

REQUEST FOR PROPOSAL (RFP)

**Implementation of the Children's Long-Term Support (CLTS)
Medicaid Home and Community-Based Services Waivers for
children with Autism Spectrum Disorders accessing
intensive treatment and ongoing services**

RFP#G1665-DLTC-BC

Issued by:

**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
DIVISION OF LONG TERM CARE
BUREAU OF LONG-TERM SUPPORT**

**Proposals must be received no later than
11:00 AM CT
October 30, 2009**

**For further information regarding this RFP
E-mail Theresa Walske at theresa.walske@wisconsin.gov
or call (608) 267-7285**

LATE PROPOSALS WILL NOT BE ACCEPTED

**NO FAX or E-MAIL SUBMISSION OF PROPOSALS WILL BE
ACCEPTED**

ANTICIPATED TIMELINE

October 5, 2009	Request for Proposal Issued by DHS
October 16, 2009	Letters of Intent to Apply are due to DHS by 11:00AM CT (OPTIONAL)
October 16, 2009	Questions regarding RFP due to DHS by 11:00 AM CT
October 23, 2009	DHS Posts answers to questions
October 30, 2009	Final Proposals are due to DHS by 11:00 AM
November 16, 2009	Letters of Intent to Award Contract are sent to Grant Recipient(s) (Tentative)
January 1, 2010	Contract Start-up Date

Proposals must be submitted by:
11:00 AM CT
October 30, 2009

Late Proposals will be rejected.

Send Notices of Intent, RFP Questions, and
RFP Applications to:

DHS – DLTC/BLTS
Attention: Theresa Walske
Children’s Services Specialist
1 West Wilson Street, Room 418
P.O. Box 7851
Madison, WI 53707-7851
Telephone: (608) 267-7285

PART I: GENERAL SPECIFICATIONS

GENERAL INFORMATION

1.0 INTRODUCTION AND BACKGROUND

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for implementation of the Children's Long-Term Support (CLTS) Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive treatment and ongoing services, as well as, the Family Support Program when appropriate to the needs of children accessing these services. The Division of Long Term Care (DLTC) intends to use the results of this process to award a contract or contracts for the implementation of the CLTS Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive treatment and ongoing services.

The Centers for Medicare and Medicaid Services approved Wisconsin's request for three CLTS Home and Community-Based Services Waivers for children with developmental disabilities (DD), severe emotional (mental health) disturbance (SED), and physical disabilities (PD) November 20, 2003. These waivers support and fund services to children eligible for Medicaid who would otherwise require the level of care provided in an institutional setting such as a hospital, nursing facility or intermediate care facility for the mentally retarded (ICF-MR). The CLTS Home and Community-Based Services Waivers include the provision of service for intensive in-home treatment for children with Autism Spectrum Disorders: Autism, Asperger Syndrome and Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS). It is a federal requirement that these services are offered statewide.

Intensive In-Home Treatment Services use 20-35 hours/week of treatment-oriented behavioral methods to change socially important behaviors in measurable and meaningful ways in the child's daily life. The services are provided on a one-to-one basis in a child's home in a manner that is individualized to each child's developmental needs with the goal of building a range of important communication, social, and learning skills, as well as reducing challenging behaviors typically found in some children diagnosed with a congenital developmental disorder, such as Autism, Asperger Syndrome or PDD-NOS. These services differ from those provided to children with cognitive or physical disabilities due to the intense focus on the specific interactions of behavioral, social, and communicative deficits. The specific skills addressed for each child are clearly defined in observable terms and measured carefully by direct observation throughout each treatment session. Data from continuous assessment of the child's skills in learning, communication, social competence and self care guide the scope of the curriculum for the child. The sequence of easier, precursor skills leading to more complex tasks are presented in a formal manner to the child to assist with mastery of each simple task until these can be successfully combined to achieve the more complex task. This treatment method is proven effective for services that consist of the introduction of a particular approach to improve a child's social, behavior and communication skills in order to demonstrate measurable outcomes in these areas and overall developmental benefits. The intent is for the child to have fewer needs in the future and make clinically significant gains as a direct result of this service towards normal development. This includes an increase in social, behavioral and communication functioning in the home and community.

Children that have completed the intensive in-home treatment services and remain eligible for the CLTS Waivers transition to on-going services. On-going services provided to children participating in the CLTS Waivers include adaptive aids, daily living skills, home modifications, personal emergency response systems, and other allowable services outlined in the Medicaid Home and Community-Based Services Waiver Manual.

Additional information is available in the Medicaid Home and Community-Based Services Waiver Manual

http://dhs.wisconsin.gov/bdds/waivermanual/waiverch04_08.pdf and Appendix E of the Manual <http://dhs.wisconsin.gov/bdds/waivermanual/appendix.htm>.

The Family Support Program provides individual services and supports to families that include a child with severe disabilities. The Program recognizes that meeting the needs of children who have severe disabilities may place hardships on a family's emotional, physical and financial resources. The Program offers information and help in finding services and maximizing community resources; limited funding to buy needed services and goods that can't be bought through other sources; and help in linking families with other families to strengthen natural supports.

Additional information regarding the Family Support Program is available at the following site. <http://dhs.wisconsin.gov/bdds/fsp/index.htm>.

In 2003, Counties were asked to administer the "Intensive In-Home Treatment" for children with Autism Spectrum Disorders: Autism, Asperger Syndrome and PDD-NOS. Counties were also given the option to decline the responsibility to provide intensive in-home treatment services. As a result, fifteen counties chose not to participate. To fulfill the obligation of statewideness, the Department of Health Services (DHS) contracts with private agencies to administer the intensive in-home treatment service, on-going service, and Family Support Program as appropriate for the needs of the child receiving intensive or ongoing services in the fifteen counties. (See Attachment A) The private agencies assumed responsibility under the direct supervision of DHS to administer the program by completing the CLTS Functional Screen, support and service coordination (case management), managing the intensive in-home treatment service, on-going services, and Family Support Program, working with each family to determine what other services would benefit their child within the child's community, and termination of services.

The Bureau of Long-Term Supports (BLTS), Children's Services Section has oversight of the program and contract. Meetings are held at least quarterly with Children's Services Staff and contracted agencies. Policies and procedures are established by BLTS to assure compliance with federal and state regulations governing the program. All contracted personnel commit to abide by these requirements and to assure that all activities funded through this contract relate to administration of this Wisconsin Medicaid Program.

Currently Lutheran Social Services contracts with the Department to administer the CLTS Medicaid Home and Community-Based Services Waiver for intensive in-home treatment services, on-going services, and Family Support Program as appropriate for the needs of the children receiving intensive or ongoing services for the following counties: Crawford, Grant, Iowa, Jackson, Jefferson, Marquette, Monroe, Outagamie, Rock, Sawyer, Vernon, Walworth and Waushara.

St. Francis Children's Center contracts with the Department to administer the CLTS Medicaid Home and Community-Based Services Waiver for intensive in-home treatment services, on-going services, and Family Support Program as appropriate for the needs of the children receiving intensive or ongoing services for the following counties: Ozaukee & Washington.

1.1 PURPOSE OF THIS REQUEST FOR PROPOSALS (RFP)

The purpose of this RFP is to solicit proposals from agencies interested in administering the CLTS Waivers for children with Autism Spectrum Disorders: Autism, Asperger Syndrome and PDD-NOS to ensure coverage, at a minimum, in the 15 counties noted above. Attachment A identifies the number of children currently served through intensive and on-going services in each of the 15 counties as of September 15, 2009. Vendors may submit a proposal related to any

number or combination of the counties noted in Attachment A. Vendors may also submit a proposal identifying the Proposer's interest and ability to cover other areas of the state. DHS will only take action on reviewing those proposals if a county, other than those noted in Attachment A, indicates that it would like to relinquish its obligation to operate the autism treatment services and DHS approves this request. The Proposer must administer the program to the full intent, of financial and functional eligibility, support and service coordination, management of intensive in-home treatment services and on-going services, working with each family to determine services that would benefit their child within the child's community, termination of services, and reporting to the Human Services Reporting System (HSRS) and other state established data systems. Coordination and collaboration as warranted with other partners, specifically county agencies, are expected functions of the Proposer. The activities of the Proposer and state staff must be performed in close collaboration and coordination with the activities and responsibilities of the DLTC/BLTS.

Proposers have the opportunity to submit a proposal to provide the service to all 15 counties or may define a specific region or county of the state. A county that initially opted out of providing the service may submit an application for providing these services.

1.2 AVAILABLE FUNDS

A total of \$5,600,000 is available to make a minimum of 1 grant awards under this RFP to serve children in 15 counties. (A map of the counties is included.) The amount will be prorated if a Proposer requests to serve less than 15 counties.

Funds awarded under this solicitation will be for the period of January 1, 2010 through December 31, 2010 Based upon satisfactory performance, Proposers receiving an award under this RFP may renew for (4) four additional (1) one-year periods.

Funds may only be used for services for persons eligible for CLTS Waivers that are specified in an approved Individual Services Plan and reside in qualifying settings that include a private residence or licensed foster home for children. Earnings shall be reduced by the full amount of the per diem rate for any day a participant receives Medicaid (MA) funded services in an inpatient setting. Such settings include general hospitals, State Nursing Facilities (SNF) Institutional Care Facilities (ICF), Institutional Care Facilities for the Mentally Retarded (ICF-MR) or a State Mental Health Institute (MHI). Funds cannot be used to cover any portion of room and board expenses for participants except when the cost of room and board is an integral but subordinate part of covered respite care services when such care is provided outside of the participant's home.

The amount of funds earned is determined by actual allowable Medicaid Waiver service costs incurred which includes case management services, as well as 7% service coordination costs, up to the maximum amount allowed by the contract including matching funds required by the contract. The amount earned is subject to upward revision if funds can be reallocated from other service agencies.

Counties who originally opted out of providing intensive in-home treatment services may reapply to provide the service through this RFP process.

1.3 ISSUING AGENCY

This RFP is issued for the State of Wisconsin by the Division of Long-Term Care. The Division is the sole point of contact for the State of Wisconsin during the selection process.

1.4 PROJECT GOALS

The goals of the administration of the CLTS Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive in-home treatment services and ongoing services are as follows:

1. Provide efficient administration of the CLTS Medicaid Home and Community-Based Services Waivers for children applying and participating in intensive in-home treatment services and ongoing services;
2. Ensure compliance with federal, state Medicaid regulations, 46.278 WI Stats., 46.985 WI Stats., the Home and Community-Based Services Medicaid Waiver Manual, applicable Division of Long Term Care (DLTC) Numbered Memos, Family Support Program Guidelines, other policy communications specific to the CLTS Waivers;
3. Complete accurate and timely Children's Long-Term Support Functional Screens (CLTS-FS);
4. Coordinate accurate and timely financial eligibility determinations;
5. Implement the Parental Payment Limit for families participating in the CLTS Waiver as directed by Administrative Rule HFS 1.065. Information regarding the Parental Payment Limit is located at the DHS website: <http://dhs.wisconsin.gov/bdds/clts/ppl/index.htm>.
6. Complete timely CLTS Waiver Individual Service Plans;
7. Provide local contact with families to assure referral to other appropriate support agencies in their communities;
8. Assure coordination with counties agencies as needed;
9. Administer the Family Support Program; *and*
10. Participate in, at a minimum, quarterly meeting with Bureau of Long-Term Support (BLTS) Staff, quarterly State/County Regional Meetings, monthly WisLines hosted by BLTS, and other training opportunities provided by the Department.

Proposers to this RFP must have the ability to implement home visits with all new CLTS Waiver applicants in the catchment area, provide continuing support and service coordination (case management), as well as annual recertification visits for children determined eligible as defined by the BLTS contract manager. The applicant must have the ability to:

- 1) Schedule an initial home visit;
- 2) Complete an in-home visit following BLTS home visit criteria outlined in the Home and Community-Based Services Medicaid Waiver Manual;
- 3) Understand relevant financial eligibility criteria;
- 4) Work with families and children with disabilities;
- 5) Understand the needs and supports of families and children with Autism, Asperger Syndrome, and PDD-NOS;
- 6) Comply with Health Information Portability and Accountability Act (HIPAA) and other confidentiality regulations;
- 7) Coordinate with other available services, supports and resources within the child's community;
- 8) Ability to describe observations of the child related to self-care, mobility, cognition, communication, social and emotional development, capacity for independence, and capacity for self-direction;
- 9) Gather relevant medical, educational, social services records and other relevant information in order to assure accurate completion of the CLTS-FS;
- 10) Accurately complete CLTS functional screens;
- 11) Provide on-going support and service coordination services to children and families enrolled in the program;

- 12) Assure each child's health and safety needs are identified as addressed;
- 13) Complete accurate CLTS Waiver applications or recertification materials;
- 14) Complete recertification requirements within the scheduled timeframe for children participating in the program;
- 15) Provide information, referral and assistance for families to other appropriate resources;
- 16) Complete the termination process of participants when relevant;
- 17) Assure quality oversight and quality improvement processes;
- 18) Enter data into HSRS or any other designated CLTS system;
- 19) Work collaboratively with local county agencies, Children and Youth with Special Health Care Needs Regional Centers, the state level Katie Beckett Consultants, and other local resources; *and*
- 20) Participate in, at a minimum, quarterly meeting with Bureau of Long-Term Support (BLTS) Staff, quarterly State/County Regional Meetings, monthly WisLines hosted by BLTS, and other training opportunities provided by the Department.

1.5 **PROJECT DESIGN**

The Department is soliciting Proposers that demonstrate the ability to provide efficient administration of the CLTS Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive in-home treatment and ongoing services, as well as, the Family Support Program when appropriate to the needs of children accessing these services.

1.6 **DEFINITIONS**

The following definitions are used through the RFP.

Department means Department of Health Services.

Division means the sub unit within the Department of Health Services; Division of Long Term Care.

Bureau means the work unit within the Division which is using the RFP.

Proposer/Applicant/Vendor means an organization submitting a proposal in response to this RFP.

State means State of Wisconsin.

Grant Recipient means Proposer awarded funds for direct benefit of the community.

Proposal means response to RFP.

Children means individuals up to the age of 22.

1.7 **WHO MAY SUBMIT A PROPOSAL**

Any tribal government, county departments, non-profit organizations, or for-profit organizations, in the State of Wisconsin is eligible to apply.

2.0 **SPECIAL PROGRAM REQUIREMENTS**

Proposals will need to meet the specific conditions described below.

2.1.1. FULL COMPLIANCE WITH FEDERAL MEDICAID RULES AND REQUIREMENTS

Proposer must comply with all federal; state Medicaid regulations, 46.278 WI Stats., 46.985 WI Stats., the Medicaid Home and Community-Based Services, Family Support Program Guidelines, applicable Division of Long Term Care (DLTC) Numbered Memos and other policy communications specific to the CLTS Waivers.

<http://dhs.wisconsin.gov/bdds/waivermanual/index.htm>

2.1.2 ACCESSIBILITY TO FAMILIES

Proposer must demonstrate on-going accessibility locally or regionally to families to complete functional and financial eligibility processes to support families in the development and implementation of Individual Service Plans and to assure ongoing health and safety for children.

2.1.3 STAFF MUST BE CERTIFIED SCREENERS OF THE CHILDREN'S LONG-TERM SUPPORT FUNCTIONAL SCREEN (CLTS-FS)

The CLTS-FS is the web-based tool used to calculate functional eligibility based on the federal level of care definitions for the CLTS Waivers. The Proposer must demonstrate competency or a plan for staff to be competent in the use of the CLTS-FS by the implementation of the contract. For more information related to the screen's reliability and validity, training to become a certified screeners, and reference materials for certified screeners, see:

<http://dhs.wisconsin.gov/LTCare/FunctionalScreen>.

3.0 GENERAL PROGRAM REQUIREMENTS

The following items are required to assure the continuation of funds. Failure to comply with these requirements can result in disallowances and/or termination of the agreement for funds.

3.1 ACCEPTANCE OF PROPOSAL CONTENT

Grant recipients receiving awards will be mandated to meet all requirements of this RFP.

3.2 ALLOWABLE COSTS

A grant recipient will be required to comply with the Department of Health Services Allowable Cost Policy Manual.

3.3 CAPITAL EQUIPMENT

Funds may be used to purchase capital equipment with prior written approval from the Division. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000, and a useful life in excess of one year. Funds can be used to purchase/rent supplies such as adaptive and communication equipment, and housing modifications.

3.4 SALARIES

Funds cannot be used to supplant current salaries. Funding is for the provision of services only. Proposer agency may claim administration overhead up to a maximum of 10% related to allowable administrative funding to hire staff.

3.5 REPORTS

Reports of both programmatic and fiscal activity will be required for the purpose of documenting the satisfactory meeting of project objectives, in accordance with the application. Reporting requirements will be specified in the agreement between the successful Proposer and the Division. Failure of the successful Proposer to accept these obligations may result in cancellation of the award.

The grantee shall, at the option of the Division, appear before DHS administrators to clarify findings and to answer any questions at any time during the grant agreement or after the grant agreement is completed.

3.6 NEWS RELEASES

News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of the Division.

Copies of any news releases regarding this grant during the contract year(s) will be submitted to the Division.

3.7 LEGAL SERVICES

Grant funds cannot be used to support any legal advice to recipients or their families or any legal actions taken against the federal, state, or local government.

3.8 EMPLOYMENT

The Proposer will not engage the services of any person or persons now employed by the state, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of the Division.

3.9 SUBCONTRACTING

If the applicant plans to use subcontractors, this should be clearly explained and costed out separately in the application. However, the primary contractor will be responsible for contract performance whether or not subcontractors are used.

3.10 TERMINATION OF AGREEMENT

The Division may terminate this agreement at any time at its sole discretion by delivering thirty (30) days written notice to the grant recipient. Upon termination, the Division's liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred within the prior written approval of the Division. In the event that the grant recipient terminates this agreement, for any reason whatsoever, it will refund to the Division within fourteen (14) days of said termination, all payment made hereunder by the Division to the grant recipient for activities not completed. Such termination will require written notice to that effect to be delivered by the grant recipient to the Division not less than thirty (30) days prior to said termination.

3.11 INCURRING COSTS

The State of Wisconsin is not liable for any cost incurred by proposers in replying to this RFP.

3.12 WAIVER OF TECHNICALITIES

The RFP Evaluation Committee reserves the right to accept or reject any or all responses to the RFP and waive minor technicalities. The determination of whether an RFP condition is substantive or a mere technicality shall reside solely with the RFP Evaluation Committee.

3.13 AFFIRMATIVE ACTION

Successful proposers who are awarded contracts of twenty five thousand dollars (\$25,000) or more shall have included in their contracts the following clause:

"A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual work force amount to less than twenty five employees. The affirmative action plan shall be submitted to the state agency within fifteen (15) working days after the award of the contract."

3.14 REASONABLE ACCOMMODATIONS

The Department will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. For special needs contact Theresa Walske, (608) 267-7285.

3.15 NON-DISCRIMINATION AGAINST EMPLOYEES OR APPLICANTS FOR EMPLOYMENT.

In connection with the performance of work under this contract, the grant recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), sexual orientation or national origin.

This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the grant recipient further agrees to take affirmative action to ensure equal employment opportunities.

The grant recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

4.0. CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS NOTICE OF INTENT TO APPLY

4.1 NOTICE OF INTENT (OPTIONAL)

Prospective proposers are requested, but not required, to submit a Notice of Intent to apply to Division of Long Term Care. The Notice of Intent form should be returned to the Division by **October 16, 2009 11:00 AM C.T.** Submittal of the Notice of Intent does not commit an agency to submitting an application. Any supplemental written information related to this RFP developed by the Division will be provided only to those agencies who have filed a Notice of Intent, or to agencies who request such information. Notices should be mailed or hand delivered to:

Theresa Walske
Children Services Specialist
Division Long Term Care
P.O Box 7851
MADISON WI 53707-7851
(608) 267-7285

4.2 CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS

Any questions concerning this RFP should be addressed, either in writing or by telephone request, on or before **October 16, 2009 11:00AM C.T.** to:

Theresa Walske
Children Services Specialist
Division Long Term Care
P.O Box 7851
MADISON WI 53707-7851
(608) 267-7285

COLLECT CALLS WILL NOT BE ACCEPTED

Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP DOCUMENT at this point in the RFP process. If a Proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the Proposer should notify, immediately, the above named individual of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be provided to all recipients of this initial RFP.

Each proposal shall stipulate that it is predicated upon the requirements, terms, and conditions of this RFP and any supplements or revisions thereof.

Any contact with State employees concerning this RFP are prohibited, except as authorized by the RFP manager during the period from date of release of the RFP until the notice of intent to contract is released.

5.0. SUBMITTAL OF APPLICATION

5.1 Format

All applications must be typed, doubled-spaced and should not exceed **30 pages** plus Assurance form.

5.2 Number of Applications

Proposers can submit no more than four application(s).

5.3 Number of copies

The Proposer must submit **five** copies of the application to the Division and **one** copy of the budget. The budget must be submitted in a sealed envelop separate from the application.

5.4 **Closing date.**

The closing date for the receipt of all applications under this solicitation will be **11:00 AM C.T. October 30, 2009.** Applications may be mailed or hand delivered. An application will be accepted and considered received on time if:

- a. The application is received by the mail room (address shown below) by **11:00 AM C.T. on October 30, 2009.**

Theresa Walske
Children's Services Specialist
Division Long-Term Care
1B Mail Room B265
MADISON WI 53703

- b. The application is hand delivered to the Division of Long Term Care/Bureau of Long-Term Supports (address shown below) by **11:00 AM C.T. on October 30, 2009.**

Theresa Walske
Children's Services Specialist
Division of Long Term Care
1 West Wilson Street Rm. 418
Madison, WI

NO FAXES WILL BE ACCEPTED.

Proposers are cautioned to allow sufficient time for delivery by the U.S. Post Office, because it can sometimes take several days to receive mail from outlying areas. Respondents/Applicants are cautioned that receipt of the (RFB/RFP) by the United State's Postal Service, the State of Wisconsin mail system or a commercial courier does not constitute receipt of a (RFB/RFP) by the (issuing office) for the purposes of this (RFB/RFP). All responses to this solicitation which are received after the closing date and/or time will not be reviewed and will be returned to the respondent/applicant. **No exceptions will be allowed.**

- c. Supplemental and clarifying information. Unless requested by the Division, no additional information will be accepted from a Proposer after the deadline for submittal of applications

6.0. **AWARDING FUNDS INFORMATION**

6.1 **EVALUATION CRITERIA, POTENTIAL POINTS TO BE AWARDED AND PROCEDURES**

All applications received will be reviewed by an evaluation committee and ranked accordingly. The evaluation committee will evaluate all proposals against stated criteria. To be considered for an award, an application must score at least **80** points in the evaluation of applications, unless the evaluation committee determines it is in the best interest of the state to make an award to a Proposer who scores less than **80** points. Applications will be reviewed and evaluated according to the following criteria.

MAXIMUM POINTS

20 Organizational Experience in Family Centered Practices

The Proposer has fully documented their experience in family-centered practices and family-directed human service models; service coordination principles and practice standard; knowledge of services, supports, and programs available to support children with long-term support needs

and their families in the community; and experience with statewide service networks; coordination with multiple agencies such as county government, tribal agencies and private agencies to effectively serve children with Autism Spectrum Disorders.

15 Organizational Experience with Medicaid Programs

The Proposer has fully documented organization and staff experience and knowledge of Wisconsin Medicaid and Wisconsin Medicaid Home and Community-Based Services Waivers for children. Documentation includes knowledge and competency to complete the Children's Long-Term Support Functional Screen (CLTS-FS), coordinate timely financial and functional eligibility decisions, develop Individual Service Plans (ISPs), complete recertifications, utilize Family Support Funding when appropriate, and complete termination of services process. The documentation will also include knowledge and competency of services funded by the Medicaid state plan and Early Periodic Screening and Diagnosis and Testing (EPSDT) Program.

15 Agency Capacity

The Proposer has clearly identified the catchment area of the State they are proposing to assume responsibility for the implementation of the CLTS Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive in-home treatment, ongoing services, and Family Support Program. Proposer has submitted a map demonstrating proposed coverage area in the State of Wisconsin and written explanation of coverage of staff to meet the project goals identified in Section 1.4. The Proposer has a work plan that identifies they either have existing qualified personnel or a reasonable proposal of a functional staffing pattern, which is capable of supporting program activities January 1, 2010, the start of the contract.

10 Agency's Ability to Expand Capacity

The Proposer has identified their ability to expand services beyond their identified catchment area.

A county agency that initially opted out of providing the service that is now submitting an application for providing the service in the county is not expected to have a plan to expand services beyond the county boundaries but should provide a plan for meeting increasing case load demands.

15 Staffing and Qualifications for Proposer Organization and/or Sub-Contractor

The Proposer agency (or subcontractor, if applicable) either has existing qualified personnel or has proposed a functional staffing which is capable of supporting program activities by the initiation of the contract. Staff which will be charged to implement the grant have been fully justified and are reasonable and necessary for carrying out the project. Personnel, proposed for this project are or will be well qualified as evidenced by position requirements, education/experience, background checks, and/or proposed training plans.

20 Quality Assurance

The Proposer has fully documented experience with team building, quality assurance, quality improvement and monitoring activities. The Proposer has demonstrated the ability to or proposed a plan to enter information into HSRS and other state established data systems. The Proposer has a formal process to assure that providers contracted to serve children participating in the CLTS Waivers meet the qualifications for the service being delivered and federal Medicaid requirements.

10 Health Information Portability and Accountability Act (HIPAA)/Confidentiality

The application has identified the ability to comply with the Health Information Portability and Accountability Act (HIPAA) and other confidentiality regulations. The Proposer provided a statement of assurance and included how the agency proposes to assure HIPAA and other confidentiality regulations will be met by the organization, sub-contractors and other staff.

10 Cost

Cost will be opened after the RFP has been evaluated and scored. A maximum of ten (10) points may be awarded for Cost of the proposal. Proposers must complete the Detailed Budget Request to submit costs for the initial contract year and subsequent four (4) renewal options and any Proposer start up costs to the state must be included where noted on the cost form. Proposal total cost will be prorated with the lowest cost proposal given the maximum points allowed for cost. The formula is as follows:

$$\frac{\text{Lowest Cost}}{\text{Other Proposers Cost}} \times \text{Maximum points given to cost} = \text{score}$$

6.2 PROPOSER RESPONSES

Proposals submitted in reply to this RFP shall respond to the specifications stated herein. Failure to respond to the specifications may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFP (including all attachments), RFP addenda and revision and the proposal from the successful Proposer(s) will become contractual obligations. The Division reserves the right to negotiate the award amount, the programmatic goals, and the budget items with the selected Proposer(s) prior to entering into an agreement.

Justifiable modification may be made in the course of the agreement only through prior consultation with and written approval of the Division. Failure of the successful Proposer to accept these obligations may result in cancellation of the award.

6.3 WITHDRAWAL OF APPLICATIONS

Proposals may be withdrawn by written notice. Proposals may be withdrawn in person by the Proposer or his/her authorized representative, providing his/her identity is made known and he/she signs a receipt for the proposal.

6.4 AWARD PROCEDURES

The Evaluation Committee's scoring will be tabulated and proposers will be ranked according to the numerical score received. The evaluation committee has the option to conduct interviews and/or on-site inspections of the top ranked proposers to include those results in the consideration of the evaluation points. The Division Administrator will make a final decision if a contract will be awarded. The Division reserves the right to reject any or all proposals and to negotiate the award amount, authorized budget items, and specific programmatic goals with the selected Proposer(s) prior to entering into an agreement.

6.5 NOTICE OF INTENT TO AWARD A CONTRACT

Each Proposer whose proposal is reviewed by the Evaluation Committee shall receive written notice of the determination of approval or non-funding of the proposed project.

After notification of awards are made, and under the supervision of Division staff, copies of all proposals will be available for public inspection from November 30, 2009 to December 5, 2009, 8:00 AM to 4:00 PM CT, Department of Health Services, Division of Long Term Care, 1 West Wilson, Room 418, Madison, WI.

Each Proposer whose project has not been approved shall be given an opportunity to discuss with the Division representative the reasons for non-funding or may write the Division representative requesting the reason for the decision.

Upon request, the Division representative will clarify non-funding reasons verbally or will respond in writing explaining the reasons for the project not being funded.

6.6 PUBLIC INFORMATION

It is the intention of the state to maintain an open and public process in the submission, review and approval of awards. All material submitted by Proposers will be made available for public inspection after notice of intent to award or not to award a contract based on the evaluation(s) of the application which were submitted. This information will be available for public inspection, under supervision, during the hours of 8:00 AM to 4:00 PM, Monday through Friday (except holidays) until December 31, 2009, in the Department of Health Services, Division of Long Term Care, 1 West Wilson, Room 418, Madison, WI. No entire proposal submitted to the state may be marked as confidential, and any materials so marked, by being included in the application, will be considered public information.

Evaluation tabulation and scoring by individual evaluators will also be open for public inspection, but these scores will not identify individual evaluators.

6.7 PROTEST/APEAL PROCESS

Proposers can only protest or appeal violation of procedures outlined in this RFP. Ranking and scoring by the Evaluation Committee are not subject to protest or appeal. Notice of intent to protest and protests must be made in writing. Protestors should make their protests as specific as possible and should fully identify the procedural issue being contested.

The written notice of intent to protest must be filed with the:

Administrator of Division of Long Term Care
1 West Wilson Street
P.O. Box 7851
Madison, Wisconsin 53707-7851

and received in that office no later than the close of business on **November 23, 2009**, or within five (5) working days after the notice of intent to award is postmarked, whichever is later. The written protest, fully identifying the procedural issue being contested, must be received in the Administrator's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the Division of Long Term Care may be appealed to the Secretary of the Department of Health Services, One West Wilson Street, Room 650, Post Office Box 7850, Madison, Wisconsin 53707 within five (5) working days of issuance, with a copy of the protest filed with the Administrator of Division of Long Term Care.

PART II TECHNICAL SPECIFICATIONS

Proposers are cautioned that in completing the following Technical Specifications they are to provide as complete information as possible. The only information evaluators will be given about a project is that which is contained within the proposal. For that reason, each copy must be a duplicate of the entire original, including any attachments.

The focus of the funding is Implementation of the Children's Long-Term Support (CLTS) Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive in-home treatment and ongoing services.

In order to determine the potential for a proposed project to achieve this aim, applications must fully address the program requirements and specifications which follow.

Proposals must include the following items submitted in the order listed.

- I. Outline and Table of Contents (checklist form)
- II. Abstract
- III. Narrative
Section A - Administration
Section B – Work Plan
- IV. Detailed Budget Request
- V. Appendices

Budget Summary

The budget summary contains the total projected costs by cost category. All figures on this form should be rounded to the nearest dollar.

- | | |
|---------|---|
| Item 11 | Enter line-item totals from the Detailed Budget Request. |
| Item 12 | Enter total project cost for the entire period of the project. |
| Item 13 | Enter the name, title, telephone number and signature of official authorized to commit Proposer organization to this agreement. |

Application for Implementation of the Children’s Long-Term Support (CLTS) Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive treatment and ongoing services

Proposers are required to number all pages and to organize their application according to the following format. This form serves as a checklist of application contents and facilitates application evaluation. This form must be completed and attached to the front of the finished application.

I	<u>Outline and Table of Contents</u>	Page 1
II	<u>Application Summary</u>	Page 2
III	<u>Abstract</u>	Page 3
IV	<u>Narrative</u>	
	A. Administration	Page 4
	1. Organizational Experience	Page
	2. Agency Capacity	Page
	3. Staffing and Qualifications	Page
	4. Quality Assurance	Page
	5. HIPAA/Confidentiality	Page
	B. Work Plan	Page
V.	<u>Budget</u>	
	A. Budget Request	
	B. Budget Justification	

III ABSTRACT

The abstract must be one page only. The information in the abstract should provide a brief description of your plan to implement the CLTS Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive treatment and ongoing services, highlighting the main points from the Detailed Budget Request and Narrative Sections of your proposal. Clearly state your proposed catchment area.

IV NARRATIVE

A. ADMINISTRATION

1. **Organizational Experience in Family Centered Practices**

Provide a full discussion of your organization's experience that will demonstrate your capability to do this project.

The narrative should, at a minimum, include the following information to demonstrate your ability to effectively serve children with Autism Spectrum Disorders with a Family Centered Practice.:

- Experience in family-centered practices and family-directed human service models;

- Knowledge and experience implementing support and service coordination principles and practice standards;
- Knowledge of services, supports, and programs available to support children with long-term support needs and their families in the community; *and*
- Experience with statewide service networks; coordination with multiple agencies such as county government, tribal agencies and private agencies.

2. **Organizational Experience with Medicaid Programs**

Provide a full discussion of your organization's experience that will demonstrate your capability to do this project.

The narrative should, at a minimum, should demonstrate the following or exhibit a plan to have the following implemented on January 1, 2010, the start of the contract:

- Organization and staff experience and knowledge of Wisconsin Medicaid;
- Organization and staff experience and knowledge of Wisconsin Medicaid Home and Community-Based Services Waivers for children;
- Knowledge and competency to complete the CLTS-FS. (Additional information regarding the CLTS-FS is on the web. <http://dhs.wisconsin.gov/lcure/FunctionalScreen/>) ;
- Knowledge and competency to coordinate timely functional and financial eligibility decisions;
- Knowledge and competency to develop Individual Service Plans (ISPs);
- Knowledge and competency to complete recertifications;
- Knowledge and competency to complete termination of services; *and*
- Knowledge and competency of services funded by the Medicaid state plan and Early Periodic Screening and Diagnosis and Testing (EPSDT) Program.
- Additionally, identify knowledge and competency to access and support families with the Family Support Program.

3. **Agency Capacity**

An organization must have sufficient and qualified staff to deliver the services as described or a staffing plan to have qualified staff to deliver the services as described on January 1, 2010, the start of the contract..

The narrative should, at a minimum, include :

- A description of your agency's current and proposed organizational structure and staffing pattern;
- An organizational chart which indicates current and proposed positions that will implement this project;

- The responsibilities and qualifications of all new or existing position(s) which will be involved in the project;
- If you are hiring new staff, a discussion of why the position(s) is/are needed;
- If you plan to hire new staff to work in the project, describe your hiring practices which will ensure the position(s) will be filled January 1, 2010. If position(s) cannot be filled by January 1, 2010, estimate the time you will need to fill the position(s) and how the project can be implemented prior to the hiring of the new staff.
- Identify the catchment area of State you propose to assume responsibility for the implementation of the CLTS Medicaid Home and Community-Based Services Waivers for children with Autism Spectrum Disorders accessing intensive treatment and ongoing services. Please submit a map to identify the catchment area of the state. (See Attachment A for current counties receiving services through a contracted agency to the Department.)

4. **Agency's Ability to Expand Capacity**

Demonstrate the ability to expand service beyond the identified catchment area. The Proposer should identify a plan and proposed timeline to establish additional capacity in additional counties.

County that initially opted out of providing the service and are now submitting an application for providing the service in their county, is not expected to have a plan to expand services beyond the county boundaries but should provide a plan for meeting case load demands.

5. **Staffing and Qualifications for Application Organization and/or Subcontractor**

Demonstrate sufficient and qualified staff to deliver the services as described. Personnel, proposed for this project are or will be well qualified as evidenced by position requirements, education/experience, background checks, and/or proposed training plans. The Proposer must describe, at a minimum, the following: (If the answer is partially answered in topic #3, "Agency Capacity" the Proposer may refer to the previously answered section.)

- Provide position descriptions
- Provide resumes if available or plan to hire by January 1, 2010.
- Identify existing qualified personnel or propose a functional staffing which is capable of supporting program activities by the initiation of the contract.
- Identify if background checks have been completed on proposed staff and assurance background checks will be conducted on future hires.

6. **Quality Assurance**

Document experience with team building, quality assurance, quality improvement and monitoring activities. Demonstrate the ability or propose a plan for entering information into HSRS and other state established data systems. Identify a formal process to assure that providers contracted to serve children participating in the CLTS Waivers meet the qualifications for the service being delivered.

7. **Health Information Portability and Accountability Act (HIPAA)/Confidentiality**
Document the ability to comply with the Health Information Portability and Accountability Act (HIPAA) and other confidentiality regulations. Provide a statement of assurance and include how your agency proposes to assure HIPAA and other confidentiality regulations will be met by your organization, sub-contractors and other staff.

B. WORK PLAN

Describe the specific objectives for the project. Detail specific tasks or activities to achieve the objectives and the timeline to have the project fully operational at specified contract levels. These items must be consistent with the RFP intent.

Describe the organization's current (or proposed) organizational structure, staffing pattern and geographical location of all staff. Include an organizational chart.

Describe the full-time equivalent of each (FTE) position and the geographical region or county that will be covered by each position. Describe the role and responsibility of each FTE position.

Describe how staff will be recruited, hired and trained. Describe the organization's plan to have adequate staff capacity and the anticipated timeline of full staffing and full programmatic capacity.

Describe the specific activities of the project (tasks/activities); when the activity will be started and completed (timeframe); and the responsible party for the task (personnel). Methods must be consistent with the project objectives, proposed staffing and the proposed budget.

PROJECT OBJECTIVES, TASKS AND ACTIVITIES WORKPLAN

PROJECT OBJECTIVE:

	WORKPLAN		
TASKS/ACTIVITIES	Timeframe (include start date and completion date unless task is on-going)	Responsible Party	Expected outcome

DETAILED BUDGET REQUEST- Period:

PROGRAM

1. Personnel

Title of Position	% of time	Hr. rate	Hrs. per month	# months budgeted	Total cost
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

Total Salary

\$ _____

- | | | | | |
|-----|---|------------|--|----------|
| 2. | Fringe Benefits for Project Personnel (Employers FICA: Employees Insurance) | (_____ %) | | \$ _____ |
| 3. | Agency Personal Liability Insurance | | | \$ _____ |
| | a. Professional Staff | | | \$ _____ |
| 4. | Travel | | | \$ _____ |
| | a. Professional Staff | | | \$ _____ |
| | b. Volunteer Workers | | | \$ _____ |
| 5. | Equipment (attach separate sheet detailing) | | | \$ _____ |
| 6. | Supplies and Operating Expenses (attach a separate sheet detailing) | | | \$ _____ |
| 7. | Contractual and Consultant Costs (attach a separate sheet detailing) | | | \$ _____ |
| 8. | Training for Paid and Volunteer Workers: | | | \$ _____ |
| 9. | Advertising | | | \$ _____ |
| 10. | Other Expenses (attach a separate sheet detailing) | | | \$ _____ |
| 11. | TOTALS (lines 1 through 10) | | | \$ _____ |

NOTE: BUDGET DETAIL IS TO BE PROVIDED IN THE BUDGET JUSTIFICATION FOR (4) TRAVEL, (5) EQUIPMENT, (6) SUPPLIES, ETC., (7) CONTRACTUAL AND CONSULTANT COSTS, AND (10) OTHER EXPENSES.