MILWAUKEE COUNTY
Department of Health and Human Services
Behavioral Health Division

Community-Based Long-Term Care Options
Request for Information

Published: January 7, 2014
Responses Due: February 28, 2014
  4:00 PM CST

Questions regarding this RFI should be directed to:

Susan Gadacz, Director
Behavioral Health Division – Community Services Branch
Milwaukee County Department of Health and Human Services
9201 Watertown Plank Road, Milwaukee, WI 53226
Phone: 414-257-7023
Email: Susan.Gadacz@milwcnty.com
Email is the preferred method of communication

LATE RESPONSES WILL BE REJECTED
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I. Introduction

The Milwaukee County Behavioral Health Division (BHD) is seeking information from community providers interested in developing residential and community living skill opportunities for individuals with complex needs transitioning from the Rehabilitation Center – Central (“Rehab Central” hereafter) long-term care facility into community-based settings. The closure of the long-term care units at BHD presents opportunities for recovery-oriented community providers to develop creative and comprehensive strategies to facilitate the placement and successful re-integration of BHD clients into more independent and person-centered settings in the community.

II. Background and Purpose of RFI

The Behavioral Health Division, a branch of the Milwaukee County Department of Health and Human Services (DHHS), is a public system for the integrated treatment and recovery of persons with serious behavioral health disorders. DHHS and BHD are committed to transforming the community-wide system of care in Milwaukee County to focus on high-quality, individualized, community-based services and supports. In February 2013, the County Executive introduced a plan to close the long-term care programs at BHD – Rehab Central and the Center for Independence and Development (formerly Rehabilitation Center – Hilltop) – and to develop community-based alternatives for individuals transitioning out of those facilities. This is an exciting initiative that will enable individuals to live in more integrated settings, close to friends, family, and service providers of their choosing. Changing the service delivery model away from institutional care and shifting services to more community-based alternatives is a fundamental statement about how the County is going to support individuals with complex and co-occurring conditions to participate to the fullest extent in our community.

The purpose of this Request for Information (RFI) is to invite and foster innovative, effective, and comprehensive strategies to achieve successful transitions into the community for individuals who are relocating out of Rehab Central and who experience multiple challenges including emotional and behavioral health disorders, oftentimes complicated by aggression, cognitive delay, and/or medical conditions.

In addition to benefiting the relatively small population transitioning from Rehab Central, your thoughtful responses to this RFI – and the ensuing development or adaptation of community services and supports – can build capacity to serve those individuals who have similarly complex needs but have not yet become connected with appropriate care.

Responding to this RFI does not imply or ensure any future contract or relationship with Milwaukee County. However, BHD may use the results of this RFI to develop more specific Request for Proposals (RFP) as needed services are identified to support the targeted population affected by the downsizing of the long-term care facilities. In addition, Milwaukee County may use responses to develop a network of providers within a fee-for-service system.

III. BHD Services Currently Available to Target Population

The nursing home facilities at BHD are licensed rehabilitation centers that provide long-term, non-acute care. Rehab Central is a 70-bed, Title-XIX-certified, skilled-care-licensed
nursing home serving individuals with complex and interacting medical, rehabilitative, and psychosocial needs.

Some capacity already exists to provide services in the community to the population currently served in Rehab Central. The Community Services Branch at BHD provides and contracts with other agencies for community-based services for persons with serious and persistent mental illness and for persons with substance use disorders. Those services include Community Support Programs, Targeted Case Management, Community-Based Residential Facilities, Day Treatment, Outpatient Treatment, and Prevention and Intervention Services, as well as new services coming available with the implementation of a new psychosocial rehabilitation benefit, Community Recovery Services.

BHD also provides a range of services to assist individuals in need of immediate mental health intervention to assess their problems and develop mechanisms for stabilization and linkages, including Psychiatric Crisis Services (emergency room), the Access Clinic for walk-in assessment, an Observation Unit, the 24-hour Crisis Line, Mobile Crisis Teams, a Geriatric Psychiatry Team, Crisis Resource Centers, and Crisis Stabilization Houses.

IV. Major Service Categories and Core Functions to Address

In order to responsibly and effectively move forward with efforts to downsize and eventually close Rehab Central, it is essential that a full spectrum of services be developed or enhanced to meet the complex needs of the target population. BHD is committed to ensuring that each of the transitioning consumers will have a robust individualized treatment plan and ready access to all necessary community-based services to achieve the highest possible level of independence.

Responses to this RFI may address services including (but not limited to):

- **Housing**
  - Adult Family Homes (with licensure under DHS 88)
  - Community-Based Residential Facilities (with licensure under DHS 83)
    - Class A small CBRF
  - Supported apartments

Respondents are also encouraged to propose elopement management strategies and discuss ways to ensure community safety and mobility.

- **Community Living Skills**
  - Benefits/resource management
  - Basic safety
  - Risk assessment and management
  - Social or interpersonal skills
  - Home hazards
  - Money management
  - Basic nutrition
  - General health maintenance
  - Managing psychiatric symptoms

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Hygiene and grooming
- Taking medications
- Monitoring medication effects
- Transportation
- Physical assistance

- **Activities of Daily Living** ²
  - Bathing
  - Dressing
  - Eating
  - Mobility in home
  - Toileting
  - Transferring

- **Instrumental Activities of Daily Living** ³
  - Meal preparation
  - Medication administration and management
  - Money management
  - Laundry and/or chores
  - Telephone, computer, and other technology usage
  - Transportation

Respondents are also encouraged to propose innovative and/or evidence-based ways to assist individuals with substance use disorders with prevention, early intervention, relapse prevention, and mitigation of risks and consequences of alcohol and other drug use.

**V. Method of Procuring Services**

As noted above, BHD anticipates that RFPs for more specific community-based mental health services may be issued as needed services are identified to support the community integration of the target population, i.e., individuals transitioning from long-term care in Rehab Central. BHD is considering using one or both of the following two (2) models for purchasing community-based services. It is possible that a combination of purchasing methods will be used, as BHD will always need flexibility in purchasing services for special populations and/or to meet the special needs of clients.

**Fee-for-Service Network**

BHD would authorize providers through a fee-for-service network application process that can provide all or some of the components of community-based services. BHD would describe the services that need to be provided in each component and the qualifications a provider would need to meet. All providers determined qualified to provide a component would be listed on a master service list for that component. Referrals would be made to providers based on clients’ needs and choices. BHD may define a discrete unit of service for each service component category. Contracts under this model will not have maximum obligation amounts.

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³ Ibid.
Hybrid

BHD may seek providers that can offer the full array of community-based mental health services. A provider awarded a contract would provide all of the community-based services required for a defined number of BHD clients in a certain area in accordance with the individual needs, as identified in each client’s individualized plan. BHD may utilize one or more providers under this model. The client population referred to any one provider may consist of a full mix of clients with differing levels of need as they move toward the overall goal of recovery. It is also anticipated that throughout the duration of applicable contracts there will be changes in caseloads as clients enter and leave BHD care and/or the applicable service area. Based on BHD standards, providers will have the flexibility to determine their own staffing needs. Contracts under this model may or may not have maximum obligation amounts.

VI. Expectation of Outcomes

Any future RFPs, contracts, and/or agreements stemming from this RFI may include provisions for performance-based referrals, and/or outcome-based payment methodologies.

VII. Vendor Response and Timeline

RFI Management

The manager for this RFI is Mr. Dennis Buesing, DHHS Contract Administrator.

Dennis Buesing, Contract Administrator
Milwaukee County Department of Health and Human Services
1220 W Vliet Street, Suite B-26
Milwaukee, WI 53205
414-289-5853
Email: dennis.buesing@milwcnty.com

Inquiries, Questions and RFI Addenda

Respondents are expected to raise any questions they have concerning the RFI and appendices (if any) during this process. If a Respondent discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFI, the Respondent must immediately notify the RFI Manager of such error and request modification or clarification.

General questions, including those regarding programs, services, or service delivery models related to this RFI, should be directed to:

Susan Gadacz, Director
Behavioral Health Division – Community Services Branch
Milwaukee County Department of Health and Human Services
9201 Watertown Plank Road, Milwaukee, WI 53226
Phone: 414-257-7023
Email: Susan.Gadacz@milwcnty.com
Email is the preferred method of communication
Respondents must submit their questions via email to dhscda@milwenty.com on or before 4:00 PM on Thursday, January 16, 2014, please reference this RFI in the subject line of the email. All questions must cite the appropriate RFI section and page number. It is the intent of DHHS that answers to questions received will be posted on http://county.milwaukee.gov/DHHS_bids on or before Friday, January 31, 2014.

No revisions to this RFI may be made unless in the form of an official addendum issued by Milwaukee County. In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFI, addenda will be posted here: http://county.milwaukee.gov/Corrections22671.htm. Respondents are encouraged to check the website frequently for posted addenda.

Reasonable Accommodations

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

Estimated Timetable for RFI

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

Responses are due by 4:00 PM CST on Friday, February 28, 2014.

<table>
<thead>
<tr>
<th>RFI Schedule</th>
<th>Completion Dates</th>
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<tbody>
<tr>
<td>RFI Milestones</td>
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</tr>
<tr>
<td>RFI issued</td>
<td>Monday, January 7, 2014</td>
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<tr>
<td>Written question submission deadline</td>
<td>Thursday, January 16, 2014</td>
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<tr>
<td>Question &amp; Answer Session Helen Carey Cafeteria 9201 W. Watertown Plank Road Milwaukee, WI</td>
<td>Tuesday, January 21, 2014, 9:00 AM – 11:00 AM</td>
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<tr>
<td>Written Q&amp;A posted to website</td>
<td>Friday, January 31, 2014</td>
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<td>RFI Electronic Responses due</td>
<td>Friday, February 28, 2014</td>
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VIII. Submitting a Response

Instructions

All responses must be received by DHHS Contract Administration via email as an attachment to: dhhsca@milwcnty.com. Responses must be received no later than 4:00 PM CST on February 28, 2014. Late responses will be rejected.

Responses must be submitted in Microsoft Word (.doc or .docx) documents adhering to the following specifications:

- Cover page including:
  - Name of organization/entity
  - Street address
  - City, State ZIP
  - Name, phone number, and e-mail of contact person

- Repeating header, left-aligned, with full name of responding entity and page numbers:
  
  *Name of organization/entity*
  
  *Page 2 of 4*

- One-inch (1”) margins

- 12-point font – Times New Roman, Calibri, or Century Gothic

- Single- or double-spaced

- Total length of narrative response (excluding cover page and repeating header) not to exceed **1,000 words**

Incurring Costs

Neither Milwaukee County nor its Authorized Representatives are responsible for expenses incurred by a Respondent to develop and submit its response. The Respondent is entirely responsible for any costs incurred during the RFI process, including site visits for discussions, face-to-face interviews, presentations or negotiations for any subsequent contract.

Submitted RFI Responses

Responses submitted by an agency become the property of Milwaukee County at the point of submission. Responses will become public information, and will be subject to the Open Records Law.
Appendix A. BHD Organizational Chart

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIRECTOR

BEHAVIORAL HEALTH DIVISION ADMINISTRATOR

Management & Support Services
Inpatient Services: Nursing Facility Services
Inpatient Services: Acute Adult/Child Services
Adult Community Services
Child & Adolescent Community Services
Crisis Services
Emergency Medical Services