

REQUEST FOR PROPOSALS

To Contract As a

Managed Care Organization

for the delivery of

Managed Long-Term Care in Selected Service Areas

RFP # 1694-DLTC-SM

March 10, 2010

Wisconsin Department of Health Services

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SECTION 1: BACKGROUND AND GENERAL INFORMATION

1.1 Purpose of the Request For Proposal (RFP)

The Department of Health Services (DHS) is requesting proposals from entities seeking certification by the Department to contract as managed care organizations for the delivery of managed long-term care to elders and adults with disabilities in specific service areas to include Langlade County and Lincoln County in Wisconsin.

This solicitation is part one of a three-part process that will culminate in contracts for delivery of managed long-term care. To be offered a contract through this three-part process, an entity must:

Part 1: Demonstrate through its response to this RFP that it possesses, or has capacity to secure, sufficient resources to meet certification standards for managed long-term care organizations (see Appendix 1 – Readiness Template).

Part 2: Achieve certification as a managed long-term care organization by meeting DHS certification standards.

Part 3: Contract with DHS to deliver specific managed long-term care benefits to specific target groups in a designated service area.

The decision to offer a contract is at the sole discretion of DHS and will be based on the relative merits of proposers' responses to this RFP as evaluated by a committee selected by DHS and during the subsequent certification process.

1.2 What is Managed Long-Term Care?

Managed long-term care is delivery of a defined benefit package under a risk-based capitated contract to eligible elders and adults with disabilities who need long-term care services and meet the eligibility requirements for state-funded managed long-term care (see Appendix 2 – Eligibility for Managed Long-Term Care).

1.3 What is the Purpose of Managed Long-Term Care?

Managed long-term care, pioneered in Wisconsin by Family Care and the Wisconsin Partnership Program, is an innovative way of delivering long-term care services. These programs were designed with the input of consumers, advocates, providers, state and local officials, and others in order to address concerns about the cost and complexity of the multiple long-term care programs and services available, inequities in availability of community and institutional services, and projections for an aging population's growing demand for long-term care. Managed long-term care is intended to provide cost-effective, comprehensive and flexible long-term care that fosters consumers' independence and quality of life while recognizing the need for interdependence and support, with the specific goals of:

- Giving more people choices about where they live and what kinds of services and supports they receive to meet their long-term care needs;

- Improving access to long-term care services;
- Improving quality through a focus on health and social outcomes; and
- Creating a cost-effective long-term care system for the future.

1.4 What are the Organizational Components of Managed Long-Term Care?

Managed long-term care in Wisconsin has two major organizational components:

Aging and disability resource centers (ADRCs) are designed to be the single recognized source for older people and people with disabilities and their families to get information and advice about a wide range of resources available to them in their local communities, including long-term care services and managed long-term care. The Department will contract for managed long-term care only in areas that are served by an ADRC. Resource centers provide:

- Information and assistance
- Long-term care options counseling
- Benefits counseling
- Emergency response
- Prevention and early intervention
- Facilitation of eligibility and enrollment in managed long-term care for applicants, including:
 - Determining functional eligibility using a standardized functional screening tool;
 - Arranging with economic support for financial eligibility determination; and
 - Arranging for eligible applicants who choose managed long-term care to enroll in the managed care organization for receipt of the managed long-term care benefit.

Managed care organizations (MCOs) manage and deliver the managed long-term care benefit, which combines funding and services from a variety of existing programs into one flexible benefit. From the benefit, the MCO weaves together a package of services and supports that is tailored to each individual's needs, circumstances and preferences. MCOs:

- Develop a comprehensive network of providers of long-term care and health care services in the managed long-term care benefit package;
- Accept prepaid capitated payments to provide all of the services in the benefit package that each individual enrollee needs;
- Provide services and supports in the benefit package for each enrollee in accordance with a comprehensive assessment of the individual's needs, preferred outcomes and

service preferences, and an individualized service plan designed by the enrollee and an interdisciplinary team to support those needs, preferences and outcomes;

- Assure and continually improve the quality of care and services that members receive; and
- Provide ongoing care management to protect the health and well-being of enrollees and to support enrollees in achieving their desired personal-experience outcomes, which are:
 - I decide where and with whom I live
 - I make decisions regarding my supports and services
 - I decide how I spend my day
 - I have relationships with family and friends I care about
 - I work or do other activities that are important to me
 - I am involved in my community
 - My life is stable
 - I am respected and treated fairly
 - I have privacy
 - I have the best possible health
 - I feel safe
 - I am free from abuse and neglect.

1.5 Family Care as the Minimum Benefit Package

Every proposer must plan to offer at least the services included in the Family Care benefit (see <http://dhs.wisconsin.gov/LTCare/Generalinfo/Benpackage.htm>). Family Care consists of a risk-based contract for the delivery of all long-term care services covered under Medicaid and under the home and community-based waiver programs.

1.6 Family Care Plus Benefit Package

Family Care Plus is a risk-based contract for the delivery of all Medicaid state plan services, as well as the home and community-based waiver services. Family Care Plus will not be a benefit package option in Wisconsin until at least 2011, and perhaps later, depending on the capacity of the Medicaid Management Information System (MMIS) to support that option. However, MCOs that are awarded contracts to operate Family Care or Family Care Partnership may be offered the option of expanding their program to include Family Care Plus during the contract period covered by this RFP.

Although no points will be awarded for responses, proposers are asked to submit information about any potential interest they may have in offering Family Care Plus during the next five years. Please include, as a separate attachment to your proposal submission, brief responses to the following questions:

Have you as the proposer had discussions with local stakeholders about the potential of offering Family Care Plus? If so, please provide one or two sentences describing the level of interest in Family Care Plus among local stakeholders.

If you, as the proposing entity, and local stakeholders have some interest in potentially offering Family Care Plus in the future, what would be the earliest date you would consider doing that?

1.7 Family Care Partnership Benefit Package

A proposer may offer both Family Care and Family Care Partnership, which was formerly known as the Wisconsin Partnership Program. Family Care Partnership may be offered as the sole benefit in a service area where Family Care or Family Care Plus is already offered, or will be offered through another MCO. Family Care Partnership consists of a risk-based contract for the delivery of all Medicaid health and long-term care services and a risk-based contract directly with Medicare for the delivery of the Medicare Part A, Part B and Part D benefits.

For DHS to consider contracting with an entity to offer the Family Care Partnership benefit in 2010 and beyond, the proposer must provide evidence that it has contracts directly with Medicare for the delivery of the Medicare Part A, Part B and Part D benefits, or that it intends to have such contracts with Medicare for 2010. One contract must be a Medicare Advantage Dual Eligible Special Needs Plan with an institutional subset for the geographic area you are proposing to serve, as well as the target populations. The proposer must have authority through its Medicare Advantage Dual Eligible Special Needs Plan contract to limit enrollment to Wisconsin Medicaid nursing home certifiable subset. Proposer must also have evidence that they have, or will have in 2010, a contract directly with Medicare as a Medicare Part D Prescription Drug Plan applicable to the geographic area and population they are proposing to serve.

For proposers who already have the necessary Medicare contracts, certification to provide Family Care Partnership can begin during 2010. The Department will consider proposals from organizations that currently do not have, but are planning to obtain, the necessary Medicare contracts for 2011. If the organization qualifies to be certified as a Family Care Partnership MCO, the Department would enter into a conditional contract with an anticipated start date of January 1, 2011. The effective date of this contract would be contingent upon the organization obtaining all the necessary CMS contracts outlined above.

1.8 Other Benefit Packages

While not included in this solicitation, at some point in the future DHS may consider proposals for other combinations of services as long as the proposed benefit package includes all of the services in the Family Care benefit. In order to approve an alternative benefit package, additional state statutory and/or federal authority may be required and additional changes to state reporting and payment systems may be necessary. Because of this, a proposal to deliver any other benefit package will not be considered at this time.

1.9 Who is Eligible to Receive the Managed Long-term Care Benefit from an MCO?

To receive the managed long-term care benefit, an individual must be aged 18 or over, and:

- Be a member of one or more of the following target groups:
 - People who are frail elderly
 - People with developmental disabilities

- People with physical disabilities
- Meet level of care (functional eligibility) and financial eligibility requirements (see Appendix 2 – Eligibility for Managed Long-Term Care); and
- Reside in an area served by the MCO.

1.10 Who May Submit a Proposal?

An MCO must be an entity that is legally able to enter into a risk-based contract in Wisconsin. A contract to deliver the managed long-term care benefit will be with a single entity that is responsible for all obligations specified in the contract for the service area(s) proposed. Such entities include:

- A county under s. 2.01 Wisconsin Statutes;
- A group of counties acting cooperatively under s. 66.0301 Wisconsin Statutes;
- A long-term care district as defined in s. 46.2895 Wisconsin Statutes;
- A privately held managed care organization;
- An HMO or similar organization regulated by the Office of the Commissioner of Insurance;
- A federally-recognized Wisconsin Indian Tribe; or
- A group of any of the above entities working under a contractual agreement.

A contract for delivering managed long-term care will be between DHS and a single entity which assumes responsibility for complying in all ways with the contract, and assumes responsibility for any financial risk.

1.11 What Service Areas May a Proposal Include?

The Department's long-term goal is to expand managed long-term care statewide. Proposals will be accepted from entities seeking to begin operating an MCO during 2011 to provide the managed long-term care benefit(s) in the counties of Lincoln and Langlade.

This RFP will result in identification of organizations with which the Department may contract to ensure that a managed long-term care benefit is available to all eligible individuals in this service area.

Contractors will be required to develop a plan jointly with DHS to manage enrollment into the MCO so that by 36 months after the initial contract date, the MCO has the capacity to enroll every eligible person who chooses to enroll.

Prior to a contract being signed, DHS will require a resolution from the county board in the service area stating that the county:

- Intends to transition to managed long-term care at this time; and

- Agrees that a county contribution is required according to the schedule published by DHS, consistent with direction in the biennial budget act.

Contracts awarded as a result of this RFP process may be amended at a later date to include additional service areas.

1.12 What Persons and Target Populations May a Proposal Include?

For purposes of this RFP, managed long-term care target groups are limited to people who are elderly and adults with developmental and physical disabilities. The Department intends to ensure that enrollment in a managed care organization is equally available to individuals from all three of these target groups. Therefore, proposers that will seek certification as MCOs that will serve all three target groups are strongly preferred. However, a proposal to phase in services to the specified target groups over a period of not more than 12 months after the contract effective date will be given consideration. The Department reserves the right to reject any proposal for an MCO that will not serve all target groups.

1.13 Will DHS Contract with More than One Entity in a Service Area?

Provided there is more than one qualified entity, DHS may contract with more than one entity to provide managed long-term care in any single geographic service area. DHS must ensure that each organization with which it contracts has a sufficient number of potential enrollees within its service area to allow for its successful operation as a managed long-term care organization. A proposal must indicate the minimum number of enrollees it projects will be necessary to successfully deliver managed long-term care. If DHS awards contracts to more than one proposer in a service area, it will negotiate enrollment capacity with each proposed contractor prior to certification and contracting. Potential enrollees then make their own decision regarding whether or not they want to enroll in a program and, if so, what specific program or MCO to enroll in if a choice of MCOs is available.

DHS reserves the right to amend contracts with certified MCOs operating in one or more service areas to provide the Family Care benefit(s) in additional service areas if it is determined that this is necessary to meet the obligations of the Department in providing access to adequate choice of providers, and to long-term care services for all eligible individuals.

1.14 What are the Prerequisites to a Contract?

DHS may offer a contract to an organization to operate a managed care organization in a specified service area if:

- It determines through this RFP process that a proposer likely has or can secure sufficient resources to meet the standards for managed long-term care organizations; and
- The organization is certified by DHS as meeting those standards.

1.15 Organization Capacity and Stability

Between notification that DHS has determined that a proposer has the potential to meet the necessary standards and the effective date of contracting, a proposer will be expected to plan for implementation of the managed care organization and secure the resources needed for meeting certification, including:

- Developing needed business systems and information technology;
- Planning with aging and disability resource center(s) and income maintenance unit(s) to ensure efficient procedures for enrollment of persons determined eligible and who want to enroll;
- Planning with current long-term care program(s) and providers and with individual enrollees to ensure a smooth transition of responsibility and service provision to the new organization;
- Developing needed provider contracts to ensure provider network adequacy and capacity;
- Developing management and staff capacity, including interdisciplinary team capacity, to provide services immediately upon enrollment to any eligible person who applies; and
- Any other activities needed for certification by DHS.

No later than 45 days prior to entering into a managed long-term care contract the proposer will be expected to meet all certification requirements (see Appendix 1 – Readiness Template).

On the effective date of the contract, the managed care organization will be expected to:

- Have completed all planning and resource development activities, and have in place the systems, resources and procedures needed to deliver the managed long-term care benefit(s) specified by the proposer in Section 4.2 of this RFP.
- Have the capacity to, within 36 months from the effective date of the contract, enroll with no waiting all persons who are eligible and choose to enroll. This 36 month full implementation time frame is specific to each county in the proposer's service area, and in accordance with an enrollment plan developed jointly with DHS.

Competitive procurement rules required by the federal government allow private entities, as well as public entities, to compete to deliver publicly-funded managed long-term care benefits. The state procurement and certification processes will result in contracts with organizations that can be depended upon to remain in business and continue to deliver services over a long period of time. Under such contracts, MCOs are accountable for the health and safety of the individuals they serve, for the delivery of quality services and for responsiveness to long-term care consumers within the proposed service area.

1.16 Contract Term and Funding

DHS will offer an initial contract for the duration of the calendar year in which the contract begins, with the option for annual one-year renewals, not to exceed five years in total, if the

MCO continues to meet performance requirements. In the future, to coordinate RFPs across different service areas, DHS may conduct a new RFP process prior to the end of the five-year contract period.

DHS will provide an MCO with a capitated payment for each person who enrolls. Capitation rates are determined using an actuarially sound methodology for projecting the average per-person cost of services for persons entitled to the managed long-term care benefit. For Family Care capitation rates in the current and past years see Appendix 3. For information on Wisconsin Partnership Program capitation rates see Appendix 4. See also the webcast on Rates and Risk Reserves at <http://dhs.wisconsin.gov/ManagedLTC/grantees/webcasts/033006.htm>. If the case mix of persons actually enrolled by an individual MCO varies significantly from the case mix projected in rate setting, rates may be retroactively adjusted to reflect actual versus projected case mix.

1.17 Effect on Other Funding for Long-term Care

Funding for other long-term care programs operated by the county or counties in the service area (Community Options Program, COP-Waiver, CIP II, CIP IA, CIP IB, Brain Injury Waiver and other county long-term care programs funded by Community Aids) for persons in the managed long-term care target groups will be transferred to the managed long-term care benefit(s) through an agreed upon implementation plan for an orderly implementation of managed long-term care, including a smooth transition of existing cases. Other Medicaid services in the benefit package will also be available through managed long-term care to persons who choose to enroll. For persons who choose not to enroll, Medicaid State Plan services (card services) will continue to be available from fee-for-service providers. When Family Care or other managed long-term care programs are offered to individuals who have a nursing home level of care, those individuals will also be offered fee-for-service home and community-based waiver services under the Include, Respect, I Self Direct (IRIS) waiver.

1.18 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 with an estimated value over \$25,000 in their designated commodity/service area(s). 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.

1.19 Proposers' Conference Call / Written Questions

A proposers' conference call on this RFP will be conducted on March 22, 2010 at 2:00 – 3:00 p.m. To participate in the call, please notify Michael Wroblewski at 608-266-2051 or by e-mail at Michael.Wroblewski@wisconsin.gov by 4:00 p.m., March 18, 2010, so that he may insure that enough phone lines are available for all callers.

Written questions may be submitted in advance of the call to:

Susan McKercher, Procurement Manager
Department of Health Services
1 W. Wilson St. Room 750
P.O. Box 7850
MADISON WI 53707-7850
Susan.McKercher@dhs.wisconsin.gov

An official response to verbal conference call questions and all written questions will be published on the Wisconsin Vendornet System Web Site by the end of business on Monday, April 12, 2010. All written questions are due by end of business on Monday, March 29, 2010 to Susan McKercher at the address noted above.

Any contact with State employees concerning this RFP, other than noted in Section 1.19 and 2.8 of this RFP, is prohibited during the period from the date of release of the RFP until the notice of intent to award is released except as authorized in writing and in advance by the Procurement Manager.

1.20 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 need accommodations at the proposers' conference call contact Susan McKercher, Procurement Manager, at (608) 267-7637 (voice) or e-mail: Susan.McKercher@dhs.wisconsin.gov

1.21 Waiver of Informalities

The Department of Health Services, Division of Long Term Care, reserves the right to accept or reject any or all responses to the RFP, waive minor formalities and to accept only the most qualified proposals in the judgment of the Division. The determination of whether an RFP condition is substantive, or a mere formality, shall reside solely with the Division of Long Term Care (DLTC).

1.22 Standard Terms and Conditions

The State of Wisconsin reserves the right to incorporate standard State contract provisions into any contract negotiated as a result of this RFP. Failure of the successful proposer to accept these obligations in a contractual agreement may result in cancellation of the award.

A copy of Standard Terms and Conditions (DOA-3054) and Supplemental Standard Terms and Conditions for Procurements for Services (DOA-3681) are included with this RFP.

1.23 RFP Calendar of Events

March 10, 2010	Release of RFP
March 18, 2010	Deadline for providing notice of participation in proposers' conference call
March 22, 2010	Proposer's conference
March 29, 2010	Deadline for receipt of written questions
April 12, 2010*	State will publish questions and answers to all submitted questions
May 7, 2010 no later than 3:00 PM	Due date for proposals
May 21, 2010*	Oral interviews, if necessary
June 15, 2010*	Announcement of intent to award (certification starts)
June 29, 2010*	Public announcement of awards
December 15, 2010	Completion of MCO certification
January 01, 2011	First possible effective date of contract

***Estimated Dates**

SECTION 2: PROPOSAL RESPONSE

2.1 General Instructions

The evaluation and recommendation by the evaluation committee as to whether a proposing vendor possesses, or has capacity to secure, sufficient resources to meet certification standards to move to the certification process will be based on the vendor's response to the requirements listed in Section 2.6 of the RFP and, if necessary, oral interviews. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a proposal response.

Although the Department has not set page limits on the material being submitted, elaborate proposals (e.g. extensive artwork) beyond that sufficient to present a complete and effective proposal are not necessary or desired.

2.2 Incurring Costs

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

2.3 Submitting the Proposal

Proposers must submit all materials required for acceptance of their proposal by Friday, August 14, 2009 at 3:00 p.m. to:

Susan McKercher, Procurement Manager
MLTC Proposal, RFP# 1694
1 W. Wilson St., Room 750
P.O. Box 7850
Madison, WI 53707-7850.

Proposals not received in the above office by the specified time will not be accepted.

Submission materials may be delivered in person, by U.S. mail or other delivery service with signature confirmation of receipt by the date and time noted above.

All proposals must be time-stamped as accepted by the Department by the stated time. Proposals not so stamped will not be accepted.

Receipt of a proposal by the State mail system does not constitute receipt of a proposal by the Department for purposes of this RFP.

2.4 Paper Document Submission

Paper documents are the official response to this proposal. Proposers must submit one original and eleven paper copies of their response (for a total of 12). PDF is the preferred format for text

documents and the documents should be in 11 or 12 point font. Documents involving financial material must be submitted in Excel format.

2.5 Electronic Document Submission

Proposers must also submit two (2) sets of two (2) compact disc (CD)s that contain and are clearly labeled as follows:

Set 1 - Proposal Response

Set1/Disc 1 - Electronic copy of full proposal response. Name the completed electronic document, “RFP 1694–DLTC-SM – (name of organization)”. For example, “RFP 1694-DLTC-SM - ABC Inc”. Disc #1 should include and be clearly marked as containing the complete proposal.

Set1/Disc 2 - Electronic copy of full proposal responses minus proprietary information. Name the completed electronic document, “RFP 1694–DLTC-SM – (name of organization)”. “RFP 1694-DLTC-SM - ABC Inc PROPRIETARY INFORMATION REMOVED

Set 2 - Proposal Attachments/Supporting Information

Set 2/Disc 1 - Electronic copies of all referenced attachments used to provide supporting information using the following naming convention: “Set 2/Disc1/ RFP 1694-DLTC-SM – (name of organization) – Attachment(s) (section or subsection number to which the attachment is applicable)”. For example, an organizational chart that is used to provide information in response to Section five must be named, “RFP 1694-DLTC-SM- ABC Inc – Section 5.1 Attachment XX”. Disc should include and be clearly marked as containing all attachments to the proposal.

Set 2/Disc 2 - Electronic copies of all referenced attachments, other than proprietary information, used to provide supporting information using the following naming convention: “Set2/Disc2 RFP 1694-DLTC-SM – PROPRIETY INFORMATION REMOVED - (name of organization) – Attachment(s) (section or subsection number to which the attachment is applicable)” For example, an organizational chart that is used to provide information in response to Section five must be named, “RFP 1694-DLTC-SM- ABC Inc – Section 5.1 Attachment XX”.

The electronic copy of the DOA 3261 does not need to be signed. However, the paper copy of this form must contain a signature.

2.6 Proposal Organization and Format

Proposers must include the following items submitted in the order listed:

1. Form DOA-3261 as the cover sheet. (This form is included as part of this RFP.)
2. Response to Section 4 (Contracting Requirements)
3. Response to Section 5 (General Technical Requirements)
4. Response to Section 6 (Technical Requirements Related to Coordination with Other Programs and Stakeholder Involvement)
5. Response to Section 7 (Fiscal Requirements)
6. Attachments may be included, but are not required
7. Other required forms (DOA 3477- Vendor Information is required, and DOA-3027 should be submitted if applicable.) These forms are included at the end of this RFP.

All responses to the requirements in sections four through seven should be clearly labeled on the first page using the following naming convention: RFP 1694-DLTC-SM - (Name of the Submitting Proposer) followed by the section number, and the number of the question. If attachments are included, they should also be labeled on the first page of each attachment using the following naming convention: RFP 1694-DLTC-SM (Name of the submitting Proposer) – Attachment for (section and subsection number to which the attachment is applicable.) Evaluators may not consider attached information that is unlabeled or improperly labeled.

2.7 Multiple Proposals

Multiple proposals from a vendor will be permissible. However, each proposal must conform fully to the requirements for proposal submission. Each proposal must be submitted separately and labeled as Proposal #1, Proposal #2 etc. on each page included in the response. Alternate acquisition plans do not constitute multiple proposals.

2.8 Technical Assistance

Technical assistance regarding the RFP guidelines is available upon request. Written or telephone requests for technical assistance on the proposal guidelines should be addressed to:

Susan McKercher, Procurement Manager
Department of Health Services
1 W. Wilson St. – Room 750
P.O. Box 7850
MADISON WI 53707-7850
Phone: (608) 267-7637
Fax: (608) 264-9874
Susan.McKercher@dhs.wisconsin.gov

Written e-mail or fax requests are preferred. To ensure receipt of your e-mail/fax place the following information in the subject line: RFP 1694- DLTC-SM Delivery of Managed LTC.

Collect telephone calls will not be accepted.

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

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be provided to all potential bidders through publication on the VendorNet system.

Any contact with State employees concerning this RFP, other than noted in Sections 1.19 and 2.8 of this RFP are prohibited during the period from date of release of the RFP until the notice of intent to award is released except as authorized in advance in writing by the Procurement Manager.

2.9 Withdrawal of Proposals

Proposals shall be irrevocable until contract award unless the proposal is withdrawn. Proposers may withdraw a proposal in writing at any time up to the proposal closing date and time, or upon expiration of 5 days after the due date and time if received by the RFP procurement manager. To accomplish this, the written request must be signed by an authorized representative of the proposer and submitted to the RFP procurement manager. If a previously submitted proposal is withdrawn before the proposal due date and time, the proposer may submit another proposal at any time up to the proposal closing date and time.

2.10 Required Forms

- DOA-3261 Request for Proposal Form (to be used as the cover sheet of the proposal)
- DOA-3477 Vendor Information Sheet
- DOA-3027 Designation of Confidential and Proprietary Information (if applicable)

These forms are included at the end of this RFP.

2.11 Additional Forms Attached to this RFP

- DOA 3054 Standard Terms and Conditions
- DOA 3681 Supplemental Standard Terms and Conditions

SECTION 3: PROPOSAL SELECTION AND AWARDS PROCESS

3.1 Preliminary Evaluation

Proposals will first be reviewed by the Procurement Manager to determine if 1) the contracting requirements in Section 4 of the proposals are met; 2) the proposals contain the required forms properly completed; and 3) submittal requirements are met. Failure to meet contracting requirements, or submission of an incomplete proposal may result in rejection of the proposal.

3.2 Proposal Scoring

Accepted proposals will be reviewed by an evaluation committee and scored against the stated criteria. There will be a team of people scoring sections five and six. Section seven will be scored by a team of three fiscal experts. The committee may request interviews and use the results in scoring the proposals.

The Department must ensure that each qualified organization with which it contracts has a sufficient number of potential enrollees within its service area to allow for its successful operation as a managed long-term care organization. If there are more proposals than the number of potential enrollees will support, awards will be made according to the number of points scored by each proposer, beginning with the highest scoring proposer being chosen first.

A proposer may not contact any member of the evaluation committee regarding this RFP except as authorized in advance in writing by the Procurement Manager.

Proposals from certified Minority Business Enterprises may have points weighted by a factor of 1.00 to 1.05 to provide up to a five percent (5%) preference to these businesses by authority of ss. 15.107(2), 16.75(4), 16.75(5) and 560.036(2) Wis. Stats.

3.3 Evaluation Criteria

Each **technical** evaluator may award the following number of points maximum:

Section	Description	Points	Percent
5.	General Technical Requirements	690	67%
6.	Technical Requirements Related to Coordination	200	20%

Each **fiscal** evaluator may award the following number of points maximum:

Section	Description	Points	Percent
7.	Fiscal Requirements	135	13%
Maximum Total Points that may awarded for all Sections:		1,025	100%

The maximum number of points allowed for the overall evaluation will be dependent on the final number of evaluators. At a minimum there will be three evaluators for the technical sections and three evaluators for the financial section.

3.4 Notification of Intent to Award

All vendors who respond to this RFP will be notified in writing of the State's intent to award the contract(s) as a result of this RFP.

3.5 Public Information

After notification of the intent to award is made, and under the supervision of agency staff, copies of all proposals will be available for public inspection from 8:00 a.m. to 4:00 p.m. Monday through Friday (except holidays). Vendors should schedule appointments with Susan McKercher (608) 267-7637 or Susan.McKercher@dhs.wisconsin.gov

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

A copy of form DOA 3027 "Designation of Confidential and Proprietary Information" is included with this RFP. Proposers are encouraged to read the form carefully. No proposal submitted to the State should be designated as entirely confidential, and any proposal so marked will be considered public information.

3.6 Protest/Appeals Process

Notices of intent to protest and protests must be made in writing. Written protests must fully identify any contested issues and should identify statutory and/or Administrative Code provisions that are alleged to have been violated.

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

Karen Timberlake, Secretary
Department of Health Services
1 W. Wilson Street, Room 650
PO Box 7850
Madison, WI 53707-7850

The notice must be received in the Secretary's Office no later than five (5) working days after the notice of intent to award is issued.

The full and written protest must be received in the Secretary's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the head of the procuring agency may be appealed to the Secretary of the Department of Administration within five (5) working days of issuance, with a copy of such appeal filed with the Department of Health Services. The appeal must allege a violation of a Wisconsin Statute and/or a provision of the Wisconsin Administrative Code.

SECTION 4: CONTRACTING REQUIREMENTS

These requirements are not scored. They will be read for identification of any concerns prior to the technical and financial portions of the proposals being distributed to the evaluators. Proposals that do not respond to these requirements may be rejected.

4.1 Statutory Authority

Proposers are required to be a legal entity able to enter into a risk-based contract for the delivery of health care services. Please tell us which of the legal entities described in Section 1.10 of this RFP the proposer will operate under.

4.2 Benefit Package Being Offered

Specify the proposed benefit package the proposer intends to offer (e.g. Family Care or Family Care Partnership). If the proposal is to offer anything other than Family Care, identify what entity or entities is providing Family Care in the area you intend to serve.

4.3 Requirements for Offering Family Care Partnership

A Family Care Partnership proposer must provide written evidence from CMS that it has a contract with CMS for:

- A Medicare Advantage Dual Eligible Special Needs Plan with an institutional subset for the geographic area and the population they are proposing to serve;
- Authority through its Medicare Advantage Dual Eligible Special Needs Plan contract to limit enrollment to Wisconsin Medicaid nursing home certifiable subset; and
- A Medicare Part D Prescription Drug Plan for the geographic area and population they are proposing to serve.

If this is applicable (i.e. you are planning to offer Family Care Partnership) please submit evidence that you can meet the requirements above.

If you are planning to offer Family Care Partnership but do not have the necessary CMS contracts, please tell us what CMS contracts you presently have, and when you intend to obtain the additional CMS contracts necessary to meet all the condition listed above.

4.4 Serving the Target Populations

The Department intends to ensure that enrollment in a managed care organization is equally available to individuals from all three target groups (the elderly and adults with physical or developmental disabilities).

Please tell us if your proposal is to serve all three target groups in your service area within the initial 12 months of operation (yes or no). If the answer is “no” please identify the other

organization(s) in your area that are, or will be, providing coverage to the target group(s) that you are not including under your plan.

Please note that target groups your MCO will be serving are also addressed under Section 5.5 of this RFP, and will be given a numeric score under that section based on your implementation schedule. You must respond to both this question, and also Section 5.5.

SECTION 5: GENERAL TECHNICAL REQUIREMENTS

Proposers are cautioned to provide the most complete information, in the correct section, when submitting the following requirements. Proposers should repeat information in more than one section of their proposal if repetition is necessary to respond clearly and completely to that particular section.

5.1 Governance and Organizational Structure

Describe the governance structure of the proposer's organization, identifying lines of authority and operating responsibility. Please include an organizational chart.

5.2 Contractual Relationships

A contractor will be expected to be organized and operated as an independent business enterprise with revenue and expense and reserve funds that are separate from its parent organization, and to have independent control over information systems and their development, contracting, and procurement and personnel decisions such as hiring to keep up with capacity demands.

If you have a parent organization or a subsidiary located outside of Wisconsin, please identify this organization. Also tell us what services they provide for you, what level of accountability you have to this organization, and whether or not this organization will affect the administrative decisions of the proposer's organization.

If any organization outside of Wisconsin does affect administrative decisions, please explain how and to what extent this occurs, and how you will assure the independence necessary to effectively service your membership.

5.3 Governing Board Requirements

Describe how the MCO will meet Wisconsin statutory requirements for a Family Care governing board, s.46.284 (6), Wis. Stats., including having a board that reflects the ethnic and economic diversity of the geographic area served by the care management organization. At least one-fourth of the members of the governing board shall be representative of the client group or groups whom the managed care organization is contracted to serve or those client's family members, guardians, or other advocates.

5.4 Relationship with the ADRC

The Department will contract for managed long-term care only in areas that are served by an ADRC. It is the intent of the Department to contract only with an MCO that is organizationally separate from the ADRC, or will be organizationally separate within twelve months of the MCO signing a contract for the provision of long-term care services with the Department. Organizationally separate means that while the ADRC and the MCO may report to the same county board, they may not be operated by the same county agency.

If your MCO is, or will be on the date of contracting with the Department, organizationally separate from the ADRC, provide a statement to that effect. If such a statement is not provided,

the proposal will earn 0 points for this section 5.4. The Department will not execute a contract with an MCO without this organizational separation from the ADRC(s) in its service area, even if the MCO has successfully completed other certification requirements.

5.5 Target Populations

Coverage for all three target groups is required (see Section 1.12) but may be waived at the request of a proposer and at the sole discretion of DHS if the Department's goal of serving all target groups can be met through contracting with multiple organizations to deliver the managed long-term care benefit. DHS will waive this requirement only if evidence, such as a letter of intent from another entity, is submitted with the proposal showing that another entity will be submitting a proposal to serve the additional target groups. List the target groups proposed to be served and the timeline for serving each. Target groups to be served may be phased in over the initial 12 months of operation.

5.6 Stability

Provide evidence that the proposer can be depended upon to remain in business and continue to deliver services over a long period of time. Include information about the history of the organization and its founding or partnering organizations as well as information about past partnerships with local government entities, stakeholders and local long-term care delivery systems.

If the proposer has past or current experience providing health or long-term care services, briefly tell us about that experience. If this experience involved a contract that was terminated, describe the circumstances under which this termination occurred, and include information regarding transition planning for members when the contract ended.

Provide evidence of commitment to the proposer organization's mission and ongoing operation by its governing board and any founding or partnering organizations. This evidence should describe how the MCO governing board will be compliant with statutory requirements for Family Care MCO governing boards, found in s.46.284(6), Wis. Stats.

5.7 Accountability

Identify the mechanisms by which the proposer makes its organization transparent, accountable and responsive to persons who receive its services and the public at large. Include information about:

- Efforts to communicate regarding your organization's performance to oversight bodies such as regional long-term care advisory committees or Aging and Disability Resource Center (ADRC) boards and other local advocacy organizations.
- Efforts to provide easy access to your organization by potential members and the general public through brochures, flyers, interactive web sites or other means.
- Efforts to assure effective communication and interactions with other systems that may serve your members, such as Adult Protective Services, mental health and substance

abuse services, school systems, vocational services and primary and acute health care systems.

- Your organization's willingness to be responsive to the needs of potential future enrollees who are eligible for Family Care but currently receiving inpatient treatment for mental health or substance abuse, or currently residing in a nursing home or ICF-MR.
- Your organization's willingness to enter into an MOU or other written agreement with ADRCs in your service area that describes the circumstances in which the MCO will serve individuals who are functionally eligible and at imminent risk of harm, hospitalization or institutionalization without the services of the MCO but whose financial eligibility is pending.

5.8 Experience in Delivery of Community-Based Long-Term Care Services

Managed long-term care emphasizes providing supports and services to people where they choose to live. When people choose to reside in nursing facilities or ICFs-MR, those facilities are primarily responsible for the care and treatment of those individuals, and for addressing health and safety needs. People residing in these facilities may be enrolled in a Family Care program, and receive additional care management and quality oversight from the MCO staff. The MCO itself will contract with licensed nursing facilities that have the capacity to provide quality care in those settings.

When individuals with health and long-term care needs choose to live in their own homes or other community-based settings, the MCO is responsible for developing a care plan to address their care and treatment needs, and provide assurances for health and safety.

Identify experience the proposer has in delivering community-based long-term care to people within the Family Care target groups, including comprehensive assessments to determine what members need to live successfully and safely in community-based settings.

5.9 Organizational Experience in Individualizing Services in Managed Care

The Department seeks to contract with MCOs that are person-centered and outcome-focused. This requires the ability to work with members to identify the real life results, or outcomes, they want to achieve through their health and long-term care services and supports, and keeping the member at the center of the care management team developing the care plan and determining what services and supports to put in place.

Identify the expertise the proposer has in delivering person-centered and outcome-focused services under a managed care contract.

5.10 Acquiring Qualified Interdisciplinary Care Management Team Staff

Care management is the core function of the managed long-term care organization. Describe the proposer's plan to obtain qualified clinical care management staff necessary to deliver the managed long-term care benefit package you intend to offer (Family Care or Family Care

Partnership) to the membership projected in the initial business plan (see Section 7.3) using the interdisciplinary team models currently required by Family Care or Family Care Partnership. This includes having specialized knowledge of the conditions of the target populations served by the MCO, knowledge of community alternatives for those target populations, and knowledge of the full range of long-term care resources.

Also, describe the staff to member ratios you anticipate for the professionals on your interdisciplinary teams.

5.11 Interdisciplinary Care Management Team Staff Training

Identify the proposer's plan for assuring care managers have knowledge and competencies in:

- Identifying outcomes;
- Person-centered planning;
- Cost-effective care planning; for instance, use of the State's resource allocation decision-making methodology (RAD);
- Supporting opportunities for self-direction and self-directed supports;
- Functional limitations and service needs of the managed long-term care target groups;
- The range and availability of community-based long-term care services and supports;
- Identifying and dealing with mental health and substance abuse among the long-term care target groups;
- How to effectively function as a member of an interdisciplinary team; and
- Internal MCO systems and processes to support service authorization and care planning.

5.12 Organizational Capability for Managed Care

Managed long-term care requires experience in capitated risk-based contracting.

Describe the proposer's experience in managed long-term care in each of the business areas identified in Appendix 1 – Readiness Template.

5.13 Acquiring Qualified Business Management Staff

Describe the proposer's plan to obtain dedicated or additional staff and other resources to ensure it has the business systems and quality management systems necessary for successful operation of a managed long-term care organization, including:

- Strategic planning;
- Provider network management;
- Budgeting, accounting and financial management;
- Information management;

- Claims processing;
- Quality management; and
- Executive and supervisory staff to support the care management functions.

5.14 Provider Network

The provider network is one measure of a proposer’s ability to meet the needs of its members. Prior to entering into a managed long-term care contract, a proposer will have to have a provider network that DHS has certified is adequate.

Provide evidence that the proposer has a workable plan and the resources to, by the time the contract is entered into, build a comprehensive network of providers with the capacity to deliver the proposed managed long-term care benefit specified in Section 4.2 to the membership projected in the initial business plan. Please address the following:

- Your methodology to project network capacity needs, including projected enrollment by target group;
- Specific expertise that must be included in the network, including evidence-based services for mental health and substance abuse services for persons with cognitive deficits, behavioral difficulties and brain injuries;
- Inclusion of “waiver” services such as vocational supports and respite;
- Consideration of geographic access factors;
- Consideration of workforce needs related to direct care workers; and
- Consideration of cultural competency.

SECTION 6: TECHNICAL REQUIREMENTS RELATED TO COORDINATION WITH OTHER PROGRAMS AND STAKEHOLDER INVOLVEMENT

Proposers are cautioned to provide the most complete information, in the correct section, when submitting the following requirements. Proposers should repeat information in more than one section of their proposal if repetition is necessary to respond clearly and completely to that particular section.

6.1 Aging and Disability Resource Centers (ADRCs)

Provide evidence that ADRCs within the proposed service area have been informed of the proposer's intent to respond to this RFP. Please include one copy of a letter used to notify ADRCs of your intent to respond, and a list of other ADRCs you have contacted by letter, including the organization's name, address, and the date on which you contacted them.

If there is currently no ADRC serving the proposed service area, or part of the service area, provide evidence that there is an organization ready and willing to apply to the Department to become an ADRC.

6.2 Income Maintenance Units

Provide evidence that the income maintenance units in the counties within the proposed service area have been informed of the proposer's intent to respond to this RFP. Please include one copy of a letter used to notify an income maintenance unit, and a list of other units you have contacted by letter, including the name of the unit, and the date on which you contacted them.

6.3 Existing Community-based Service Programs

Provide evidence that the current COP/Waiver agency or agencies in the proposed service area have been informed of the proposer's intent to respond to this RFP. Please include one copy of a letter used to notify a COP/Waiver agency and a list of other agencies you have contacted by letter, including the agency's name, address and the date on which you contacted them.

6.4 Existing Managed Care Organizations

Provide evidence that any existing managed long-term care organizations already operating in the proposed service area have been informed of the proposer's intent to respond to this RFP. This includes MCOs serving the SSI population, the Medicaid long-term care population, and Medicare Special Needs Plans serving individuals also eligible for Medicaid and/or designated as an institutional Special Needs Plan. Please include one copy of a letter used to notify these organizations of your intent to respond, and a list of other organizations you have contacted by letter, including the organization's name, address, and the date on which you contacted them.

6.5 Other Related County-operated Programs and Services

Provide evidence that the following agencies within the proposed service area have been informed of the proposer's intent to respond to this RFP. Please include one copy of a letter used

to notify them, and a list of the other agencies also sent letters including the agency name, address, and the date on which you contacted them.

- Adult protective services
- Public health services
- County aging units and agencies providing services to elders including congregate or home-delivered meals or other nutrition services, senior companionship, transportation services, etc.
- Alcohol and other drug abuse service agencies
- Mental health service agencies
- Children's long-term care service agencies
- Emergency food, shelter and energy assistance services
- Agencies providing other services to children and families

6.6 Other Related Regional Programs and Services

Provide evidence that regional agencies that provide other related services within the proposed service area have been informed of the proposer's intent to respond to this RFP, including:

- Area Agencies on Aging
- Independent Living Centers
- Hospitals, clinics and other regional health care providers

Please include one copy of a letter used to notify these organizations of your intent to respond, and a list of other organizations also contacted by letter including the agency name, address, and the date on which you contacted them.

6.7 Efforts to Involve Stakeholders in Proposal Development

Provide evidence that consumers, advocates, service providers, aging and disability resource centers and other county human/social service agencies have been involved in the development of this proposal.

6.8 Plans for Future Efforts to Involve Stakeholders

Describe the proposer's plan for soliciting input from consumers, advocates, service providers, aging and disability resource centers and other county human/social service agencies in the future.

SECTION 7: FISCAL REQUIREMENTS

Proposers must provide full information as described below. Please make sure all information is properly labeled by section.

7.1 Geographic Service Area

Describe the geographic area in which the proposer intends to contract to provide managed long-term care. The proposer must demonstrate that the proposed service area has sufficient population so that the number of potential enrollees is able to support the proposer's business plan (see Section 7.3). Generally, an MCO that expects its enrollment will not reach 1,500 members will not be considered; however, this minimum may be waived in exceptional circumstances at the request of a proposer and at the sole discretion of DHS. A service area, generally, may not include partial county areas; however, this requirement may be waived in exceptional circumstances at the request of a proposer and at the sole discretion of DHS.

7.2 Solvency and Risk

An MCO will be required to have cash reserves that are sufficient to:

- Assure that the organization has adequate operating cash to hire staff and contract with providers necessary to deliver the proposed benefit package (e.g. Family Care or Family Care Partnership);
- Allow the organization to manage fluctuation in enrollment, capitation payments and other receipts, and fluctuation in the cost of delivering services in the benefit package based on individual needs of the enrollees;
- Ensure that the organization has sufficient liquid reserves to continue to meet the individual needs of enrollees for a minimum of three months in the event that the managed long-term care contract is terminated by DHS or by the managed long-term care contractor, as estimated through the incurred but not reported (IBNR) calculation and satisfied through funds invested for the mandatory reserve requirement and maintained for ongoing operations; and
- Assure that the organization has a reasonable expectation of ongoing solvency, and satisfies solvency funding reserves as required by the Health and Community Supports Contract (see <http://dhs.wisconsin.gov/LTCare/StateFedReqs/FC-RC-CMO-Contracts.htm>).

Please address the following as relevant:

- Any organization that specifies that it intends to provide a benefit package that includes primary and/or acute health care services is required to demonstrate that it is licensed as an HMO or other insurance entity and in good standing by the Wisconsin Office of the Commissioner of Insurance, or otherwise provide evidence that will satisfy this requirement at the time of contracting.

- Any organization other than a county, group of counties or long-term care district acting jointly and contracting to operate Family Care may also be required at the time of the initial contract to be licensed as an HMO or other insurance entity in good standing by the Wisconsin Office of the Commissioner of Insurance.
- A county, a tribe or band, or any combination of counties or tribes or bands acting together to contract to deliver the Family Care benefit as a long-term care district or under Wisconsin State Statute 66.0301, or a private entity contracted to deliver the Family Care benefit, will be required to meet working capital, risk reserve and solvency fund requirements as specified in the Health and Community Supports Contract (see <http://dhs.wisconsin.gov/LTCare/StateFedReqs/FC-RC-CMO-Contracts.htm>).
- A county, group of counties or long-term care district contracting to provide the Family Care benefit will need to have a plan to reach all solvency requirements within three years of the date of the initial contract.
- A private entity will need to have a plan to reach all reserve and solvency requirements at the time of the initial contract.

Provide evidence that the proposer will have adequate working capital, risk reserves and solvency protection, including the sources of such funds, consistent with the points outlined above, for the delivery of the managed long-term care benefit(s) you are proposing to offer. A public entity proposer that can not meet the solvency requirements on the contract start date should also provide a monthly contribution plan toward meeting all solvency requirements. A private entity should provide a copy of their most recent audited financial statements and their most recent interim financial statements, demonstrating the strength of their financial position and ability to support proposed operations of both the proposing entity as well as for the consolidated entity if a relationship exists.

7.3 Business Plan

All proposers must submit an initial three-year (36 month) business plan starting with the anticipated initial contract date. This plan will project that, if awarded a managed long-term care contract, the proposer will be financially stable, as demonstrated by projected positive net income, within two years of initial contract award, and remain financially stable thereafter. Omission of a business plan may result in rejection of a proposal.

For purposes of this RFP process the initial (36 month) business plan should minimally include:

- Projected monthly enrollment by target group. See Appendix 5 for information on the population currently receiving services, or on the waiting list for services from the home and community based waivers.
- Anticipated, reasonable capitation rate(s) to provide the benefit package specified in Section 4.2 and narrative to support the assumptions underlying the anticipated rate.
- Assumptions underlying the projected expenses that will be experienced during the 36 month ramp-up.

- Complete budget projections, including monthly income/expense projections, annual balance sheet and statement of cash flow, and budget narrative for each of the three years including:
 - Any other anticipated revenue (e.g. Medicare payments or cost share).
 - Projected staffing costs for:
 - Management and administrative staff
 - Interdisciplinary team staff to serve anticipated growth in enrollment
 - Other internal staff.
- Projected cost of purchased services and supports including administrative services.
- Projected cost of any risk sharing, reinsurance or stop-loss insurance.
- The source and amount of any cash to meet working capital, risk reserves and solvency reserves if not operating as a licensed HMO.
- Cash flow in relation to anticipated revenues and expenditures including any projected costs of building or maintaining reserves.
- Consolidated financial statement projection including an annual summary for each of the three years (36 months) demonstrating proposers full operations and related entities.
- A self-assessment of the business strength and weaknesses that will support entering into or expanding, current operation to provide and assume risk for managed long-term care services.
- A copy of the most recent audited financial statements on a GAAP basis demonstrating an unqualified opinion by a public accounting firm. Proposals from a county, group of counties or long-term care district are exempted from this requirement.
- Information on service utilization for the current waiver population for calendar years 2005–2007 is also available upon request. To request a data set of this information, please contact Tom Lawless at (608) 261-7810 or Thomas.Lawless@wiscsonsin.gov

APPENDICES

Appendix 1 – Readiness Template

DLTC Management Planning Tool for LTC Expansion “Readiness Template”

Business Area	State Performance Indicator (Certification Requirement)	Detailed MCO Systems (Including IT)
Strategic Planning	The 3-year MCO business plan approved prior to contract effective date, including: – Timeline for providing required risk reserve, solvency requirements, and working capital (if not licensed as an HMO). Organizational design and governance: Existence of legal (contracting) entity that will carry the financial risk and be responsible for quality, including: – Governance board with membership able to provide appropriate oversight. – Organization chart w qualified and full-time CEO, CFO, and Quality Manager. Documentation of how MCO will coordinate with adult protective service and counties’ 51/55 systems. Evidence of consumer and other stakeholder involvement in strategic planning.	Establishment of a separately identifiable restricted investment reserve account in a financial institution and Business Solvency Plan, with timeline and financing strategy. Consumer and Stakeholder Participation: – Identify stakeholders and provide opportunities for consumers and stakeholders to participate in planning process. – Provide training/support to enhance meaningful consumer and stakeholder participation. – Create mechanisms for consumers and reps to participate in quality management and appeals and grievance processes. Develop policies and procedures for best practices (designing quality into the organization). Legal and Operational Platform for Regionalized Governance satisfactory to all planning partners, including: – Mission and values statements. – Operating and risk sharing agreements. – By-laws and business protocols. – Steering and oversight committees, including consumer and stakeholder members. Organizational needs assessment (strengths, weaknesses, opportunities, barriers) for administrative, care management, IT and financial management tools and competencies to carry out managed long-term care, including: – Strategies to learn management techniques. – Identification of essential IT and competencies. – A claims payment / business system adequate for – Encounter reporting – Service authorization and benefit coordination – Utilization management – Fiscal monitoring analysis – Managing enrollment – Provider network monitoring and contracting
Information/ Knowledge Management	An information management plan that supports each business process’s specific information management and information technology (IT) needs.	Identification of essential IT and reporting tools and competencies to carry out managed long-term care Plan for control of data:

NOTE: This document is not a definitive checklist of MCO certification requirements. It describes the developmental tasks that must be accomplished before any organization begins to operate as a MCO.

Business Area	State Performance Indicator (Certification Requirement)	Detailed MCO Systems (Including IT)
		– Data governance – Documentation – Data integration rules, data security – Data retention – Policies and procedures for disaster recovery. – Current and future HIPAA/HIT requirements
Budgeting and Projections	Initial 3-year budget approved as part of business plan.	Identification of data sources and the analytical method used to project the budget.
Managing Enrollment	Approved Access Plan. ADRC and ES readiness requirements are documented separately.	Participate in Access Plan development with ADRC and ES. CMO enrollment processes in place to accept new enrollments, assign care teams, make sure needed services are in place on day of enrollment, develop initial care plan w/in 10 days. (FC)
Managing Enrollment and Capitation	Policies and procedures to manage enrollment and capitation developed prior to implementation.	Reconcile enrollment reports and capitation payments with member enrollment, disenrollment and LOC effective dates. Process for resolving discrepancies between the State enrollment reports and the MCO's enrollment records. Recertification processes in place to maintain enrollee eligibility – functional screens, interface with ES. Management of cost share receivables, process for interventions if cost share payments not timely, process to refer for loss of eligibility if interventions are not successful.
Care Management and Care Planning ----- Service Authorization -----	Adequate and trained care management teams in place. Approved Service Authorization Policy (RAD) in place (dif. for FC / WPP). Policies and procedures for SDS in place.	Strategy and timeline to achieve employed and/or subcontracted care management teams. – Training in the needs of the target groups, service authorization policies and utilization management, care management techniques including outcome assessment, risk management and negotiation skills. – Training plan developed and in place. Process for prior authorization of services, clerical support and integration with fiscal systems.

NOTE: This document is not a definitive checklist of MCO certification requirements. It describes the developmental tasks that must be accomplished before any organization begins to operate as a MCO.

Business Area	State Performance Indicator (Certification Requirement)	Detailed MCO Systems (Including IT)
Utilization Management	Appropriate interdisciplinary plans for benefit package provided are in place.	
Member Grievances and Appeals Process	Policies and procedures and MCO structure in place.	
Service Provision ----- Provider Network ----- Contract Management ----- Provider Relations	State review and certification of adequacy of service capacity prior to implementation. Process for determining future provider network needs is in place. Have negotiated and executed cost-effective provider contracts.	Identification of service needs among potential enrollees, assessment of the capacity of the local provider pool to meet these needs (gap analysis); planning with potential providers to achieve a satisfactory workforce and provider pool in regard to capacity, quality and options for consumers; and establishment of minimum provider competencies. This planning must address the needs of consumers who are interested in self-directed supports. Develop contracts and put in place (contract language must be approved by DHS). Train providers in philosophy of managed LTC, claims processes, etc. Process to ensure an adequate number of personnel with the appropriate skills to meet the scope of services, including policies to ensure services do not decline during personnel shortages due to operational contingencies or changes in staffing structure or mix. Provider capacity monitoring and management.
Claims Processing	Demonstrated ability to submit acceptable encounter data. An encounter data worksheet is posted on http://DHS.wisconsin.gov/LTCare/encounter Proposers that receive a letter of intent to award a contract from the Department must complete this worksheet within 5 business days of receipt of the letter. The requirement to complete the encounter data worksheet applies to any new organization that has not submitted data using the encounter application; any existing organization that is adding new programs or expanding their line of business; and any existing organization that has not had their encounter data audited.	Acquire or develop claims processing capacity. Considerations include: – Customer Service functions, – Customized Check/EOB printing – Communications with members – Reporting requirements, – QA/audit, – High cost \$ claim procedures, – Cost containment procedures, – Coordination of benefits – Processes for adjustments, corrections, and claims that cannot be adjudicated – Reconciliation with service authorizations – Encounter submissions, tie-outs

NOTE: This document is not a definitive checklist of MCO certification requirements. It describes the developmental tasks that must be accomplished before any organization begins to operate as a MCO.

Business Area	State Performance Indicator (Certification Requirement)	Detailed MCO Systems (Including IT)
	Policies and procedures to handle provider appeals.	
Financial Management and Reporting	Full-time, qualified fiscal manager with appropriate certification, such as a CPA. Ability to manage and effectively utilize sophisticated information systems. Accounting policies and procedures in place, including for use of GAAP accrual accounting practices. Cost allocation plan. Ability to implement an IBNR model Ability to produce financial statements that tie out to claims.	Process used to ensure the accurate recording and timely collection of accounts receivable; including processes for member obligations receivable and capitation receivable. Cost allocation: Process used to determine accurate proportion of shared administrative services and costs (e.g., support staff, fiscal staff, management staff, IT, building costs, and supplies). Procedures for monitoring consumer cost sharing collections. Methodology for analyzing (fiscal) risk. Monitor and analyze budget versus actual variances. Process to identify “outliers” (members whose claims exceed expected costs). IBNR methodology; process to monitor accuracy and reliability of the methodology. Process used to ensure the accurate recording and timely collection of accounts receivable; including processes for member obligations receivable and capitation receivable. Maintenance of solvency protections. Process used to determine accurate proportion of shared administrative services and costs (e.g., support staff, fiscal staff, management staff, IT, building costs, and supplies).
Utilization Review	Demonstrated ability to produce reports that clearly communicate utilization information and trends to all levels of the MCO. Process by which utilization information will be shared with IDTs and other parts of the MCO, and how IDTs and others will be given help in analyzing that information.	Process for reconciliation and reporting on services authorized versus services used; service utilization reports. Process to communicate changes in practice patterns and health care delivery identified through utilization management reviews. Process to review and evaluate high volume / high risk indicators, practice guidelines and protocols, unusual occurrences, clinical outcomes, and services provided. How are these reviews used to minimize risk?
Quality Management	QM organizational structure, including: – A senior manager with resource-deployment authority is designated as responsible for QM program. – A full time qualified professional is in place to coordinate the quality program. – QM activities have individuals or units with	Design QM program that will: – Assure quality of both provided and purchased services; – Monitor performance and Detect problems; – Determine causes of problems; – Prioritize quality-improvement activities; – Determine effective remediation; – Follow up to verify problems are fixed; and

NOTE: This document is not a definitive checklist of MCO certification requirements. It describes the developmental tasks that must be accomplished before any organization begins to operate as a MCO.

Business Area	State Performance Indicator (Certification Requirement)	Detailed MCO Systems (Including IT)
	clearly assigned responsibility for them. – Mechanisms for active participation from consumers, staff, and others. – Must have clear operational links to and support from other functional areas. DHS- approved Quality Program/Plan, adopted by gov. board, including: – Includes annual goals based on findings from previous QM activities; – Describes quality-monitoring processes and activities; – Describes at least one performance improvement project.	– Carry out improvement efforts even in absence of identified problems. MCO ensures that assessments and care plans are timely and of high-quality—without checking or prior approval from DHS. MCO determines, documents, and reports its own performance (e.g., immunization rates) MCO plans and carries out tightly focused improvement projects.

NOTE: This document is not a definitive checklist of MCO certification requirements. It describes the developmental tasks that must be accomplished before any organization begins to operate as a MCO.

Appendix 2 – Eligibility for Managed Long-Term Care

A2.1 Eligibility for the Family Care benefit

A2.1.1 General conditions of eligibility

- (a) *Age*. The person will attain at least the age of 18 years during the application month.
- (b) *Residency*. The person is a resident of a county in which the managed long-term care benefit is available through a managed care organization.
- (c) *Target group*. The person has a physical disability, a developmental disability or infirmities of aging.
- (d) *Cost sharing*. The person pays any cost sharing obligations required as a condition of post eligibility treatment of income.
- (e) *Other non-financial conditions*. The person meets the nonfinancial conditions of eligibility for medical assistance under s. HFS 103.03 (2) to (9).
- (f) *Divestment*. The person is not currently ineligible for medical assistance under the provisions of ss. 49.453 and 49.454 (2) (c) and (3) (b), Stats., and s. HFS 103.065 because he or she divested assets.

A2.1.2 Functional eligibility

The person has a long-term or irreversible condition and meets the requirements for one of the following levels of care:

1. *Nursing home functional capacity level*. A person is functionally eligible at the nursing home level if the person requires ongoing care, assistance or supervision from another person, as is evidenced by any of the following findings from application of the functional screen:
 - a. The person cannot safely or appropriately perform 3 or more activities of daily living.
 - b. The person cannot safely or appropriately perform 2 or more ADLs and one or more instrumental activities of daily living.
 - c. The person cannot safely or appropriately perform 5 or more IADLs.
 - d. The person cannot safely or appropriately perform one or more ADL and 3 or more IADLs and has cognitive impairment.
 - e. The person cannot safely or appropriately perform 4 or more IADLs and has cognitive impairment.
 - f. The person has a complicating condition that limits the person's ability to independently meet his or her needs as evidenced by meeting both of the following conditions:
 - 1) The person requires frequent medical or social intervention to safely maintain an acceptable health or developmental status; or requires frequent changes in service due to intermittent or unpredictable changes in his or her condition; or requires a range of medical or social interventions due to a multiplicity of conditions.
 - 2) The person has a developmental disability that requires specialized services; or has impaired cognition exhibited by memory deficits or disorientation to person, place or time; or has impaired decision making ability exhibited by wandering, physical abuse of self or others, self neglect or resistance to needed care.
2. *Non-Nursing Home functional capacity level*. A person is functionally eligible at the non-nursing home level if the person is at risk of losing his or her independence or functional capacity unless he or she receives assistance from others, as is evidenced by a finding from

application of the functional screen that the person needs assistance to safely or appropriately perform either of the following:

- a. One or more ADL.
- b. One or more of the following critical IADLs:
 - 3) Management of medications and treatments.
 - 4) Meal preparation and nutrition.
 - 5) Money management.

A2.1.3 Financial eligibility

The person is eligible for medical assistance under ch. 49, Stats., and chs. HFS 101 to 108.

A2.2 Eligibility for the Wisconsin Family Care Partnership Program benefit

A2.2.1 Acceptance of the Family Care Partnership MCO managed Medicare benefit

For a person who is eligible for Medicare, the person must accept managed Medicare benefits from the Family Care Partnership MCO in order to be eligible to enroll in the Family Care Partnership MCO to receive the Medicaid managed long-term care benefit.

A2.2.2 General conditions of eligibility

- (a) *Age*. The person will attain at least the age of 18 years during the application month.
- (b) *Residency*. The person is a resident of a county in which the managed long-term care benefit is available through a managed care organization.
- (c) *Target group*. The person has a physical disability, a developmental disability or infirmities of aging.
- (d) *Cost sharing*. The person pays any cost sharing obligations required as a condition of post eligibility treatment of income.
- (e) *Other non-financial conditions*. The person meets the nonfinancial conditions of eligibility for medical assistance under s. HFS 103.03 (2) to (9).
- (f) *Divestment*. The person is not currently ineligible for medical assistance under the provisions of ss. 49.453 and 49.454 (2) (c) and (3) (b), Stats., and s. HFS 103.065 because he or she divested assets.

A2.2.3 Functional eligibility

The person has a nursing facility level of care as documented on the long-term care functional screen.

A2.2.4 Financial eligibility

The person is eligible for medical assistance under ch. 49, Stats., and chs. HFS 101 to 108.

Appendix 3 – Family Care MCO Capitation Rates

Family Care MCO capitation rates and rate reports can be viewed at:
<http://dhs.wisconsin.gov/lcaredocs/StateFedReqs/CapitationRates.htm>

Appendix 4 – Family Care Partnership Capitation Rates

Family Care Partnership MCO capitation rates and rate reports can be viewed at:
<http://dhs.wisconsin.gov/LTCare/StateFedReqs/CapitationRates.htm>

Appendix 5 – Waiver and Waitlist on January 29, 2010

Waiver Clients Over 18 years of Age on January 29, 2010

County	DD	PD	Elderly	Total
Langlade	69	17	77	163
Lincoln	101	30	71	202

Waitlist Totals on January 29, 2010

County	DD	PD	Elderly	Total
Langlade	12	0	1	13
Lincoln	15	8	19	42

FORMS

Standard Terms And Conditions (Request For Bids / Proposals)

- 1.0 SPECIFICATIONS:** The specifications in this request are the minimum acceptable. When specific manufacturer and model numbers are used, they are to establish a design, type of construction, quality, functional capability and/or performance level desired. When alternates are bid/proposed, they must be identified by manufacturer, stock number, and such other information necessary to establish equivalency. The State of Wisconsin shall be the sole judge of equivalency. Bidders/proposers are cautioned to avoid bidding alternates to the specifications which may result in rejection of their bid/proposal.
- 2.0 DEVIATIONS AND EXCEPTIONS:** Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the bidder's/proposer's letterhead, signed, and attached to the request. In the absence of such statement, the bid/proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the bidders/proposers shall be held liable.
- 3.0 QUALITY:** Unless otherwise indicated in the request, all material shall be first quality. Items which are used, demonstrators, obsolete, seconds, or which have been discontinued are unacceptable without prior written approval by the State of Wisconsin.
- 4.0 QUANTITIES:** The quantities shown on this request are based on estimated needs. The state reserves the right to increase or decrease quantities to meet actual needs.
- 5.0 DELIVERY:** Deliveries shall be F.O.B. destination freight prepaid and included unless otherwise specified.
- 6.0 PRICING AND DISCOUNT:** The State of Wisconsin qualifies for governmental discounts and its educational institutions also qualify for educational discounts. Unit prices shall reflect these discounts.
- 6.1** Unit prices shown on the bid/proposal or contract shall be the price per unit of sale (e.g., gal., cs., doz., ea.) as stated on the request or contract. For any given item, the quantity multiplied by the unit price shall establish the extended price, the unit price shall govern in the bid/proposal evaluation and contract administration.
- 6.2** Prices established in continuing agreements and term contracts may be lowered due to general market conditions, but prices shall not be subject to increase for ninety (90) calendar days from the date of award. Any increase proposed shall be submitted to the contracting agency thirty (30) calendar days before the proposed effective date of the price increase, and shall be limited to fully documented cost increases to the contractor which are demonstrated to be industrywide. The conditions under which price increases may be granted shall be expressed in bid/proposal documents and contracts or agreements.
- 6.3** In determination of award, discounts for early payment will only be considered when all other conditions are equal and when payment terms allow at least fifteen (15) days, providing the discount terms are deemed favorable. All payment terms must allow the option of net thirty (30).
- 7.0 UNFAIR SALES ACT:** Prices quoted to the State of Wisconsin are not governed by the Unfair Sales Act.
- 8.0 ACCEPTANCE-REJECTION:** The State of Wisconsin reserves the right to accept or reject any or all bids/proposals, to waive any technicality in any bid/proposal submitted, and to accept any part of a bid/proposal as deemed to be in the best interests of the State of Wisconsin.
- Bids/proposals MUST be date and time stamped by the soliciting purchasing office on or before the date and time that the bid/proposal is due. Bids/proposals date and time stamped in another office will be rejected. Receipt of a bid/proposal by the mail system does not constitute receipt of a bid/proposal by the purchasing office.
- 9.0 METHOD OF AWARD:** Award shall be made to the lowest responsible, responsive bidder unless otherwise specified.
- 10.0 ORDERING:** Purchase orders or releases via purchasing cards shall be placed directly to the contractor by an authorized agency. No other purchase orders are authorized.
- 11.0 PAYMENT TERMS AND INVOICING:** The State of Wisconsin normally will pay properly submitted vendor invoices within thirty (30) days of receipt providing goods and/or services have been delivered, installed (if required), and accepted as specified.
- Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and submittal to the correct address for processing.
- A good faith dispute creates an exception to prompt payment.
- 12.0 TAXES:** The State of Wisconsin and its agencies are exempt from payment of all federal tax and Wisconsin state and local taxes on its purchases except Wisconsin excise taxes as described below.
- The State of Wisconsin, including all its agencies, is required to pay the Wisconsin excise or occupation tax on its purchase of beer, liquor, wine, cigarettes, tobacco products, motor vehicle fuel and general aviation fuel. However, it is exempt from payment of Wisconsin sales or use tax on its purchases. The State of Wisconsin may be subject to other states' taxes on its purchases in that state depending on the laws of that state. Contractors performing construction activities are required to pay state use tax on the cost of materials.
- 13.0 GUARANTEED DELIVERY:** Failure of the contractor to adhere to delivery schedules as specified or to promptly replace rejected materials shall render the contractor liable for all costs in excess of the contract price when alternate procurement is necessary. Excess costs shall include the administrative costs.
- 14.0 ENTIRE AGREEMENT:** These Standard Terms and Conditions shall apply to any contract or order awarded as a result of this request except where special requirements are stated elsewhere in the request; in such cases, the special requirements shall apply. Further, the written contract and/or

order with referenced parts and attachments shall constitute the entire agreement and no other terms and conditions in any document, acceptance, or acknowledgment shall be effective or binding unless expressly agreed to in writing by the contracting authority.

15.0 APPLICABLE LAW AND COMPLIANCE: This contract shall be governed under the laws of the State of Wisconsin. The contractor shall at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this contract and which in any manner affect the work or its conduct. The State of Wisconsin reserves the right to cancel this contract if the contractor fails to follow the requirements of s. 77.66, Wis. Stats., and related statutes regarding certification for collection of sales and use tax. The State of Wisconsin also reserves the right to cancel this contract with any federally debarred contractor or a contractor that is presently identified on the list of parties excluded from federal procurement and non-procurement contracts.

16.0 ANTITRUST ASSIGNMENT: The contractor and the State of Wisconsin recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the State of Wisconsin (purchaser). Therefore, the contractor hereby assigns to the State of Wisconsin any and all claims for such overcharges as to goods, materials or services purchased in connection with this contract.

17.0 ASSIGNMENT: No right or duty in whole or in part of the contractor under this contract may be assigned or delegated without the prior written consent of the State of Wisconsin.

18.0 WORK CENTER CRITERIA: A work center must be certified under s. 16.752, Wis. Stats., and must ensure that when engaged in the production of materials, supplies or equipment or the performance of contractual services, not less than seventy-five percent (75%) of the total hours of direct labor are performed by severely handicapped individuals.

19.0 NONDISCRIMINATION / AFFIRMATIVE ACTION: In connection with the performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01(5), Wis. Stats., sexual orientation as defined in s. 111.32(13m), Wis. Stats., or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the contractor further agrees to take affirmative action to ensure equal employment opportunities.

19.1 Contracts estimated to be over twenty-five thousand dollars (\$25,000) require the submission of a written affirmative action plan by the contractor. An exemption occurs from this requirement if the contractor has a workforce of less than twenty-five (25) employees. Within fifteen (15) working days after the contract is awarded, the contractor must submit the plan to the contracting state agency for approval. Instructions on preparing the plan and technical assistance regarding this clause are available from the contracting state agency.

19.2 The contractor agrees to post in conspicuous places, available for employees and applicants for employment, a notice to be provided by the contracting state

agency that sets forth the provisions of the State of Wisconsin's nondiscrimination law.

19.3 Failure to comply with the conditions of this clause may result in the contractor's becoming declared an "ineligible" contractor, termination of the contract, or withholding of payment.

20.0 PATENT INFRINGEMENT: The contractor selling to the State of Wisconsin the articles described herein guarantees the articles were manufactured or produced in accordance with applicable federal labor laws. Further, that the sale or use of the articles described herein will not infringe any United States patent. The contractor covenants that it will at its own expense defend every suit which shall be brought against the State of Wisconsin (provided that such contractor is promptly notified of such suit, and all papers therein are delivered to it) for any alleged infringement of any patent by reason of the sale or use of such articles, and agrees that it will pay all costs, damages, and profits recoverable in any such suit.

21.0 SAFETY REQUIREMENTS: All materials, equipment, and supplies provided to the State of Wisconsin must comply fully with all safety requirements as set forth by the Wisconsin Administrative Code and all applicable OSHA Standards.

22.0 WARRANTY: Unless otherwise specifically stated by the bidder/proposer, equipment purchased as a result of this request shall be warranted against defects by the bidder/proposer for one (1) year from date of receipt. The equipment manufacturer's standard warranty shall apply as a minimum and must be honored by the contractor.

23.0 INSURANCE RESPONSIBILITY: The contractor performing services for the State of Wisconsin shall:

23.1 Maintain worker's compensation insurance as required by Wisconsin Statutes, for all employees engaged in the work.

23.2 Maintain commercial liability, bodily injury and property damage insurance against any claim(s) which might occur in carrying out this agreement/contract. Minimum coverage shall be one million dollars (\$1,000,000) liability for bodily injury and property damage including products liability and completed operations. Provide motor vehicle insurance for all owned, non-owned and hired vehicles that are used in carrying out this contract. Minimum coverage shall be one million dollars (\$1,000,000) per occurrence combined single limit for automobile liability and property damage.

23.3 The state reserves the right to require higher or lower limits where warranted.

24.0 CANCELLATION: The State of Wisconsin reserves the right to cancel any contract in whole or in part without penalty due to nonappropriation of funds or for failure of the contractor to comply with terms, conditions, and specifications of this contract.

25.0 VENDOR TAX DELINQUENCY: Vendors who have a delinquent Wisconsin tax liability may have their payments offset by the State of Wisconsin.

26.0 PUBLIC RECORDS ACCESS: It is the intention of the state to maintain an open and public process in the solicitation, submission, review, and approval of procurement activities.

Bid/proposal openings are public unless otherwise specified. Records may not be available for public inspection prior to

issuance of the notice of intent to award or the award of the contract.

27.0 PROPRIETARY INFORMATION: Any restrictions on the use of data contained within a request, must be clearly stated in the bid/proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the vendor's responsibility to defend the determination in the event of an appeal or litigation.

27.1 Data contained in a bid/proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation, and innovations become the property of the State of Wisconsin.

27.2 Any material submitted by the vendor in response to this request that the vendor considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or material which can be kept confidential under the Wisconsin public records law, must be identified on a Designation of Confidential and Proprietary Information form (DOA-3027). Bidders/proposers may request the form if it is not part of the Request for Bid/Request for Proposal package. Bid/proposal prices cannot be held confidential.

28.0 DISCLOSURE: If a state public official (s. 19.42, Wis. Stats.), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls a ten percent (10%) interest, is a party to this agreement, and if this agreement involves payment of more than three thousand dollars (\$3,000) within a twelve (12) month period, this contract is voidable by the state unless appropriate disclosure is made according to s. 19.45(6), Wis. Stats., before signing the contract. Disclosure must be made to the State of Wisconsin Ethics Board, 44 East Mifflin Street, Suite 601, Madison, Wisconsin 53703 (Telephone 608-266-8123).

State classified and former employees and certain University of Wisconsin faculty/staff are subject to separate disclosure requirements, s. 16.417, Wis. Stats.

29.0 RECYCLED MATERIALS: The State of Wisconsin is required to purchase products incorporating recycled materials whenever technically and economically feasible. Bidders are encouraged to bid products with recycled content which meet specifications.

30.0 MATERIAL SAFETY DATA SHEET: If any item(s) on an order(s) resulting from this award(s) is a hazardous chemical, as defined under 29CFR 1910.1200, provide one (1) copy of a Material Safety Data Sheet for each item with the shipped container(s) and one (1) copy with the invoice(s).

31.0 PROMOTIONAL ADVERTISING / NEWS RELEASES: Reference to or use of the State of Wisconsin, any of its departments, agencies or other subunits, or any state official or employee for commercial promotion is prohibited. News releases pertaining to this procurement shall not be made without prior approval of the State of Wisconsin. Release of broadcast e-mails pertaining to this procurement shall not be made without prior written authorization of the contracting agency.

32.0 HOLD HARMLESS: The contractor will indemnify and save harmless the State of Wisconsin and all of its officers, agents and employees from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the contractor, or of any of its contractors, in prosecuting work under this agreement.

33.0 FOREIGN CORPORATION: A foreign corporation (any corporation other than a Wisconsin corporation) which becomes a party to this Agreement is required to conform to all the requirements of Chapter 180, Wis. Stats., relating to a foreign corporation and must possess a certificate of authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce or is otherwise exempt from the requirement of obtaining a certificate of authority. Any foreign corporation which desires to apply for a certificate of authority should contact the Department of Financial Institutions, Division of Corporation, P. O. Box 7846, Madison, WI 53707-7846; telephone (608) 261-7577.

34.4 WORK CENTER PROGRAM: The successful bidder/proposer shall agree to implement processes that allow the State agencies, including the University of Wisconsin System, to satisfy the State's obligation to purchase goods and services produced by work centers certified under the State Use Law, s.16.752, Wis. Stat. This shall result in requiring the successful bidder/proposer to include products provided by work centers in its catalog for State agencies and campuses or to block the sale of comparable items to State agencies and campuses.

35.0 FORCE MAJEURE: Neither party shall be in default by reason of any failure in performance of this Agreement in accordance with reasonable control and without fault or negligence on their part. Such causes may include, but are not restricted to, acts of nature or the public enemy, acts of the government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes and unusually severe weather, but in every case the failure to perform such must be beyond the reasonable control and without the fault or negligence of the party.



Supplemental Standard Terms and Conditions for Procurements for Services

- 1.0 ACCEPTANCE OF BID/PROPOSAL CONTENT:** The contents of the bid/proposal of the successful contractor will become contractual obligations if procurement action ensues.
- 2.0 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:** By signing this bid/proposal, the bidder/proposer certifies, and in the case of a joint bid/proposal, each party thereto certifies as to its own organization, that in connection with this procurement:
- 2.1** The prices in this bid/proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder/proposer or with any competitor;
- 2.2** Unless otherwise required by law, the prices which have been quoted in this bid/proposal have not been knowingly disclosed by the bidder/proposer and will not knowingly be disclosed by the bidder/proposer prior to opening in the case of an advertised procurement or prior to award in the case of a negotiated procurement, directly or indirectly to any other bidder/proposer or to any competitor; and
- 2.3** No attempt has been made or will be made by the bidder/proposer to induce any other person or firm to submit or not to submit a bid/proposal for the purpose of restricting competition.
- 2.4** Each person signing this bid/proposal certifies that: He/she is the person in the bidder's/proposer's organization responsible within that organization for the decision as to the prices being offered herein and that he/she has not participated, and will not participate, in any action contrary to 2.1 through 2.3 above; (or)
- He/she is not the person in the bidder's/proposer's organization responsible within that organization for the decision as to the prices being offered herein, but that he/she has been authorized in writing to act as agent for the persons responsible for such decisions in certifying that such persons have not participated, and will not participate in any action contrary to 2.1 through 2.3 above, and as their agent does hereby so certify; and he/she has not participated, and will not participate, in any action contrary to 2.1 through 2.3 above.
- 3.0 DISCLOSURE OF INDEPENDENCE AND RELATIONSHIP:**
- 3.1** Prior to award of any contract, a potential contractor shall certify in writing to the procuring agency that no relationship exists between the potential contractor and the procuring or contracting agency that interferes with fair competition or is a conflict of interest, and no relationship exists between the contractor and another person or organization that constitutes a conflict of interest with respect to a state contract. The Department of Administration may waive this provision, in writing, if those activities of the potential contractor will not be adverse to the interests of the state.
- 3.2** Contractors shall agree as part of the contract for services that during performance of the contract, the contractor will neither provide contractual services nor enter into any agreement to provide services to a person or organization that is regulated or funded by the contracting agency or has interests that are adverse to the contracting agency. The Department of Administration may waive this provision, in writing, if those activities of the contractor will not be adverse to the interests of the state.
- 4.0 DUAL EMPLOYMENT:** Section 16.417, Wis. Stats., prohibits an individual who is a State of Wisconsin employee or who is retained as a contractor full-time by a State of Wisconsin agency from being retained as a contractor by the same or another State of Wisconsin agency where the individual receives more than \$12,000 as compensation for the individual's services during the same year. This prohibition does not apply to individuals who have full-time appointments for less than twelve (12) months during any period of time that is not included in the appointment. It does not include corporations or partnerships.
- 5.0 EMPLOYMENT:** The contractor will not engage the services of any person or persons now employed by the State of Wisconsin, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employing agency of such person or persons and of the contracting agency.
- 6.0 CONFLICT OF INTEREST:** Private and non-profit corporations are bound by ss. 180.0831, 180.1911(1), and 181.0831 Wis. Stats., regarding conflicts of interests by directors in the conduct of state contracts.
- 7.0 RECORDKEEPING AND RECORD RETENTION:** The contractor shall establish and maintain adequate records of all expenditures incurred under the contract. All records must be kept in accordance with generally accepted accounting procedures. All procedures must be in accordance with federal, state and local ordinances.
- The contracting agency shall have the right to audit, review, examine, copy, and transcribe any pertinent records or documents relating to any contract resulting from this bid/proposal held by the contractor. The contractor will retain all documents applicable to the contract for a period of not less than three (3) years after final payment is made.
- 8.0 INDEPENDENT CAPACITY OF CONTRACTOR:** The parties hereto agree that the contractor, its officers, agents, and employees, in the performance of this agreement shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the state. The contractor agrees to take such steps as may be necessary to ensure that each subcontractor of the contractor will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the state.

STATE OF WISCONSIN

DOA-3027: Designation of Confidential Information N(R01/98)

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in response to Bid/Proposal # 1694 DLTC-SM includes proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this bid/proposal response be treated as confidential material and not be released without our written approval.

Prices always become public information when bids/proposals are opened, and therefore cannot be kept confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c), Wis. Stats. as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released

Section	Page #	Topic
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IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HEREBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD THE STATE HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF THE STATE'S AGREEING TO WITHHOLD THE MATERIALS.

Failure to include this form in the bid/proposal response may mean that all information provided as part of the bid/proposal response will be open to examination and copying. The state considers other markings of confidential in the bid/proposal document to be insufficient. The undersigned agrees to hold the state harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name _____

Authorized Representative _____

Signature

Authorized Representative _____

Type or Print

Date _____

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

VENDOR INFORMATION

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

PROPOSALS MUST BE SEALED AND ADDRESSED TO:

AGENCY ADDRESS:

Department of Health Services
Division of Long Term Care – Family Care
1 W. Wilson St. Room 518
P.O. Box 7851
MADISON WI 53707-7851

REQUEST FOR PROPOSAL

THIS IS NOT AN ORDER

PROPOSER (Name and Address)

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

Proposal envelope must be sealed and plainly marked in lower corner with due date and Request for Proposal # 1694-DLTC-SM. Late proposals will be rejected. Proposals MUST be date and time stamped by the soliciting purchasing office on or before the date and time that the proposal is due. Proposals dated and time stamped in another office will be rejected. Receipt of a proposal by the mail system does not constitute receipt of a proposal by the purchasing office. Any proposal which is inadvertently opened as a result of not being properly and clearly marked is subject to rejection. Proposals must be submitted separately, i.e., not included with sample packages or other proposals. Proposal 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. Proposer should contact person named below for an appointment to view the proposal record. Proposals shall be firm for acceptance for sixty (60) days from date of proposal opening, unless otherwise noted. The attached terms and conditions apply to any subsequent award.

Proposals MUST be in this office no later than

Due MAY 7, 2010 3:00 PM

Public Opening

☐

No Public
Opening **X**

Name (Contact for further information)

Susan McKercher Procurement Manager (608)267-7637

Date: March 10, 2010

Quote Price and Delivery FOB N/A

Description

**Managed Care Organization
for the delivery of
Managed Long-Term Care in Selected Service Areas**

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.

☐ 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 proposal 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 proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposals to any other proposer 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 Proposal and all terms of our proposal.

Name of Authorized Company Representative (Type or Print)

Title

Phone ()