



**Request For Proposal
for
County of La Crosse, Wisconsin**

Tuesday, August 27, 2024

HUMAN SERVICES DEPARTMENT
Western Region Integrated Care (WRIC)
A La Crosse, Jackson & Monroe County collaboration

**WRIC Comprehensive Community Services (CCS) -
Individual Skill Development & Enhancement (ISDE),
Psychoeducation for Family and Natural Supports,
Wellness Management & Recovery Services (WMRS), and
Medication Management for Non-Prescribers (MMNP)**

Proposals must be received no later than
3:00 p.m., September 26, 2024

SPECIAL INSTRUCTIONS:

- 1. Proposals should be submitted electronically**
Proposals should be submitted via email with *proposal title in subject line* of the email.
Proposal Title: **WRIC CCS – ISDE; PSYCHOED; WMRS; MMNP RFP**
- 2. Vendor Conference will be held via Microsoft Teams online and/or phone**
RSVP will be required to attend – See Section 1.5
- 3. Deliver on or before September 26th, 2024, by 3:00 p.m. to:**
Email csander@lacrossecounty.org

Final decision anticipated by October 28, 2024, with a contract start date of January 1, 2025.

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1.0 GENERAL INFORMATION

1.1 Introduction and Background

The purpose of this document is to provide interested parties with information to enable them to submit a proposal to provide **Individual Skill Development & Enhancement (ISDE), Psychoeducation for Family and Natural Supports, Wellness Management and Recovery Services (WMRS), and Medication Management for Non-Prescribers** to the Western Region Integrated Care (WRIC). These services will be a part of a regional contract, working with La Crosse, Jackson and Monroe County WRIC consumers. La Crosse County also contracts separately for sporadic Community Resource Specialist services at the ISDE rate and Parent Peer Support services at the Psychoeducation rate set by this RFP.

As a result of this Request For Proposal (RFP) Process, the WRIC Consortium will establish a qualified provider network, along with setting one individual rate and one group rate for each of the service descriptions above. These rates will encompass direct care, travel, and service planning and will be the same for each service for all degree levels and geographical areas within the region. WRIC will award contracts to all qualified providers that are able to provide the full or partial array of services as requested and described in this document at the rates set by this process. It is anticipated that the provider network will continue to grow, and all new qualified providers interested in providing these services in the future will be offered the rates set by this solicitation process.

Providers should submit one proposal indicating which services below they are interested in providing:

- Individual Skill Development and Enhancement (ISDE)
- Psychoeducation for Family and Natural Supports
- Wellness Management and Recovery Service (WMRS)
- Medication Management for Non-Prescribers (MMNP)

It is the intention of La Crosse County Human Services (LCHS) to use this process to set rates for a network of qualified providers. Providers are able to indicate that they will provide one, two, three or all four of these services, along with geographical limits they may have. Interested providers should submit one individual rate for each service, along with the other requested information. All provider rates submitted during this process will be used to set one individual rate per service by averaging rates submitted for that service. A group rate for ISDE, Psychoeducation, and WMRS will be set by dividing the final individual rate for that service by three (3) in accordance with Medicaid guidelines.

1.1.2 Service Description

A. Target Population

Youth and adults that have a diagnosis of mental health and/or substance use provided by a Medical Doctor or Psychiatrist and be found to be functionally and

clinically eligible for CCS.

Individuals that need more than outpatient level of care; need additional wraparound, community support to live and function at their full potential

Individuals *at risk* of out-of-home/residential placement as a result of one or more of the following behaviors, or returning from out-of-home placement where one or more of these behaviors was the focus of treatment:

- Aggressive/violent behavior;
- Substance use concerns that impact 2 or more life domains;
- Mental health concerns that impact 2 or more life domains;
- Individuals in family situations that have impaired structure and family boundaries.

B. Eligibility

All CCS referrals will be generated from client need and will be done by WRIC. Once referral is made, provider agency shall notify the WRIC facilitator within 7 days of referral status and plan for start of services.

C. Description of Type of Services to be Rendered

Individual Skill Development & Enhancement

- All providers shall practice within the scope of their proven competencies which is demonstrated by their degree level, trainings, licensures, and certifications. Allowable provider types for these CCS services are providers described in DHS 36.10(2)(g)1-22, Wis Admin Code.
- Providers shall practice within the ethical standards of their professional licensure, certification and standards set by the WRIC CCS program.
- Individual skill development and enhancement services are defined as services that directly trains a client in tangible skills and shall demonstrate an improvement in the functional impairments related to the client's mental health and/or substance use diagnosis in the following domains:
 - Cognition - skills that support memory, organization, management of time & finances, problem solving, safety awareness and executive behaviors.
 - Activities of daily living - skills that support activities related to personal care, hygiene, dressing and eating.
 - Instrumental activities of daily living – skills that support more complex activities related to the ability to live independently in the community such as managing finances and medication, food preparation, housekeeping, laundry, and organization.
 - Social functioning – skills that support a client's interaction with their environment, the ability to fulfill their role within such environments as work, school and home, social activities,

interpersonal relationships and the skills of communication, conflict resolution and social etiquette.

- Community participation – skills that support a client’s ability to take part in their community, navigate public transportation, recognize safety awareness, access basic resources and public supports such as housing, food, employment, energy assistance and benefits.
- ISDE services provided to minors should focus on improving integration and interaction with the minor’s family, school, community and other social networks promoting facilitation of recovery toward independence while teaching the minor how to access resources to meet their needs through these supports.
- ISDE services shall be psychosocial rehabilitative using methods that best meet the client’s needs such as modeling, monitoring, mentoring, assistance, and cuing. Psychosocial rehabilitation services are defined as services and supportive activities that assist a client with mental health and/or substance abuse conditions to achieve their highest possible level of independent functioning, stability, and independence and to facilitate recovery. These services must be tailored to address the specific mental health and/or substance abuse treatment needs of the client.
- ISDE services shall develop functional capacities of a client to complete tasks independently. ISDE services cannot complete tasks on behalf of the client.
- ISDE services may be provided individually or in a group setting. ISDE services provided in a group setting shall follow a curriculum or program guide that clearly defines the following:
 - Title and purpose of the group
 - Targeted client audience
 - Expected outcomes of the group
 - Timeline of the group including details about open/closed sessions, expected start and end date of group, frequency of sessions and duration of session
 - Overview of each group session or how each session is structured
 - Provider: Client ratio

group sessions cannot exceed 10 clients per state statute
- Providers shall implement ISDE psychosocial rehabilitation services based on the client’s clinical needs identified in the Individual and Recovery Service Plan.
- Providers shall use assessments or screening tools to assess the client’s baseline functioning prior to the start of services and routinely evaluate the client’s response to the ISDE services, documenting change and progress, and suggesting modifications, as appropriate to the interdisciplinary wraparound treatment and recovery team.

Psychoeducation for Family and Natural Supports

- All providers shall practice within the scope of their proven competencies which is demonstrated by their degree level, trainings, licensures, and certifications. Allowable provider types for these CCS services are providers described in DHS 36.10(2)(g)1-22, Wis Admin Code.
- Providers shall practice within the ethical standards of their professional licensure, certification and standards set by the WRIC CCS program.
- Psychoeducation for Family and Natural Supports is defined as consultation to family members for the direct treatment of the consumer’s mental health and/or substance use issues. Services must be related to the client’s mental health and/or substance use needs. The focus must be on the identified consumer’s diagnosis and need, not the individual.
- Psychoeducation for Family and Natural Supports may be provided to the client’s family member(s) and/or natural supports. This can include anyone the client identifies as being supportive in their recovery and/or resilience process.
- Psychoeducation for Family and Natural Supports cannot include consultation, treatment of, or support to address a family member’s own mental health or substance use issues.
 - Providers will refer family members and/or natural supports to seek out their own recovery supports for the treatment of their own mental health and/or substance use issues
- Psychoeducation for Family and Natural Supports may include anticipatory guidance for a minor client and the family members need support with understanding the symptoms and behaviors of the minor client.
- Psychoeducation for Family and Natural Supports is never psychotherapy.
- Providers must use evidence-based models, curriculums and/or certifications that promote psychosocial rehabilitation to facilitate recovery of the client using methods such as supporting family members with:
 - skills training
 - problem solving
 - developing a plan to address barriers
 - consulting and developing techniques/skills to prepare for the management of crisis; *provider is not a crisis responder and should not be present when a crisis arises*
 - providing education and information resources about the client’s mental health and/or substance abuse issues
 - social and emotional support for dealing with mental health and/or substance abuse issues
 - ongoing guidance about managing and coping with mental health and/or substance abuse.

- Psychosocial rehabilitation services are defined as services and supportive activities that assist a client with mental health and/or substance abuse conditions to achieve their highest possible level of independent functioning, stability, and independence and to facilitate recovery. These services must be tailored to address the specific mental health and/or substance abuse treatment needs of the identified client.
 - Psychoeducation for Family and Natural Supports services assist family members to become independent in their ability to support their family member (i.e. the primary client). Psychoeducation services cannot complete tasks, advocate, or supplant caregiving responsibilities on behalf of the family members.
- Psychoeducation for Family and Natural Supports services may be provided individually or in a group setting. A group setting means that the provider is providing services to a group of family members who are related to several DIFFERENT clients. This is not the same as a group of family members of the SAME client. Family members of the same client are viewed as *one* family unit. Family Psychoeducation services provided in a group setting shall follow a curriculum or program guide that clearly defines the following:
 - Title and purpose of the group
 - Targeted client audience
 - Expected outcomes of the group
 - Timeline of the group including details about open/closed sessions, expected start and end date of group, frequency of sessions and duration of session
 - Overview of each group session or how each session is structured
 - Provider: Client ratio

group sessions cannot exceed 10 clients per state statute
- Providers shall implement Psychoeducation for Family and Natural Supports services based on the client’s clinical needs identified in the Individual and Recovery Service Plan and evaluate the client’s response to the psychoeducation services, documenting change, and progress, and suggesting modifications, as appropriate to the interdisciplinary wraparound treatment and recovery team.

Wellness Management and Recovery Services

- All providers shall practice within the scope of their proven competencies which is demonstrated by their degree level, trainings, licensures, and certifications. Allowable provider types for these CCS services are providers described in DHS 36.10(2)(g)1-22, Wis Admin Code.
- Providers shall practice within the ethical standards of their professional licensure, certification and standards set by the WRIC CCS program.

- Performing providers shall possess and demonstrate expertise, education, certifications, licensure and/or knowledge that is adept at specific wellness interventions or evidence-based models/curriculum.
- Wellness Management and Recovery Services are defined as services that go beyond the direct training of tangible skills, requires more than psychoeducation, and draw the connection between how behaviors impact mental health and/or substance use symptoms. WMRS shall promote the facilitation of recovery in the following ways:
 - Develop coping skills that improve mental health symptoms
 - Develop emotional regulation skills that offer insight into behaviors and mental health symptoms and/or substance use
 - Explore readiness for change and apply the stages of change to current behaviors
 - Utilize and teach specialized wellness interventions that promote the brain and body connection
 - Connect specialized wellness interventions to the application of daily living tasks allowing the client to connect daily living tasks with their mental health and/or substance use symptom management
 - Utilize and teach specialized substance abuse skills to develop relapse plans and to bring awareness to substance use symptoms
 - Provide specialized substance abuse skills and expertise that increase engagement in treatment, develop appropriate coping strategies and provide aftercare and assertive continuing care.
 - Provide specialized psychoeducation into mental health and substance use symptoms that support monitoring, management and advocacy
 - Promote the development of meaningful social supports while drawing the connection between purpose, meaning, value, self-worth and mental health and/or substance use symptoms
- WMRS services shall be psychosocial rehabilitative using methods that best meet the client’s needs such as psycho education, behavioral tailoring, relapse prevention, development of a recovery action plan, recovery and/or resilience training; treatment strategies, social support building, and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. Psychosocial rehabilitation services are defined as services and supportive activities that assist a client with mental health and/or substance abuse conditions to achieve their highest possible level of independent functioning, stability, and independence and to facilitate recovery. These services must be tailored to address the specific mental health and/or substance abuse treatment needs of the client.
- WMRS services may be provided individually or in a group setting. WMRS services provided in a group setting shall follow a curriculum or program guide that clearly defines the following:
 - Title and purpose of the group

- Targeted client audience
- Expected outcomes of the group
- Timeline of the group including details about open/closed sessions, expected start and end date of group, frequency of sessions and duration of session
- Overview of each group session or how each session is structured
- Provider: Client ratio
 - *group sessions cannot exceed 10 clients per state statute**
- Providers shall implement WMRS psychosocial rehabilitation services based on the client’s clinical needs identified in the Individual and Recovery Service Plan and evaluate the client’s response to the WMRS services, documenting change, and progress, and suggesting modifications, as appropriate to the interdisciplinary wraparound treatment and recovery team.

Medication Management for Non-Prescribers

- All providers shall practice within the scope of their proven competencies which is demonstrated by their degree level, trainings, licensures, and certifications. Allowable provider types for these CCS services are providers described in DHS 36.10(2)(g)1-22, Wis Admin Code.
- Performing providers who administer medications as part of a client’s individualized service plan shall provide proof of competency in the completion of a drug administration course training. This excludes providers who are licensed as a physician, nurse, or nurse practitioner.
- Providers shall practice within the ethical standards of their professional licensure, certification and standards set by the WRIC CCS program.
- Medication management services for non-prescribers is defined as services that support the client in taking their medications independently while increasing their understanding of the benefits of medication and the symptoms it is treating. This may include:
- Providers shall monitor changes in the client’s symptoms and tolerability of side effects.
- Services may include:
 - Supporting clients with self-administering medications
 - Provide education or assist clients in learning more about their medications: what they are prescribed, reasons they are prescribed the medications they are, positive or negative effects to look for
 - Assisting clients learn and develop skills on how to fill/re-fill prescriptions
 - Assisting clients with making appointments with prescribers
 - Accompanying clients to prescribing appointments to provide reports on symptom observation and/or gain understanding of a client’s medication to provide additional education support

- Medication management is not solely a medication pass under psychosocial rehabilitation services definitions as the service requires an additional skill building component to promote client independence
- Performing providers who administer medications as part of a client’s individualized service plan shall obtain a signed consent form for medication administration and treatment for each medication administered to the client.
- Performing providers who administer medications as part of a client’s individualized service plan shall maintain a medication administration record (MAR) that includes the following:
 - name of each medication administered
 - time the medication was administered and by whom
 - observation and description of adverse drug reactions and time the adverse reaction occurred
 - date and time the prescriber of the medication was notified of the adverse drug reaction
 - if a medication was missed or refused by the consumer, the time that the medication was scheduled to be taken and the reason the medication was missed or refused

1.1.3 Program Expectations

A. Vendor Agency and Performing Providers

- Performing providers must be legitimate and qualified providers who are practicing within the scope of their credentials and training. All providers must be fully credentialed with WRIC prior to rendering services.
- WRIC credentialing refers to the collection and verification of a provider’s qualification including:
 - signed provider agreements
 - CCS training logs (rehabilitation worker and/or orientation)
 - completed DOJ and Caregiver background check within the last four years,
 - signed BID within the last four years
 - two professional references,
 - professional licensure (if applicable)
 - educational degree and/or transcript
- Vendor agency must submit an up-to-date W9 using either a EIN or Social Security Number, appropriate insurance based on services provided (see 5.1), DHS certifications when necessary, and meet all DHS audit requirements (see 5.3)
- Credentialed WRIC Providers must maintain their active credential status which includes:
 - Submitting an annual continuing education training log of eight hours; one of those eight hours must include a training in ethics and boundaries.

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- Performing providers described in [DHS 36.10\(2\)\(g\)9-22](#); Submit clinical supervision logs documenting one hour of clinical supervision for every 30 hours billed to the WRIC CCS Program. These hours shall be submitted on a regular basis at the discretion of WRIC.
- Performing providers described in [36.10\(2\)\(g\)1-8](#); Submit clinical peer consultation logs documenting one hour of clinical peer consultation for every 120 hours billed to the WRIC CCS Program. These hours shall be submitted on a regular basis at the discretion of WRIC.
- Submit updated licensure or certificates as it relates to provider services.
- Submit updated BID form once every four years or at the request of WRIC.
- Submit updated DOJ and caregiver background check once every four years or at the request of WRIC.
- Performing providers described in [DHS 36.10\(2\)\(g\)9-22](#) shall receive, from a staff member or contracted provider qualified under DHS [36.10\(2\)\(g\)1-8](#), day-to-day supervision and consultation and at least one hour of supervision per week or one hour for every 30 direct service hours. A supervision agreement shall be signed by the clinical supervisor acknowledging their agreement to supervise WRIC CCS performing providers named on this agreement and clearly indicate the date this agreement will start and end, how frequently supervision will be provided to staff and in what formats (in-person, virtual, individual and/or group)
- Performing providers will collaborate with the wraparound team of the client by attending team meetings or informing the service facilitator of client progress prior to team meeting if unable to attend.
- Vendor agency must communicate with WRIC through in-person meetings, emails and/or phone calls to discuss any issues with claim submissions, progress notes, provider credentialing, submission of documents or any other matters pertaining to the WRIC program and service delivery.
- Vendor agency must maintain communication and collaboration with WRIC by scheduling and attending regular connection meetings. These meetings can occur in-person or virtually at the convenience of all parties. The connection meetings will cover topics regarding claim submission, quality assurance, contracting, insurance and auditing requirements, service delivery and programs, referrals and general updates between WRIC and the vendor agency to promote positive relationships.
- Vendor Agency will notify quality assurance when there are changes to any WRIC CCS credentialed providers such as termination, resignation, hiring, degree change, changes on a BID or background check.
- Vendor agency must attend the La Crosse County Vendor Conferences scheduled three times each year. If unable to attend, vendor agency must

notify WRIC and make time to watch the conference recordings. It is expected that any information shared at the vendor conference is the responsibility of the vendor agency to obtain and share with their performing providers.

B. Submission of Claims and Documentation

- Documentation is required for all services provided and billed. The vendor must provide documentation that is complete in accordance with standard practices and uses the client's service plan as guidance. Services completed and documentation of the services must lead back to the objectives and interventions outlined in client's service plan.
- Documentation must be in accordance with the law and standard practices. Provider must document how services meet the goals and objective of the client, what services were provided by the provider, and an evaluation of the client's response to the services as it relates to their goal and objectives.
- Vendor agency and their performing providers must use the La Crosse County Invoice template when submitting claims for payment. The template must not be altered or changed in any way except to input the billing information.
- Claims for payment must be submitted within 60 days from the last day of the service month as a clean claim. Vendor agency and their performing providers must submit a progress note for each date of service on the invoice. Clean claim is defined as a claim that requires no corrections.
- Vendor agency and their performing providers must document service time using quarter hour increments as units for submission of claims and progress notes. Each service date must clearly indicate the number of units billed for service delivery or service planning, documentation, and travel time. On the invoice the units for service delivery or service planning and documentation should be combined and rounded to the nearest unit.
- Invoice must include client legal name, date of service, service description, service units, contracted rate, amount billed, performing provider legal name, and credentialed degree level of provider.

C. Services and Delivery

- Services must be provided for the facilitation of recovery and meet the goals and objectives indicated on the individualized service plan of the client.
- Performing providers must provide psychosocial rehabilitation services. Psychosocial rehabilitation services are defined as services and supportive activities that assist a client with mental health and/or substance abuse conditions to achieve their highest possible level of independent functioning, stability, and independence and to facilitate recovery. These

services must be tailored to address the specific mental health and/or substance abuse treatment needs of the client.

- Performing providers must routinely evaluate the client’s response to the psychosocial rehabilitation services, documenting change, progress, and suggesting modifications, as appropriate to the interdisciplinary wraparound treatment and recovery team. If progress toward goal and objective is not met in a timely manner, the wraparound team shall determine service need and alter, remove and/or replace with another service that is clinically appropriate to better meet the client’s needs.
- Services must be provided in a location that will meet the client’s clinical needs based on the individualized service plan. The location of the service will not impede the client’s ability to engage in services and will facilitate the recovery of the client by promoting community integration and independence.
- Services may be offered on a 1:1 basis or within a group of no more than 10 clients. Group services must follow a curriculum or program guide that clearly defines the following and must be available to WRIC upon request:
 - Title and purpose of the group
 - Targeted client audience
 - Expected outcomes of the group
 - Timeline of the group including details about open/closed sessions, expected start and end date of group, frequency of sessions and duration of session
 - Overview of each group session or how each session is structured
 - Provider: Client ratio
- Services provided using telehealth must be as effective as services offered in-person. The client may choose to decline services via telehealth and request in-person only services.

1.2 Purchasing and Contracting Division/Department

This Request For Proposal process is administered by La Crosse County, Purchasing Division and the person responsible for managing the procurement process is Chris Sander.

The contract resulting from this RFP will be administered by La Crosse County, Human Services Department. The Contract Coordinator will be Chris Sander.

1.3 Definitions

The following definitions are used throughout the RFP:

CCS – Comprehensive Community Services

ISDE – Individual Skill Development and Enhancement

LCHS – La Crosse County Human Services

MMNP – Medication Management for Non-Prescribers

WMRS – Wellness Management and Recovery Services

WRIC – Western Region Integrated Care

RFP – provider network – Means the solicitation package is released to assist in establishing a network of providers that are qualified to provide the service at the rates set by the solicitation process. Client choice and vendor capacity will be considered when making referrals for services.

Wraparound Team – must include at least the client and/or guardian indicated on the individualized service plan, service facilitator and/or mental health professional. Additionally, the team may also include any service providers, family members, friends, community supports or other informal supports identified by the client and/or guardian.

1.4 Clarifications and/or Revisions to the Specifications and Requirements

Any questions concerning this RFP must be received in writing by e-mail **on or before September 6, 2024**. Send inquiries to:

Chris Sander
Contract Unit Supervisor
E-Mail: csander@lacrossecounty.org
Phone: (608) 785-5511

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

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 via the La Crosse County Website and via email to all known interested parties.

1.5 Vendor Conference

A vendor conference will be held at **3 p.m. on Monday, September 9, 2024**, via Microsoft Teams online and/or phone. This is held to respond to written questions and to provide additional instruction and information to providers on the submission of proposals. There will be minutes taken, posted on the website and emailed to all known interested parties. ***This will be the only forum where questions will be answered.***

To receive the information on how to attend the vendor conference, please **RSVP** via email Chris Sander at csander@lacrossecounty.org by **1 p.m., Monday, September 9, 2024**. Chris will forward you the link and phone information via email prior to the vendor conference.

1.6 Reasonable Accommodations

La Crosse County will provide reasonable accommodations for the vendor conference upon request. If you need accommodations at the vendor conference, contact Chris Sander at (608) 785-5511 or csander@lacrossecounty.org.

1.7 Calendar of Events

August 27, 2024	Release date of Request For Proposal
September 6, 2024	Questions on RFP due to County
September 9, 2024	Vendor Conference, 3 p.m. – RSVP required
September 26, 2024	Proposals due from providers, receipt by 3:00 p.m.
October 28, 2024	Anticipated notification of rates sent to providers
January 1, 2025	Estimated contract start date

1.8 Contract Terms and Rate Increases

The contract shall be effective from **January 1, 2025 until December 31, 2027**.

Annual rate adjustments will be made automatically following the July Consumer Price Index for Urban Regions (CPI-U).

1. The rate will be determined from tables from the U.S. Department of Labor- Bureau of Labor Statistics for the Midwest Urban region for areas of 50,000 or more.
2. Should the CPI-U ever be less than 0%, the Provider rates will stay the same as the current year. Should the CPI-U ever be more than 3%, Provider rates will go up 3%.

2.0 PREPARING AND SUBMITTING A PROPOSAL

2.1 General Instructions

The evaluation and selection of providers and the contracts will be based on the information submitted in the provider’s proposals. Failure to respond to each of the requirements in the RFP may deem the proposer non-responsive.

2.2 Public View of Proposals

To the extent permitted by law, it is the intention of La Crosse County to withhold the contents of the proposal from public view until such times as competitive or bargaining reasons no longer require non-disclosure, in the opinion of La Crosse County. At that time, all proposals will be available for review in accordance with the Wisconsin Public Records Law.

2.3 Incurring Costs

La Crosse County is not liable for any cost incurred by proposers in replying to this RFP.

2.4 Submitting the Proposal

Proposers must submit all materials required for acceptance of their proposal via email by **3:00 p.m., September 26th, 2024** to:

Chris Sander
csander@lacrossecounty.org

If proposer is unable to submit materials via email, please contact Chris Sander at (608)785-5511 or csander@lacrossecounty.org for further instructions. All proposals must be received by time and date stated above.

2.5 Proposal Organization and Format

Proposals should include the following forms:

- *Vendor Services Outline*

Completion of this form outlines the services your agency is interested in providing.

- *Budget Request Form*

Please set one quarter hour rate for each individual service your agency will provide. This form must be completed for your rate to be considered as a part of this process.

Vendor will need to bill CCS funded services by breaking out service delivery, documentation, service planning, and travel time. The minutes of the Direct Service and Documentation should be added together and rounded to the nearest unit (i.e. quarter hour increment).

3.0 PROPOSAL SELECTION AND AWARD PROCESS

3.1 Opening of Bid

Proposals will be opened after 3:00 p.m. on September 26, 2024.

3.2 Preliminary Evaluation

The proposals will be reviewed to determine if requirements are met. Failure to meet requirements may result in the proposal being rejected. In the event that all providers do not meet one or more of the requirements, La Crosse County reserves the right to continue the process with proposals that most closely meet the requirements specified in this RFP.

3.3 Right to Reject Proposals

La Crosse County reserves the right to reject any and all proposals.

In addition, La Crosse County reserves the right to discontinue the RFP process at any time and makes no commitments, implied or otherwise, that this process will result in a business transaction with one or more providers.

3.4 Proposal Review

Proposals will be reviewed by an evaluation committee. By submitting a proposal, you are agreeing that you will meet all necessary requirements for the services indicated. An individual rate for each service will be set for the network of providers by averaging rates submitted for that service. A group rate for ISDE, WMRS, and Psychoeducation will be set by dividing the final individual rate by three (3).

3.5 Required Forms

The following forms must be completed and submitted. Blank forms are attached.

A. Vendor Services Outline

B. Budget Request Form

3.6 Final Offers

The final rates will be set and communicated to all interested providers by October 28, 2024. At that time, all responding and currently contracted providers will be asked if they are interested in contracting for those rates for 2025. Once interest is confirmed by a provider, contracts will be processed.

4.0 SPECIAL CONTRACT TERMS AND CONDITIONS

La Crosse County reserves the right to accept or reject any or all proposals or portions thereof without stated cause.

La Crosse County reserves the right to re-issue any solicitations.

Upon final review, La Crosse County by its proper officials, employees, or agents shall attempt to negotiate and reach a final agreement with all qualified providers. If La Crosse County, for any reason, is unable to reach a final agreement with any provider; La Crosse County reserves the right to reject such provider.

Clarification of proposals: La Crosse County reserves the right to obtain clarification of any point in a provider's proposal or obtain additional information.

La Crosse County reserves the right to waive any formalities, defects, or irregularities in any proposal, response, and/or submittal where the acceptance, rejection, or waiving of such is in the best interests of La Crosse County.

La Crosse County reserves the right to disqualify any proposal, before or after opening, upon evidence of collusion, intent to defraud, or any other illegal practice on the part of the provider.

Indemnification

The Provider agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the Purchaser, and its agents, officers and employees, from and against all loss or expense including costs and attorney fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Provider, or its (their) agents and / or subcontractors which may arise out of or connected with activities covered by this contract.

5.0 EXPENSES RELATED TO CONTRACTING

5.1 Insurance Requirements

Provider will at all times, during the terms of this contract, keep in force insurance policies issued by an insurance company authorized to do business and licensed in the

State of Wisconsin. Unless otherwise specified in Wisconsin Statutes, the types of insurance coverage and minimum amounts shall be as follows:

- Workers' Compensation: minimum amount statutory – ***Required if you employ staff.***
- Comprehensive general liability: \$1,000,000 per occurrence and in aggregate for bodily injury and property damage. ***Required for all vendors that provide in-person services.***
- Auto Liability (if applicable): \$1,000,000 per occurrence and in aggregate for bodily injury and property damage. ***Required for all vendors that bill LCHS for travel time.***
- Professional Liability (if applicable): minimum amount \$500,000 – ***Required for vendors that have state licensed staff providing services under that license.***
- Excess Liability Coverage: \$1,000,000 over the General Liability and Automobile Liability coverages. ***Required for all vendors who are required to have general liability and/or auto liability.***

5.2 Interpreters

Providers of services and goods provided to clients, are required by contract to sign a Letter of Assurance for Civil Rights Compliance and/or fill out a full Civil Rights Compliance Plan. Both of these documents require a provider of services to provide those services without discrimination, which means that they will need to provide an interpreter/translator at no cost to the client or La Crosse County.

5.3 Audits

Wisconsin Statutes 46.036(4) (c) requires that any Purchase of Service contract vendor with a contract in excess of \$100,000 must provide the County with a certified financial and compliance audit report.

5.4 Background Checks

- A. Provider shall comply with the provisions of DHS 12, Wis. Admin Code.
- B. Provider shall conduct background checks at its own expense of all employees assigned to do work, with direct client contact, for the Purchaser under this contract.
- C. Provider shall conduct background checks with other states where the employee has lived, any time an employee required to have a background check, has lived out of state within the last 3 years.
- D. Provider shall retain in its Personnel Files all pertinent information, to include a Background Information Disclosure Form and/or search results from the Department of Justice, the Department of Health Services, and the Department of Regulation and Licensing as well as out of State records, tribal court proceedings and military records.
- E. Provider shall not assign any individual to conduct work under this contract who does not meet with requirement of this law.
- F. Provider shall train its staff to immediately report all allegations of misconduct to their immediate supervisor, including abuse and neglect of a client or

misappropriation of client’s property. Staff shall also report to their immediate supervisor, as soon as possible, but no later than the next working day, when they have been convicted of any crime or have been, or are being investigated by any government agency for any act or offense (DHS 12.07(1)).

- G. The Provider shall notify the Purchaser, as soon as possible, but no later than the Purchaser’s next business day, when any of the following occurs with regard to its personnel pursuant to DHS 12.07(2):
 - a. The Person has been convicted of any crime
 - b. The person has been or is being investigated by any governmental agency for any other act, offense or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client’s property.
 - c. The person has a governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of a client’s property.
 - d. In the case of a position for which the person must be credentialed by the department of regulation and licensing, the person has been denied a license, or the person’s license has been restricted or otherwise limited.
- H. Upon notification from Provider, Purchaser will follow its internal procedures.
- I. Provider shall maintain the results of background checks on its own premises for at least the duration of the contract. Provider shall complete the form attached as Appendix 7 (Page 2) and return it to the Purchaser. Purchaser may audit Provider Personnel files to assure compliance with the State of Wisconsin Caregiver Background Check Policy.
- J. After the initial background check at the time of employment, licensure or contracting, the Provider must conduct a new Caregiver Background Check every four (4) years, or at any time within that period if the Provider has reason to believe a new check should be obtained.

Plan and budget accordingly for all of these expenses related to contracting with La Crosse County.