

RFP #A1012
Supportive Home Care – Personal Care Services for Frail Elderly

I. Introduction and Background

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal and to inform them of basic requirements that the County uses as part of its standard contract process. *All applicants should complete County Short Form Application and information requested in Section III. For new applicants you must also complete Section IV.*

Applicants do not submit the following information in the County Short Form Application:

B. Program Budget 2008 including Appendix A Program Budget

C. 2009 Cost Explanation

D. Personnel Schedule

Dane County Department of Human Services Standard contract requirements concerning Affirmative Action, the Americans with Disabilities Act, the County's Living Wage ordinance, Domestic Partner Equal Benefits Requirement, contract termination and modification, etc. are included in the County's boilerplate contract. This contract is subject to change. For further information you can view a copy of the Human Services contract on website at: <http://www.co.dane.wi.us/humanservices/general/contracting.htm>
Dane County Purchasing Division www.danepurchasing.com.

Proposals should be organized and presented in the order of the County Short Form Application and by the numbers and appendix assigned in the RFP.

II. Scope of the Project

Project Description: SPC 104.21 SHC-Personal Care Services. This service includes but is not limited to: assistance in bathing, dressing, feeding, personal hygiene, mobility, assisting with getting in and out bed, light housekeeping, meal preparation, laundry and food shopping.

A. **Objectives:** Provide in-home personal care services to eligible older adults enabling them to reside safely in their own homes and apartments.

B. **Needs/Expectations:** The successful bidder shall ensure that they have the following operational features within their agency:

1. Staffing capabilities to provide Personal Care services within five working days after the referral is made.
2. Back-up staff available when the initial worker is unavailable or no-show. Back-up staff must be available within three hours of the original start time.
3. Ability to travel to individual homes. Roughly 80% of the individuals live in the metropolitan areas of Madison, Middleton, Monona and Fitchburg, and 20% live in Cross Plains, McFarland, Mt. Horeb, Oregon, Sun Prairie, Stoughton, Verona and other outlying rural communities.
4. A good quality assurance mechanism for monitoring the worker's job performance and gathering input from the consumers.
5. Computerized records tracking and reporting system.
6. The capacity to receive referrals and coordinate the services with COP case managers and the Aging Focal Points case managers.
7. Hold periodically meetings with the COP case managers and Aging Focal Points to review the individual's service plan and funding levels for staying within the contract limits.
8. Trained and bonded staff.

9. Workers' Training Certificates or job application describing years of experience must be maintained and made available to the County's Nurse Consultant.
 10. The County determines all the necessary forms for the state Medical Assistance Personal Care program.
- C. **Program Eligibility:** A person is determined eligible for the program based on financial and functional eligibility screening tool. Either the COP case manager or the Aging Focal Point case managers do the initial intake, assessment, referral and arrangements of services. The County and not the Provider determine the program guidelines. All referrals are authorized by the County. The service referrals are only opened to the Aging Focal Points and COP case managers. As of January 1, 2010 all new referrals for services must be authorized by the County prior to starting the service.
- D. **The County's designated nurse supervises the Personal Care services.** Personal Care workers must have a minimum of six months of prior experience or successfully completed 40 hours of training. No personal care worker can be placed on the job without meeting the County's minimum job requirements. All record keeping is determined by the County and the agency records and personnel files are monitored by the County's Nurse Consultant.
- E. **Current Operations:** Dane County Dept. of Human Services contracts with Care Wisconsin and Comfort Keepers to provide personal care services to frail elderly. Additional chore services are provided by both agencies. For individuals receiving Medical Assistance, the current providers are using the Dane County Dept. of Human Services Medical Assistance billing number. The County does not expect the successful provider to be certified by the state as a Medical Assistance provider. For Medical Assistance Personal Care services, the County designates a nurse to perform all the necessary requirements according to the state's Medical Assistance Personal Care manual and policies of Dane County Dept of Human Services. Billing claims and associated data for Medical Assistance Personal Care is not expected of the successful provider.
- F. **Maximum estimated funding** available for personal care services \$171,170. The 2008 average cost \$24 per hour. There were 278 hours per month of service provided to 22 individuals. Out of the twenty-two individuals, 9 persons are receiving Medical Assistance and their service hours are billed to the state's Medical Assistance Personal Care program. The rate of pay for the designated nursing services is based on the state's Medical Assistance reimbursement rate.
- G. **Contract Terms, Funding and Payment Method**
The contract shall be effective on the date indicated on the purchase order or the contract execution date. The county will provide Living Wage adjustments and Cost of Living only in the years when the county is authorized to do so. The contract period runs from January 1, 2010 to December 31, 2010 with an option of renewing by mutual consent, for four (4) additional one-year periods.

Medical Assistance Personal Care: For consumers enrolled in the Wisconsin Medical Assistance Program (WMAP), the successful Provider must submit billings for Personal Care Services covered by the consumer MA card to the County's designated billing agency.

Payment Methods: The successful Provider submits monthly vouchers listing the unit rate times the units of service. There are two payment methods:

- (1) For consumers not enrolled in the state's Medical Assistance program list the unit rate times the units of service.
- (2) For consumers enrolled in the state's Medical Assistance program and receiving personal care services the successful Provider is reimbursed only if the Provider earns the funding through billing the Wisconsin Medical Assistance Program. The Provider shall submit monthly payment vouchers based on unit rate times the number of units paid by the State to the COUNTY. Provider will determine the number of units paid to County by using the Remittance and Status Advice reports received by Provider and dividing the amount paid by the current MA rate (as of January 2009 \$16.08) for the service as indicated on the contract Program Summary form.

H. The County reserves the right to reject any and all proposals and to negotiate the terms of the contract, including the award amount, with the selected proposer prior to entering into a contract. If contract negotiations cannot be concluded successfully with the highest scoring proposer, the County may negotiate a contract with the next highest scoring propose.

III. Request for Information in addition to the Application form

- A. Submit bonding information and personal care training curriculum (mark as Appendix B).
- B. Identify the number of units/hours of service and cost per unit (see Appendix A).
- C. Staff qualifications and number of staff assigned to Personal Care services.
- D. Attach a copy of the job descriptions for each staff (mark as Appendix C)
- E. Attach a copy of your agency's task sheet forms used by the workers for providing care (mark as Appendix D).
- F. Description of your agency's intake, initial assessment, and how staff is assigned to perform the job duties.
- G. Describe your firm's communication process between you as the Applicant, consumer and the referring agencies.
- H. Provide a narrative description of how your agency addresses each of the following areas:
 - (a) Knowledge and experience working with Medical Assistance Personal Care administrative policies.
 - (b) Practice of working with nurses overseeing the personal care services.
 - (c) Billing and tracking work performed by the workers, authorized by the nurse and the consumer.
- I. New applicants or existing providers bidding on Personal Care services may submit up to 5 additional pages regarding program operations and job performance.
- J. MISSION STATEMENT: Describe your agency's mission.

IV. New applicants to a program are required to submit 3 references. Of the three references, one reference must be from a consumer of service. References should be specific to Supportive Home Care-Personal Care services or a similar job function.

- A. Include your agency's mission statement. Provide resumes of key staff and copy of licenses, if appropriate.
- B. If this is an existing program for your agency, please provide information on the demographics of your participants. If this is a new program for your agency what are your expectations of the participants' demographics when the program is up and fully operational.

V. Evaluation Criteria. Scoring from the County Short Form application is as follows:

Program Description (County Short Form Application, p. 2)	40%
Mission Statement and Service Improvement (RFP Section III, J and County Short Form Application, p. 4.)	20%
Experience and Qualifications (County Short Form Application, p. 4)	30%
Hourly/Unit rate cost (Appendix A)	10%

VI. Contact Information: Please register your intent to apply to this proposal with the contact person below. This will facilitate any additional information sharing with all interested parties. The deadline for requesting clarification or questions is **Monday, May 11, 2009**. For clarifications or questions concerning this application, please send written questions by fax or electronic mail.

Contact: Theresa Sanders, Community Services Manager
Phone: (608) 242-6448
Fax: (608) 242-6531
E-Mail: sanders@co.dane.wi.us

VII. Timeline

Application Workshop:

April 16, 2009
11 a.m. – 12 noon
Dane County Job Center Office, Ballroom
1819 Aberg Avenue

Application due from vendors: May 29, 2009, 12 noon
Notification of intent to award (est.): July 30, 2009

Your completed proposal should include the following:

- 1) A completed County Short Form application**
- 2) Additional information requested in Section III and Section IV**

Submit your completed proposal to:
Dane County Human Services
Attn: RFP #A1012
1202 Northport Drive
Madison, Wisconsin 53704

Proposals are due no later than May 29, 2009, 12 noon.

Appendix A
HOURLY/UNIT RATE COST

Applicant Name :

Put an asterisk* by the staff responsible for overseeing the Personal Care services. Please identify your agency's definition of FTE. The County defines (1) FTE as 2080 annual hours.

Staff Position Title	FTE(Definition)

Hourly/Unit rate	\$
Units provided	