

**BIDS MUST BE SEALED AND ADDRESSED TO:**

**AGENCY ADDRESS:**

Department of Health and Family Services  
 Division of Enterprise Services  
 Bureau of Intergovernmental Relations and  
 Contract Management  
 Attention: Sue McKercher  
 1 West Wilson Street, 7<sup>th</sup> Floor, Room 750  
 Madison, WI 53703

If using PO Box: PO Box 7850, 53707-7850

**REQUEST FOR BID**

**THIS IS NOT AN ORDER**

BIDDER (Name and Address)

Remove from bidder list for this commodity/service. (Return this page only.)

Bid envelope must be sealed and plainly marked in lower corner with due date and Request for Bid # **1605-DQA-SM**. Late bids will be rejected. Bids MUST be date and time stamped by the soliciting purchasing office on or before the date and time that the bid is due. Bids dated and time stamped in another office will be rejected. Receipt of a bid by the mail system does not constitute receipt of a bid by the purchasing office. Any bid which is inadvertently opened as a result of not being properly and clearly marked is subject to rejection. Bids must be submitted separately, i.e., not included with sample packages or other bids. Bid openings are public unless otherwise specified. Records will be available for public inspection after issuance of the notice of intent to award or the award of the contract. Bidder should contact person named below for an appointment to view the bid record. Bids shall be firm for acceptance for sixty (60) days from date of bid opening, unless otherwise noted. The attached terms and conditions apply to any subsequent award.

Bids MUST be in this office no later than

**2:00 PM CT Friday, January 11, 2008**

Name (Contact for further information)

SUE MCKERCHER [mckersl@dhs.state.wi.us](mailto:mckersl@dhs.state.wi.us)

Phone

608-267-7637

Date

November 27, 2007

Fax bids are accepted

Fax bids are not accepted

Item No.	Quantity and Unit	Description	Price Per Unit	Total
<b>INFORMAL DISPUTE RESOLUTION SERVICES</b>				
1	Hour	Professional Reviewer rate A "professional" reviewer may include, but is not limited to, individuals with the following experience: Nursing Home Administrator, Director of Nursing, Assistant Director of Nursing, other nursing home or FDD management positions, or a regulatory compliance consultant to a nursing home or FDD.		
1	Hour	Expert Reviewer rate An "expert" reviewer is defined as someone with experience beyond that identified as a "professional" reviewer. This may include, but is not limited to, a physician, pharmacist, psychologist, etc. It is expected that the contractor will provide either professional or expert reviewers as requested.		

**RATES PRESENTED HERE MUST BE ALL-INCLUSIVE. NO OTHER FEE STRUCTURES, SURCHARGES OR FEES WILL BE ENTERTAINED BY THE DEPARTMENT DURING THE EVALUATION OF BIDS, NOR IN ANY SUBSEQUENT CONTRACT NEGOTIATIONS. THE RATE WILL REMAIN THE SAME WHETHER THE WORK IS PERFORMED DURING A DESK REVIEW OR A TELEPHONE REVIEW.**

Payment Terms

Delivery Time

We claim minority bidder preference [Wis. Stats. s. 16.75(3m)]. Under Wisconsin Statutes, a 5% preference may be granted to CERTIFIED Minority Business Enterprises. Bidder must be certified by the Wisconsin Department of Commerce. If you have questions concerning the certification process, contact the Wisconsin Department of Commerce, 5th Floor, 201 W. Washington Ave., Madison, Wisconsin 53702, (608) 267-9550. **Does Not Apply to Printing Bids.**

We are a work center certified under Wis. Stats. s. 16.752 employing persons with severe disabilities. Questions concerning the certification process should be addressed to the Work Center Program, State Bureau of Procurement, 6th Floor, 101 E. Wilson St., Madison, Wisconsin 53702, (608) 266-2605.

Wis. Stats. s. 16.754 directs the state to purchase materials which are manufactured to the greatest extent in the United States when all other factors are substantially equal. Materials covered in our bid were manufactured in whole or in substantial part within the United States, or the majority of the component parts thereof were manufactured in whole or in substantial part in the United States.  
 Yes  No  Unknown

In signing this bid we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid; that this bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor; that this bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor; that the above statement is accurate under penalty of perjury.

We will comply with all terms, conditions and specifications required by the state in this Request for Bid and all terms of our bid.

Name of Authorized Company Representative (Type or Print)

Title

Phone ( )

Fax ( )

Signature of Above

Date

Federal Employer Identification No.

Social Security No. if Sole Proprietor (Voluntary)

**STATE OF WISCONSIN**  
**REQUEST FOR BID (RFB) #1605-DQA-SM**

**FOR:**

**Department of Health and Family Services, Division of Quality Assurance**  
**Informal Dispute Resolution Services**

**TABLE OF CONTENTS**

1.0	INTRODUCTION AND PURPOSE.....	4
	1.1 Purpose of the Request for Bids .....	4
	1.2 Reasonable Accommodations.....	4
	1.3 Scope .....	4
	1.4 Procuring Agency .....	5
	1.5 Contract Length.....	5
	1.6 VENDORNET Registration.....	5
2.0	BID PROCEDURES AND INSTRUCTIONS .....	5
	2.1 Method of Bid .....	5
	2.2 Calendar of Events .....	6
	2.3 Format of Bid .....	6
	2.4 Incurring Costs .....	7
	2.5 Questions .....	7
	2.6 News Releases.....	7
3.0	BID ACCEPTANCE, REVIEW AND AWARD.....	7
	3.1 Bid Opening.....	7
	3.2 Bid Acceptance.....	7
	3.3 Bid Evaluation.....	8
	3.4 Notification of Award.....	8
	3.5 Method of Award .....	8
	3.6 Appeals Process.....	8

4.0 IDR SERVICES REQUIREMENTS ..... 9

    IDR SERVICES REQUIREMENTS RESPONSE SHEET ..... 10

    4.1 Vendor Requirements..... 10

    4.2 Requirements of Individuals Performing IDR Duties ..... 11

    4.3 Technical Requirements..... 11

5.0 Contract Performance Requirements..... 12

6.0 Payment Requirements ..... 13

7.0 TERMS AND CONDITIONS..... 13

8.0 REQUIRED FORMS LIST ..... 15

    Signed Bid Form – Request for Bid (DOA-3070..... (Cover Page)

    IDR Services Requirements Response Sheet (Section 4.0 above)..... 10 and 11

    Vendor Information (DOA-3477) ..... 16

    Vendor Reference (DOA-3478)..... 17

    Vendor Agreement (DOA-3333)..... 18

9.0 APPENDICES

    APPENDIX A, INFORMAL DISPUTE RESOLUTION REQUEST..... 19

    APPENDIX B, DISPUTE RESOLUTION TRACKING RECORD ..... 20

    APPENDIX C, IDR PROCESS FLOW CHART ..... 22

    APPENDIX D, WISCONSIN IDR STATISTICS..... 23

## 1.0 INTRODUCTION AND PURPOSE:

- 1.1 Purpose of the Request for Bids:** The purpose of this document is to provide interested parties with information to enable them to prepare and submit a bid to the Wisconsin Department of Health and Family Services, Division of Quality Assurance (DQA). Bids are for providing federally mandated and state Informal Dispute Resolution (IDR) reviews and recommendations of nursing homes and facilities for the developmentally disabled (FDD) cited deficiencies. The Wisconsin state agency does not conduct its own IDR. The contractor will be responsible for all IDR requests received in the state.

The State as represented by the Department of Health and Family Services intends to use the results of this solicitation to award a contract for IDR reviews and recommendations as defined by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health and Family Services.

- 1.2 Reasonable Accommodations:** The Department will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. If you think you need accommodations at a bid opening/vendor conference, contact Sue McKercher at 608-267-7637 (voice) or 608-264-9874 (FAX).
- 1.3 Scope:** The Code of Federal Regulations, Title 42 (42 CFR 488.331) requires that Wisconsin offer nursing facilities an informal opportunity to dispute cited deficiencies. Although not required, Wisconsin has chosen to extend this process to FDDs.

Informal Dispute Resolution for long-term care facilities, as currently prescribed by CMS, differs significantly from traditional dispute resolution. In the latter process, a neutral third party, or mediator, assists disputing parties to reach a mutually acceptable settlement through a process of “interest-based” negotiation. In the model of Informal Dispute Resolution described in this RFB, a neutral “reviewer” examines and assesses written information and other documentation from both parties, issues a recommendation and provides the rationale for that recommendation.

For purposes of this RFB a distinction is made between two types of IDR reviewers. A “professional” reviewer may include, but is not limited to, individuals with the following experience: Nursing Home Administrator, Director of Nursing, Assistant Director of Nursing, other nursing home management positions, or a regulatory compliance consultant to a nursing home. An “expert” reviewer is defined as someone with experience beyond that identified as a “professional” reviewer. This may include, but is not limited to, a physician, pharmacist, psychologist, etc. It is expected that the contractor will provide either professional or expert reviewers as requested. Historically, the use of “expert” reviewers has been very limited.

As mandated by CMS, DQA must provide a minimum form of IDR service to the facilities it regulates, at no cost to the facility. Therefore, DQA agrees to pay the contractor directly for all IDR’s completed under this agreement at an amount equal to the hourly cost of a “professional” reviewer, as established by this RFB. Any facility that requests services of an “expert” reviewer will be directly responsible to the contractor for any amount in excess of the “professional” reviewer rate paid by DQA.

Individual nursing homes and FDDs will submit IDR requests to DQA and to the contractor via an Informal Dispute Resolution Request (See Appendix A). Requests will specify the type of review (desk or telephone) and the type of reviewer (professional or expert). IDR requests for federal citations at a scope and severity level of A, B, and C – Grid Level 1 citations, and state stand-alone correction orders and notations are restricted to only desk reviews. Telephone reviews are limited to one hour, unless the reviewer can document that an extension is necessary to obtain complete information. Nursing homes and FDDs will submit 2 copies of the supporting documentation for the IDR review to the contractor. The contractor will forward a copy of the IDR supporting documentation to DQA.

The contractor, as a neutral “reviewer” will examine and assess the written information and other documentation from both parties. Two qualified reviewers will review citations of substandard quality of care, immediate jeopardy, conditions of participation, and repeat standards in order to agree upon a decision. The contractor will render a recommendation to DQA within 21 calendar days from the date the facility received the Statement of Deficiency by certified mail (See Appendix B – Dispute Resolution Tracking Record). The recommendation will be in a narrative format with sufficient detail to explain the rationale for the decision and in a format suitable to send to the facility.

As directed by CMS, DQA will retain the responsibility to review and the authority to overturn the recommendations of the contractor. After review of the contractor’s recommendation, DQA will communicate the final IDR decision, including the contractor’s recommendation, to the facility. If DQA’s final IDR decision does not concur with the contractor’s recommendation, the reasons for overriding the contractor’s recommendation will be explained to both the facility and the contractor.

Additional information on the IDR process is available at the following web sites:

- <http://www.cms.hhs.gov/manuals/downloads/som107c07.pdf> The State Operations Manual (SOM), Chapter 7, Section 7212;
- <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1> The Code of Federal Regulations (CFR), Title 42, Chapter V, Section 488.331; and [http://dhfs.wisconsin.gov/ri\\_DSL/Publications/06-005.htm](http://dhfs.wisconsin.gov/ri_DSL/Publications/06-005.htm) DQA Memo # DSL-BQA-06-005, Informal Dispute Resolution (IDR) Update

The Wisconsin IDR Process Flow Chart is attached as Appendix C. Currently available Wisconsin IDR statistics are included as Appendix D. The actual number of reviews for future years is dependent upon decisions of individual nursing homes and FDDs.

**1.4 Procuring Agency:** The Department of Health and Family Services, Division of the Quality Assurance, will administer this contract.

**1.5 Contract Length:** The initial contract will be for a one year period after the date of the contract award. This contract will be automatically renewed by mutual consent for two additional one-year terms. The State of Wisconsin reserves the right to extend beyond the Contract Term if deemed to be in the best interest of the State.

#### **1.6 VENDORNET Registration**

The State of Wisconsin’s purchasing information and vendor notification service is available to all businesses and organizations that want to sell to the state. Anyone may access VendorNet on the Internet at <http://vendornet.state.wi.us> to get information on state purchasing practices and policies, goods and services that the state buys, and tips on selling to the state. Vendors may use the same Web site address for inclusion on the bidders list for goods and services that the organization wants to sell to the state. A subscription with notification guarantees the organization will receive an e-mail message each time a state agency, including any campus of the University of Wisconsin System, posts a request for bid or a request for proposal in their designated commodity/service area(s) with an estimated value over \$25,000. Organizations without Internet access receive paper copies in the mail. Increasingly, state agencies also are using VendorNet to post simplified bids valued at \$25,000 or less. Vendors also may receive e-mail notices of these simplified bid opportunities.

## **2.0 BID PROCEDURES AND INSTRUCTIONS:**

### **2.1 Method of Bid:**

All response information should be typewritten or, if that is not possible, printed clearly. Vendors must submit **an original, marked as such, and three copies** of all materials required for acceptance of their bid by the deadline shown on the Request for Bid form to:

USPS ADDRESS

Sue McKercher  
WI Department of Health and Family Services  
Division of Enterprise Services  
PO Box 7850  
Madison, WI 53707-7850

COMMON CARRIER ADDRESS

Sue McKercher  
WI Department of Health and Family Services  
Division of Enterprise Services  
1 W. Wilson Street 7<sup>th</sup> Floor, Room 750  
Madison, WI 53703

Bids must be received by Sue McKercher at the above office. All bids must be time-stamped in by the Division of Enterprise Services at the address and room noted above prior to the stated opening time. Bids not so stamped will be considered late. Receipt of a bid by the State mail system does not constitute receipt of a bid by the Division of Quality Assurance, for purposes of this request for bids.

**All bids must be packaged, sealed, and show the following information on the outside of the package:** Do not place any information below the address area of a USPS mailed envelope.

Vendor's Name and Address

Request for Bids Title: Informal Dispute Resolution Services

Request for Bids Number: RFB 1605-DQA-SM

Bid Due Date: January 11, 2008

**2.2 Calendar of Events:** Listed below are important dates and times by which actions related to this Request for Bids (RFB) must be completed. In the event that the State finds it necessary to change any of these dates and times it will do so by issuing a supplement to this RFB.

DATE	EVENT
November 27, 2007	Issue Date of the RFB
December 10, 2007	Questions and Letter of Intent to Bid due from Vendors
December 19, 2007*	Answers to questions posted on VendorNet
January 11, 2008, 2:00 PM CT	Bids due from vendors
January 18, 2008*	Notification of intent to award
February 1, 2008*	Contract award date
March 1, 2008*	Contract start date

\*Estimated Date

**2.3 Format of Bid:** Vendors responding to this RFB must comply with the following format requirements:

a) **SIGNED REQUEST FOR BID SHEET:** Include here the completed and signed Request for Bid sheet (DOA-3070). The rates presented in the bid must be all-inclusive. No other fee structures, surcharges or fees will be entertained by the Department during the evaluation of bids, nor in any subsequent contract negotiations. The rate will remain the same whether the work is performed during a desk review or a telephone review. Bids submitted in response to this RFB must be signed by the person in the vendor's organization who is responsible for the decision as to the prices being offered in the bid or by a person who has been authorized in writing to act as agent for the person responsible for the decision on prices.

By submitting a signed bid, the vendor's signatories certify that in connection with this procurement: (a) the vendor's organization or an agent of the vendor's organization has arrived at the prices in its bid without consultation, communication or agreement with any other respondent or with any competitor for the purpose of restricting competition, (b) the prices quoted in the bid have not been knowingly disclosed by the vendor's organization or by any agent of the vendor's organization and will not be knowingly disclosed by same, directly or indirectly, to any other respondent or to any competitor, and (c) no attempt has been made or will be made by the vendor's organization or by any agent of the vendor's organization to induce any other person or firm to submit or not to submit a bid for the purpose of restricting competition.

(b) **STATE OF WISCONSIN TERMS AND CONDITIONS:** These standard and supplemental terms and conditions shall govern this proposal and subsequent award. Vendors must accept these

terms and conditions or submit point-by-point exceptions along with proposed alternative or additional language for each point, including any vendor contracts. Submission of any standard vendor contracts as a substitute for language in the terms and conditions is not a sufficient response to this requirement and may result in rejection of the vendor's proposal. The State reserves the right to negotiate contractual terms and conditions other than those in the State of Wisconsin Contract when it is in the best interest of the State to do so.

(c) **IDR SERVICES INFORMATION:** Provide IDR Services information on the IDR Services Requirements Response Sheet included in this RFB as Section 4. All requirements in this section are mandatory.

(e) **ADDITIONAL INFORMATION:** Include here the completed Vendor information form (DOA-3477), Vendor Reference form (DOA-3478), Vendor Agreement form (DOA-3333) and any other explanatory documentation that would clarify and/or substantiate the bid. Include all additional information that will be essential to an understanding of the bid. This might include diagrams, excerpts from manuals, or other explanatory documentation that would clarify and/or substantiate the bid document.

**2.4 Incurring Costs:** The State of Wisconsin is not liable for any cost incurred by a vendor in the process of responding to this RFB.

**2.5 Questions:** Any questions concerning this RFB must be submitted **in writing** on or before December 10, 2007 via e-mail to Sue McKercher at: mckersl@dhfs.state.wi.us

Vendors are expected to raise any questions, exceptions, or additions they have concerning the RFB document or the attached State of Wisconsin Contract at this point in the RFB process. If a vendor discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFB, the vendor should immediately notify the above named individual of such error and request modification or clarification of the RFB document.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFB, supplements or revisions will be posted on VendorNet.

From the date of release of this RFB, until a Letter of Intent is issued, all contacts with Department of Health and Family Services regarding this RFB shall be made through Sue McKercher in the Bureau of Intergovernmental Relations and Contract Management in the Division of Enterprise Services unless otherwise noted in the RFB. Violation of this condition may be considered sufficient cause for rejection of a proposal, irrespective of any other considerations.

**2.6 News Releases:** News releases pertaining to the RFB or to the acceptance, rejection, or evaluation of bids shall not be made without the prior written approval of the State.

### **3.0 BID ACCEPTANCE, REVIEW AND AWARD:**

**3.1 Bid Opening:** Bids will be opened at 2:00 PM CT on January 11, 2008 at 1 W. WILSON ST., 11th floor, room 1150, Madison, WI. Names of the bidders may be read aloud. No other information will be discussed at that time. No activity on the part of the bidders at the bid opening, other than attendance and note taking, is permitted. Any attempt to qualify or change any bid by any bidder in attendance may result in the rejection of the bidder's bid.

**3.2 Bid Acceptance:** Bids which do not comply with instructions or are unable to comply with specifications contained in this RFB may be rejected by the State. The State may request reports on a vendor's financial stability and if financial stability is not substantiated may reject a vendor's bid. The State retains the right to accept or reject any or all bids, or accept or reject any part of a bid deemed to be in the best interest of the State. The State shall be the sole judge as to compliance with the instructions contained in this RFB.

**3.3 Bid Evaluation:** Bids will be evaluated by the Department's designated procurement lead and program manager to verify that they meet all specified requirements in this RFB. This evaluation may include requesting reports on the vendor's financial stability, conducting demonstrations of the vendor's proposed products(s) and/or service(s), reviewing vendor references and reviewing results of past awards to the vendor by the State of Wisconsin prior to making a determination in awarding this contract.

Bids from certified Minority Business Enterprises may be provided up to a five percent (5%) bid preference in accordance with Wis. Stats. s. 16.75(3m).

**3.4 Notification of Award:** Any vendors who respond to this RFB, with a bid, will be notified in writing of the State's intent to award a contract(s) as a result of this RFB.

After notification of the intent to award is made, and under the supervision of agency staff, copies of bids will be available for public inspection, by appointment, from 8:30 a.m. to 4:30 p.m. at 1 W. Wilson St., 11th floor, room 1150, Madison WI. Vendors may schedule reviews with Sue McKercher (608-267-7637) to ensure that space and staff are available for the review.

**3.5 Method of Award:** An award will be made to lowest responsible bidder. "Lowest responsible bidder" means the person or firm submitting the competitive bid with the lowest price that meets the specifications contained in the RFB. In establishing the lowest responsible bidder, all of the following factors may be considered of the bidders:

- a. The financial ability to provide the services required to fulfill the contract requirements;
- b. The skill, judgment, experience and resources to fulfill contract requirements;
- c. The necessary facilities, staff, personnel and equipment to fulfill contract requirements;
- d. The demonstrated ability to satisfactorily perform the work or provide the materials in a prompt, conscientious manner;
- e. The demonstrated ability to comply in situations where the award is contingent on special considerations subject to the nature of the services or contract required; and
- f. Any other factors determined to be relevant in assessing the bidder's ability to supply as required.

DQA reserves the right to reject any and all bids.

**3.6 Appeals Process:** The appeals procedures apply to only those requests for bids that are over \$25,000. Notices of Intent to Protest and Protests themselves must be made in writing. Protesters should make their protest as specific as possible and should identify statutes and Wisconsin Administrative Code provisions that are alleged to have been violated.

The written notice of intent to protest the intent to award a contract must be filed with Kevin Hayden, Secretary; Department of Health and Family Services (DHFS); One West Wilson, Room 650, Madison, WI 53702 no later than five (5) business days after the notice of intent to award is issued.

The written Protest must be received at the same address no later than ten (10) working days after the notice of intent to award is issued.

Secretary Hayden's decision may be appealed to the Secretary of the Department of Administration within five (5) working days of issuance of the decision, with a copy of such appeal filed with the Department of Health and Family Services, if the protester alleges a violation of a statute or a provision of a Wisconsin Administrative Code.

#### **4.0 IDR SERVICES REQUIREMENTS:**

VENDOR MUST FULLY COMPLETE, SIGN AND RETURN WITH BID, THE FOLLOWING IDR SERVICES REQUIREMENTS RESPONSE SHEET (Pages 10-11).

Bidders must respond to each of the following IDR Services Requirements on the following pages. If a response of "No" is given for any item, an explanation must be provided.

## IDR SERVICES REQUIREMENTS RESPONSE SHEET

### Department of Health and Family Services, Division of Quality Assurance INFORMAL DISPUTE RESOLUTION SERVICES RFB 1605 DQA SM

#### 4.1 Vendor Requirements

YES NO 4.1.1 The bidder has at least 3 years experience in providing services related to conducting  
  IDR, negotiations, or hearing sessions in nursing home related issues.

Complete the following summary to include a brief description of the nursing home issue(s) reviewed or negotiated, the methods of review (IDR, negotiation, hearing), the parties involved (no specific identifiers), and the dates of the actions (representing at least 3 years experience). Insert additional rows as necessary.

Case Description	Method	Parties Involved	Date

YES NO 4.1.2 The bidder has at least 3 years management experience in federally certified and state  
  licensed nursing home operations.

Experience in nursing home operations is defined as employing staff that have held a Nursing Home Administrator, Director of Nursing, Assistant Director of Nursing, or other nursing home management position or have worked as a consultant to a nursing home or FDD. Because the primary emphasis of IDR is compliance with federal regulation, comparable experience in another state will be considered to have met the mandatory requirement. Complete the following summary to demonstrate nursing home management experience. Include the position(s) held, the facility name(s) and the dates of service (representing at least 3 years experience). Insert additional rows as necessary.

Position(s) Held	Facility Name & City	Dates of Service

YES NO 4.1.3 The bidder has at least 1 year experience in ICF/MR or FDD operations.

Complete the following summary to demonstrate ICF/MR or FDD experience. Include the position(s) held, the facility name(s) and the dates of service (representing at least 1 year experience). Insert additional rows as necessary

Position(s) Held	Facility Name & City	Dates of Service

YES NO 4.1.4 The bidder has been in business, including performing IDR or related duties, for a  
  minimum of 3 years.

**4.2 Requirements of Individuals Performing IDR Duties**

YES NO  
  4.2.1 The bidder has sufficient permanent or subcontracted personnel to complete the contract requirements within the specified timeframes.

Data collected from January 2005 through June 2007 indicates an average of 95.50 hours per month to complete the contract requirements. Each IDR requires an average of 9.25 hours to complete. However, the workload fluctuates significantly from month-to-month and/or within each individual month. It is not uncommon to have two or more IDR's in different stages of completion at the same time.

At a minimum, the bidder must have at least 2 staff with minimal qualifications of being registered nurses and who have successfully completed the federal Surveyor Minimum Qualifications Test (SMQT), available to conduct all IDRs that include quality of care citations. An estimated 90 – 95% of all IDRs include quality of care citations that require the expertise of a registered nurse or physician to review. Complete the following summary to demonstrate the adequacy of staffing to complete the contract requirements within the specified timeframes. Include the staff name or a unique identifier, their status with the bidder (permanent employee or contractor), qualifications (nursing home and/or ICF/MR experience), and credentials (RN, MD, SMQT certified, etc.). Insert additional rows as necessary.

Staff Name or Identifier	Status	Qualification(s)	Credentials

YES NO  
  4.2.2 The bidder has reviewers available who have successfully completed Life Safety Code training.

**4.3 Technical Requirements**

4.3.1 The bidder has or is able to acquire the following technology and equipment to facilitate communication between the contractor, the Department, and health care facilities:

- YES NO
- Fax capabilities with date and time stamp available 7 days a week, 24 hours a day.
  - Word processing software compatible with MS Word '97
  - Internet access
  - E-mail access
  - Photocopy capability
  - Telephone access
  - Digital Sender/Scanner or ability to convert and send documents in PDF format

YES NO  
  **The person signing below as Bidder is the authorized Agency Representative.**

\_\_\_\_\_  
Bidder's Signature

\_\_\_\_\_  
Date

## 5.0 CONTRACT PERFORMANCE REQUIREMENTS

The contract performance requirements are listed below. Failure of the successful bidder to accept these performance requirements in a contractual agreement may result in cancellation of the award. Failure of an awarded contractor to comply with program contract requirements may result in cancellation of a contract. If cancellation of a contract occurs the State reserves the right to select the next lowest responsible bidder for this solicitation.

- 5.1 Within 10 days of the contract award date, the contractor will provide to the contract administrator a completed Caregiver Background Information Disclosure form (HFS-64) for the agency owner/license holder and each employee who will have access to patients/clients records in the course of conducting IDR.
- 5.2 After commencement of the contract, the contractor will provide to the contract administrator a completed Caregiver Background Information Disclosure form (HFS-64) for any new staff or subcontractors prior to them conducting IDR on behalf of the contractor

Individuals with Background Information Disclosure forms or Department of Justice criminal history reports that indicate a conviction for a crime listed on the Department's Offenses List (see Department's Internet web site at [http://www.legis.state.wi.us/rsb/code/hfs/hfs012\\_app\\_a.pdf](http://www.legis.state.wi.us/rsb/code/hfs/hfs012_app_a.pdf)) may be barred from conducting IDR under this contract. The Department reserves the right to find that convictions for less serious offenses are substantially related to the job duties and reject any employee of the contractor as unsuitable to have contact with client records. Agency license holders with barred crimes, findings of misconduct or restrictions on licensures may result in termination of the contract.

- 5.3 Within 30 days of the contract award date, the contractor will attend "IDR Coordinator" training conducted by the Department in Madison, Wisconsin. The contractor will bear any cost incurred in attaining this or any other training.
- 5.4 Within 30 days of the contract award date, the contractor will attend training conducted by the Department in Madison, Wisconsin related to the state statutes and regulations (Chapter 50, HFS 12, 13, 132 and 134). The contractor will bear any cost incurred in attaining this or any other training.
- 5.5 Following the initial Department training, the contractor agrees to be responsible for the ongoing training of all employees and subcontractors regarding Department procedures and IDR requirements.
- 5.6 Within 30 days of the contract award date, the contractor will collaborate with the Department to develop written educational materials for nursing home and ICF/MR provider communities to be provided via memo regarding any changes to the current process.
- 5.7 Within 90 days of the contract award date, the contractor will provide to the Department a plan detailing how staff is currently trained, as well as how staff will continue to be trained on both state and federal regulations and guidance changes and updates.
- 5.8 The contractor will retain all IDR records for the term of the contract. At the end of the contract period or in the event of contract termination, the contractor must submit all IDR records to the Department within 30 days of the contract end/termination.
- 5.9 The contractor will render an accurate and complete typewritten opinion and recommendation to the Division within 21 days of receipt of the IDR request and supporting documentation.

Individual nursing homes and FDDs will submit IDR requests to the Division and the contractor. Requests will specify the type of IDR requested (desk or telephone) and the type of reviewer (professional or expert). Nursing homes and FDDs will submit 2 copies of the supporting documentation to the contractor. The contractor will forward a copy of the IDR supporting

documentation to DQA upon completion of the IDR. Department forms and detailed procedural training will be provided to the contractor at the initial Department training described above.

- 5.10 The contractor assures the Department that all employees and subcontractors will follow the rules of Patient's Rights (Chapter 50 and 51, Stats.). In addition, the contractor, employees, and subcontractors will demonstrate a professional demeanor during IDR.
- 5.11 The contractor assures the Department that all employees and subcontractors will maintain the confidentiality of all individuals involved in IDR under this contract consistent with rules found in Administrative Code, Chapters HFS 12, 13 and 129 and the Privacy Rule of the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- 5.12 The contractor agrees to provide any materials that will be published, related to the IDR contract with the Department, to the Department for review and approval, prior to publication.

## **6.0 PAYMENT REQUIREMENTS**

The contract payment requirements are described below. Failure of the successful bidder to accept these payment requirements in a contractual agreement may result in cancellation of the award.

As mandated by CMS, DQA must provide a minimum form of IDR service to the facilities it regulates, at no cost to the facility. Therefore, DQA agrees to pay the contractor directly for all IDRs completed under this agreement at an amount equal to the hourly rate of a "professional" reviewer for an IDR review, opinion and recommendation as established by this RFP. Any facility that specifically requests the services of an "expert" reviewer will be responsible to the contractor only for the difference between the "expert" reviewer rate and the "professional" reviewer rate paid by DQA. The maximum hourly rates of "professional" and "expert" reviewers charged by the contractor will be established by this RFB.

- 6.1 The contractor will submit monthly invoices to the State of Wisconsin contract administrator for all IDR services at an amount equal to the hourly rate of a "professional" reviewer. Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and to the correct address for processing. For each citation reviewed, invoices will also include the following information:
  - The Tag Number
  - The type of reviewer (professional or expert)
  - The number of hours worked/billed
  - Extended charge (number of hours X hourly rate)
  - Total amount due per IDR
  - IDR Tracking Number
  - Facility Number
  - Facility Name
- 6.2 The contractor will submit invoices directly to each facility requesting the services of an "expert" reviewer. Facilities will be responsible to the contractor only for the difference between the "expert" reviewer rate and the "professional" reviewer rate paid by DQA. Payment arrangements for costs established as the responsibility of an individual facility will be negotiated between the facility requesting the services and the contractor.

## **7.0 TERMS AND CONDITIONS**

- 7.1 The State of Wisconsin reserves the right to incorporate standard State contract provisions into any contract negotiated with any proposal submitted responding to this RFB. See **Attachment I** Standard Terms and Conditions (DOA-3054) and **Attachment II** Supplemental Standard Terms and Conditions for Procurements for Services (DOA-3681)). Failure of the successful bidder to accept these obligations in a contractual agreement may result in cancellation of the award.

- 7.2 Prime contractor and minority business subcontractors.  
The prime contractor will be responsible for contract performance when subcontractors are used. However, when subcontractors are used, they must abide by all terms and conditions of the contract. If subcontractors are to be used, the bidder must clearly explain their participation.

The State of Wisconsin is committed to the promotion of minority business in the state's purchasing program and a goal of placing five (5) percent of its total purchasing dollars with certified minority businesses. Authority for this program is found in Wisconsin Statutes 15.107(2), 16.75(4), and 16.75(5) and 560.036(2). The Department of Health and Family Services is committed to the promotion of minority business in its department purchasing program.

The State of Wisconsin's policy provides that minority owned business enterprises certified by the Wisconsin Department of Commerce, Bureau of Minority Development should have the maximum opportunity to participate in the performance of its contracts. The awarded vendor is strongly urged to use due diligence to further this policy by awarding subcontracts to minority owned business enterprises, or by using such enterprises to provide goods and services incidental to this requested service or contract, with a goal of awarding at least 5% of the award amount of this request for bid/proposal to such enterprises.

Upon request, the awarded vendor shall furnish a subcontracting plan of action indicating appropriate information about its effort to achieve this goal, including identities of such enterprises certified by the Wisconsin Department of Commerce and their subcontract amount. The Department of Health and Family Services may require from the successful contractor a quarterly report of amounts spent with certified minority business enterprises.

A listing of certified minority businesses, as well as the services and commodities they provide, is available from the Department of Administration, Office of Minority Business Program at (608) 267-7806. The list is published on the Internet at: <http://www.doa.state.wi.us/dsas/mbe.htm>

- 7.3 Cancellation and Termination: The State reserves the right to cancel the resulting contract/agreement, for breach of contract or for any reason, by giving written notice to Contractor of such cancellation and specifying the effective date thereof, at least ten (10) days before the effective date of such cancellation. Contractor shall, in the event of such cancellation, be entitled to receive compensation for any work accepted hereunder in accordance with the State's order(s). Contractor may also be compensated for partially completed work in the event of such cancellation. The compensation for such partially completed work shall be no more than the percentage of completion of each work effort, as determined in the sole discretion of the State, times the corresponding payment for completion of such work as set forth in the State's order(s).

Upon cancellation, termination or other expiration of the resulting contract/agreement, each party shall forthwith return to the other all papers, materials, and other properties of the other held by each for purposes of execution of the contract/agreement. In addition, each party will assist the other party in the orderly termination of this contract/agreement and the transfer of all aspects hereof, tangible or intangible, as may be necessary for the orderly, non-disruptive business continuation of each party.

- 7.4 Firm Price: Prices submitted with this bid shall remain firm for ninety (90) days from the due date. Contract prices shall remain firm throughout the length of the contract. Any adjustments shall be as provided in Section 6.2 of the Standard Terms and Conditions and may be made at the time of contract extensions only. Any cost increases must be fully documented. The Department shall receive the benefit of any cost decreases that may occur.

- 7.5 Liquidated Damages: Both parties acknowledge that it can be difficult to ascertain actual damages when a Contractor fails to carry out the responsibilities of the contract. Because of that, the Contractor acknowledges that for the contract resulting from this bid, it will negotiate liquidated damages, as required by the State, for the contract. The contractor agrees that the agency shall have the right to liquidate such damages, through deduction from the contractor's invoices, in the amount equal to the damages incurred, or by direct billing to the contractor.

## **8.0 REQUIRED FORMS**

The following forms must be completed and submitted with the bid in accordance with the instructions given in Section 2.3. Forms are included in the RFB as noted below.

Signed Bid Form – Request for Bid (DOA-3070) Bid Cover Page  
IDR Services Requirements Response Sheet -Section 4.0, Pages 10-11 (Must be Signed)  
Vendor Information (DOA-3477) Page 16  
Vendor Reference (DOA-3478) Page 17  
Vendor Agreement (DOA-3333) Page 18

## **9.0 APPENDICES**

Appendix A - Informal Dispute Resolution Request

Appendix B - Informal Dispute Resolution (IDR) Tracking Record

Appendix C - Informal Dispute Resolution Flow Chart

Appendix D - Wisconsin IDR Statistics

**VENDOR INFORMATION**

**PLEASE TYPE OR PRINT CLEARLY**

1. BIDDING / PROPOSING COMPANY NAME \_\_\_\_\_  
FEIN \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ Toll Free Phone (    ) \_\_\_\_\_  
FAX (    ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_
  
2. Name the person to contact for questions concerning this bid / proposal.  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ Toll Free Phone (    ) \_\_\_\_\_  
FAX (    ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_
  
3. Any vendor awarded over \$25,000 on this contract must submit affirmative action information to the department. Please name the Personnel / Human Resource and Development or other person responsible for affirmative action in the company to contact about this plan.  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ Toll Free Phone (    ) \_\_\_\_\_  
FAX (    ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_
  
4. Mailing address to which state purchase orders are mailed and person the department may contact concerning orders and billings.  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ Toll Free Phone (    ) \_\_\_\_\_  
FAX (    ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_
  
5. CEO / President Name \_\_\_\_\_

**VENDOR REFERENCE**

FOR VENDOR: \_\_\_\_\_

Provide company name, address, contact person, telephone number, and appropriate information on the product(s) and/or service(s) used for four (4) or more installations with requirements similar to those included in this solicitation document. If vendor is proposing any arrangement involving a third party, the named references should also be involved in a similar arrangement.

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

Address (include Zip + 4) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Product(s) and/or Service(s) Used \_\_\_\_\_

\_\_\_\_\_

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

Address (include Zip + 4) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Product(s) and/or Service(s) Used \_\_\_\_\_

\_\_\_\_\_

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

Address (include Zip + 4) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Product(s) and/or Service(s) Used \_\_\_\_\_

\_\_\_\_\_

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

Address (include Zip + 4) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Product(s) and/or Service(s) Used \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This document can be made available in accessible formats to qualified individuals with disabilities.



**Vendor Agreement**  
*Wisconsin's Cooperative Purchasing Service*

Wisconsin statutes (s. 16.73, Wis. Stats.) establish authority to allow Wisconsin municipalities to purchase from state contracts. Participating in the service gives vendors opportunities for additional sales without additional bidding. Municipalities use the service to expedite purchases. A "municipality" is defined as any county, city, village, town, school district, board of school directors, sewer district, drainage district, vocational, technical and adult education district, or any other public body having the authority to award public contracts (s. 16.70(8), Wis. Stats.). Federally recognized Indian tribes and bands in this state may participate in cooperative purchasing with the state or any municipality under ss. 66.0301(1) and (2), Wis.Stats.

Interested municipalities:

- will contact the contractor directly to place orders referencing the state agency contract number; and
- are responsible for receipt, acceptance, and inspection of commodities directly from the contractor, and making payment directly to the contractor.

The State of Wisconsin is not a party to these purchases or any dispute arising from these purchases and is not liable for delivery or payment of any of these purchases.

The State of Wisconsin will determine the contractor's participation by checking a box below.

**MANDATORY:** Bidders/Proposers must agree to furnish the commodities or services of this bid/proposal to Wisconsin municipalities. Vendors should note any special conditions below.

**OPTIONAL:** Bidders/Proposers may or may not agree to furnish the commodities or services of this bid/proposal to Wisconsin municipalities. A vendor's decision on participating in this service has no effect on awarding this contract.

A vendor in the service may specify minimum order sizes by volume or dollar amount, additional charges beyond normal delivery areas, or other minimal changes for municipalities.

Vendor: please check one of the following boxes in response.

I Agree to furnish the commodities or services of this bid/proposal to Wisconsin municipalities with any special conditions noted below.

I Do Not Agree to furnish the commodities or services to Wisconsin municipalities.

Special Conditions (if applicable):			
Signature		Date (mm/dd/ccyy)	
Name (Type or Print)		Title	
Company		Telephone (     )	
Address (Street)	City	State	ZIP + 4
Commodity/Service		Request for Bid/Proposal Number	

This form can be made available in accessible formats upon request to qualified individuals with disabilities.

## APPENDIX A

### INFORMAL DISPUTE RESOLUTION REQUEST

The information collected on this form is used for the informal dispute resolution (IDR) process. Completion of this form is not required by statute, however, the following information must be provided, as described below, if you wish to request informal dispute resolution.

1. Complete and FAX this form to: **IDR INTAKE**  
**608-267-7119** [Division of Quality Assurance (DQA) FAX]
2. SUPPORTING DOCUMENTATION must be forwarded to the contractor, **within ten (10) days of receipt of the Statement of Deficiencies**. Materials received after day 10 will **NOT** be considered and the IDR review will not proceed.

Name – Facility		Facility License No.	
Facility Mailing Address		City	Zip Code
Contact Person	Telephone Number	E-mail Address	
Date SOD Received	Date Request Submitted	Federal SOD Number	State SOD Number
Event ID Number	Was IJ, SQC, Condition, or Repeat Standard Cited? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes,” list tag numbers:		
Type of Review Requested <input type="checkbox"/> Telephonic <input type="checkbox"/> Desk Review	The provider’s legal counsel will be involved in the IDR process. <input type="checkbox"/> Yes <input type="checkbox"/> No	The Service Agreement is included. <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of DQA Regional Office <input type="checkbox"/> Eau Claire <input type="checkbox"/> Milwaukee <input type="checkbox"/> Green Bay <input type="checkbox"/> Rhinelander <input type="checkbox"/> Madison

**Enter the disputed Federal and State tags or codes and the PRIMARY reason for requesting IDR (from the following list) in the space below. Enter only ONE reason for each tag / code. Facilities may not use the IDR process to challenge scope and severity assessments of deficiencies unless the scope and severity assessment constitutes Immediate Jeopardy (IJ) or Substandard Quality of Care (SQC).**

- |   |                              |                    |
|---|------------------------------|--------------------|
| 01 Errors in Citation Details             | 04 Wrong Tag / Code          | 07 Other (Explain) |
| 02 Incorrect Scope – only if IJ or SQC    | 05 New Information Available |                    |
| 03 Incorrect Severity – only if IJ or SQC | 06 Code Interpretation       |                    |

Tag / Code Scope and Severity	Reason for IDR	Tag / Code Scope and Severity	Reason for IDR

APPENDIX B

INFORMAL DISPUTE RESOLUTION (IDR) TRACKING RECORD

Name – Facility	License Number	Date IDR Request Received
Address	SOD Number(s)	
City, Zip Code	Date Served	Region drop down list
Name - Facility Contact Person	Event ID	
Name - Facility Contact for Scheduling IDR	Telephone Number	

ACTION	DUE DATE	DATE SCHEDULED	DATE COMPLETED / RECEIVED
IDR request and supporting information received (day 10)			
Review with Provider (day 17)			

**TYPE OF REVIEW REQUESTED**

- Desk Review     
  Telephone Conversation     
  IDR Request Withdrawn

**ATTENDEES (Check all that apply.)**       N/A Desk Review

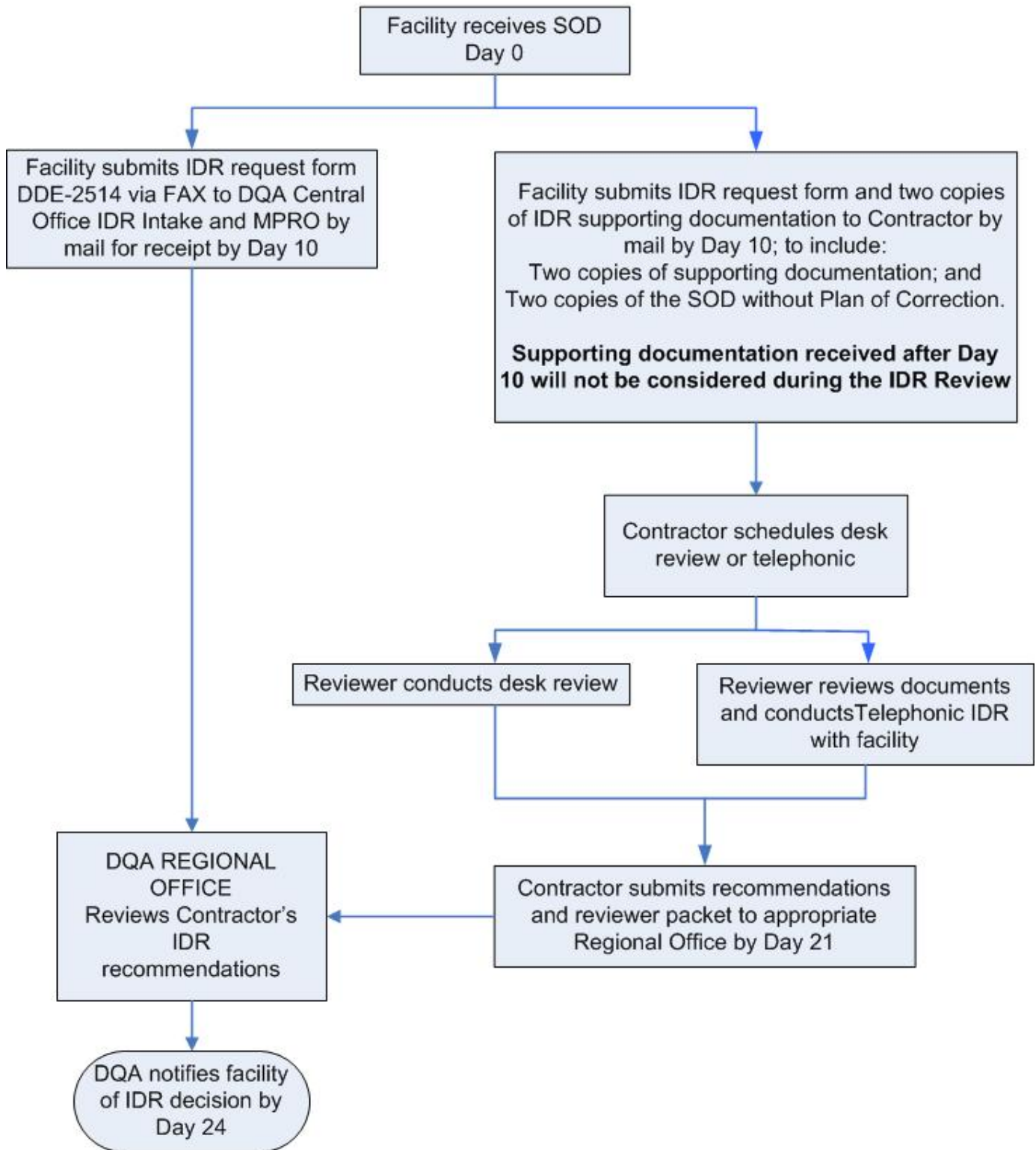
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 01 Administrator                        | <input type="checkbox"/> 06 Surveyor                                | <input type="checkbox"/> 10 Resident / Facility Member / Advocate |
| <input type="checkbox"/> 02 DON / Facility Nurse                 | <input type="checkbox"/> 07 Survey Manager                          | <input type="checkbox"/> 11 Ombudsman                             |
| <input type="checkbox"/> 03 Other Facility Staff                 | <input type="checkbox"/> 08 State Survey Director / Deputy Director | <input type="checkbox"/> 12 Federal Rep                           |
| <input type="checkbox"/> 04 Facility Lawyer                      | <input type="checkbox"/> 09 State Lawyer                            | <input type="checkbox"/> 13 Other                                 |
| <input type="checkbox"/> 05 Corporate / Owner Representative (s) |   |   |

Date RO Received Contractor's Recommendation / Packet	Date Facility Notified of Review Decision (day 24)	
Replacement SOD Requested <input type="checkbox"/> No <input type="checkbox"/> Yes	New SOD Number(s)	Date New SOD(s) / Letter Sent
Name - OQA Reviewer		Time Spent on IDR

Comments:



## APPENDIX C IDR Process Flow Chart



APPENDIX D  
Wisconsin IDR Statistics

IDR Statistics for Nursing Homes and Institutes for Mental Disease, 2004 - 2007 (Based on Survey Exit Date)											
Calendar Year	Requests Received	Type of IDR Conducted		Tags Associated w/Requests	Request Withdrawn for Tag	Tags Reviewed via IDR	Federal Tags	State Tags	Resolution Description	#	%
2004	133	Desk Review	22	374	0	374	274	100	Examples Deleted and/or Verbiage Changed	121	32.4%
		In-Person Meeting	39						Grid/Tag Changed	48	12.8%
		Telephone	54						No Change	153	40.9%
		Unknown	2						Other/Unknown	14	3.7%
		Request Withdrawn	16						Tag Withdrawn	38	10.2%
2005	125	Desk Review	36	356	1	355	257	99	Examples Deleted and/or Verbiage Changed	100	28.2%
		In-Person Meeting	29						Grid/Tag Changed	21	5.9%
		Telephone	41						No Change	195	54.9%
		Unknown	1						Other/Unknown	10	2.8%
		Request Withdrawn	18						Tag Withdrawn	29	8.2%
2006	97	Desk Review	12	331	9	322	210	112	Examples Deleted and/or Verbiage Changed	70	21.7%
		In-Person Meeting	19						Grid/Tag Changed	25	7.8%
		Telephone	65						No Change	182	56.5%
		Unknown	0						Other/Unknown	6	1.9%
		Request Withdrawn	1						Tag Withdrawn	39	12.1%
2007 (Thru 08/17/07)	40	Desk Review	8	116	2	114	82	32	Examples Deleted and/or Verbiage Changed	12	10.5%
		In-Person Meeting	7						Grid/Tag Changed	7	6.1%
		Telephone	25						No Change	81	71.1%
		Unknown	0						Other/Unknown	0	0.0%
		Request Withdrawn	0						Tag Withdrawn	14	12.3%

APPENDIX D  
Wisconsin IDR Statistics

IDR Statistics for Facilities Serving People with Developmental Disabilities, 2004 - 2007 (Based on Survey Exit Date)											
Calendar Year	Requests Received	Type of IDR Conducted		Tags Associated w/Requests	Request Withdrawn for Tag	Tags Reviewed via IDR	Federal Tags	State Tags	Resolution Description	#	%
2004	10	Desk Review	3	51	4	47	37	10	Examples Deleted and/or Verbiage Changed	9	19.1%
		In-Person Meeting	0						Grid/Tag Changed	4	8.5%
		Telephone	7						No Change	30	63.8%
		Unknown	0						Other/Unknown	0	0.0%
		Request Withdrawn	0						Tag Withdrawn	4	8.5%
2005	9	Desk Review	1	14	0	14	14	0	Examples Deleted and/or Verbiage Changed	3	21.4%
		In-Person Meeting	0						Grid/Tag Changed	0	0.0%
		Phone Conversation	2						No Change	10	71.4%
		Unknown	0						Other/Unknown	0	0.0%
		Request Withdrawn	6						Tag Withdrawn	1	7.1%
2006	3	Desk Review	0	25	1	24	20	4	Examples Deleted and/or Verbiage Changed	5	20.8%
		In-Person Meeting	0						Grid/Tag Changed	0	0.0%
		Phone Conversation	3						No Change	15	62.5%
		Unknown	0						Other/Unknown	0	0.0%
		Request Withdrawn	0						Tag Withdrawn	4	16.7%
2007 (Thru 08/17/07)	2	Desk Review	1	6	0	6	5	1	Examples Deleted and/or Verbiage Changed	0	0.0%
		In-Person Meeting	0						Grid/Tag Changed	0	0.0%
		Phone Conversation	1						No Change	6	100%
		Unknown	0						Other/Unknown	0	0.0%
		Request Withdrawn	0						Tag Withdrawn	0	0.0%