



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Disabilities Services Division
PROGRAM REQUIREMENTS/DESCRIPTIONS

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

REQUIRED SUBMITTALS - PROGRAM PROPOSAL

<u>Technical Requirements</u>		<u>Proposal</u>	
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Agency attests that all items and documents checked are complete and included in the proposal packet.

Authorized Signature: _____ Date: _____

Printed Name: _____

Title: _____

Agency: _____

See also the 2017 *Technical Requirements* booklet for additional forms and instructions.

Program Descriptions begin on page **2-DSD-1**

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.

This **PROGRAM REQUIREMENTS/DESCRIPTIONS** document is made up of Program Requirements, Forms and Procedures (Part 1), and Program Descriptions (Part 2). Make sure you read and understand the requirements of the program description in Part 2 before beginning to write your program proposal under Part 1.

PROGRAM PROPOSAL: COMPLETE FOR EACH PROGRAM

A separate PROGRAM PROPOSAL must be completed for each program for which an agency is requesting DHHS funding. Agencies are required to submit a separate program proposal section for each program, not for each site. If an agency offers a program at more than one site, Items 26 and 27 must be submitted **for each site**. One original and five copies of each program proposal must be submitted in order to be considered for programs up for competitive proposals.

PROGRAM ORGANIZATIONAL CHART

ITEM # 20

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

YEAR 2017 MISSION STATEMENT

ITEM # 21

Submit your agency's Mission Statement related to the program you are applying for. Explain how it aligns with the Division or Program's stated mission, values or goals.

(Item 21 comprises the points scored under Mission)

AGENCY LICENSES AND CERTIFICATIONS

ITEM # 22

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

CULTURAL COMPETENCE

ITEM # 23

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

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

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

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

EMERGENCY MANAGEMENT PLAN

ITEM #24

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

1. Agency's order of succession and emergency communications plan, including who at the facility/organization will be in authority to make the decision to execute the plan to evacuate or shelter in place and what will be the chain of command;
2. Develop a continuity of operations business plan using an all-hazards approach (e.g., floods, tornadoes, blizzards, fire, electrical blackout, bioterrorism, pandemic influenza or other natural or man-made disasters) that could potentially affect current operations or site directly and indirectly within a particular area or location;
3. Identify services deemed "essential", and any other services that will remain operational during an emergency (**Note, Agencies who offer case management, residential, or personal care for individuals with medical, cognitive, emotional or mental health needs, or to individuals with physical or developmental disabilities are deemed to be providers of essential services**);
4. Identify and communicate procedures for orderly evacuation or other response approved by local emergency management agency during a fire emergency;
5. Plan a response to serious illness, including pandemic, or accidents;
6. Prepare for and respond to severe weather including tornado and flooding;
7. Plan a route to dry land when a facility or site is located in a flood plain;
8. For residential facilities, identify the location of an Alternate Care Site for Residents/Clients (**Note, this should include a minimum of two alternate facilities, with the second being at least 50 miles from the current facility**);
9. Identify a means, other than public transportation, of transporting residents to the Alternate Care location (**Note, for Alternate Care Sites and transportation, a surge capability assessment and Memorandum of Understanding (MOU) with Alternate Care Site and alternative transportation provider should be included in the development of the emergency plan**);
10. Identify the role(s) of staff during an emergency, including critical personnel, key functions and staffing schedules (**Note, in the case of Personal Care Workers, staff should be prepared to accompany the Client to the Alternate Care Site, or local emergency management identified Emergency Shelter**). Provide a description of your agency's proposed strategy for handling

fluctuations in staffing needs. Examples may include, but are not limited to: referral networks, flexible staffing, on-call staff, or “pool” workers, and other strategies to expand or reduce physical or staff capacity due to crisis, variations in client volume, or other staffing emergencies;

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

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

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

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

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

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

(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 NARRATIVE

ITEM #25b

Identify the name and number of the program for which you are requesting funding as it is identified in the Program Description.

Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 25a, Program Logic Model.

Refer to the Program Description for all the required program components for the program you are proposing. In particular, each proposed program must include:

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

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

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

(Items 25a and b partially comprise the points scored under Service Plan and Delivery)

(Items 25b and 25c & 25d (as applicable) partially comprise the points scored under Previous Experience)

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 25c

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

If unable to get an Experience Assessment from a prior funder, proposer may submit alternate documentation to verify agency experience. Examples of alternate documentation include, but are not limited to: grant agreements, grant proposals, correspondence, contracts, evaluation reports, or annual reports. Please submit this information attached to form 25c. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance Assessment for (Agency)_____

From (Funding Source)_____

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

1. Name of Program_____

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

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

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

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

6. What services were provided through this program?_____

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

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

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

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

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

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

Appropriate use of budget
0 1 2 3 4 5 NA

Comments: _____

Achievement of established outcomes
0 1 2 3 4 5 NA

Comments: _____

Timely submission of program reports
0 1 2 3 4 5 NA

Comments: _____

Accurate submission of program reports
0 1 2 3 4 5 NA

Comments: _____

Signed,

Name (print) _____

Title _____

Phone _____

Email _____

(Items 25c, 25d, or 25e as applicable, partially comprise the points scored under Administrative Ability

Item 25c or 25d, as applicable, comprises the points scored under Outcomes and Quality Assurance)

**EXPERIENCE ASSESSMENT FOR NEW PROPOSER
ORGANIZATIONAL LEADERSHIP**

ITEM #25d

For new agencies, or for agencies without a contracting history of any kind, complete and submit this form. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. **This document shall be completed by a prior funder or by a prior employer**, and is subject to verification.

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

If unable to get an Experience Assessment from a prior fundor, proposer may submit alternate documentation to verify organizational leadership. Examples of alternate documentation include, but are not limited to: current or previous position/job description, prior agency's mission statement, W2 form, or annual report. Please submit this information attached to form 25d. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance assessment for (Individual): _____

From (Agency) _____

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

1. Individual's title _____

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

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

What was Individual's role in program administration?

_____ Direct _____ Indirect (supervision) _____ Limited or none

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

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

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

_____ Direct _____ Indirect (supervision) _____ Limited or none

6. What services were provided through this program? _____

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

EXPERIENCE ASSESSMENT FOR NEW PROPOSER LEADERSHIP

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

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

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

Appropriate use of budget

0 1 2 3 4 5 NA

Comments: _____

Achievement of established outcomes

0 1 2 3 4 5 NA

Comments: _____

Timely submission of program reports

0 1 2 3 4 5 NA

Comments: _____

Accurate submission of program reports

0 1 2 3 4 5 NA

Comments: _____

Signed, _____

Name (print) _____

Title _____

Phone _____

Email _____

Program Evaluation: Agencies **currently 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.

2017 PROVIDER SERVICE SITE INFORMATION

ITEM #26

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

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

Describe differences in programs or services available at this site:

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

Total number of unduplicated consumers you are currently serving: _____

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

- Programs for men Programs for women Programs for men & women
- Services for pregnant women
- Services for families with children Childcare provided
- Services for Persons Involved in the Criminal Justice System
- Services for the Developmentally Disabled
- Services for the Physically Disabled
- Services for persons with co-occurring mental health and substance use disorders
- Wheelchair accessible

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

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Emergency contact available 24 hours Emergency number _____

Agency owns this Service Site

Agency leases this Service Site:

Expiration date of Lease: _____

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

Item 26 Service Site Certification:

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

Signed, _____

Name (print) _____

Title _____

Phone _____

Email _____

PROGRAM ACCESSIBILITY

ITEM #27

What is your agency's plan to serve clients:

- With physical disabilities
- With developmental disabilities
- With hearing impairment
- With visual impairment
- Who are non- English speaking or have limited English proficiency
- Who require personal care assistance

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

STAFFING PLAN

ITEM # 28

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

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

Describe any employment practices that invest in training, that engage employees in organizational improvement projects and promote teamwork.

(Item 28 partially comprises the points scored for Administrative Ability)

(Items 29 and 30 partially comprise the points scored under Staffing Plan)

YEAR 2017 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM #29

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

PROGRAM _____ 2017 PROGRAM No. _____

POSITION TITLE _____ NO. OF STAFF: _____

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

Annual tuition reimbursement granted for this position: \$ _____

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

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

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

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

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

CLIENT CHARACTERISTICS CHART

ITEM # 31

ETHNICITY DEFINITIONS

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

DISABLED DEFINITIONS

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

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

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

(Item 31 partially comprises the points scored under Cultural Diversity and Cultural Competence and under Staffing Plan.)

2017 CLIENT CHARACTERISTICS CHART

ITEM # 31

Agency Name _____
 Disability/Target Group _____
 Program Name _____ 2016 Program #
 Facility Name & Address _____

CY 2017 Estimated

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

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

3. Sex:			
a. Female			
b. Male			
TOTAL			

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

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

Date Submitted:

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

(Rev 7/15)

DISABILITIES SERVICES DIVISION

PROGRAM REQUIREMENTS/DESCRIPTIONS

PART 2

PROGRAM DESCRIPTIONS

2. DHHS PROGRAMS IN THIS VOLUME

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Recommended Programs and Tentative Allocations

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2017 TENTATIVE CONTRACT ALLOCATIONS

DISABILITIES SERVICES DIVISION

<u>Recommended Programs</u>		2017 * Tentative Allocations
DSD011	Recreation	\$102,250
DSD012	Respite Care	\$211,095

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

Disabilities Services Division

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.

COMMUNITY LIVING SUPPORT

Community living supports is a broad term that represents an array of supports or services to individuals with disabilities who are in the community. Participants or applicants reside independently, with family, significant others or in group-living settings. Participants are typically in need of supports, intervention or services that enable their success, full participation in/or advance in skills for community living.

The service range entails programs for children and adults.

RECREATION

DSD011

Recreation programming for developmentally disabled children and adults provides integrated or specialized opportunities for social interaction, self-expression and entertainment. Programs should be designed to maintain motor skills, leisure skill development and develop recreational interest of consumers. Consumers are offered opportunities to socialize with peers and others while increasing recreational and social skills experiences. Participants engage in activities of interest and are assisted based on their abilities and need for support. Activities are selected based on personal choice or skill.

The goal of recreational resources is to introduce the consumers to a variety of activities and cultural experiences with the intent of enhancing their awareness and involvement in social programming and to incorporate these experiences in their general living and quality of life.

Recreation Service Requirements:

Two (2) times yearly, the Provider will host a forum/resource fair for system personnel, community providers and participant/families on recreational opportunities in the Milwaukee area.

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, and develop an annual program summary to be submitted with the Year 2013 Purchase of Service application.

Unit of Service

The vendor will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses or 1/12 (one-twelfth) of the contract amount, whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Disabilities Services Division and may include program staff, occupancy costs,

equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

Documentation

Financial records/CPA audit.

Respite care is designed to provide for a substitute caregiver when an interval of support or rest is needed by the primary caregiver. Respite may be provided in the family's home, temporary caregiver's home or an alternate setting mutually agreed upon by County staff, participant and family.

Agency Administrative Requirement-Respite Care

Children's Respite

Families with Special Needs Children have a greater likelihood of parental stress, caregiver exhaustion, and social isolation and reduced quality of family life. Respite is to be provided primarily in the child's home and is intended to provide a temporary break from the caregiving responsibilities of being a parent of a child with special needs. Respite should occur on a planned basis but may be needed in a crisis circumstance. Respite may be provided in the community for the purposes of socialization and or activities. Respite is consumer (Parent/Guardian) Directed.

Respite cannot be provided under this Purchase of Service Contract when participants are eligible and receiving services through the Children's Waiver or Children's Community Options Programs or when Personal Care has been assessed as the primary need. In addition all other sources of respite funding available has been utilized i.e. Medicaid Funded Primary Skilled Nursing and personal care, Foster Care Respite. Parents/Caregivers cannot be respite providers for their children.

Successful Proposals will:

- Provide a Logic Model that clearly states outcomes, services and rationale for services
- Clear identification of policies and procedures of respite program for parents and providers. (Written document)
- Discuss the ecological assessment that will be used to determine a child and family's respite needs.
- Identification of a defined curriculum or set of services, how services are provided i.e. Crisis Respite, Ongoing Respite, Respite Coordination (Identification of a Provider), Skilled Respite required, Transitional Respite etc.
- Articulate how potential respite providers are identified
- Discuss the proposed process of Respite Coordination (When a parent needs to find a provider.)

Annual program evaluation/summary to be submitted with the Purchase of Service Guidelines, which includes the following elements:

A summary on un-met family/individual needs including feedback on service recommendations and implementation.

Service utilization and program participants' satisfaction.

Children's Annual Report to include:

- Analysis of families participating i.e. diagnosis, identified respite needs
- Identification of Training Provided
- Utilization Reports
- Analysis of Pre and Post Surveys Due July 1 of each calendar year
- Progress toward goal and outcomes for families

Children's Monthly Report Due by the 5th day of the following month to include:

- Number of individuals provided Respite Monthly
- Diagnosis verification of participants
- Identification of defined services Needed
- Hours of respite utilized compared to hours allotted
- Respite Coordination Activities
- Identification of Training Provided
- Identification of Respite Provider: Informal (Relative), Formal (Non Relative)
- Location of respite services

Outcomes may include reduced parent/caregiver stress, increased opportunities for social activities, and increased caregiver knowledge of community trainings, family support, resources and advocacy issues, among others.

Unit of Service

A unit of service is one 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, vacation, etc.)

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. **(Group Respite requires pre-approval under Children's Respite Services)**. The total time must be equally divided between each group participant and recorded in the case record of the participant.

Documentation

Direct service time must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact was with, (d) the content of the contact, and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

Additional Children's Respite Documentation:

- **Document verification that provider is trained to meet the unique needs of the child:** Assess Provider to perform respite services. (Confidentiality, Disability Awareness, Family Diversity,) Abuse and Neglect Reporting, Emergency Procedures and Cultural Competence.
- **Conduct a background check on all respite providers**
- **Ensure that all written communication regarding the program identifies that the program is a Milwaukee County Respite Program**
- **Complete required Fiscal Documentation maintaining current and accurate data**
 - Transitioning children at 18 from the program
 - Ensuring only *active participants are contained* on fiscal documentation
- **Assessment of child's respite needs with specific goals and outcomes for respite**
 - Assessment of individual child characteristics
 - Assessment of child's personal care needs
 - Assessment of child's ADL's and IDL's
- **Goal and Outcome developed for each respite participant**
 - Caregiver Outcomes (Level of stress, health, burden, depression)
 - Care Recipient Outcomes (Behavior, Socialization, Delaying institutionalization or removal.)
 - Referral to other programs and services
- **Conduct a pre and post survey of families participating in respite to include the following specific questions:**
 - Caregiver report of how they learned of the program
 - Caregiver reports of satisfaction with respite services
 - Caregiver report of how respite has met their identified needs
 - Caregiver report of how service has reduced stress
 - Caregiver report of how it has addressed child safety
 - Caregiver description of the greatest benefit of respite
 - Caregiver report of areas for improvement or opportunities

In addition to the submittal requirements in this volume, please see the additional forms and required information published in the 2017 Technical Guidelines