

APPENDIX A
RFP 1637-DLTC-SM
TECHNICAL RESPONSE REQUIREMENTS FOR
CENTRAL WISCONSIN CENTER FOR THE DEVELOPMENTALLY DISABLED
(CWC)

4.0 TECHNICAL PROPOSAL RESPONSE REQUIREMENTS

DHS is seeking a Contractor with experience in and capacity to provide comprehensive pharmacy and administrative services for use in treating clients under the jurisdiction of CWC subject to DHS's specific requirements.

Overview: This project is for comprehensive pharmacy services for provision of medications, over-the-counter medications and biologicals by the Vendor for use in treating clients under the jurisdiction of CWC.

Vendor will have overall responsibility for pharmacy services at CWC. This responsibility includes:

- the provision of an efficient drug distribution system
- an ongoing in-service education and reference program
- monitoring of drug administration procedures on the clinical units,
- coordination of a collaborative working relationship with other facility departments within CWC
- development and implementation of a pharmacy quality assurance and improvement plan
- removal of all drugs deemed unsafe by the FDA or the drug manufacturer
- compliance with all federal and state laws governing drug usage
- compliance with Centers for Medicare & Medicare Services (CMS), Division of Quality Assurance (DQA) standards and National Patient Safety Goals (NPSG)
- maintaining best pharmacy practice
- following CWC rules and regulations

The proposer's response to the following requirements (Sections 4.1 – 4.8) will serve to evaluate the contractor's capabilities for performing the comprehensive pharmacy services for DHS CWC state facility as well as references, and any interviews/demonstrations. Failure to respond and address any of the sections below may result in rejection of a proposal.

A vendor's proposal must address how it will meet all the requirements described in the technical section of the RFP. The response must follow any additional instructions included in any of the sections. In the event no proposal adequately addresses all of the technical requirements, the Department reserves the right to continue the evaluation process but is not obligated to do so. At its discretion, the Department may ask proposers to submit additional documentation to support any of the requirements below.

Proposal responses to the technical requirements should meet the objectives of the RFP noted in section 1.3 of the main RFP and listed below.

- Result in increased efficiencies in operations and management;
- Result in improvement in quality and delivery of service to clients; and
- Result in cost savings to the State of Wisconsin

No mention of the Vendor's Cost Proposal (Appendix G) may be made in the response to the technical requirements of the RFP.

4.1 EXECUTIVE SUMMARY

Provide a brief executive project summary (maximum 5 pages) that includes an evaluation of the current state of the art, the objectives of the proposed work, and the benefits that will be derived. Identify major specific requirements and deliverables, describe in summary and substantiate your work plan, methodology and techniques that you are proposing. Discuss feasibility, the degree of success expected, and identify any problems anticipated and contingency plans in the event that problems arise.

4.2 ORGANIZATION CAPABILITIES

4.2.1

The pharmacy/organization shall have and maintain throughout the term of the contract all appropriate Wisconsin and federal licenses. A current copy of vendor organization's pharmacy license must be included with the vendor proposal. Failure to do so may result in rejection of a proposal.

4.2.2

Vendor must have licenses and qualifications to provide pharmaceutical services in accordance with accepted professional principles and applicable state and federal regulations (**HFS 134.67**)

4.2.3

Describe your firm's experience and capabilities in providing similar services to those required within the scope of this RFP. Be specific and identify projects, dates, recipient of services and results. Include a description of any cost saving pharmaceutical programs that you have implemented within the last three years (i.e., therapeutic substitutions). Please indicate the dollar amount saved by each specific program.

4.2.4

Please provide an organization profile that includes the following:

- a) Name, address, e-mail, toll-free telephone number and fax number of vendor.

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- b) Years of prior experience in the pharmaceutical supply, service, and support business. Indicate your legal form (i.e., sole proprietorship, partnership, LLC, corporation/state of incorporation). If corporation, date of incorporation names and addresses of principle officers, directors, or partners.
- c) Detailed experience with Intermediate Care Facilities for people with a diagnosis of Mental Retardation (ICF/MR) including the number of years, the number of facilities and whether services were provided at multiple sites. Please include the name of facilities, contact names and phone numbers.
- d) The pharmacy organization must appoint a project manager with the authority and ability to resolve problems and make decision on behalf of the dispensing pharmacy. The project manager shall be directly responsible for program oversight and shall be the Department's liaison.

Provide the name and a brief biography of the project manager. If the vendor does not have this information at the time of the, proposal due date, provide the process by which the choice will be made and the qualifications vendor will require. Project manager must be appointed and approved by DHS prior to execution of any contract.

- e) Disclosure of any conditions (e.g., bankruptcy or other financial problems, pending litigation, planned office closures, impending mergers) that may affect the Proposer's ability to perform contractually.

4.3 STAFFING CAPABILITIES AND REQUIREMENTS

Overview: This section should discuss the staff of the proposing firm who would be assigned to work on this project and their reporting relationships. At a minimum, vendor must address the following:

4.3.1

The vendor's proposal must demonstrate significant expertise in assigning qualified staff to key leadership roles for this project. The vendor's proposal must identify by position and by name, including staff of any subcontractor, those staff it considers key to the project's success. The vendor must provide resumes describing the educational and work experiences for each of the key staff assigned to the project. If the position is vacant, the vendor must indicate the **minimum** qualifications considered to fill the position.

4.3.2

In addition, the vendor must provide detailed position descriptions requirements that meet those described below, as well as incorporate the hiring of such staff into the project schedule in a way that assures hiring of qualified staff by the proposed start date of this project.

4.3.3

At a minimum, key staff identified must include at least one licensed clinical pharmacist, an information technology manager, a project manager, and an account manager. (Note: At the vendor's discretion, the proposed account manager may be the same individual as the proposed project manager.)

For the purpose of determining the project and account manager's experience and qualifications, a program of similar size and complexity means a dispensing pharmacy preparing and dispensing a minimum of 35,000 physician orders annually utilizing a unit-dose system.

4.3.4

All pharmacists shall have and maintain throughout the term of the contract all appropriate state licenses. A current copy of all pharmacist licenses assigned to this contract should be included with the RFP. If not all pharmacists are known at the time of proposal submission, include a statement of agreement that contractor will provide a copy of contract pharmacists licenses within 3 weeks of any intent to award a contract. Failure to do so may result in cancellation of an award.

4.3.5

The profiles and resumes for each proposed staff person noted below must demonstrate how those individuals meet or exceed the following experience requirements applicable to each position for which each individual is proposed:

- a) For the chief pharmacist manager: in addition to proof of a current and valid professional pharmacist license, he/she must have at least three (3) years of experience in work similar to the work for which he/she is proposed.
- b) For the information technology manager: at least one (1) year of experience within the last three (3) years in a responsible role working with a dispensing and administrative pharmacy of similar size and complexity.

4.3.6

List total number of all full and part time personnel who will be assigned to this project and the percent of time devoted exclusively to this project. Include their position description(s).

4.3.7

Include a curriculum vitae/resume for each licensed professional which will be involved in this project, in accordance with your proposal.

4.3.8

If the state in which your business is located requires pharmacy technicians to be licensed or certified, the pharmacy technicians shall have and maintain throughout the term of the contract the appropriate license. A current copy of all pharmacy technicians' certification or license must be included within the RFP. If your state does not require pharmacy technicians to be licensed, indicate that in your proposal response.

4.3.9

Include a statement that for any vendor staff entering CWC, the contractor will provide CWC with a copy of the criminal background check form within fifteen days of signing a contract and agreement that CWC reserves the right to refuse admission to any staff with or without cause. Such refusal does not relieve the contractor of their contractual obligations.

4.4 FINANCIAL STRENGTH

4.4.1

An organization providing pharmacy management services will be required to have cash reserves that are sufficient to:

- a) Assure that the organization has adequate cash flow to hire staff and subcontract with providers that will be necessary to deliver the proposed services specified in this RFP.
- b) Allows the organization to manage fluctuation in drug purchases, client numbers, other fluctuations in the cost of delivering pharmacy services.
- c) Assure that the organization has a reasonable expectation of ongoing solvency.

4.4.2

The proposer shall submit the most current balance sheets, profit and loss statement and audited financial statements for the last year demonstrating the strength of their financial position and ability to support proposed operations of the proposing entity. Provide banking references and lists of principal equity owners.

The State may request reports on financial stability from independent financial rating services to substantiate the proposing vendor's stability. Proposer firm name is to be included on each financial page submitted.

4.5 IMPLEMENTATION TIMELINE

The proposer shall provide a detailed implementation plan with their proposal. The plan must identify and document detailed requirements/specifications for integrating the Pharmacy Services System into CWC operations. At a minimum, include the following in a project work plan:

4.5.1

A "best case" implementation schedule, to include start date from award of Contract;

4.5.2

Document all requirements and specifications for integration and implementation;

4.5.3

Identify any equipment, CWC personnel and logistical needs to be provided by CWC, if any;

4.5.4

Identify vendor equipment, software, logistical support and personnel available to CWC during and after implementation;

4.5.5

Identify process for training of CWC personnel. Indicate the types of training to be provided;

4.5.6

Identify how current client prescription database will be transferred to your Contractor-maintained database;

4.5.7

Address State staff costs in development of project.

4.5.8

Address current facility inventory and equipment including existing robotics

NOTE: DHS/CWC may require a readiness review during the implementation process following the vendor's selection.

- a) The vendor shall prearrange and pay for all travel and lodging accommodations for two (2) Department staff members to conduct on-site compliance visit. The vendor is responsible for advance payment of all reasonable transportation, lodging, and/or meal expenses incurred by the Department representatives not to exceed the State of Wisconsin Employee travel guidelines.
- b) After implementation, the vendor shall pay for up to two (2) DHS Department staff members to conduct an on-site compliance visit once per fiscal year as provided in the contract.

4.6 CONTRACT TERMINATION WORK PLAN

Proposer must provide a project termination work plan with their proposal. The work plan must address two different scenarios for termination. The first scenario that must be addressed is turnover to the CWC to reassume the duties. The second scenario that must be addressed is for turnover to another contractor. At a minimum, address the following details in your work plan and timetable:

4.6.1

Identify and document the detailed requirements/specification for the turnover of the system to CWC or to a new contractor;

4.6.2

Identify a "best case" termination schedule, to include the effective date of the contract termination or award to a new contractor;

4.6.3

Identify equipment, facility, personnel and logistical needs to be provided by the CWC and/or the new contractor;

4.6.4

Identify equipment, software, logistical support and personnel available to the facility or the new contractor during the turnover;

4.6.5

Identify process for training facility staff or the new contractor's staff and the types of training to be provided; and

4.6.6

Identify how the current client prescription databases will be transferred to either the facility or the new contractor.

4.7 WORK REQUIREMENTS

The proposer's response to the following mandatory work requirements (Sections 4.7 – 4.21) will serve to evaluate the contractor's capabilities for performing the pharmacy work requirements for the DHS CWC state facility. Failure to respond and address any of the sections below may result in rejection of a proposal. *No mention of the Vendor's submitted Cost Proposal (Appendix G) may be made in the response to the technical requirements of the RFP.*

Proposal responses to the work requirements should include vendor's proposed approach, processes, methodologies, schedules, staffing, technological solutions, and tools for accomplishing the tasks.

In addition, for each of the requirements, identify the level of performance that you propose to achieve. These proposed performance standards should be measurable and, depending upon the requirement, can be described in terms such as timeliness, responsiveness, accuracy, or benefit to clients. A vendor's recommended performance standards are expected to reflect, at a minimum, current industry standards. The actual performance standards that the pharmacy contractor will be required to meet will be specified in the contract and may be based, in part, on the level of performance proposed by the vendor.

4.7.1

Clinical and Therapeutic Applications

At a minimum, the vendor's response must address the following requirements:

- a) Proactive consultation to all facility staff on drug effects (including side effects, adverse effects, cost effectiveness, available therapeutic alternatives, and drug interactions and pharmacokinetics).
- b) Safe and effective use of drugs by monitoring client responses to drug therapy, completing ongoing audits of client profiles, physician orders, and adverse drug reaction reports in conjunction with appropriate unit staff.

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- c) Maintain a system for drug utilization review in collaboration with the Medical Director
- d) With the Pharmacy and Therapeutics Committee (P&T), establish and maintain specifications for providing drugs, chemicals, and biologicals.
- e) Monitor the ordering of pharmaceuticals and supplies and maintain inventory control. Note: This system will be monitored by State auditors.
- f) Maintain an accurate record of all drugs dispensed to each clinical unit.
- g) Monitor accuracy of medication administration records, treatment administration records, and unit-dose fill sheets.
- h) Maintain schedule II Controlled Substance inventory lists for two years.
- i) Maintain an active drug profile on each client.
- j) Maintain storage of drug profiles on discharged clients in an inactive file for ten years.
- k) Maintain collaborative relationships with other Center departments and, as problems arise, engage in problem solving activities and conflict resolution;
- l) With the Medical Director and the Medical Staff, review and revise the Center Drug Formulary at least quarterly.
- m) Provide medications that are labeled properly using generic and trade names, control number, expiration date, bar code, and any other pertinent information.
- n) Provide regular in-service programs on drug usage to Center staff.
- o) Ensure that information on specific drugs and availability is provided to interdisciplinary teams and in response to individual queries.
- p) Ensure that compliance with all Federal and State regulations are followed by all pharmacy staff.
- q) Follow all facility policies and procedures to ensure client safety, proper medication management procedures and compliance with, CMS, and DQA.
- r) Conduct scheduled audits, analyze, and summarize data as required by the Quality Assurance Coordinator.

4.7.2

In-House Pharmacist Requirements

Committees and responsibilities are listed below. At a minimum, the vendor's response must address how it will meet the following:

- a) Pharmacist participation as a member of committees that include but are not limited to:
 - Pharmacy and Therapeutics Committee.
 - Infection Control Committee
 - FMEA (Failure Mode and Effects Analysis) Committee
 - Emergency Action Committee
 - Others as requested by Facility Director, Medical Director, Director of Nursing and Department Heads.
- b) Consultation as requested with Facility Director, Medical Director, Director of Nursing and Department Heads.
- c) Consultation with other committees and meetings as requested by medical director.
- d) Maintain State informed consent database
- e) Review policies and procedures of pharmacy services

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- f) Review and revise facility drug formulary at least quarterly (and as requested by Medical Director) including required criteria.
- g) Attend weekly Medical Staff meetings as requested by Medical Director.
- h) Monitor drug administration procedures on each clinical unit.
- i) At a minimum, monthly inspections of all medication room facilities including emergency supplies. Additional inspections as requested by Medical Director.
- j) Ensure that only approved drugs are on the clinical unit and that all drugs are properly stored.
- k) Ensure that security measures and drug counts are correct and accurate.
- l) Ensure that drugs requiring refrigeration are stored separately from food items and at proper temperature.
- m) Ensure that internal and injectable drugs are stored separately from drugs for external use.
- n) The contracted provider is fully responsible for the complete plan of correction for any pharmacy related issues with CMS, DQA, or any other Federal, State or local regulatory agency.
- o) Pharmacists participate in quarterly Integrated Biobehavioral Reviews of psychotropic medication use as stipulated in the United States Department of Justice (USDOJ) settlement with the Center. Pharmacists are expected to monitor side effects of psychotropic medications. Pharmacist monitoring of psychotropic medication side effects is documented using the Dyskinesia Identification System: Condensed User Scale (DISCUS).
- p) Pharmacist consultation shall be provided for each client admitted to the Center for evaluation, respite or recuperative care. A pharmacist will attend each admission staffing in order to review and reconcile all current medications with the home care provider and Center staff.
- q) Consultant pharmacist(s) shall provide comprehensive drug regimen review for each client living at the Center on at least a quarterly basis. Pharmacist drug regimen review must assure that the drug regimen of each Center client is free of potential irregularities as enumerated in the Centers for Medicare and Medicaid survey protocol. Consultant pharmacists are responsible for preparation of records which document each client's drug regimen reviews and assures that the records are maintained by the facility.

4.7.3

Delivery System

Pharmacy vendor must have the ability to deliver routine medications seven days a week and the ability to deliver new ordered medications at least three time per day and as necessary on a 24/7 basis.

Provide decentralized medical dispensing cabinet to each unit. If medication is not in cabinet:

- a) One hour emergency (STAT) delivery on a 24/7 basis
- b) Two hours delivery for new orders on a 24/7 basis
- c) Medication available for pick-up by facility staff when needed

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Unit-dose package system

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- a) Delivery to units by provider. Cycle set by facility but at least every 96-hours (Medicaid standard)
- b) Individual client cassette with client name and location
- c) Package in strips with each strip labeled with client name.
- d) Each package must include at a minimum; drug name (generic and trade name including tall-man lettering), strength, lot number, expiration date, manufacturer name, bar-code and time of administration.
- e) Must have an error rate of less than 0.1 percent

4.7.5

Vendor must supply facsimile machine and a dedicated telephone line for transmission of client orders.

4.7.6

All preparation and packaging of all medications shall be performed and supervised by a registered pharmacist and shall be performed in accordance with all applicable State and Federal laws and regulations.

4.7.7

Leave of Absence/Discharge Medications

Leave of absence and discharge medications available and labeled as required.

4.7.8

Aseptically Prepared Intravenous Medication/Parenteral Nutrition

Provide aseptically prepared intravenous medication or parenteral nutrition.

- a) The preparation of any sterile product provided to facility clients must meet the requirements of USP Chapter 797 for Pharmaceutical Compounding.
- b) Vendor must be Joint Commission certified for sterile product compounding. A current copy of certification must be included within the RFP.

If a vendor subcontracts for the above service, the requirement applies to the subcontractor. However, the prime contractor is responsible for contract performance when subcontractors are used as noted in 6.1 of the main RFP document. In addition, if a subcontractor is used, a copy of the subcontractor's certification must accompany every delivery of a sterile product.

The DHS contract administrator must be notified immediately if a subcontractor's service has been cancelled. The prime contractor will be responsible for continuation of this service with evidence of the required certification for the delivery of sterile products.

4.7.9

Bar coded refill and stock supply system.

4.7.10

The pharmacy shall use CWC's formulary for the preparation and dispensing of all medications. The pharmacy shall substitute generic drugs whenever possible or the most cost-effective drug available.

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4.7.11

All preparation and packaging of all medications shall be performed and supervised by a registered pharmacist and shall be performed in accordance with all applicable State and Federal laws and regulations.

4.7.12

Vendor must be able to provide proof of pedigree for all repackaged prescription drugs that are repackaged products distributed outside the chain of normal distribution by sources other than the original manufacturer.

4.7.13

Computerized System

a) System minimum

- 1) Compliance monitoring, allergy screening, drug-dose checking and drug-drug and drug-disease interactions, duplication of therapy.
- 2) Maintain a record of both current and discontinued medication orders for each client. Client-specific information regarding drug dispensed, date and time dispensed, quantity dispensed and identity of both dispensing pharmacist and technician must be maintained and readily available in real-time to physicians, nurses and other staff as requested,
- 3) Generate a Medication Administration Record (MAR) and Physician's Order Sheet (POS), which is used to document medications administered to each client in the facility. The MAR and POS is generated at least monthly and upon request and delivered to each living unit. Reprinted MAR and/or POS must be available upon request of nursing staff.
- 4) Start-up and ongoing staff training as required and requested to operate system.

b) In addition, describe any other computerized services proposed such as:

- 1) Closed loop system
- 2) Remote order entry (CPOE) (e-prescribing) system
- 3) Decentralized medical dispensing cabinet
- 4) Bar-code enabled Medication Administration Record (MAR) to complete a closed-loop medication management
- 5) Electronic MAR
- 6) Online MAR
- 7) Positive client identification
- 8) Real-time drug profiles available to all areas of facility
- 9) ADE Prevention Alerts
- 10) Predefined rules that address drug-lab, drug-dietary in real time
- 11) No manual transcription

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Describe in detail your ability to meet changing pharmacy best practices and survey requirements including Centers for Medicare & Medicare Services (CMS) and Division of Quality Assurance (DQA.) Include:

- a) Client focused functions
- b) Organization functions
- c) Structures with functions
- d) National patient safety goals (NSPG)

4.7.15

The pharmacy shall maintain a toll-free number for CWC practitioners and staff on a 24/7 basis. The purpose of the customer service line is to change orders, present new orders, clarify orders, and to provide technical support to practitioners/staff who request assistance, answer billing questions and any similar type of assistance to CWC related to this RFP.

4.7.16

Describe in detail your proposed response to possible survey deficiencies. Include:

- a) Responsibility in areas not directly related to pharmacy but needing pharmacist expertise in correcting deficiencies
- b) Fiscal responsibility in correcting deficiencies

4.7.17

Contractor will have policies and procedures for confidentiality of information and shall maintain CWC information as confidential information. Please submit your policies and procedures for confidentiality of information.

4.7.18

Vendor must maintain complete compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please submit your policies and procedures to support this compliance. Contract vendor will be asked to sign a HIPAA Business Associate Agreement. (Attachment 2)

4.7.19

All client care activities within the Center are governed by the Center Administrative and Medical Staff. Describe in detail your ability to meet the changing requirements of the facility as directed by the CWC Administrative and Medical Staff.

4.7.20

Vendor shall maintain insurance throughout the term of this contract. Included in the insurance shall be 3 million dollars professional liability, errors and omission insurance, workman's compensation, automobile insurance throughout the term of this contract.

Please provide copies of the professional liability and errors and omission insurance with your proposal.

Vendor shall obtain and maintain sufficient general public, professional liability and malpractice insurance as specified in any contract between the vendor and Medicare Part D Prescription Drug Plans.

4.7.21
Billing

Vendor must address complete billing process. Must include the following:

- a) Ability to interface with the present accounting information system. This system may change as Department requirements change.
- b) Ability to interface with clearing house programs for review of all electronic claims for a clean claim and rejection of any problem claims.
- c) Vendor prior approval system.
- d) Vendor system for billing of all programs
- e) Vendor must address stock supply costs to facility.
- f) Vendor is responsible for Itemized billing to all possible payers at the direction of CWC.
- g) Vendor must bill private pay clients directly.
- h) Vendor bill and accept payment equally from all parties.
- i) Vendor must provide a mechanism for real-time prescription claims submission and adjudication by third party payers via a billing switch and electronic claims log.
- j) The system must be capable of transmitting claims for unit dose oral solids in a 28-day retrospective billing cycle.
- k) Vendor must provide a mechanism for electronically verifying a client's eligibility for Medicare Part D via the pharmacy software system billing switch.
- l) Vendor must provide a mechanism for automated payment posting and reconciliation of submitted third party claims and third party payments received.
- m) Vendor is responsible for the process and resolution of all rejected third party claims for pharmaceuticals within timeframes specified in each third party contract.

4.8 RISK/QUALITY ASSURANCE

State treatment facilities have a critical need for timely and quality pharmacy management services. These facilities are responsible for the well-being of over a thousand state clients each year who have a variety of very serious mental, developmental and physical health care conditions.

Care for the vulnerable populations served, including pharmaceutical care, must be provided without fail every hour of every day. Any lack of performance on the part of a contracted pharmacy vendor may cause significant disruption to this care, and result in serious threats to the health and well-being of clients. Such a situation is unacceptable, and must be avoided.

4.8.1

Provide your organization's assessment of potential risks and impact to the pharmacy day-to-day service operations, on clients under the care of the State facility, and to the purchasing state agency, in provision of pharmacy management services to the facility.

Your assessment should include strategies your organization has in place, or will implement, to remove or mitigate assessed risks and potential subsequent impact to ensure continued quality responsive pharmacy services to the state facility, and meet the service requirements and contractual obligations.

4.8.2

Describe your organization's approach in managing uncertainties related to environmental or technological disaster and other threats such as, but not limited to, building fires, pandemic illness, natural and other disasters.

Include items such as a disaster recovery plan and/or a business continuity plan that provide a structure for how your organization plans to continue to meet purchaser's business/contractual needs in the event of the unexpected.

NOTE: It is the proposer's responsibility to review thoroughly this appendix and the main RFP document for any additional submission requirements including all required forms, submission format, proposal organization and other pertinent information for RFP completion. If there are any concerns or clarifications needed by the proposer, it is the proposing vendor's responsibility to request this information as described in Section 1.9 of the main RFP document.