services.

Agencies interested in applying for these services in this program area must be able to provide the full array of services.

**Case Management Services:** Assessing, planning, monitoring, locating and linking an individual to supports and/or services. Supports needed generally reflect health care services, social services, benefits, or fundamental supports (e.g. housing). Case manager may assist with setting appointments, providing intervention with problems, documenting supports received and aiding through informal counseling or guidance with interpersonal problems or people relationships.

**Daily Living Skills Training:** Training or teaching an individual a skill to develop greater independence. Skill training is task-oriented and time-limited with pre- and post-assessment. Areas of focus typically include: personal care, grooming, dressing, food preparation, money transactions, budgeting, and home upkeep, use of community resources, community-travel and training on safety issues.

**Daily Living Skills Maintenance:** Assisting/accompanying an individual with typical day-to-day functions that enable community living. This service typically includes functional training, general guidance and supervision of instrumental ADLs, informal intermittent, monitoring critical appointments to lessen vulnerability and increase or maintain success in community living. DL-Maintenance fosters the individual retaining their functional level and generally learning new tasks over time. It is likely that the individual in this category may always require the same level of support to maintain community living.

**Supported Home Care:** Instrumental ADL tasks performed by care workers, or care workers accompany an individual in functions related to personal care, grooming, shopping, medication set-up, mobility in the home and in community, home care and household chores, social activities, health care appointments and other daily living tasks. These tasks are actually hands-on activities performed by personal care workers.

### **Supportive Living Programs Service Requirements**

All agencies seeking to provide Supportive Living Programs must comply with the following requirements:

1. Develop a supportive living plan(SLP) for each participant based on an assessment that addresses his/her needs and specifies responsibilities, methods to be used, and time frames for completion. Provide ongoing monitoring of progress towards attaining goals and recommend changes, including discharge planning as needed. Visit the program participant with frequency sufficient to ensure progress in the SLP. Coordinate semiannual staffing with appropriate parties to review status. The SLP should provide or arrange for training or support in the following areas as determined by the initial assessment and progress:
  - A. housekeeping and home maintenance skills
  - B. mobility and community transportation skills
  - C. interpersonal skills and relationships
  - D. health maintenance
  - E. safety practices
  - F. financial management
  - G. problem solving and decision-making
  - H. self-advocacy and assertiveness training
  - I. utilization of community resources and services
  - J. recreational and leisure skills
  - K. basic self-care skills
  - L. menu planning and meal preparation
  - M. communication skills
  - N. time management
  - O. coping with crises
  - P. forming natural support systems
2. Maintain written documentation in case files of contacts visits, telephone conversations with program participant, service providers and significant others.
3. Provide case management and informal counseling for individuals as needed. Case management services include but are not limited to:
  - a. Ensure referral and follow-through to needed community services including vocational, educational, medical, psychological, alcohol and drug abuse and

other specialized services, as appropriate. Maintain communication and coordination with other service providers.

- b. Provide prompt intervention to resolve interpersonal and community living problems.
  - c. Encourage and support the individual's involvement in community activities, self-help and advocacy programs in order to facilitate the development of consumer choice in service planning.
  - d. Assist individuals in applying for benefits as appropriate and securing needed documentation to resolve problems concerning those benefits.
  - e. Assist the individual in screening, hiring and training attendant and respite workers as required. Help the individual participant understand their responsibilities as employers.
  - f. Aid in the development of (or maintaining) a support network for the participant(s).
4. Maintain a 24-hour coverage plan to respond to residents when ill or in case of emergency. The agency must maintain a log of the emergency calls and the response time to an emergency call.
  5. Develop and review a "Safeguard Program Checklist" that identifies items/services or procedures critical for the care, stability or safety of the participant in the event of an emergency. And, review the list with participant/guardian, where appropriate.

### **Unit of Service**

A unit of service is one-quarter hour of direct service time.

**Direct service time** is staff time spent in providing service to the program participants which includes face to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in-service training, and vacation.

Collateral contacts are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc. Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participants.

**Performance based measures** were created for the Supportive Living Options Program in the spring of 2016. Implementation of the evaluative phase of these measures started in July of 2016. The first phase of implementation includes a data retrieval of information specific to the identified measures during the time period of 1/1/2016-6/30/2016 from the three contracted agencies in order to obtain an initial baseline of the services being provided as they relate to the measures. Contracted agencies are responsible for providing the requested data to Disabilities Services Division by the deadline identified for the regular semiannual reports in July 2016.

In regards to the first 18 months of this process: the first 12 months is purely for information gathering. The following 6 months is when Disability Services Division will shift focus to assessing and providing feedback on how the contracted providers are meeting the identified performance based measures. Cleopatra Echols, Disability Services Coordinator, Milwaukee County Disabilities Services Division is the point of contact for the three contracted agencies for submission of the requested information.

The following are the performance based measures that are in place for the contracted Supportive Living Options providers:

**Measurement 1: Stability**

Goal: 90% of participants in the SLO program will maintain independence in a community living setting (i.e., home/apartment).

**Measurement 2: Positive Transition**

Goal: 60% of participants in the SLO program will show progress in identified Activities of Daily Living Skills.

**Measurement 3: Consumer Satisfaction**

Goal: 90 % of participants in the SLO program will report they are satisfied, rating SLO services received as a 3.0 or greater on a 5.0 scale.

**SERVICES TO BE PROVIDED TO ELIGIBLE INDIVIDUALS**

## A. Program Description

The WATTS Review includes assessing an individual's functional abilities and disabilities as well as the adequacy of supervision and services being received when an individual has a protective placement order.

A WATTS Review shall include:

- A visit to the individual.
- A written evaluation of the physical, mental and social condition of the individual and the service needs of the individual.
- Any submitted comments solicited (invited from) the Guardian.

This review is to be made part of the permanent record of the individual.

A report of the review is to be filed with the court that ordered the protective placement. The Report filed with the court should include the:

- Functional abilities and disabilities of the individual including the needs of the individual for health, social and rehabilitative services and the level of supervision needed.
- Ability of community services to provide adequate support for the individual's needs.
- Ability of the individual to live in a less restrictive setting.
- Analysis of whether sufficient services are available in the community and an estimate of the cost of those services including county funds.
- Analysis of whether the protective placement order should be terminated or whether the individual should be placed in another facility with adequate support services that places fewer restrictions on the individual's personal freedom.
- Comments of the individual and guardian and the county's response.

Wisconsin Statutes and Administrative Codes regulate WATTS Reviews. State of Wisconsin Statutes Chapter 55.18, (attached as Exhibit Two and as amended) addresses guidelines for WATTS Reviews.

Disability Services Division (DSD) staff are the fixed point of referral for WATTS Reviews.

## **B. Rights Reserved by Purchaser**

The Purchaser reserves the following rights:

- a. To determine for the purposes of the Agreement the Provider's compliance with all applicable statutes and regulations.
- b. To authorize payment only for services rendered in compliance with applicable statutes and regulations, and to authorize or withhold authorization of payment consistent with the degree to which the requirements of WATTS Reviews have been fulfilled.
- c. To review all records and documentation relating to the provision and reimbursement of services.
- d. To undertake such quality assurance efforts relating to the services provided to clients, as Purchaser deems appropriate.
- e. Purchaser reserves the right to withdraw any consumer from the program at any time if Purchaser deems this is in the best interest of the consumer.

### Client Rights and Satisfaction

- a. Provider agrees to comply with all applicable statutes and regulations defining client rights.
- b. Provider will develop and implement a method to annually evaluate the satisfaction of clients in accordance with the requirements of Purchaser standards. Provider shall make copies of the evaluations provided by clients and any summary of the evaluations of all residents available to the Purchaser.

## **C. Emergency Planning**

In order for Provider and clients to be prepared for a natural or man-made emergency, Provider shall develop a written plan addressing:

1. The steps Provider has taken or will take 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 clients to individually prepare for an emergency. A copy of the written plan should be kept at each of the Provider's offices.

#### **D. Designated Program Contact**

Marietta Luster, 414-289-6758, (marietta.luster@milwaukeecountywi.gov) will be the Designated Program Contact with the Provider for program related/service issues, and Contract Administration (414-289-5853) will be the primary contact for administrative requirements and contract monitoring.

#### **E. Compensation**

Invoices should be mailed on a monthly basis to DSD. There must be a separate invoice and cost for each client. Direct all invoices to Cleopatra Echols, Disabilities Services Coordinator. The invoice should be sent to, 1220 W. Vliet Street, Suite 300, Milwaukee, WI 53205. This includes all contract invoices.

Each invoice must contain: name of the client; name of the (case manager) or name of contract agency; DSD case number; dates of service; brief explanation of service provided; and total cost for the month. All case notes should accompany the invoice.

In addition, the standard DHHS Revenue and Expense Financial Report spreadsheet is to be submitted monthly to [DHHSAccounting@milwaukeecountywi.gov](mailto:DHHSAccounting@milwaukeecountywi.gov)

Allowable Expenses for WATTS Reviews include:

**Direct Service Time:** Time spent meeting with the client, collateral contacts or at a staffing, travel time, etc., and time spent in documentation of service provision. Direct service time does not include indirect time spent at staff meetings, in-service trainings, etc.

**Collateral Contacts:** Face-to-face or telephone contacts with persons other than the client, who are directly related to providing services to the client and who need to be involved by virtue of their relationship to the client. Collateral contacts could include contact with physicians, family members, other service providers, attorneys, school personnel, clergy, etc.

The following are examples of what **cannot be billed** as WATTS Reviews activity: indirect time spent at staff meetings, translation, in-service trainings, marketing, case management, and outreach.

Payment for WATTS Reviews will be based on a flat unit rate of \$175.00 per completed WATTS Reviews. The provider will forward all WATTS Reviews to DSD for signature after the Provider's supervisor reviews them. The provider should send all WATTS Reviews once per week on Tuesdays, or as necessary to DSD. The completed original WATTS Review plus two (2) copies should be forwarded to DSD. All documents related to individual wards should be forwarded to DSD.

1. The Purchaser shall pay Provider for covered services rendered to clients in accordance with the procedures outlined in this agreement and any applicable policies, procedures, Provider Bulletins, memos, etc. issued by Purchaser.
2. The Purchaser expects that the WATTS Reviews will be completed within the timeframes identified by DSD. If the Provider feels that for some reason the payment is not sufficient to cover costs due to some extraordinary or exceptional circumstances, the Purchaser agrees to consider costs and additional costs may be granted on a case-by-case basis.
3. The Purchaser expects individualized reports tailored to the specific needs of the ward and their needs. All completed WATTS Reviews should be sent to: DSD via e-mail (cleopatra.echols@milwaukeecountywi.gov).
4. Purchaser and Provider agree the rate shall include only items and amounts permitted by the Wisconsin Department of Health Services (DHS) *Allowable Cost Policy Manual*.

Provider recognizes the total service needs of the community may not be met under this agreement. The parties agree section 66.0135, Wisconsin Statutes, Interest on Late Payments, shall not apply to payment for services provided hereunder.

The Milwaukee County Department of Health and Human Services (DHHS) Disabilities Services Division (DSD) administers a federal and state client-specific long-term support funding program - Children's Long Term Support (CLTS) Program. This Medicaid Waiver/community-based state program provides services to children with chronic disabilities to assist them with living in their family homes and in the community. Many of the children and families need supportive services i.e., respite, daily living skills or supportive home care. The child/parent directs their own care and is responsible for hiring, supervising and training the provider of these services. Through this service design, the child/parent is the employer of the provider. Because of federal law that prohibits the direct payment of Medicaid Waiver dollars to Waiver recipients and/or parents of minors, the services are paid for through a fiscal agent entity.

Given Milwaukee County Disabilities Services Division's role of administering Waiver programs, which have these specific requirements, the Division has chosen to contract for Fiscal Agent and Financial Management (FA) services to comply with the Medicaid provisions. The primary purpose of the FA is to provide payroll processing and claims submission services for clients who employ providers of in-home supportive services. DSD will authorize funding for the FA to meet payroll requirements of supportive home care providers. Reimbursement for provider wages, payroll taxes, Workmen's Compensation premiums and FA fees will be paid by the **Wisconsin Department of Health Service (DHS) through a Third Party Administrator (TPA)**. Prior experience successfully working with written prior authorizations for client services and claims submission experience with a TPA is preferred.

The functions of the FA include processing payroll and cutting paychecks, creating federal and state accounts for unemployment compensation premiums and payroll taxes, depositing federal and state payroll taxes and withholding, assisting employers in registering for Workmen's Compensation Insurance coverage, paying annual Workmen's Compensation premiums, and preparing various reports and payroll tax returns. In addition, the FA will be responsible for submitting claims to the TPA on behalf of clients for providing these payroll services. The FA will be compensated by the TPA at a rate agreed upon by DSD. Fiscal Agent/Financial Management is a Medicaid Waiver service and will, therefore, be included as a service cost to each client as part of their case plan. By using the FA, the County accomplishes two objectives:

1. The County is not the employer of this group of in-home service providers.
2. It allows clients to choose, hire, and train their own attendants within the framework of Medicaid Waiver and State guidelines.

## **CLTS Program Requirements for Children Receiving In-home Supportive Services**

**The FA entity must comply with the State of Wisconsin Department of Health Service (DHS) Third Party Payment System requirements.**

FA services will be provided under a Fee-for-Services Agreement with the Disability Services Division. The Agreement will include an agreed upon rate for reimbursement of FA services. The Agreement will be for a term of one year, renewable annually upon the mutual acceptance of both parties.

1. For the most recently completed year, the number of clients/children receiving FA services has been averaging about 325 clients per month with 675 average number of pay checks issued per month. An individual client may have one or more care providers during the course of a payroll period.
2. **The cost for the Fiscal Agent/Financial Management service will be added to each individual client's service plan. Therefore, the proposer agency should calculate its cost based on all services for each individual client, including activities of check writing, postage and mailings, processing of payroll, deposit of payroll taxes and filing of federal and state payroll tax returns, issuing required employer payroll forms, assisting in obtaining WC insurance coverage & premium payments, claims submission for Waiver services on behalf of client to the TPA, etc.**
3. Proposer agency will quote a flat rate for FA services based on a per client per month basis. If applicable, proposer should also provide a quote for costs of "Stop Payment" orders or for providing manual or out of sequence special checks for this service. FA agent may not charge client/employer for special checks, nor may they charge the employee, or deduct the cost from employee's check

**Electronic Linked Budget Forms are not required for this Service instead use the Rate Sheet form provided.**

4. Disability Services will not provide any advance or early payment to FA to cover payroll liabilities. At a minimum, payroll must be paid twice a month and within fifteen (15) days of the end of a pay period. Claims submitted to TPA are usually paid within 3 to 4 days of submission. Failure to receive reimbursement for claims from TPA due to errors, omissions or delays by FA are the responsibility of the FA, to rectify. FA shall be liable to pay client's employee within the required 15 days from end of pay period. For this reason, it is imperative that FA have sufficient working capital on hand, or line of credit available to cover unfunded payroll liabilities due to fault of FA. Interest for working capital loans is not an allowable cost and FA may not build cost of interest into Fiscal Agent's contracted rate.
5. Failure of FA to receive reimbursement for claims from TPA due to errors, omissions or delays by Milwaukee County DSD are the responsibility of DSD to

rectify. However, the FA shall still be liable to pay client's employee within the required 15 days from end of pay period even if they fail to receive timely reimbursement from TPA due to delays caused by Milwaukee County DSD.

6. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid without a written Prior Authorization for services from DSD. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid in excess of the monthly written Prior Authorization from DSD. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid based on verbal or written authorization from client's case manager/care coordinator.

**Budget Forms are not required for this Service instead use the Rate Sheet form provided.**

### **Audit Requirements**

The FA shall submit to Milwaukee County DHHS, on or before June 30, 2017 or such later date that is mutually agreed to by Contractor and County, two (2) original copies of a certified program-specific audit/agreed upon procedure report of the Fiscal Agent/Financial Management Program. The audit shall be performed by an independent Certified Public Accounting (CPA) firm licensed to practice by the State of Wisconsin.

The audit shall be conducted in accordance with the State of Wisconsin Department of Health Service Audit Guide (DHSAG), most recent revision, issued by Wisconsin Department of Health Services (on line at: [www.dhs.wisconsin.gov/business/audit-reqs.htm](http://www.dhs.wisconsin.gov/business/audit-reqs.htm)); the provisions of *Government Auditing Standards* (GAS) most recent revision published by the Comptroller General of the United States; and, Generally Accepted Auditing Standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

The CPA report shall contain the following Financial Statements and Auditors' Reports:

1. **Financial Statements for the Fiscal Agent Program prepared on a Modified Cash Basis as defined in the Fiscal Agent Program fee-for-service agreement.**
  - a. FA Program Comparative Statements of Financial Position – Modified Cash Basis.
  - b. Fiscal Agent Program Comparative Statements of Activities – Modified Cash Basis.
  - c. Cash basis revenue and expenditures must be reported on **Comparative Statements of Cash Flows** for the calendar years under audit regardless of the fiscal agent program years to which they

are related. (Note, comparative statements of cash flows are required because fiscal agent program financial statements are not prepared on the pure cash basis of accounting.)

- d. *Notes to financial statements, including total units of service provided under contract* (if not disclosed on the face of the financial statements).
- e. Schedule of expenditures of federal and state awards broken down by contract year. The schedule shall identify the contract number (if applicable) and the program number from the RFP or agreement, and contain the information required by the *Department of Health Services Audit Guide*, most recent revision.

## 2. Auditors Reports for the Fiscal Agent Program

- a. Opinion on FA Program Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.
- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of FA Program Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *DHS Audit Guide*, most recent revision, testing and reporting on items of compliance based on samples and directions contained in Required Audit Procedures, Exhibit X.
- c. A copy of any management letter issued in conjunction with the audit shall be provided to County. If no management letter was issued, the Schedule of Findings and Questioned Costs shall state that no management letter was issued.
- d. Schedule of Findings and Questioned Costs including a summary of auditor's results.
- e. A report on the status of action(s) taken on prior audit findings.
- f. Corrective action plan for all current year audit findings.
- g. Management's response to each audit comment and item identified in the auditor's management letter.

Regardless of status or format, all CPA reports and financial statements referenced above shall be prepared on a modified cash basis of accounting. **For purposes of this contract modified cash basis is defined as follows:**

- 1. Expenses are recognized when paid, with the exception of payroll taxes, which are accrued for wages and salaries, earned and paid.

2. Revenue is recognized when earned, which is upon issuance of paychecks for the related pay period; therefore, there will be a matching of revenue and related modified cash basis expenses for the same fiscal agent program calendar year. Audited revenue reported should correspond to DSD and DHS TPA payments made for the contracted calendar year under review, including the final year-end adjusting payment, if any, made after the calendar year end for the prior contract year.

### **Fiscal Agent Service Provision Responsibilities and Requirements**

1. The fiscal agent shall develop and implement a fiscal agent system for providers of supportive home care services funded with long-term support funds. Duties of a fiscal agent include:
  - \* Creating federal and state employer accounts for Unemployment Compensation premiums and payroll taxes;
  - \* Wage payments to client's care providers;
  - \* Withholding of employee Social Security and Medicare, federal and state income taxes and other employee designated payroll deductions;
  - \* Timely deposit of employee withholding and employer's payroll tax liabilities;
  - \* Timely payment of federal and state Unemployment Compensation premiums, and Worker's Comp premiums and assisting employer in participation in state WC pool;
  - \* Timely filing of payroll tax returns and other required reports;
  - \* Issuance of W-2 forms and other required federal or state forms;
  - \* Recipient cost share statements, if any;
  - \* Timely submission of claims to TPA, if applicable, on behalf of client/employer.
2. The Fiscal Agent/Financial Management (FA) Provider shall function as the federal and IRS fiscal agent, handling care provider wage payments and deductions, and reporting, and tax withholding responsibilities for the client, who is the employer.
3. The FA issues semi-monthly payroll checks/direct deposit made out to the care provider (respite, supportive home care, daily living skills training worker). The checks are mailed to the client, who forwards them to the provider, or with proper documentation sets, up a system of direct deposit. The FA makes deductions for Social Security, Medicare and income tax withholding, and other deductions as necessary, and makes required payments and deposits.
4. The fiscal agent will receive, review, complete and submit all forms, reports, and other documents required by Wisconsin Department of Revenue, Department of Workforce Development or the Internal Revenue Service for Unemployment

Compensation premiums due on behalf of the client. The fiscal agent will also serve as the representative of the client in any investigation, hearing, meeting, or appeal involving an Unemployment Compensation tax question or benefits claim in which the client is a party.

6. The fiscal agent shall comply with all Disability Services fiscal and program reporting requirements.
7. The fiscal agent shall work with County staff and be responsible to develop reports that meet federal and state reporting requirements.
8. The fiscal agent shall represent Milwaukee County DSD interest in resolving any reporting issues or requirements of the IRS and/or Wisconsin DOR or DWD Unemployment Insurance Division.
9. The fiscal agent shall be liable to pay any underpayment of payroll tax deposits, interest or penalties to governmental entities due to errors, omission or commissions of fiscal agent including late payment or deposit of payroll related obligations, or late filing penalties and interest.
10. The fiscal agent must be an entity, which offers similar services as part of its normal business, and may not be a relative or friend of the service provider acting on behalf of a single individual. Examples include:

Independent Living Centers	Consumer Organizations
Banks	Hospitals
Accounting Firms	Nursing Homes
Law Firms	Home Health Agencies
Payroll Service Organizations	Organizations performing FA services for disabled or frail and elderly
11. Disabilities Services will require that the fiscal agent be bonded.
12. The fiscal agent shall assist clients in participating in State Worker's Comp Insurance pool, understanding payroll processing, filling out timecards, and submitting time cards to FA in a timely fashion.
13. The fiscal agent shall provide for an emergency payroll processing service that can handle emergency payroll processing needs outside of the normal procedure.
14. The fiscal agent is responsible to provide all supplies, forms, etc., necessary to provide their services.

## EVALUATION OF FA PROPOSALS

Proposals submitted to provide Fiscal Agent/Financial Management services will initially be ranked based on the following criteria:

### 1. REQUIRED INFORMATION

A proposal lacking criteria, information or assurances required by this RFP may be rejected or removed from the evaluation process or returned to the applicant at the discretion of the Department. At its option, DHHS may waive missing items or information, or may request missing items from the Proposer after the proposal submission due date. If DHHS discovers an apparent error in Proposer's proposal, DHHS may ask the Proposer to correct the error even after the proposal due date deadline. DHHS may seek clarification or ask questions of Proposer after the proposal due date.

### 2. DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION (0-100 points)

Milwaukee County has established overall participation goals on the purchase of goods and services, and construction services utilized in County procurements with Disadvantaged Business Enterprise (DBE) certified firms, in accordance with Chapter 42 of the Milwaukee County Code of General Ordinances.

While this opportunity does not have a specific participation goal, all respondents to this solicitation are hereby directed to use active and aggressive efforts to assist Milwaukee County in meeting or exceeding its overall annual goal of 17% participation of DBE firms on County service procurements and contracts, not related to construction. The directory of certified firms, and further assistance with this initiative, can be obtained by contacting the Community Business Development Partners Department of Milwaukee County (CBDP) at (414) 278-4851, or [cbdpcpliance@milwaukeecountywi.gov](mailto:cbdpcpliance@milwaukeecountywi.gov).

The directory of DBE firms currently certified in the State of Wisconsin can be found at:

<http://wisconsin.gov/Pages/doing-bus/civil-rights/dbe/certified-firms.aspx>

The proposal should include the level of DBE participation, if any. The proposal shall also address the issues of diversity and cultural competence as demonstrated through the applicant's policies, actions, employees, Board/Owner(s)/LLC Member demographics, and minority business certifications from other state or local certifying bodies.

### **3. QUALIFICATIONS - (0-200 Points)**

In the Qualifications section of the proposal, the applicant/individual has the opportunity to furnish credentials of the principal personnel providing the services. The applicant should provide the name, credentials and resume of the principal person(s) providing the services as well as information addressing his/her professional experience as an accountant, fiscal agent, or provider of financial management service. In addition, knowledge of general accounting principles, financial management principles and procedures, financial analysis as well as proficiency in use of data processing methods and software applications could be included in this section. Full points will be given to applicants meeting minimum requirements for this criterion. Advanced certifications, CPA license and/or up-to-date maintenance of AICPA CPE requirements will be considered a plus. In the event of a tied score for this criterion, the applicant with “preferred” or “desired” qualifications, or qualifications considered “a plus” will be awarded twenty (20) additional bonus points for this criterion.

### **4. EXPERIENCE - (0- 300 Points)**

In the Experience section of the proposal, the applicant/individual has the opportunity to describe in greater detail (than the Qualifications section) the principal service provider(s)' professional experience as an accountant, fiscal agent and/or provider of financial management services, as well as experience in the application of data processing methods of accounting and proficiency in use of other software applications. As part of Experience, the proposal may also include information that supports the applicant's ability to compile and objectively analyze very large volumes of data, and large databases; to perform accounting functions, to prepare written reports; and, to effectively and cooperatively assist and direct others. In the event of a tied score for this criterion, the applicant with “preferred” or “desired” experience, or experience considered “a plus” will be awarded thirty (30) additional bonus points for this criterion. Prior experience successfully working with written Prior Authorizations for client services and claims submission experience with a TPA is preferred.

The proposal could include the following drafted or prepared by the FA agency or principal service provider(s):

- a. a written plan for maintaining a client and care provider database including authorization and acceptance of new CLTS clients, set up of client accounts with governmental agencies and receipt, maintenance and monitoring of client care provider's time reported compared to units or amount authorized in Prior Authorizations from Milwaukee County DSD;
- b. correspondence/reports prepared by the service provider which includes an analysis, compilation of findings, calculations and recommendations;

- c. copies of previously prepared data/statistical, fiscal and/or budget analysis reports or other special assignments or projects.
- d. letters of support relative to work experience;
- e. references, certifications, professional or industry memberships, etc.

## **5. TIME SCHEDULE AND FEE FOR SERVICES - (0-400 Points)**

The Time and Fee for Services information should indicate the timeline or schedule in which the FA will perform all required duties of financial management services. The applicant should indicate the fee or rate for FA services, which must be on a per client per month basis. The proposed fee must be submitted on Exhibit Y, Fiscal Agent RATE SHEET. Applicants should fully comply with the above request. For item 1 of Exhibit Y, Calculation of points to be awarded to lowest and each subsequent proposal will use the lowest dollar rate for per client per month as a constant numerator and per client per month rate of the proposer being scored as the denominator. The result then is multiplied by the total number of points provided in this section of the RFP. Lowest per client per month rate will receive the maximum number of points available for this criterion. The other proposals will receive prorated scores based on the proportion that per client per month rate of the proposals vary from the lowest per client per month proposal. Proposals need to answer "Yes" or "No" to Items 2 and 3 of exhibit Y. Each "Yes" answer will reduce the calculated score in Item # 1 by 20 points. "No" answers will have no impact on calculated score of Item #1. If Answer is "Yes", then the Prosper needs to provide the amount it will charge in comments column in exhibit Y. In no case may the provider charge or withhold any fee from paychecks to Client or their service providers (examples: out of turn checks fee, prepayment fee or encashment of paychecks for a fee, etc.

### **TOTAL POSSIBLE SCORE 1000 POINTS**

The evaluation committee's scoring will be tabulated and proposals ranked based on the total numerical scores, comprising the sum of both technical and fee/rate scoring. The Department makes no guarantee or representation that the firm or individual under contract to perform this work will receive the entire allocation for this program.

## EXHIBIT X

### FISCAL AGENT SERVICES

DSD021

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#### REQUIRED AUDIT PROCEDURES FOR FISCAL AGENT AUDIT REQUIREMENTS

The auditor will, at a minimum, examine and report on the following internal control and compliance matters.

1. Recalculation of at least one month payroll, payroll taxes, reimbursable expenses and processing fees, and reconciliation to the monthly billing submitted to DHHS. *Any discrepancy, regardless of materiality, shall be reported as a finding.*
2. Reconcile annual payroll and payroll taxes to relevant payroll tax returns filed with Internal Revenue Service, Social Security Administration, and Wisconsin Department of Workforce Development. *Any discrepancy, regardless of materiality, shall be reported as a finding.*
3. Examine insurance coverage. *Any discrepancy from the insurance requirements shall be reported as a finding.*
4. Test internal controls over reporting, to include at a minimum,
  - a. Testing of at least 100 payroll checks, recalculating gross payroll and calculation of employee and employer payroll taxes;
  - b. Testing the calculation of processing and stop payment fees charged, including examination of the underlying supporting documentation for the fees; and
  - c. Testing reimbursable expenses charged, including examination of the underlying supporting documentation for the expenses.

**EXHIBIT Y**

Fiscal Agent RATE SHEET  
 Disabilities Services Division  
 Children's Long Term Support Waiver Program

Service: Fiscal Agent and Money Management Services #DSD021

Proposer must submit a rate for Billable Services as required in the RFP document

#	Service	\$ Amount		Comments (if any)
1.	Per Client Fee (FA** and CP* processing) per month - No limit to number of checks per month			
2	Stop Payment Fee	Yes/No	If Extra charge provide amount per stop payment in comments column	
3	Manual or Out of turn Check Fee	Yes/No	If Extra charge provide amount per manual check in comments column	

\*Claim submission and processing (for payment, error correction etc) to TPA.

\*\*Fiscal Agent services like payroll processing, tax deduction and tax deposit, WC registration & premium payments and tax form submission, including W2 to Providers and providing answers to tax authorities for queries, wage verification etc and be responsible for penalties or interest charged etc.

\*\*\*TPA: Third Party Claim Administrator

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**I. SERVICES TO BE PROVIDED TO ELIGIBLE INDIVIDUALS****General Terms and Conditions**

Provider agrees to meet Federal, State and County service standards as expressed by Federal, State and County statutes, rules and regulations applicable to the services covered by this Agreement. Services provided under the terms of this contract shall be provided in compliance with all applicable requirements of the Corporate Guardianship program, and applicable policies, procedures, laws and regulations of the Department of Health and Human Services.

Provider agrees to secure, at Provider's own expense, all personnel necessary to carry out Provider's obligations under this Agreement. Such personnel shall not be deemed to be employees of the Purchaser. Provider shall ensure Provider's personnel are instructed not to have any direct contractual relationship with the Purchaser.

Provider agrees to provide annual education to personnel to support the role of representing the ward. This education should include at minimum the following: Ethics and Boundaries, Guardianship and Protective Placements, Mandated reporting. As well as ongoing targeted trainings to support knowledge of the diagnosis of the population served such as cognitive disabilities and physical disabilities. Verification of personnel training should be made available to Purchaser at intervals determined by DSD.

Provider agrees to develop a standard for measuring stability as well as a standard for assessing for appropriate successor guardians that is aligned with DSD requirements in effort to support ongoing evaluation on need for Corporate Guardianship.

Provider agrees to cooperate with departments, agencies, employees and officers of Purchaser in providing the services described herein.

Wisconsin Statutes and Administrative Codes regulate corporate guardianships. State of Wisconsin, Department of Health & Family Services, HFS-85, addresses Non-profit corporations as guardian. A private nonprofit corporation organized under Wisconsin statutes Ch. 181, 187, or 188 is qualified to act as guardian of the person or of the property or both, of an individual found to be in need of guardianship under s. 880.33, if the Department of Health and Family Services, under rules established under ch. 55, finds the corporation a suitable agency to perform such duties.

The Corporate Guardianship Program is provided by professional staff and is based on the specific needs of each ward. The guardian's paramount responsibility is to safeguard each ward's health, safety and habilitation ensuring that the necessary care, service and supervision is provided.

Corporate guardianship in Milwaukee County permits a non-profit agency to be appointed by the Probate Court to assume responsibility for making personal and or financial decisions for an individual who has been deemed incompetent.

Corporate guardians for Milwaukee County are non-profit corporations that are certified by the State of Wisconsin and currently listed in the *DHFS Corporate Guardianship Directory*. Corporate guardians are set up to provide guardianship services for individuals who have no close or supportive family members or other support people in their life, and who need legal protection. The ward is deemed to need a corporate guardian instead of a volunteer guardian because his/her family situation is volatile, dysfunctional, or there are severe behavioral issues.

Disability Services Division (DSD) staff are the fixed point of referral for Corporate Guardians who provide guardianship services for adults between the ages of 18-59. The corporate guardianship provider must state in writing that they agree to cooperate with DSD to accept, substitute and/or transfer wards via the successor guardianship process, when deemed appropriate by DSD.

DSD will only approve corporate guardianships after all other alternatives have been explored. All requests for corporate guardians must be submitted in writing using the Corporate Guardianship Request Form. This form should be submitted to DSD Administration for consideration before submitting the Guardianship Referral packet. The form may be submitted to the Designated Program Contact (Marietta Luster).

It is the position of DSD that corporate guardians should be utilized on a short-term temporary basis. The goal must always be to stabilize the current situation and eventually move the consumer to an appointed volunteer legal guardian. DSD recognizes that the timeframe for this to occur will be different in every situation, however the ongoing review of the corporate guardian's involvement with the consumer will be done to assure that if at all possible a successor guardian is being sought for that person.

## II. SERVICE REQUIREMENTS

Contract agencies will provide a semi-annual report using the *Milwaukee County Disability Services Division Corporate Guardianship Semi Annual Summary Report* form (due July 14, and January 14, of each year). This report includes a brief narrative on the ward's status. If the corporate guardian feels that the ward's status has sufficiently stabilized so that s/he no longer requires a corporate guardian and could be served by a volunteer guardian, s/he will complete the GAIN Referral form and send it to DSD with the semi-annual report.

Services include, but are not limited to making personal decisions regarding health care, housing, nutrition, social needs, etc., on behalf of the ward, and ensuring that all benefits due the ward are applied for and provided and that the ward is as integrated into the community as possible.

Specifically, the corporate guardian within the Milwaukee County Corporate Guardianship Program provides the following services:

- Attend Individual Support Planning meetings to set up realistic and attainable goals
- Monthly, visit the ward at his/her home and day/work program (if applicable)

- Help to integrate the ward into the community by promoting inclusion and advocate to move the person to the most integrated home and work/day setting possible (as needed).
- Ensure that the best possible medical treatment and financial management is in place
- Appear in court on behalf of the ward to justify guardianship or to justify changing corporate guardianship status to volunteer guardianship status or to dismiss guardianship (as appropriate)
- Advocate for changes in housemates or staff (as needed)
- Advocate for contact restrictions with persons including but limited to family members that are involved with the ward in a way that is unhealthy, unsafe or exploitative (as applicable)
- Proactively seek information on possible successor guardians within the wards support system that may be appropriate to serve on a long term basis
- Maintain ongoing accurate, and descriptive case documentation that are aligned with the guidelines provided by DSD

#### Eligibility Standards for Recipients of Services

Provider and Purchaser understand and agree Milwaukee County determines the eligibility of Corporate Guardianship consumers. Services may be provided only to clients authorized in writing by Purchaser.

#### Rights Reserved by Purchaser

The Purchaser reserves the following rights:

- f. To determine for the purposes of the Agreement the Provider's compliance with all applicable statutes and regulations.
- g. To authorize payment only for services rendered in compliance with applicable statutes and regulations, and to authorize or withhold authorization of payment consistent with the degree to which the terms of the Purchaser's care plan for the client have been fulfilled.
- h. To review all records and documentation relating to the provision and reimbursement of services.
- i. To be notified within 24 hours in the event of death of a client.
- j. To be notified within 48 hours of all hospitalizations, other facility admissions, significant physical injuries or changes in a consumer's medical physical or mental health status that may impact the consumer's service plan.
- k. To be notified of any short or long-term changes in a consumer's living situation. Purchaser reimbursement to the Provider will be suspended for the duration of time a participant may spend in a Medicaid-funded facility.

- l. To be notified in advance and in writing of intent to resign from Corporate Guardianship responsibilities with an explanation of what is prompting the resignation.
- m. To undertake such quality assurance efforts relating to the services provided to clients, as Purchaser deems appropriate.
- n. Purchaser reserves the right to withdraw any consumer from the program at any time if Purchaser deems this is in the best interest of the consumer.

#### Client Rights and Satisfaction

- o. Provider agrees to comply with all applicable statutes and regulations defining client rights.
- p. Provider will develop and implement a method to annually evaluate the satisfaction of clients in accordance with the requirements of Purchaser standards. Provider shall make copies of the evaluations provided by clients and any summary of the evaluations of all residents available to the Purchaser.

### III. EMERGENCY PLANNING

In order for Provider and clients to be prepared for a natural or man-made emergency, Provider shall develop a written plan addressing:

1. The steps Provider has taken or will take 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. Information and verification training provided to staff to prepare them for their role in the emergency plan
5. Provider's order of succession and emergency communications plan; and
6. How Provider will assist clients to individually prepare for an emergency.

A copy of the written plan should be kept at each of the Provider's offices.

### IV. COMPENSATION

Invoices should be submitted on a monthly basis to DSD. There must be a separate invoice for each client. Each invoice must contain: name of the client; name of the case manager or name of contract agency; DSD case number; dates of service; brief explanation of service provided; number of units billed for each service; total number of units billed per month; and total cost for the month. A monthly case note should accompany the invoice.

Each direct service and collateral contact should be documented on the case note in "real time." For example, if a corporate guardian receives 15 different voice messages from various

providers over the course of the month and each message takes 1 minute to listen to and document, then each case note entry should reflect one minute of time. At the end of the month, record the general category of phone messages with the dates received in parentheses. Then the total time, in this example, would be 1 unit or 15 minutes.

Any invoice that exceeds \$250.00 must be **pre-approved** by Milwaukee County. If additional cost has not been pre-approved, the invoice will be paid at \$250.00 or less.

Allowable Expenses for Corporate Guardianship include:

**Direct Service Time:** Time spent meeting with the client at a staffing, medical appointments, etc., and time spent in documentation of service provision. Direct service time does not include indirect time spent at staff meetings, in-service trainings, etc.

**Collateral Contacts:** Face-to-face or telephone contacts with persons other than the client, who are directly related to providing services to the client and who need to be involved by virtue of their relationship to the client. Collateral contacts could include contact with physicians, family members, other service providers, attorneys, school personnel, clergy, etc.

The following are examples of what **cannot be billed** as corporate guardianship activity:

- a) Completing billing forms or making calls to County employees about invoices;
- b) Case Management-related activities such as “day to day” monitoring of non-emergency, “ongoing” issues (monitoring food intake, monitoring day program activities, ongoing medication management, daily or weekly conversations or lunches with client, planning outings, etc.).

Payment for Corporate Guardianship will be based on a unit rate per quarter hour per client.

A. Payment for services and unit rates

For all services provided through the Corporate Guardianship Program:

The rate is \$12.50 per unit, with 4 units per hour – Total of \$50.00 per hour. **Limit of 5 service hours per month or \$250.00 maximum charge for corporate guardianship services per month.** Corporate guardians cannot bill more than 5 service hours per month without written pre-approval by DSD’s Designated Program Contact (Marietta Luster).

1. The Purchaser shall pay Provider for covered services rendered to clients in accordance with the procedures outlined and any applicable policies, procedures, Provider Bulletins, memos, etc. issued by Purchaser
2. Purchaser reserves the right to decrease the units of service to meet actual needs. An increase in the units of service to be provided may be negotiated.
3. Purchaser and Provider agree the rate shall include only items and amounts permitted by the Wisconsin Department of Health and Family Services (DHFS) *Allowable Cost Policy Manual*.

- B. Provider recognizes the total service needs of the community may not be met under this agreement. Purchaser is unable to guarantee volume of requests funded by this Agreement. The parties agree section 66.0135, Wisconsin Statutes, Interest on Late Payments, shall not apply to payment for services provided hereunder.