

QUESTIONS/ANSWERS REGARDING RFP#1623 –DLTC-BC INDEPENDENT CONSULTANT AGENCY

General Questions:

1. Question: Can the deadline for questions be extended ten (10) days to March 7, 2008 in order to develop more in-depth questions? Is there a way respondents can have questions answered after the 2/27/08 deadline?

Answer: No, answers will be posted no later than March 12, 2008.

2. Question: Why did DHFS choose not to have a bidder's conference?

Answer: Having a bidder's conference is an option and the Department decided to address concerns through the question and answer process.

3. Question: The RFP appears to include two distinct pieces of work – development of the program, and provision of the service. Why did DHFS choose to keep the two components together in one RFP? Would DHFS consider separating the components into two RFPs?

Answer: DHFS will not consider this request at this time.

4. Question: It appears the work outlined in this RFP falls under the RFS category of Independent Verification and Validation/Program and Project Evaluation Services. Had you considered issuing this as an RFS under the statewide consulting and accounting services contract?

Answer: No. This RFP includes a training component and does not fall under the requirements of the RFS contract.

5. Question: Can there be technological assistance from Long-Term Care Bureau regarding technology, web site assistance, and other technology requirements?

Answer: Respondents are expected to describe the technology system it will implement to meet the RFP program requirements. DHFS assistance to create and implement a respondent's technology component will not be provided to respondents. DHFS will work with the selected respondent but will not create technology systems for respondents.

6. Question: Are there one or two SDS waivers? Are there separate waivers for persons with developmental disabilities and for the frail elders/persons with physical disabilities?

Answer: Yes, there are two waivers. The federal CMS determines which target groups need separate waivers.

7. Question: Is there an incumbent providing the same or similar services to waiver enrollees at this time? If so, can the Department identify the incumbent vendor? Can the Department also provide the contract amount and term?

Answer: There is no incumbent as this is a new program. The Department will award a contract based upon the RFP responses. The term of the contract is subject to contract negotiation. The program must begin operations on or before July 1, 2008.

8. Question: Can contacts from resource agencies that were utilized to develop the SDS Waiver (such as New Mexico’s Mi-Via) be shared with the applicants?

Answer: The Department and stakeholders relied on a variety of resources to create this program. Several design components of this program are modeled after the New Mexico Mi-Via Program. Information used from Mi- Via program is available to the public at: <http://www.mivianm.org/>

Section 1.1: Introduction and Background

9. Question: Can we obtain copies of the new 1915 (c) Self-Directed Services waivers that were recently approved by CMS, as well as copies of the existing 1915 (c) waivers for which participants are currently eligible? If so, what is the request process?

Answer: Copies of the waivers may be obtained by contacting the following individuals: New Self Directed Supports Waivers: John O’Keefe: OKEEFJJ@dhfs.state.wi.us ; Elders and Persons with Physical Disabilities: Irene Anderson: ANDERIL@dhfs.state.wi.us ; Developmental Disabilities: Kenneth Golden: GOLDEKT@dhfs.state.wi.us and Nursing Home residents with serious mental illness: Betty Blessinger: BLESSEL@dhfs.state.wi.us

10. Question: Please describe the differences between the self-directed services that are currently available under the Medicaid Family Care programs and those that will be provided under the SDS Waiver?

Answer: The SDS Waiver Program includes the new service Customized Goods and Services and also all services currently allowed by the current “legend” programs of CIP 1, COP-W, CIP II and COR. At this time participants in the SDS Waiver may use substitute care facilities (AFH, CBRF, and RCAC) on a short term basis or for respite/ recuperative care.

Participant-Customized Goods and Services are defined to include: “a service, support or good that enhances the participant’s opportunities to achieve outcomes related to living arrangement, relationship, community inclusion, work and functional or medical status. Each service, support or good selected must meet each of the following four criteria : 1: the item or service is designed to meet the participant’s functional, vocational or medical or social needs and also advances the desired outcomes in his/her Individual Service Plan; 2: the service, support or good is documented on the Individual Service Plan; 3: the service, support or good is not prohibited by Federal and State statutes and regulations, including the State’s Procurement Code and 4: the service, support or good is not available through another source or experimental in nature, and must also meet one of the following four criteria: (1) the service, support or good will maintain or increase the participant’s safety in the home or community environment; (2) the service, support or good will decrease or prevent increased dependence on other Medicaid-funded services; 3) the service, support or good will maintain or increase the participant’s functioning related to the disability; 4) the service, support or good will maintain or increase the participant’s access to or presence in the community.”

Information on services of the legend programs can be accessed in Chapter IV of the Medicaid Waivers Manual which is available at: [WI DHFS Medicaid HCB Waiver Manual](#) Information on SDS in managed care can be obtained at the Family Care website: <http://dhfs.wisconsin.gov/LTCare/>. Additional useful comparison information is available at the ADRC enrollment counseling website: <http://www.dhfs.wisconsin.gov/LTCare/Generalinfo/RCs.htm> Members of managed care have the option to self direct all or some of their long term care services and to date members direct only the service supportive home care.

11. Question: The RFP states, “people will be given the opportunity to enroll in the SDS waiver or in Family Care”. What are the rules around enrollment and disenrollment? For example, can an individual enroll and disenroll at will or are there specific timeframes and processes under which these actions can take place?

Answer: Participation in either the SDS Waiver or in managed care Family Care program is voluntary. Individuals have the option to participate as long as they desire, provided their eligibility continues. The state is committed to assuring that persons who leave one program and join the other will have their supports continue in place while the transition between programs occurs. Persons who decide to leave one program and join another will be offered enrollment counseling at the ARDC.

12. Question: Is there any data on the geographical area of the initial 700 participants? Are they located in specific regions in the state?

Answer: The SDS Waiver Program option will be offered consistent with the state’s timeline for long term care reform in the state once the two vendors are operational. The timelines for various counties in the state entering transition can be accessed at: <http://dhfs.wisconsin.gov/managedltc/generalinfo/pdf/startdates.pdf>

13. Question: How does the State intend to market to individuals who are eligible for the SDS waiver and how will the vendor(s) chosen as the Financial Service Agency and Independent Consultant Agency be incorporated in the marketing? Does the ICA have a role in providing information and support to individuals considering enrollment in the SDS Waiver?

Answer: Upon being found eligible for publicly funded long term care services at the ADRC, people will receive enrollment counseling and will be given the opportunity to enroll in the SDS Waiver Program or in Family Care. This includes people who transition from the current waivers and those who are taken off the waitlist. Respondents may review information describing the ADRC role and other enrollment counseling details at: <http://www.dhfs.wisconsin.gov/LTCare/Generalinfo/RCs.htm> Both the FSA and the ICA involvement with participants of this program occurs after the individual has chosen the option.

14. Question: What is the average size of participant budgets? If that information is not available, what are the average historical expenditures for individuals eligible for the SDS waiver?

Answer: It is difficult to anticipate the average budget amounts at this time, as the work on setting budgets is now in progress. The final product will be an individualized budget

for all ongoing waiver funded long term care supports and services that matches the projected expenditures for needed services for the person had she/he been served in the managed care program. The state will manage a separate fund to pay the cost of supports and services used infrequently (housing modification for example), and such services will not be a part of the individual's budget. The person using the SDS Waiver will have access to all Medicaid State Plan Services such as home health, personal care, durable medical equipment and supplies and therapies. These services are managed outside of the FSA and ICA contracts. The state is exploring how additional variables such as geographic residency influence budget needs.

15. Question: Has a budget format been established? Has the State established rules for participant budgets?

Answer: The budget assigned will be based on the person's functional needs information collected and logged into the Long Term Care Functional Screen by the ADRC. Supports and services used infrequently (housing modification for example) will be managed through a central fund and will not be a part of the ongoing individual budget calculation. As noted above, Medicaid State Plan Services are not included in the individual budget. All support and services paid must be listed on the ICA approved individual support and service plan for that participant. If this question refers to purchasing supports and services within the established budget, the FSA only pays based on the written, and ICA approved, Individual Support and Service Plan.

Section 1.2 Project Scope

16. Question: What percentage of the SDS participants does the State estimate will be elderly vs. disabled? What percentage will be people with Traumatic Brain Injuries? What percentage of the population of the target groups would opt out of the alternative managed care model in order to utilize the SDS Waiver?

Answer: The Department projections in the federally approved waiver application are that 68% of the participants will be persons who are frail elders or adults with a physical disability and 32% will be adults with a developmental disability. Persons with a Brain Injury are generally included in this number as members of the target group physical disability. The Department projects that approximately 5% of the managed care population also eligible for this SDS Waiver Program will choose to access their publicly funded long term care supports and services through the SDS Waiver Program.

17. Question: Will there be a phase in schedule or pilot for enrollment of participants in the SDS Waiver in order to test the ADRC, ICA and FSA procedures and processes on a limited number of participants prior to full scale enrollment in order to ensure that they are effective and appropriate?

Answer: No, there will not be a phase in program. However, the respondent will design and describe the procedures and processes that it will use to operate the program and it is expected that processes and procedures will have already been tested. Proposed reliability of the procedures and processes is a part of the requirements of the ICA quality management plan.

18. Question: Will the SDS Waiver have a waiting list? If yes, what role, if any, does the ICA have in relation to assisting/educating people on the waiting list?

Answer: No, the program will not have a waiting list. Persons on any current wait list will be offered the option to join the SDS Waiver Program as they are offered the alternative option. The ICA and the FSA interact with participants after the individual has chosen the SDS Waiver option through the enrollment counseling provided by the ADRC. The ICA must then arrange for an independent consultant to contact the person within 14 calendar of the referral from the ADRC. The first Consultant face-to-face contact must occur within the first 21 calendar days after the initial referral.

Section 1.4 Who May Apply

19. Question: In section 1.4 of the RFP, the last sentence of the first paragraph states “Wisconsin Managed Care Organizations are not eligible to apply.” How does DHFS define a Wisconsin Managed Care Organization? What types of organizations are included in that definition? Are providers for MCOs included in that definition?

Answer: Wisconsin Managed Care Organization or MCO means an entity that is certified as meeting the requirements for a managed care organization under s. 46.284 (3) Stats., and, has a contract under s. 46.284 (2) Stats., and ch. HFS 10.42 Wis. Adm. Code. Providers of an MCO are not managed care organizations.

20. Question: Can the Independent Consultant Agency (ICA) in the SDS Waiver also be a provider of self-directed FMA and/or co-employment services for a Managed Care Organization in the Medicaid Family Care program since they will not be serving the individuals who are currently enrolled in the SDS Waiver?

Answer: Respondents also providing long term care services to persons eligible for this program must follow the RFP instructions listed on page 6 in Section 1.4. Choice between options continues after the person’s initial program selection. A conflict surrounds the influence of the ICA or the consultant on the person’s choice to select from among program options. Conflict of interest must be disclosed and respondents must fully address all RFP requirements on this topic in their proposals to receive consideration.

21. Question: Can an entity that currently provides support and service coordination/care management in a non-family care county continue to offer those services to individuals and also serve as an ICA? If yes, are there specific circumstances or arrangements a respondent must make (i.e. does the entity need to erect a firewall between the divisions that provide those two kinds of services)?

Answer: Respondents now providing support and service coordination/ care management to persons in a county that has not yet implemented long term care transition may be able to continue in both roles for a specified time period. Perceived or real conflict of interest surrounding the ICA or consultant influencing the person’s selection of the SDS Waiver Program or an alternative model must be described in the response.

22. Question: What services does the term “direct long term care services” in section 1.4 of the RFP (Who May Apply?) include (i.e. does that term include benefits analysis, self employment consultation, case management/support broker?)

Answer: Direct long term care service is any support or service funded by Medicaid or a Medicaid waiver program in Wisconsin. Services of benefits analysis, self employment consultation and case management/support broker appear to fit this definition. In such a case the respondent must thoroughly describe how the individual will be supported to exercise their right to choice from among any qualified provider without undue influence as a part of its response to the RFP.

23. Question: Does a subcontract arrangement with consultants remove any of the conflict in interest when that same parent agency provides direct care to the affected consumer?

Answer: Subcontracting may remove some but may not remove all conflict. Respondents should describe such situations and their remediation plans with sufficient detail in accordance with the RFP instructions.

Section 2.4 Fixed Price Period

24. Question: The RFP states that all prices and costs in the proposal remain fixed for 90 days – does that mean that the per participant per month rate can be reviewed and renegotiated at that point?

Answer: All prices and costs in the proposal remain fixed for 90 days means that a request to negotiate a higher rate within 90 days the initial proposed price will not be considered by the State.

Section 2.5 Proposal Organization and Format

25. Question: Page 12 - Does the “Headings and Subheadings noted below” in 2.5 refer to the headings listed under 3.4, the headings listed under 4.0 or others?

Answer: Proposals should be organized in the same order as the headings in the RFP. Each heading and subheading should be separated by tabs or otherwise clearly marked.

Section 2.6 Multiple Proposals

26. Question: The RFP indicates that multiple proposals from a vendor will be permissible. Does this mean that one vendor can submit a proposal for the Financial Service Agency RFP and the same vendor can also submit a proposal for the Independent Consultant Agency proposal?

Answer: A respondent may submit more than one proposal for this RFP. It is also true however, that a single respondent may respond to each of the two RFPs issued to operate the new SDS Waiver Program. A respondent may only be selected for one of the awards, not for both the FSA and the ICA.

Section 4.2 Proposal Requirements

27. Question: Who will be responsible for paying the cost of provider compensation insurance for employees?

Answer: The respondent must follow all current law and regulation concerning requirements to carry provider compensation insurance(s). The cost of such payments are included in the cost of the individual's approved support and service plan and are paid by the FSA as a part of its duty to expend funds according to the approved individual support and service plan of each participant.

Section 4.22 Respondent References

28. Question: At the top of Page 18 – can you please provide a clarification on the description of an “External Contractor” – request for a reference from? Is that the agency that has purchased the ICA type service from the respondent?

Answer: This means that the reference provided may not be internal to the respondent and also that the reference was the recipient of ICA type services from the respondent for at least one year.

Section 4.24 Project Work Plan

29. Question: Does the term “timeliness” on page 19 for the provision of services equal to the time frames spelled out on page 21 and 22? What is the expectation regarding the timelines for the ICA to develop consultant networks?

Answer: Yes, the page 19 timeliness refers to pages 21 and 22. The ICA must create or manage an independent consultant capacity that facilitates a process whereby every individual selecting the SDS Waiver option will be contacted by an individual consultant within 14 days of the referral from the ADRC. The individual consultant must meet face to face with the participant not later than 21 days after the referral and must meet all other mandatory and optional consultant responsibilities.

30. Question: What is expected focus and content of the Participant Skills Training Program? How is it different than the Participant Orientation Program? Can a participant ever include skills training as part of their individual service budget?

Answer: Participant skill training and participant orientation is described in the RFP document on pages 20 and 21 in the RFP. Orientation refers to helping persons understand ICA and SDS Waiver program processes and procedures. Skills training assists persons to acquire new skills as relates to the individual self directing his/her supports and services. Skills training involving other skill development such as personal cares for instance, would be an element of that person's individual plan and budget. Both deliverables must be elements of the respondent's Quality Improvement Plan.

31. Question: Please define the difference between the Support Broker and the Independent Consultant. Please explain the role of each in assisting SDS Waiver Participants to access non-waiver Medicaid services such as primary care?

Answer: The definitions in Section 1.6 of the RFP and also the descriptions of consultant duties and required ICA protocols in Section 4, specifically 4.2.4-e and f describe the mandatory and optional duties of the individual consultant. The State's approved SDS Waiver includes the following information on broker: "A support broker is an individual who assists a participant in planning, securing, and directing self-directed supports. The services of a support broker are paid for from the participant's self-directed supports budget authority. Service brokers must be independent of any other waiver service provider. A support broker shall be knowledgeable of the local service delivery system and local community-integrated services and resources available to the participant. A support broker shall also be knowledgeable of the typical kinds of needs of persons in the participant's target group." Other notes that describe the differences between broker and consultant are sprinkled throughout the RFP. Either the consultant or the broker could assist the person to access primary care Medicaid Services. Many persons using this SDS Waiver Program will access medical services themselves or with the assistance of friends and family.

Another major difference involves the consultant's role identifying the person's individual quality assurance plan and also the consultant role to identify personal experience outcomes. Yet another consultant task includes the responsibility under Wisconsin Statutes, specifically §55.043(1g) (1a) and 46.90(3) (a) and also critical incident reporting. Additionally the consultant role in outcomes identification is unique to consultants. The RFP has been amended to include additional information on the consultant responsibilities in the areas of outcomes identification and vulnerable adult protections. Section 4.24-f: Operational Details and Requirements have been amended to include the following additional information:

Persons selecting the SDS Waiver program may fall victims of abuse, neglect and/or exploitation. Wisconsin Statutes §55.043(1g) (1a) and 46.90(3) (a) will apply to many of these situations. In addition to the statutory requirements, each county also operates an elder adults-at-risk and/or an adults-at-risk interdisciplinary team for consult in cases of abuse, neglect and exploitation. The ICA must become familiar with the provisions of these statutes and also the county based adults at risk interdisciplinary teams. The ICA is responsible to assure that each appointed consultant is familiar with and follows the provisions of the law including those which would require that the independent consultant coordinate with the respective county's elder adults/adults-at-risk reporting agencies.

- Written policies and procedures must describe how the ICA will assess and monitor consultant ability to adhere to WI State Statutes § 55.043(1r)(1m) and 46.90(4) with respect to limited required reporting of abuse, neglect and exploitation, and also include in its policies a description of the ICA protocol as relates to the county interdisciplinary teams.
- Written policies and procedures must describe how the ICA will assess and monitor consultant ability to promptly respond to critical incident reports received from participants, providers or others.

For the consultant task of identifying participant personal experience outcomes (see pages 21-22), the new DHFS outcomes assessment interview tool will be required to be used. The tool is designed for use by both consultants and also external quality reviewers.

and is named PEONIES (**P**ersonal **E**xperience **O**utcomes **i**ntegrated **I**nterview and **E**valuation System). Additional information on the PEONIES tool can be accessed at: http://www.chsra.wisc.edu/peonies/peonies_index.html

- Written policies and procedures must describe how the ICA will assess and monitor consultant competency as relates to personal experience outcome identification.

32. Question: Are the support broker's fees to be a part of the project participant's budget or the Care management category of expenditures? What if there are no support broker services available? Does the state have a list of Certified Brokers? Do they have to be certified?

Answer: Yes, the cost of support brokerage is a service, and any associated fee is paid out of the participant's assigned budget. Insufficient supply of brokers would mean that individuals would not have access to brokerage until such time as sufficient capacity was present. The state does not maintain a list of "certified brokers" and there is currently no officially recognized state certification program for brokers.

33. Question: Please provide more guidance and examples regarding the definition of "contact of substance" and the distinction between a contact of substance and a "brief inquiry or happenstance interaction" that is not considered to be a countable contact.

Answer: Contacts of substance are deliberate, planned and purposeful and centered on the individual participant. A community gathering where a consultant greets several participants in a social situation does not represent a contact of substance for this purpose.

34. Question: Please describe in more detail what the ICA will be expected to do in order to meet the requirement that "Calls communicating a health or welfare emergency must be responded to immediately?" Why would ICA be receiving those calls?

Answer: Persons selecting the SDS Waiver program may fall victims of abuse, neglect and/or exploitation. Wisconsin Statutes §55.043(1g) (1a) and 46.90(3) (a) will apply to many of these situations. In addition to the statutory requirements, each county also operates an elder adults-at-risk and/or an adults-at-risk interdisciplinary team for consult in cases of abuse, neglect and exploitation. The ICA must become familiar with the provisions of these statutes and also the county based adults at risk interdisciplinary teams. The ICA is responsible to assure that each appointed consultant is familiar with and follows the provisions of the law including those which would require that the independent consultant coordinate with the respective county's elder adults/adults-at-risk reporting agencies. In addition, the consultant role in reporting critical incidents to the ICA so it may meet its obligations to the state should not be ignored. The State's required Current Incident Definitions and reporting system requirements (Form # DDE-2258) can be accessed through the Department's Forms Library at: <http://dhfs.wisconsin.gov/forms/index.htm>

35. Question: Please describe what role, if any, the ICA will be expected to perform in reviewing and/or approving the purchase of customized goods and services.

Answer: The ICA supports each consultant in the role of identifying participant personal experience outcomes and also reviewing and approving the individual support and service plan. As noted in a previous answer above, any support or good characterized as customized goods and services must meet the criteria specified in the decision before the plan may be approved. The consultant approves such items under the auspices of the ICA.

36. Question: What does the sentence "ICA approved budgets" mean?

Answer: The statement was meant to refer to the review and approval of the individual support and service plan. An RFP amendment has been made in this regard.

37. Question: What do you anticipate the Consultant's role to be with regard to the requirement that they "interact with the FSA regarding provider qualification verification?"

Answer: The Consultant approves the participant's individual support and services plan. One component of this approval includes verification that the plan includes only qualified providers. The FSA is responsible to make sure the criminal background check is completed, and also to make certain that the I-9 employment verification occurs and also that a background check occurs. Both verifications are examples of interaction between the two entities regarding provider qualification verification.

38. Question: What role and responsibilities, if any, will the Consultants have in assisting Participants to secure and interpret criminal background checks on their prospective employees? For whom will such checks be required? Will the checks be name based or will they require finger printing potential employees?

Answer: Consultants will assist the participant to interpret results of the FSA completed criminal background checks. Criminal background checks are required on all providers of direct services where interaction occurs and a participant could be victimized. The checks will be name based unless future additional requirements supersede this method.

39. Question: What will be the Consultant's role and responsibilities in assisting in Medicaid eligibility process?

Answer: Initial Medicaid and other program eligibility is determined while the participant is at the ADRC. Medicaid and program eligibility is an ongoing process. Cost share payments, annual functional and financial reviews are a few examples. The consultant needs to be aware of the participant's eligibility and can provide reminders and assistance as necessary in these and other eligibility processes.

40. Question: What does assist with employment-related duties within 10 days of request mean vis a vis Consultant responsibility?

Answer: The consultant who receives a participant request for assistance that relates to the participant managing his/her own staff will respond in a time frame that does not exceed 10 calendar days. The respondent shall describe the policies and procedures it will implement to ensure that participants receive assistance with employment related duties and other supports within 10 days of request being made by the participant.

41. Question: Who would be responsible for the development and disbursement of client training materials?

Answer: The ICA has this responsibility for ICA related materials and the FSA has the responsibility for FSA related materials. Close communication between the entities is necessary.

42. Question: Why is there a need for the ICA to operate an on -call service 24/7? Please define the scope of the responsibility of the ICA in regards to this and also responding immediately to calls from health or welfare emergency.

Answer: Persons selecting the SDS Waiver program may fall victims of abuse, neglect and/or exploitation. Wisconsin Statutes §55.043(1g) (1a) and 46.90(3) (a) will apply to many of these situations. In addition to the statutory requirements, each county also operates an elder adults-at-risk and/or an adults-at-risk interdisciplinary team for consult in cases of abuse, neglect and exploitation. The ICA must become familiar with the provisions of these statutes and also the county based adults at risk interdisciplinary teams. The ICA is responsible to assure that each consultant is familiar with and follows the provisions of the law including those which would require that the consultant coordinate with the respective county's elder adults/adults-at-risk reporting agencies. Additionally, the ICA has responsibilities to the state in the area o critical incident reporting. The design of the approved waiver includes this element. Many of the individuals using this program are vulnerable. It is our hope that such an on call system is used infrequently. We recognize the value in this program component in terms of our mutual interest in adequately protecting the health and safety of program participants. The ICA that excels in the area of individualized quality assurance, superior back up plans and superior participant skills training programs would likely be the ICA that uses their 24/7 on call system least.

43. Question: What does the requirement for a “24/7 toll free number with on-call service after regular business hours” mean? Will it require that a Participant's Consultant be on call?

Answer: The ICA requirement of the 24/7 toll free number with on-call service after regular business hours is an ICA requirement and is not written as a requirement of the Individual Consultant. The respondent is asked to describe its customer service system, and also to include in such description, how it will fulfill the program requirement.

44. Question: What is the process for sending the FSA authorizations for services? What is the software that will be used? What is the State's experience in using this software? Will there be an established period to test the transfer of authorizations?

Answer: Respondents are asked to create and then to describe several processes and systems it will create to make this program operational. The process for sending the FSA authorizations is one of these processes. This is a new program, and therefore there is no current software in use. The respondent should describe any software it intends to use in its response. Respondent testing of such software is advisable as are the results of test runs the respondent has completed. Such testing should be an element of the respondent Quality Management Plan.

45. Question: What decisions will be made during the review process by the Department of those Participants who request more than 20 contacts per year? If the decision is to allow a Participant to continue to be enrolled in the SDS Waiver will the ICA receive additional reimbursement for providing Consultant services to that individual?

Answer: Requests for additional contacts beyond 20 per year are subject to review and approval by the DHFS program manager on a case-by-case basis. The ICA should not expect additional funding for such cases unless such an arrangement is a part of its contract arrangement with the state.

46. Question: In section 4.2.4.g, page 23, the RFP asks for "a detailed description of its intended Information Manual as part of its response." Please clarify what format that description should take (i.e. an outline? a prototype of several pages? a suggested table of contents?).

Answer: Responses should sufficiently communicate the skills and capacity to meet or exceed program requirements to the evaluators. A response including the elements noted in this question would have elements that are consistent with this standard.

Section 5.0 Pricing Proposal Organization

47. Question: Should the fully loaded rate be calculated with the assumption that there will be 700 participants (the number that referred to in the RFP)? If not, what is the number of participants a respondent should assume for purposes of calculating the rate? Can we also propose a few different rates depending on the number of participants; \$x over 50 consumers, \$y over 175 participants?

Answer: Yes, the fully loaded rate proposed should be based on the Department's projected numbers. The Department has projected the potential number of consumers that may select this program option to be 700, 1000 and 1500 respectively for the three covered years by this RFP. Respondents should base the budget part of their responses on these projected numbers. If the actual participation in this program differs significantly from the projected numbers, then the Department will negotiate any necessary rate adjustment during the contract period. The RFP has been amended to state this information. Respondents may propose additional per member per month rates, but scoring and ranking the cost component will be based on the Department projections.

48. Question: Can we include the start up costs for the program in the proposed budget? Can they be paid as a separate cost, or included in the PMPM rate? Should a respondent include start-up costs as part of the firm, fixed, fully-loaded rate? Should the cost proposal be submitted on a disk?

Answer: Start up costs requested should be separately identified as such. The per member per month cost calculation should not include start up costs. Paper copies of the cost proposal are sufficient. The RFP has been amended accordingly.

49. Question: What do you mean by "firm, fixed and fully loaded" in section 5.0? Will the contractor have an opportunity to be reimbursed for actual expenses incurred or is it limited to the per member per month flat rate only?

Answer: Firm, fixed and fully loaded references the per member per month required proposed rate calculation. All ongoing expenses of the ICA shall be included in this calculation and the calculation once accepted will become a contract term. An ICA respondent may present its case to the Division to seek to have advance payments for operating expenses it believes are necessary. Such requests will be considered on a case-by-case basis only. If approved, respondents may have a maximum of 3/12 of this portion of the approved budget paid in advance.

50. Question: How will DHFS determine the definition of, time frame for, “start-up costs”? Are there any criteria for what can or cannot be included? Is there a time period for the request and expensing of “start up costs”? Will that go through a different payment process?

Answer: The Department does not expect all responses to include seeking payment for start up costs, but will consider responses seeking start up costs. Department and State policy surrounding allowable time frames and expenses can be accessed at: <http://dhfs.wisconsin.gov/grants/>

51. Question: How should start-up costs be presented in the response for a respondent that seeks to be paid start up cost funding?

Answer: Respondents seeking payment for such costs should attach separate pages to its Cost Proposal page in Appendix A of the RFP.

52. Question: Are you expecting the Respondent to address in the proposal 5.0 when it discusses Pricing? Should respondents address Sections 6, 7, 8 in the application or will it be dealt with after the award?

Answer: All sections of the RFP must be addressed for responses to be considered. Some elements in these sections are identified as contract terms and will be addressed during contract negotiations.

53. Question: What is the payment process to the respondents (contractors) going be?

Answer: The payment process to the selected vendor will be a contract term and a part of that negotiation.

54. Question: Is the only purpose of the budget to give a detailed breakdown of the projected costs that are included in the proposal’s PMPM rate? What will be the status and function of the Line-Item Budget once the contract has been awarded and the ICA is providing services? Why is Participant Skills Training expense separately identified?

Answer: Appendix A line items provide the Department and the evaluator’s insight necessary to properly rank proposals. The required cost component of the response accounts for 17% of the overall scoring criteria.

55. Question: Who will be responsible for paying the cost of criminal background checks? What are the estimates for the number of criminal background checks that will be required for the projected population?

Answer: The FSA disburses funds to pay the cost of the criminal background checks. Current rule requires that providers who engage in direct care with

program participants have this check completed upon hiring, and every 4 years thereafter. The cost of this check must be identified on the respondent budget page located of the RFP.

Section 7.1 Mandatory Terms and Conditions

56. Question: The RFP states, “The successful Respondent will provide documentation that it is a Wisconsin Medicaid Provider, according to Medicaid Program certification rules prior to the contract effective date.” Is the respondent also required to have a MA provider number and is it for billing purposes? Or is it that you mean – a provider agreement needs to be signed & approved by DHFS for anyone that is being hired to provide services to persons selecting the SDS Waiver? Can the Department please clarify the intent of this requirement?

Answer: This requirement is stated incorrectly in the RFP. The RFP should have stated that the respondent must sign a Medicaid Provider agreement prior to the commencement of the contract. Thank you for bringing this error to our attention. The RFP has been amended accordingly to state that a Medicaid Provider Agreement is required.

Section 7.2 General Terms and Conditions:

57. Question: In section 7.2 (a), the RFP indicates that, after the award of this contract, the selected vendor will meet with DHFS staff to discuss start-up costs. In section 5.0 and in the Cost Proposal (Attachment A) no mention is made of how, or if, to factor such costs into the fully-loaded Per Member/Per Month rate.

Answer: This question/answer document and the amendments to the RFP have clarified that per member per month shall be based on Department projected participation numbers and also explained how start up costs might be proposed. The RFP has been amended accordingly.

Section 10 Required Forms & Attachments

58. Question: Are the costing methodologies and models available for applicants to review at the time they are developing costs?

Answer: Respondents are expected to develop and describe a program including cost components using the guidance contained in the RFP document. The required cost component of the response accounts for 17% of the overall scoring criteria.