



LA CROSSE COUNTY

**Preferred Provider Solicitation
Package
for
County of La Crosse, Wisconsin**

Monday, September 24, 2018

**HUMAN SERVICES DEPARTMENT
Family and Children's Section**

Birth to 3 Early Intervention Services

Proposals must be received no later than 3:00 on Friday October 26, 2018

SPECIAL INSTRUCTIONS:

- 1. Place the signed Signature Affidavit as the first page of your proposal.**
- 2. Proposers must submit an original and five (5) copies of all materials**
Label the lower left corner of your sealed submittal envelope as follows:
Proposer's name and address
Proposal Title: Birth to 3 Program – Early Intervention Services
- 3. Vendor Conference will be held on:
Tuesday, October 9, 2018 from 12:00 noon until 1:00 p.m.
in Room 2001:**
La Crosse County Health and Human Services Building
300 4th Street North – 2nd Floor
La Crosse, WI 54601
- 4. Deliver on or before October 26, 2018, by 3:00 p.m. to**
La Crosse County Human Services - Contract Unit
ATTN: Paul Medinger
300 4th Street N
La Crosse, Wisconsin 54601
- 5. Final award decision anticipated by November 30, 2018, with an estimated
contract start date of January 1, 2019.**

LATE, FAXED AND/OR UNSIGNED PROPOSALS WILL BE REJECTED

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1.0 GENERAL INFORMATION

1.1 Introduction and Background

The Birth to 3 Program is a federally mandated program to support families of children with delays or disabilities under the age of three. Each of the 72 counties in Wisconsin are responsible for providing Birth to 3 services as outlined in the Individuals with Disabilities Education Act (IDEA) 2004, a Federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.¹

A child is eligible for early intervention services under the Birth to 3 Program if the Early Intervention (EI) Team determines under sub (5) that the child is developmentally delayed or under sub (6) that the child has a diagnosed physical or mental condition which will likely result in developmental delay. Those include a developmental delay of at least 25% in one area of development, a physician diagnosed condition with a high probability of developmental delay, or atypical (unusual) development that adversely affects your child's overall development.

1.1.1 Service Description

A. Target Population

Infants and toddlers age Birth - 3 who have been determined eligible for the Birth to 3 Program.

B. Eligibility

To be eligible for the B-3 program, a child must be between birth and 36 months of age and either have a physician-diagnosed condition with a high probability of developmental delay, atypical development, or a 24% delay in at least one of the five developmental domains. The developmental domains are the following:

1. Cognitive development (learning)
2. Motor development (ability to sit up, crawl, walk, use hands, see, hear)
3. Communication development (making sounds, talking, and understanding others).
4. Social and emotional development (interest in parents and others).
5. Self-help development (adaptive skills).

C. Description of Type of Services to be Rendered

The provider will utilize evidence based practices when supplying early intervention services for the Birth to 3 Program, specifically:

- Primary coach approach to teaming;
- Natural learning environment practices;
- Routine based assessment and intervention strategies;
- Coaching as an interaction style.

¹ DHS.Wisconsin.gov

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The provider agency will support the use of a team approach to early intervention services by specifically having at least **one staff per discipline** (Physical Therapist, Occupational Therapist, Speech Therapist, and Early Childhood Special Education Teacher) available for La Crosse County. More than one staff per discipline may be required due to capacity issues.

The provider agency will support the use of a team approach by supporting each Early Intervention Staff in attending team meetings to be held weekly. All staff will be present for the entirety of the meeting.

The provider agency will conduct Birth to 3 evaluations in accordance with DHS 90.08. http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/90/08/

The provider agency will participate in development, review and evaluation of the Individual Family Service Plan (IFSP).

The provider agency will conduct ongoing assessments on each child's development and record the results utilizing a tool that is cross walked by the Office of Special Education Programs (OSEP). The results of the ongoing assessments should be reviewed with the family at least quarterly.

The provider agency will assist in the completion of OSEP ratings on each child upon entry into the Birth to 3 Program and again when exiting the program.

DETERMINATION OF DEVELOPMENTAL DELAY

A determination of developmental delay shall be based upon the EI team's clinical opinion supported by:

- A developmental history of the child and other pertinent information about the child obtained from parents and other caregivers;
- Observations made of the child in his or her daily settings identified by the parent, including how the child interacts with people and familiar toys and other objects in the child's environment; and
- Except as provided under par. (b), a determination of at least 25% delay in one or more areas of development as measured by a criterion referenced instrument, or a score of 1.3 or more standard deviation below the mean in one or more areas of development as measured by a norm-referenced instrument, and interpreted by a qualified professional based on informed clinical opinion. In this subdivision, "areas of development" mean:
 - Cognitive development;
 - Physical development, including vision and hearing;
 - Communication development;

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- Social and emotional development; and
- Adaptive development which includes self-help skills.

If the results of the formal testing under par (a) 3. Closely approach but do not equal the standard in par (a) 3. for a developmental delay but observation by qualified personnel or parents indicates that some aspect of the child's development is atypical and is adversely affecting the child's overall development, the EI team may use alternative procedures or instruments that meet acceptable professional standards to document the atypical development and to conclude, based on informed clinical opinion, that the child should be considered developmentally delayed.

Note: Examples of atypical developments are asymmetrical movement, variant speech and language patterns, delay in achieving significant interactive milestones such as exhibiting a pleasurable response to a caregiver's attention, and presence of an unusual pattern of development such as a sleep disturbance or eating difficulties.

DETERMINATION OF DIAGNOSED CONDITION

A determination of high probability that a child's diagnosed physical or mental condition will result in a developmental delay shall be based upon the EI team's informed clinical opinion supported by a physician's report documenting the condition. High probability implies that a clearly established case has been made for a developmental delay.

Note: Examples of these diagnosed conditions are chromosomal disorders such as Down syndrome, birth defects such as spina bifida, significant or progressive vision or hearing impairment, neuromotor disorders such as cerebral palsy, postnatal traumatic events such as severe head injuries, severe emotional disturbances, dysmorphic syndromes such as fetal alcohol syndrome, addiction at birth, a maternal infection transmitted to the fetus such as AIDS, neurological impairments of unknown etiology such as autism, untreated metabolic disorders such as PKU and certain chronic or progressive conditions.

BIRTH TO 3 PROGRAM GUIDING PRINCIPLES

- **Children's optimal development depends on their being viewed first as children and second as children with a problem or disability.** All children have the same basic needs for acceptance, affection, nurturing and security. The system should encourage the integration of children with disabilities with children who do not have disabilities. The developmental, social, emotional and physical needs of all children must be considered in the delivery of any service. We must always ask ourselves, are we considering the whole child or just one facet of the child?

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- **Children's greatest resource is their family.** Children are best served within the context of family. Young children's needs are closely tied to the needs of their family. Both must be met to adequately serve the child. The nurturing, love, and commitment of a family cannot be replaced by any array of services. The best way to support children and meet their needs is to support and build upon the individual strengths of their family. The Individualized Family Services Plan (IFSP) focuses on how the system can support the "whole" family, its cultural values, strengths, and needs.
- **Parents are partners in any activity that serves their children.** Parents or primary caregivers have a unique understanding of their children's needs. They are the primary teachers of their children. They have the special bond of kinship and commitment that no professional will ever have. They must be given the opportunity and encouragement to be a part of the decision-making process and empowered so that they are a partner in the services developed for their child.
- **Just as children are best supported within the context of family, the family is best supported within the context of the community.** Families depend on the positive relationships they make through the formal and informal networks in the community. Community resources should be open and able to respond to all families. Successful supportive services value the integrity of the family, its unique needs and cultural heritage, and provide a link to traditional community resources.
- **Professionals are most effective when they can work as a team member with parents and others.** This requires flexibility and openness, joint training experiences, shared views of infant and family development, and commitment to team cooperation. The abilities of a variety of individuals both paid and volunteer to teach, assist, and develop relationships which help families must be recognized and promoted.
- **Collaboration is the best way to provide comprehensive services.** No single agency is able to provide all services to all children and families. Cooperation and shared responsibility are necessary components of a service system that is able to meet the varied needs of children and families. Just as agencies must establish partnerships at the local level, the state must assume a role as a partner with local communities to enhance our mutual ability to serve young children with disabling conditions and their families.
- **Early intervention enhances the development of children.** Early intervention is appropriate for children and families. It is often cost efficient and effective for society and the taxpayer. The goals of early intervention are to: enhance the capacity of families to meet the special needs of their child, maximize the potential for independent living, and reduce costs to our society.

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D. Performance Records and Program Evaluations

The provider agency will participate in the yearly County “Self-Assessment Process and the 4th yearly Onsite Review.”

The provider agency will conduct a yearly self-assessment of its program implementation of evidence based practices. The results of the self-assessment will be shared with the Birth to 3 administrative lead agency.

E. Client Records

Birth to 3 records will be maintained in accordance with DHS 90.06. http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/90/06

F. Other Service Requirements and Information

Staff Qualifications

- 1) Occupational therapists licensed under WI ch.448, Stats. <http://docs.legis.wisconsin.gov/statutes/statutes/448.pdf>
- 2) Physical therapists licensed under WI ch.448, Stats. <http://docs.legis.wisconsin.gov/statutes/statutes/448.pdf>
- 3) Special education teachers, including early childhood special education needs teachers, vision teachers and hearing teachers, must be licensed through the department of public instruction;
- 4) Speech and language pathologists with at least a Master's degree in speech and language pathology from an accredited institution of higher education and who are registered under ch.459, Stats, or licensed under ch.115, Stats, and ch. PI 34; <https://docs.legis.wisconsin.gov/statutes/statutes/459>
<http://docs.legis.wisconsin.gov/statutes/statutes/115.pdf>
http://docs.legis.wisconsin.gov/code/admin_code/pi/34

Each staff shall be available with the knowledge base and skill set needed to serve as a primary coach and demonstrate the ability to coach other members of the team.

Referrals and Program Participation

Referral rates and program participation varies from year to year, the following is participation information from 2015-2017:

2015: 108 (Numbers ranged from 89-123 over the year)

2016: 116 (Numbers ranged from 101-129)

2017: 115 (Numbers ranged 103-125)

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1.1.2 Program Goals

All early intervention staff will demonstrate competencies in describing and implementing the components of: primary coaching, teaming, natural learning environments, and coaching practice to parents and medical providers.

Provider leadership will provide ongoing support and training to ensure that new and existing staff is committed to sustaining evidence based practices.

Provider leadership will provide reflective supervision to ensure that staff is able to implement evidenced based practices.

Provider leadership will demonstrate a staff development and evaluation process that develops and measures staff competencies in evidence based practices.

Children and Families receiving services through Birth to 3 will be active participants in the development and implementation of strategies in the IFSP.

Children and Families will develop skills and competences to maximize the child and family's development.

Children will receive services in a natural environment.

1.1.3 Desired Outcomes

The Birth to 3 Program will maintain compliance with all State and Federal outcome indicators. See <https://www.dhs.wisconsin.gov/birthto3/indicators.htm> for additional information on the Federal Indicators for the Birth to 3 Program.

Performance Objective	Expected Outcome	Outcome Measures
Ensure timely and planned services.	100 % of evaluation, assessment and IFSP development will be completed within 45 days of the referral.	Documentation and tracking of evaluations, assessments and IFSP's.
Ensure timely and planned services.	100% of Services will begin within 30 days of the development of the IFSP.	Documentation and tracking of services.

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Ensure services provided to children and families are making a positive difference.	Children will demonstrate improved functioning in social emotional development, language development, and adaptive skills from when they enter the Birth to 3 Program to exit.	Documentation and tracking of improvements.
Ensure families have an understanding of their child's needs and resource available.	100 % of families will understand their rights, effectively communicate their child's needs and help their children develop and learn.	Documentation and tracking of communication to family.
Children in the Birth to 3 Program will receive timely transition planning.	Notification to the Lead Educational Agency will take place at 2 years and 3 months and the transition planning and referral must take place at least 90 days prior to child's 3 rd birthday 100% of the time.	Documentation and tracking of notification and transition plan.

1.2 Purchasing and Contracting Division/Department

This Request for Proposal (RFP) process is administered by La Crosse County, Human Services Contract Unit and the person responsible for managing the procurement process is Lanaya Peterson-Evers.

The contract resulting from this RFP will be administered by La Crosse County, Human Services Department. The Contract Coordinator will be Lanaya Peterson-Evers.

1.3 Definitions

The following definitions are used throughout the RFP:

Assessment - the initial and ongoing procedures used by qualified personnel and family members, following determination of eligibility, to determine an eligible child's unique strengths and needs as well as the nature and extent of early intervention services required by the child and the child's family to meet those needs.

Coaching - is an evidence-based, adult learning strategy that is used to build the capacity of a parent or colleague to improve existing abilities, develop new skills and gain a deeper understanding of his or her practices. Coaching includes five main characteristics Joint Planning, Observation, Action/Practice, Reflection and Feedback.

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Early intervention services - services provided under public supervision that are designed to meet the special developmental needs of an eligible child and the needs of the child's family related to the child's development. The services are selected in collaboration with the parent.

Evaluation - the process used by qualified professionals to determine a child's initial and continuing eligibility for early intervention services under s. 51.44, Stats. and this chapter.

Family directed assessment - the ongoing process by which the parent and service providers work together in partnership to identify and understand the family's strengths, resources, concerns, and priorities including relevant cultural factors, beliefs, and values in order to provide support and services to increase the family's capacity to meet the developmental needs of the child.

Individualized Family Service Plan (IFSP) - a written plan for providing early intervention services to an eligible child and the child's family.

IFSP planning process - the process to develop the IFSP which begins with the family's first contacts with the Birth to 3 Program and includes: the evaluation of the child's abilities to determine eligibility; identification and assessment of the eligible child's unique needs; at a family's option, family-directed assessment of the family's strengths, resources, concerns and priorities; development of the written IFSP; implementation of the plan; planning for transition to other programs or services; and ongoing review and revision of the written plan.

Joint Planning - is a component of the coaching practice. It is an active planning process that occurs with the primary coach and the person being coached. The plan is developed through the coaching conversation, and includes all of the actions, observations, and topics discussed during the visit. The coach and caregiver determine together what could occur between coaching conversations. The coach should ask questions that allow the caregiver to come up with the joint plan such as, "What would you like to focus on between now and our next visit?" The joint plan should not focus on the coach's recommendations or suggestions, but on the conversation that has occurred during the visit based on the family's priorities.

Natural environment - settings that are natural or normal for the child's age peers who have no disability, DHS 90. Natural environment involves much more than the location of services. Natural environment is a thought process or a way of doing business. It refers to intervention that is contextually relevant to the child and family.² When working within the child's natural environment, intervention strategies can be designed to fit into the daily routines of families.³ Evidence-based, natural learning environment practices support parents and other primary care providers in understanding the

² Dunst, Trivette, Humphries, Raab, & Roper, 2001

³ Infants & Young Children Vol. 25, No. 1, pp. 95-105

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importance of everyday activities as the sources of interest-based children's learning opportunities. Dunst et al. (2001) defined an activity setting as a situation-specific experience, opportunity, or event that involves a child's interaction with people, the physical environment, or both, which provides the contexts for a child to learn.⁴

OSEP - Office of Special Education Programs

Primary coach approach to teaming - A multidisciplinary team where one member is selected as the primary coach, receives coaching from other team members, and uses coaching with parents and other primary care providers to support and strengthen parenting competence and confidence in promoting child learning and development and obtaining desired supports and resources.

Primary coach teaming practices are characterized by team members' use of coaching practices to build and strengthen the capacity of parents, other primary care providers, and colleagues to improve existing abilities, develop new skills, and gain a deeper understanding of the key features of evidence-based practices. The operational definition of a primary coach approach to teaming.⁵

Service Coordinator - the person designated by a county administrative agency and responsible to that agency for coordinating the evaluation of a child, the assessment of the child and family and the development of an IFSP, and for assisting and enabling the eligible child and the child's family to receive early intervention and other services and procedural safeguards under this chapter. A "service coordinator" is called a "case manager" for purposes of reimbursement for services under chs. DHS 101 to 108.

1.4 Clarifications and/or Revisions to the Specifications and Requirements

Any questions concerning this RFP must be received in writing by mail, fax, or e-mail on or before Thursday, October 4, 2018. Please send any known questions about this RFP by October 4 so they can be reviewed before the Vendor Conference, which will be held October 9. Send inquiries to:

Paul Medinger, Contract Coordinator
La Crosse County Human Services
300 4th Street N.
La Crosse, Wisconsin 54601
Voice: (608) 785-5520 Fax: (608) 793-6567
E-Mail: pmedinger@lacrossecounty.org

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.

⁴ CASEinPoint 2007 Vol 3#1

⁵ CASEinPoint 2007 Vol 3#1

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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.

Each proposal shall stipulate that it is predicated upon the terms and conditions of this RFP and any supplements or revisions thereof.

1.5 Vendor Conference

A vendor conference will be held on Tuesday, October 9 at 12:00 noon at La Crosse County Health and Human Services Building at 300 4th Street North, 2nd Floor, Room 2001 - to respond to written questions and to provide additional instruction and information to providers on the submission of proposals.

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 Paul Medinger at (608) 785-5520 or pmedinger@lacrossecounty.org

1.7 Calendar of Events

September 24, 2018	Release date of Birth to 3 Program Early Intervention Services RFP
October 4, 2018	Questions on RFP due to County
October 9, 2018	Vendor Conference, Room 2001, La Crosse County HHS Building, 12:00 noon – 1:00 p.m.
October 26, 2018	Proposals due from providers, receipt at 3:00 p.m.
November 12, 16, 19	Vendor Interviews- please hold these days open for possible vendor interviews (November 12 at 10:30 a.m., November 16 at 12:30 p.m., November 19 at 1:00 p.m.)
November 30, 2018	Anticipated notification of award sent to providers
January 1, 2019	Estimated contract start date

1.8 Contract Terms and Rate Increases

The contract shall be effective from January 1, 2019 until December 31, 2021.

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%.

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3. Automatic Rate Adjustments exclude services that are purchased at retail price, Medical Assistance (MA) Rates, and reimbursement rates set by the State (i.e. children's group homes/residential care centers, autism, etc.). Also excluded are contracted rates that include a total dollar amount not to exceed during the contract period.

2.0 PREPARING AND SUBMITTING A PROPOSAL

2.1 General Instructions

The evaluation and selection of a provider and the contract will be based on the information submitted in the provider's proposal and any required vendor interviews. Failure to respond to each of the requirements in the RFP may deem the proposer non-responsive.

Elaborate proposals (i.e. expensive artwork) beyond that sufficient to present a complete and effective proposal, are not necessary or desired.

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 an original and five (5) copies of all materials required for acceptance of their proposal by **3:00 p.m., October 26, 2018** to:

Paul Medinger
La Crosse County Human Services
300 4th Street N
La Crosse, Wisconsin 54601

Proposals must be received in the above office by the specified time stated above. Proposals must be available electronically if requested by La Crosse County.

All proposals must be packaged, sealed, and show the following information on the outside of the package:

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- Proposer's name and address.
- RFP title: Birth to 3 Program – Early Intervention Services

2.5 Proposal Organization and Format

Proposals should be typed and submitted on 8.5 x 11 inch paper bound securely. The “original” should be marked as such on the title page. Proposals should include a Table of Contents and be organized and presented in the order assigned in the RFP. Each heading and subheading should be separated by tabs or otherwise clearly marked. The RFP sections which should be submitted or responded to are as follows:

- Evaluation Criteria (See Section 3.5 of this RFP)
 - Service Methodology
 - Organizational Capabilities
 - Staff Qualifications
 - Outcomes/Documentation
 - Funding/Price Proposal
- Required Forms
 - Attachment A Signature Affidavit
 - Attachment B Vendor Data Sheet
 - Attachment C Purchase of Service Contract (return only if any requested revisions)
 - Attachment D Budget Packet

2.6 Multiple Proposals

Multiple proposals from a provider will be permissible; however each proposal must conform fully to the requirements for proposal submission. Each such proposal must be separately submitted and labeled as Proposal #1, Proposal #2, etc. on each page included in the response.

2.7 Vendor Interviews

Top scoring proposers, based on an evaluation of the written proposal, may be required to participate in interviews to support and clarify their proposals. **These will be scheduled for November 12 at 10:30 a.m., November 16 at 12:30 p.m., and November 19 at 1:00 p.m., following an internal meeting on November 6. Please keep these dates for a possible interview. Generally, it is appropriate to bring staff familiar with the program and financial aspects of the proposal such that questions can be answered during the interview time.**

3.0 PROPOSAL SELECTION AND AWARD PROCESS

3.1 Opening of Bid

Proposals will be opened after 3:00 p.m. on October 26, 2018

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3.2 Preliminary Evaluation

The proposals will first be reviewed to determine if requirements in Section 2.0 are met and if additional mandatory requirements are met. Failure to meet mandatory requirements will result in the proposal being rejected. In the event that all providers do not meet one or more of the mandatory requirements, La Crosse County reserves the right to continue the evaluation of the proposals and to select the proposal which most closely meets the requirements specified in this RFP.

3.3 Right to Reject Proposals and Negotiate Contract Terms

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

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 Scoring

Accepted proposals will be reviewed by an evaluation committee and scored against the stated criteria. The committee will review all proposals and will request interviews and use the results of those meetings in scoring the proposals.

3.5 Evaluation Criteria

Description	Points
Service Methodology	25
Describe your agencies ability and plan to accommodate changing enrollment and referral rates. Provide your agencies plan to promote the effective use of the teaming / primary coach practice including increasing individual staff competencies. Explain why your organization can best meet the needs of children and families in the Birth to 3 program.	
Organizational Capabilities	25
Describe your agencies experience, ability, and capabilities in providing the service, including current infrastructure and experience serving the target population.	
Staff Qualifications	25
Describe the educational and background work experience of the direct staff and supervisory staff who will be assigned to provide Birth to 3 Program Early Intervention Services.	
Outcomes/Documentation	25
Describe "how" the proposed outcomes for each service area will be documented and how the results will be measured and analyzed. How does your organization measure the fidelity of the services you provide? Include	

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any templates, evaluations or methods of measuring agency service performance. Provide your organizational approach to document consumer satisfaction with the services and if the services are promoting the desired outcomes as listed in Section 1.1.3.	
<u>Funding/Price Proposal</u>	25
Describe your agencies process and ability to coordinate Insurance and Medical Assistance benefits and billing across private insurance, Medical Assistance and County funded services. Therapy ¼ hr rate <ul style="list-style-type: none"> • Provide MA rate • Provide rate for travel separate for MA clients and insured clients. • Provide rate inclusive of time with child/family, travel, and paperwork for County billable clients. Teacher rate (inclusive of time with child/family, travel, and paperwork) ¼ hr rate. Special meeting rate (staff time at county required meetings) ¼ hr units.	
<u>Vendor History</u>	0
These services are crucial to the clients served by La Crosse County Human Services. As part of this evaluation, a vendor may have up to 15 points subtracted based on the vendor's past historical integrity in regards to providing services that meet needs of the clients, comply with program requirements and standards and are financially sound. Vendors with no previous history will be scored at zero.	
<u>Vendor Interviews</u>	125
<u>TOTAL</u>	250

3.6 Required Forms

The following forms must be completed and submitted with the proposal in accordance with the instructions given in Section 2.0. Blank forms are attached.

- | | |
|--------------|---|
| Attachment A | Signature Affidavit |
| Attachment B | Vendor Data Sheet |
| Attachment C | Purchase of Service Contract (only if you have requested revisions) |
| Attachment D | Budget Packet |

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3.7 Final Offers

The final provider is estimated to be made by the Internal Purchasing Approvers by November 30, 2018.

3.8 Notification of Intent to Award will be Shortly Following Final Approval

As a courtesy, La Crosse County may send a notification of award memo to responding providers at the time of award.

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 the selection of a finalist provider, La Crosse County by its proper officials, employees, or agents shall attempt to negotiate and reach a final agreement with this provider. If La Crosse County, for any reason, is unable to reach a final agreement with this provider; La Crosse County reserves the right to reject such provider and negotiate a final agreement with the provider who has the next most viable proposal or bid. La Crosse County may also elect to reject all proposals and re-issue a RFP.

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 is not bound to accept the proposal with the lowest cost, but may accept the proposal that demonstrates the best ability to meet the needs of La Crosse County.

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 PURCHASE OF SERVICE CONTRACT

The Purchase of Service Contract "Agreement," attached hereto on Attachment C, shall be defined by written agreement between the parties and shall be binding when fully executed by the parties.

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Supplier responses to the RFP will be incorporated by reference in each written agreement and will become an integrated part of each final contract.

The proposer should submit as part of the RFP response any comments to the Purchase of Service Contract. It is requested that proposers not re-type or scan the document. Please provide feedback in the form of redline where required. La Crosse County will assume agreement of all contract language unless noted by provider.

6.0 START-UP COSTS

6.1 Start-up Costs (if Applicable)

Start-up costs are allowable for new or expanded services only. This total cost should be reflected under Section BB. Miscellaneous, with detailed proposed expenses attached to the budget packet. Costs incurred should be recovered in the unit price of the product or service. If a vendor feels that they need to bill start-up costs in advance of services being provided, this would need to be justified in the proposal and negotiated prior to contracting. Start-up costs may not be billed prior to services being provided for certain programs

7.0 EXPENSES RELATED TO CONTRACTING

7.1 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
- Comprehensive general liability: \$1,000,000 per occurrence and in aggregate for bodily injury and property damage
- Auto Liability (if applicable): \$1,000,000 per occurrence and in aggregate for bodily injury and property damage
- Professional Liability (if applicable): minimum amount \$500,000
- Excess Liability Coverage: \$1,000,000 over the General Liability and Automobile Liability coverages.

7.2 Interpreters

Providers of services, not goods, 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.

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7.3 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.

7.4 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.

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- 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.