REQUEST FOR PROPOSAL (RFP)

The Milwaukee Comprehensive Home Visiting Program

(For Pregnant Women and Families of Infants/Children through Age 4 Years)

RFP # FHEG013

Issued by:
STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNITY HEALTH PROMOTION

Proposals must be submitted
no later than 4:00 PM Central Standard Time
March 15, 2005

For further information regarding this
RFP contact Millie Jones at (608) 267-0531.
LATE PROPOSALS WILL BE REJECTED

TIMELINE FOR RFP ENTITLED

The Milwaukee Comprehensive Home Visiting Program

(For Pregnant Women and Families of Infants/Children through Age 4 Years)

1-19-05	Anticipated mailing date of RFP
2-01-05	Notice of Intent deadline
3-15-05	Due date for Applications/Proposals
4-21 to 4-29-05	Public Inspection of Proposals
4-29-05	Final date for Appeals
7-01-05	Agreement Start-up Date

PART I – GENERAL INFORMATION

I. GENERAL INFORMATION

1.0 Introduction and Background

Families in the central city of Milwaukee suffer disproportionately from poor health outcomes, and high infant mortality. Infant mortality is an indicator of the degree to which a society cares for its most vulnerable population. As of 2003, the mortality rate among African American infants in Wisconsin was three times the rate for white infants. More than 75% of the African American births and infant deaths in Wisconsin occur in Milwaukee. Although many programs and resources exist in Milwaukee, they are often not coordinated with each other and are not family-centered. The Division of Public Health (DPH) of the Department of Health and Family Services (DHFS) is issuing this request for proposals (RFP) for the Milwaukee Comprehensive Home Visiting Program (MCHVP) for pregnant women and families of infants/children through age 4 years. Our intent is to promote a comprehensive approach to serving families using coordinated, family-centered, community-based, and culturally-competent services.

Home visiting has been used as a mechanism to improve pregnancy outcomes; improve family functioning; promote child health, safety, and development; and prevent child abuse and neglect. It includes early identification of at-risk women and families of newborns through initial screening and assessment (often by trained paraprofessionals) during pregnancy and in the child's first years of life; repeat risk assessment; psychosocial and other support; parenting and health education; nutritional counseling; behavioral risk reduction (smoking, drug use, and alcohol use during pregnancy); case management for prenatal visits; and ensuring access to needed community resources and to a primary-care "medical home" for children. A large body of evidence-based and best-practice research has been developed to support the effectiveness of some, but not all, home visitation programs.

Improved outcomes for children and families participating in home visitation programs include the following:

Prenatal Effects: early entry and increased use of prenatal care; increased birthweight; decreased preterm labor and increased length of gestation; increased use of health and other community resources (e.g., prenatal visits; well-child visits; family planning; nutritional programs for women, infants, and children [WIC]; and immunizations); improved nutrition during pregnancy; fewer urinary tract infections during pregnancy; increased attendance at childbirth classes; decrease in maternal smoking; greater interest by fathers in the pregnancy; and increase in the number of mothers having a labor room companion.

Effects from Birth through 4 Years: fewer subsequent pregnancies; increased spacing between pregnancies; increased length of maternal employment; increased rate of return to, or retention in, school by mothers; fewer emergency department visits; fewer (unintentional) accidental injuries and poisonings resulting in a visit to the physician; decrease in the number of verified incidents of child abuse and neglect; decrease in physical punishment and restriction of infants, with an increase in use of appropriate discipline for older children; improved maternal-child interaction and maternal satisfaction with parenting; increased use of appropriate play materials at home; improved growth in low birthweight infants; and higher developmental quotients in infants visited.

Though the current project will not measure long-term effects, data elements that would allow us to do so will be collected. A 15-year follow-up study of families who received a mean of nine home visits by nurses during pregnancy and 23 home visits up to their child's second birthday demonstrated the following long-term benefits: fewer subsequent pregnancies; reduced maternal criminal behavior; decrease in use of welfare; decrease in verified incidents of child abuse and neglect; and less maternal behavioral impairment attributable to alcohol and drug abuse.

The observed effect of home-visitation programs seems to be greatest in high-risk populations, such as mothers who are teenagers, unmarried, poor, or have been abused themselves, and in children who are preterm or low birthweight.

Some of the variables related to increased success include the use of professionals over trained paraprofessionals for home visitation; paid home visitors over volunteers; early onset of services during prenatal period over later intervention; long duration of services (engagement period) over short; high frequency of visits over low; selective availability of services to families at risk over universal availability; high quality of training of providers over low; appropriate aim and scope of programs; active intervention, education, and advocacy services over simple social support; adequate supervision of home visitors over inadequate; ratio of families to home visitors achieves best results for less than 25:1 ratio; client variables and demographics; greater improvement with high level of risk in families served; and clients' perception of high need for services over low perceived need.

In Wisconsin, effective outcomes have been demonstrated in our Prevention of Child Abuse and Neglect (POCAN) programs. These programs have succeeded in improving family functioning, promoting child health safety, and development, and reducing substantiated child abuse and neglect. They have been successful throughout the state in a variety of settings. This request for proposals has been developed to establish a comprehensive home-visitation program in Milwaukee. We hope that by using an evidence-based, best-practice approach, we can achieve the positive results that have been seen in other locations, where these methods have been applied.

The MCHVP will begin as a targeted demonstration project that will integrate with the Governor's *KidsFirst* agenda and its Family Foundations home-visiting initiative. It will serve at-risk pregnant women and families in 6 zip-code areas in the culturally-diverse Milwaukee central city: 53204, 53205, 53206, 53208, 53212, and 53233. This geographic area has a high incidence of poverty, infant mortality, low birthweight, late entry into prenatal care, teen pregnancy, STD, lead poisoning, and child welfare reports. Within this area, the program will serve: (1) first-time mothers who are Medicaid eligible; (2) Medicaid-enrolled mothers who have had a previous poor birth outcome e.g., infant death, low birthweight [<2,500g]; prematurity [<37 weeks; intra-uterine or neonatal infection]; (3) other pregnant teens or high-risk women who qualify for prenatal care coordination (PNCC); and (4) undocumented pregnant women. Initial contact may occur as early as the first trimester of a pregnancy, and the home visitation may continue to the child's fifth birthday.

At full-capacity, the home-visitation program will serve up to 700 families. "Full-capacity" means each home visitor has a caseload of no more than 25 families, ranging from very high-risk to low-risk. This home visiting program requires a combination of professional supervisors, e.g., nurses and social workers, partnering with well-trained paraprofessional community health workers as the home visitors. The model will feature frequent home visits during the prenatal period, with continuity, engagement, support, and connection to needed community services. The prenatal portion of the home visits will be subsidized primarily through the Medicaid PNCC benefit, which continues through the first 60 days of the infant's life. The postnatal visits will be supported in part by the current RFP and in part from the Child Care Coordination (CCC) Medicaid benefit, which pays only for the case-management portion of the services.

Home visitors will help women enroll in Medicaid and will work with the following programs and organizations: HMOs; hospitals and NICUs; physicians; Milwaukee Healthy Beginnings program; and the Milwaukee Health Department. Other program collaboration should include programs from the Department of Workforce Development (e.g., W-2 and Child Care), the Department of Public Instruction and the Milwaukee Public Schools, Milwaukee Child Welfare, mental health and substance abuse, faith-based organizations, housing, economic assistance, and others.

All interventions will be monitored, and specific data elements will be entered into the Secure Public Health Electronic Record Environment (SPHERE). The training of home visitors will be provided through a separate contract. It will be the responsibility of the primary vendor to assure attendance of all home visitors at these training sessions.

1.1 AVAILABLE FUNDS

A total of $1,218,128 is available for the initial 18-month period under this RFP; DPH anticipates funding a single award. During the initial contract period, the vendor may designate up to $80,000 of the award as start-up or capacity-building funds. Start-up or capacity-building costs refer to those costs associated with delivery systems, workforce, policies, and support systems (e.g., training, research, technical assistance, and information systems) and other infrastructure needed to initiate and maintain service delivery and policy making activities. Program capacity results measure the strength of the human and material resources necessary to meet program obligations and set the stage for other activities.

At minimum, an annual allocation of $150.00 per family enrolled in the program must be designated as flexible funds to assist enrolled families achieve outcomes specified in their care plan. Match at a rate of 50% is required for all dollars designated as flexible funds. Flexible funds assist families and the home visitor/case manager to obtain goods or services that are needed immediately for family safety and functioning, and for which there exists no other source of payment. Examples of allowable costs include those for parenting classes, transportation to classes, infant cribs, car battery, minor home repairs, eviction prevention, etc.

Funds awarded under this solicitation will be for the period of July 1, 2005 through December 31, 2006.

Based upon satisfactory performance and availability of funds, vendors receiving an award under this RFP may be eligible to apply for up to four annual project renewals of $812,085. Vendors are advised that, should additional state or federal funds become available for innovative expansion and/or enhancement of benefit services, the Division may utilize the results of this RFP for additional awards.

Training Funds
DPH will separately contract for the training of staff hired by the vendor of the Milwaukee Comprehensive Home Visiting Program, with an additional $100,000 (as referenced in Section VI.) This training will be required for home visitors in this project, and will be available to all PNCC and CCC workers, and other home visitors within Milwaukee County.

All provider staff of this home visiting program will be required to attend the basic training (provided by the state-designated training provider) in areas including but not limited to: pregnancy-related nutrition and health; strength-based family support; normal child growth and development; cultural competency; poverty; issues of adult mental health, substance abuse and domestic violence; child abuse and neglect and the effects of same on adults; issues faced by drug-exposed infants; and available supportive community resources.

1.2 ISSUING AGENCY

This RFP is issued for the State of Wisconsin by the Division of Public Health (DPH). The Division is the sole point of contact for the State of Wisconsin during the selection process.

1.3 PROJECT GOALS

The goals of this program are as follows:

a) To improve pregnancy and birth outcomes.

b) To improve family functioning.

c) To promote child health, safety, and development.

d) To prevent child abuse and neglect.

Specific program objectives are as follows:

a) To connect first time expectant mothers and expectant mothers with previous poor birth outcomes to medical care and to provide prenatal care coordination services, beginning in the first trimester of the pregnancy. *

b) To assure that infants of mothers enrolled in the program have access to appropriate preventive health care services and to provide child care coordination services until the child's fifth birthday.

c) To provide family-centered, strength-based services delivered in the home with enough intensity and over a sustained period of time sufficient to produce positive behavior changes in the areas of parent leadership and parent-child relationship, and to secure and maintain adequate formal and informal sources of social support.

d) To promote parent leadership, as demonstrated by the ability to maintain a stable home and to handle routine child-related, household, and family responsibilities.

e) To promote positive parent-child relationships, including providing nurturing care, positive guidance and discipline, and a developmentally appropriate and safe environment for the infant and young child.

f) To provide adequate social support to the family, including health care, encouraging the use of informal and formal support systems, and available community resources.

*Prenatal Care Coordination (PNCC) Services are to be provided to all Medicaid-eligible women, and Child Care Coordination (CCC) services to all Medicaid-eligible infants; these services are to be reimbursed by Medicaid. These same services are to be provided to non-Medicaid eligible women and children, and they will be supported by these grant funds.

1.4 PROJECT DESIGN

The Division is soliciting one vendor to implement innovative approaches to reduce poor outcomes - specifically premature birth, infant mortality, and child abuse and neglect; to improve family functioning; and to promote child health, safety and development– for pregnant women and their infants and children through age 4 years, residing in the target zip code areas within the City of Milwaukee. The project will use research and evidence-based best practices to deliver services using a home visiting strategy of a professional case manager paired with a paraprofessional community health worker. Please see Appendix 1, *The Required Components of a Comprehensive Home Visiting Program for Pregnant Women and Their Families*, and Appendix 2, *The Required Components of a Comprehensive Home Visiting Program for Families of Infants and Children through 4 Years of Age.*

1.5 DEFINITIONS

The following definitions are used through the RFP:

Division means Division of Public Health (DPH).

Bureau means Bureau of Community Health Promotion, the unit within DPH that is issuing the RFP.

Vendor means a firm/organization submitting a proposal in response to this RFP.

State means State of Wisconsin.

Grant Recipient means vendor awarded funds for direct benefit of the community.

Proposal means response to RFP.

1.6 WHO MAY SUBMIT A PROPOSAL

Any governmental entity including city, county, or tribal departments of health and/or human services/community programs, or any private, non-profit organization located in Milwaukee County in the state of Wisconsin, certified to provide Medicaid PNCC and CCC services, is eligible to apply.

II. SPECIAL PROGRAM REQUIREMENTS

The vendor must be certified as a Medicaid PNCC and CCC provider and bill for Medicaid-covered services for women and children served who are Medicaid-eligible. Client eligibility for the Medicaid program, however, is not a requirement to receive services from the vendor. Vendors are expected to provide all of the required components of PNCC, CCC, and a comprehensive home visiting program for the targeted Milwaukee population.

See the PNCC handbook at http://dhfs.wisconsin.gov/medicaid2/handbooks/pncc/index.htm, the CCC handbook at http://dhfs.wisconsin.gov/medicaid2/handbooks/ccc/index.htm, and Appendices 1 and 2.

The vendor must also maximize Medicaid reimbursement for PNCC and CCC as program generated income for the services provided by this home visiting program. The initial grant award is for the period of July 1, 2005 through December 31, 2006. Based upon satisfactory performance and availability of funds, vendors receiving an award under this RFP may be eligible to receive up to four one-year continuations of their funding.

III. GENERAL PROGRAM REQUIREMENTS

The following items are required to assure the continuation of funds. These requirements will form part of the contract to the State agency awarding these funds. Failure to comply with these requirements can result in disallowance and/or termination of the agreement for funds.

3.0 ACCEPTANCE OF PROPOSAL CONTENT

The grant recipient will be mandated to meet all requirements of this RFP.

3.1 ALLOWABLE COSTS

A grant recipient will be required to comply with the Department of Health and Family Services Allowable Cost Policy Manual.

3.2 CAPITAL EQUIPMENT

Funds may be used to purchase capital equipment with prior written approval from the Division. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of $5,000, and a useful life in excess of one year. Funds can be used to purchase/rent supplies such as adaptive and communication equipment, and to make housing modifications.

3.3 SALARIES

Funds cannot be used to supplant current salaries. Funding is for the provision of prenatal care coordination, child care coordination, and supportive home visiting services that are not Medicaid-covered services.

3.4 REPORTS

Reports of both programmatic and fiscal activity will be required for the purpose of documenting the satisfactory meeting of project objectives, in accordance with the application. Reporting requirements will be specified in the agreement between the successful vendor and the Division. Failure of the successful vendor to accept these obligations may result in cancellation of the award.

The grantee shall, at the option of the Division, appear before DHFS administrators to clarify findings and to answer any questions at any time during the grant agreement or after the grant agreement is completed.

3.5 NEWS RELEASES

News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of the Division.

Copies of any news releases regarding this grant during the contract year(s) will be submitted to the Division.

3.6 LEGAL SERVICES

Grant funds can be used to provide legal advice to program recipients but the funds cannot be used to support any legal actions taken against the federal or state government.

3.7 EMPLOYMENT

The vendor will not engage the services of any person or persons now employed by the state, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of the Division.

3.8 DUAL EMPLOYMENT

Section 16.417, Wis. Stats., prohibits an individual who is a state employee or who is retained as consultant full-time by a state agency from being retained as a consultant by the same or another agency where the individual receives more than $12,000 as compensation. This prohibition applies only to individuals and does not include corporations or partnerships.

3.9 SUBCONTRACTING

If the vendor plans to use subcontractors, this should be clearly explained and costed out separately in the application. However, the primary contractor will be responsible for contract performance whether or not subcontractors are used.

3.10 TERMINATION OF AGREEMENT

The Division may terminate this agreement at any time at its sole discretion by delivering thirty (30) days written notice to the grant recipient. Upon termination, the Division's liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred within the prior written approval of the Division. In the event that the grant recipient terminates this agreement, for any reason whatsoever, it will refund to the Division within fourteen (14) days of said termination, all payment made hereunder by the Division to the grant recipient

for work not completed. Such termination will require written notice to that effect to be delivered by the grant recipient to the Division not less than thirty (30) days prior to said termination.

3.11 INCURRING COSTS

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

3.12 WAIVER OF TECHNICALITIES

The RFP Evaluation Committee reserves the right to accept or reject any or all responses to the RFP and waive minor technicalities. The determination of whether an RFP condition is substantive or a mere technicality shall reside solely with the RFP Evaluation Committee.

3.13 PROPRIETARY INFORMATION

Any restrictions on the use of data contained within a proposal must be clearly stated in the proposal itself. Proprietary information submitted in response to this request for proposal will be handled in accordance with applicable State of Wisconsin procurement regulations. Data contained in the proposal, all documentation provided therein, and materials and innovations developed as a result of this grant award can not be copyrighted or patented without written authorization from the Department of Health and Family Services. All data, documentation and innovation become the property of the State of Wisconsin, Department of Health and Family Services. The grant recipient agrees that the Division shall have royalty free, non-exclusive and irrevocable rights to reproduce, publish or otherwise use and authorize others to use any materials and innovations developed as a result of this grant award. Any copyright material authorized by the Department or distribution of materials developed through this agreement will acknowledge use of DHFS funds.

3.14 AFFIRMATIVE ACTION

Successful proposers who are awarded contracts of twenty five thousand dollars ($25,000) or more shall have included in their contracts the following clause:

"A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual work force amount to less than twenty-five employees. The affirmative action plan shall be submitted to the state agency within fifteen (15) working days after the award of the contract."

3.15 REASONABLE ACCOMMODATIONS

The Department will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. For special needs contact Regina Cowell, Director, Affirmative Action/Civil Rights Compliance at DHFS, telephone number (608) 266-3465.

3.16 NON-DISCRIMINATION AGAINST EMPLOYEES OR APPLICANTS FOR EMPLOYMENT

In connection with the performance of work under this contract, the grant recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), sexual orientation 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 grant recipient further agrees to take affirmative action to ensure equal employment opportunities.

The grant recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

3.17 AFFIDAVIT

Proposers must complete and submit the attached affidavit with their proposal.

3.18 TERMS AND CONDITIONS

Proposers must read the Standard Terms and Conditions Form (DOA-3054) and must agree to the terms and conditions contained therein. [See Appendix 3].

IV. CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS NOTICE OF INTENT TO APPLY

4.0 NOTICE OF INTENT

Prospective vendors are requested, but not required, to submit a Notice of Intent to apply to DPH. The Notice of Intent form should be returned to the Division by 4:30 PM, Tuesday February 1, 2005 Central Standard Time. Submittal of the Notice of Intent does not commit an agency to submit an application. Any supplemental written information related to this RFP developed by DPH will be provided only to those agencies who have filed a Notice of Intent, or to agencies who request such information. Notices should be mailed or hand delivered to:

Millie Jones, Director
Bureau of Community Health Promotion
Division of Public Health
P.O. Box 2659
MADISON, WI 53701-2659
(608) 267-0531

4.1 CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS

Any questions concerning this RFP should be addressed, either in writing or by telephone request, on or before February 15, 2005 to the RFP Manager:

Millie Jones, Director
Bureau of Community Health Promotion
Division of Public Health
P.O. Box 2659
MADISON, WI 53701-2659
(608) 267-0531
(608) 266-8925 FAX

COLLECT 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 notify, immediately, the above named individual of such error and request modification or clarification.

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 recipients of this initial RFP.

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

Any contact with State employees concerning this RFP are prohibited, except as authorized by the RFP manager during the period from date of release of the RFP until the notice of intent to contract is released.

V. SUBMITTAL OF APPLICATION

5.0 All applications must be typed, doubled-spaced in 12 point font and should not exceed 25 pages excluding the budget and budget narrative. Attachments to the application not included in the 25-page limit are required letters of support and the Assurance Affidavit form.

5.1 Vendors may submit only one application.

5.2 Number of copies. The vendor must submit one original and nine (9) copies of the application to the Division.

5.3 Closing date. The closing date for the receipt of all applications under this solicitation will be **March 15, 2005**. Applications may be mailed or hand delivered. An application will be accepted and considered received on time if:

a) The application is received by the DHFS mailroom (address shown below) by 4:00 p.m. Central Standard Time on **March 15, 2005**.

Millie Jones, Director
Bureau of Community Health Promotion
Division of Public Health
P.O. Box 2659
MADISON, WI 53701-2659

b) The application is hand delivered to the Division of Public Health (address shown below) by 4:00 p.m. Central Standard Time on **March 15, 2005**.

Millie Jones, Director
Bureau of Community Health Promotion
Division of Public Health
1 West Wilson Street - Room 233

NO FAXES WILL BE ACCEPTED.

Vendors are cautioned to allow sufficient time for delivery by the U.S. Post Office, because it can sometimes take several days to receive mail from outlying areas. Respondents/Applicants are cautioned that receipt of the RFP by the United State's Postal Service, the State of Wisconsin mail system or a commercial courier does not constitute receipt of a RFP by the Department of Health and Family Services for the purposes of this RFP. All responses to this solicitation which are received after the closing date and/or time will not be reviewed and will be returned to the respondent/applicant. **No exceptions will be allowed**.

c) Supplemental and clarifying information. Unless requested by the Division, no additional information will be accepted from a vendor after the deadline for submittal of applications.

VI. AWARDING FUNDS INFORMATION

6.0 EVALUATION CRITERIA, POTENTIAL POINTS TO BE AWARDED AND PROCEDURES

All applications received will be reviewed by an evaluation committee and ranked accordingly. The evaluation committee will evaluate all proposals against stated criteria. To be considered for an award, an application must score at least **80** points, unless the evaluation committee determines it is in the best interest of the State to make an award to a vendor that scores less than **80** points. While it is anticipated that one award will be made, the State reserves the right to make additional awards, if that is in the best interest of the State. Applications will be reviewed and evaluated according to the following criteria.

6.1 MINORITY BUSINESS

Proposals from certified Minority Business Enterprises may have points weighted by a factor of 1.00 to 1.05 to provide up to a 5% preference to these businesses.

100 Total MAXIMUM POINTS

The vendor must provide assurance that all criteria will be fully implemented within six months of program initiation, and must periodically demonstrate adherence to program requirements.

10 Points Organizational Experience

The grant will be awarded to a single vendor agency responsible for all aspects of the comprehensive home visiting program, including billing Medicaid for eligible clients. At the time of application, the vendor must be a certified Medicaid PNCC and CCC provider.

- Describe how the Milwaukee Comprehensive Home Visiting Program (MCHVP) directly relates to your agency's overall mission and commitment to improving the lives of families with young children.
- Describe your agency experience in previous successful grant management.
- Describe your qualifications as a vendor to administer all requirements of the MCHVP program, including your agency's experience in employing and supervising both professional and paraprofessional employees.
- Describe your ability to creatively reach women in the first trimester of pregnancy and new families who may be eligible for this program, but are not identified during pregnancy.
- Describe how you will reach families in their homes, and elsewhere when they are not available at home.
- Describe your ability to form appropriate linkages with other public and private agencies that offer support services to families that are not directly affiliated with your agency.

10 Points Staffing and Qualifications for Applicant Organization

Staff selection is critical to the success of the program. Successful relationships are built both on trust and skills of the staff providing services to expectant women and young families. Recruitment and hiring processes of staff must consider both educational achievement and life experience skills. Staff selection processes and education/training must reflect competencies to provide PNCC, CCC and comprehensive home visiting services to families residing in the service area. Service provider staff are required to attend the training provided by the state-designated training provider.

The MCHVP staffing structure must reflect a professional-paraprofessional supervisory relationship in which professional case management staff partner with trained paraprofessional community health workers. Teams of professional case manager(s) and community health workers are expected to provide services that are initiated during the prenatal period and extend

until the child's fifth birthday. Professional staff who provide the supervision and support for the community health workers during the prenatal period, may (or may not) transition to other professional supervisors, 60 days after the baby's birth. However, the trained paraprofessional community health workers are expected to maintain a caseload of families starting in the prenatal period, to assure continuity of services for the duration of the family's enrollment in the program.

- Describe your agency's staffing structure for the MCHVP.
- Describe your agency's ability to recruit health workers from the communities to be served.
- Describe your agency's ability to recruit and hire professional and paraprofessional staff who will deliver home visiting services and are able to establish and maintain trusting relationships with families residing in the service area.
- Describe your agency's plan to support and supervise professional and paraprofessional staff who work with highly-stressed families, to enable them to provide timely, high-quality home visiting services to pregnant women and new families.
- Describe your agency's plan to assure entry level and advanced education, skills and training.
- Describe your agency's ability to supplement the required basic training curriculum with additional knowledge and skills to link families with existing neighborhood and community resources.

5 Points **Problem/Needs Statement**

The successful vendor for this RFP must demonstrate an excellent understanding of the needs and problems of the families in the service area related to poor birth outcomes; infant mortality; poverty; mental health, substance abuse or domestic violence issues; lack of knowledge of age-appropriate child development; and child abuse and neglect.

- Describe your understanding and document with statistical data, where available, the extent of the problems.
- Describe the capacity of existing programs to address these problem issues and how your agency will contribute to the complement of services needed for pregnant women and families in the service area.
- If your agency has an existing program, document and justify the need for an expanded program.

5 Points **Target Population**

The target population for the MCHVP are culturally diverse families in the central city of Milwaukee. Families must meet the following criteria: (1) first-time mothers who are Medicaid eligible; (2) Medicaid-enrolled mothers who have had a previous poor birth outcome infant death, low birthweight [<2,500g]; prematurity [<37 weeks; intra-uterine or neonatal infection]; (3) other pregnant teens or high-risk women who qualify for prenatal care coordination (PNCC); and (4) undocumented pregnant women. Initial contact may occur as early as the first trimester of a pregnancy, and the home visitation may continue to the child's fifth birthday. At-risk pregnant women and families to be enrolled in the MCHVP must live in the 6 zip-code areas of Milwaukee: 53204, 53205, 53206, 53208, 53212, and 53233. This geographic area has a high incidence of poverty, infant mortality, low birthweight, late entry into prenatal care, teen pregnancy, STD, lead poisoning, and child welfare reports. (Families enrolled MCHVP who move out of these zip codes may continue to be served.)

At full capacity, the MCHVP will serve up to 700 families. Full capacity means each community health worker FTE maintains a caseload of 25 new and continuing families ranging from high-risk to low-risk.

- Describe specific demographic information about the families to be served, e.g., ethnicity and cultural background, economic status and health status, including estimated percent eligible for Medicaid and assure processes that demonstrate cultural competence.
- Fully describe the location of the families to be served, including the geographic boundaries and special characteristics of the areas. Include the availability of neighborhood-based services and other supports.
- Describe your agency's outreach plan, Medicaid enrollment, and the process to initiate and provide prenatal and home visiting services to eligible families in the service area. If you are expanding or enhancing the scope of an existing program, describe how your current efforts will be enhanced to assure that you are identifying the appropriate individuals to be served by the program. If currently offering a program, describe how you have been successful in engaging the target population, using outcome data from your program.
- Describe the expected caseload of families to be served during the first contract year and strategies to build the caseload over the five-year grant period.

30 Points **Purpose and Program Design**

The purpose of the program is to provide comprehensive services to families beginning in the first trimester of pregnancy continuing until the child's fifth birthday. The services to be offered are based on research and have been effective in improving birth outcomes, enhancing child and family outcomes, and reducing child abuse and neglect. Services are expected to be comprehensive and intensive over an extended period of time.

- Describe how your agency will take steps to implement a program design that is consistent with the purpose of this RFP. Clearly explain if this will be a new program or the expansion or adaptation of a current program. Where it is an expansion, describe how the current program design is consistent with the approach supported in this RFP or, if not, how you will adapt your current program to be consistent with this approach.
- Describe your outreach plan to initiate services to women in the first trimester of pregnancy and to enroll eligible women and infants into Medicaid, promoting a strength-based, voluntary prevention program, including problems your agency has experienced in the past and what you have done to overcome them.
- Describe your plan to use the grant funds to develop a program that incorporates best practice and research-based elements of a prenatal home visiting program, as described in Appendix 1, *The Required Components of a Comprehensive Home Visiting Program for Pregnant Women and Their Families*. Be sure to include how your program will provide a seamless program of services to families from the prenatal period until the child's fifth birthday.
- Describe how you will implement best practice and research-based elements of a successful home visiting program for families with young children described in Appendix 2, *The Required Components of a Comprehensive Home Visiting Program for Families of Infants and Children through Age 4 Years.* Be sure to include the following:
  a) Objective criteria used to determine (with the family) the frequency and intensity of visits.
  b) The implementation of policy on caseload limitations and the process of managing the caseloads for both professional and paraprofessional staff.
  c) The supervisor expectations of the community health workers and the expected methods to support the community worker in his/her ongoing relationships with the enrolled women and families.
- Describe what your agency plans to use as a program curriculum to meet the specific needs and concerns of the families residing in the service area of Milwaukee. See Appendix 4 for choices of *Recommended Program Curriculum*.

- Describe how you will implement in your employee recruitment and evaluation process, the research-based practice standards for community health workers as outlined in Appendix 5, *Practice Standards for Home Visitors*.
- Describe how your program implements processes for determining and assessing family, parent, and child-directed goals. Policies must reflect family involvement in defining these goals.
- Describe how your program will implement strength-based, individual case planning with families that is consistent with the principles of family-centered, culturally competent services. Strength-based prevention means an approach to bolster the family's ability to care for itself and produce strong members, help families fully utilize their existing skills and to acquire new ones, build self-esteem and confidence within families, and help families use a variety of community resources to maximize their overall functioning. Families are involved in developing and monitoring plan goals.
- Describe the mechanism of establishing the flexible funds for families and how these funds will be uniformly available to all families in the home-visiting program.
- Describe how program expansion could be achieved in additional areas of the city of Milwaukee if additional resources are obtained to increase the number of families that the program could serve.

Both professional and paraprofessional staff will be expected to complete basic, advanced, and continuing education and training sessions provided by the DPH training contractor. In addition, training will be provided to selected staff on the use of standardized assessment tools, to determine the progress of families and to evaluate program effectiveness.

- Describe how you will assure that all staff have received basic training from the DPH training contractor.
- Describe how you will assess continuing staff training needs and develop individual and agency training plans that address these needs.
- Describe how you will implement processes to assure that staff use standardized tools to determine progress of families as intended, and with reliable results for use in evaluating program effectiveness.

15 Points **Program Methods and Performance Expectations**

Successfully implementing the comprehensive home visiting program model will affect the outcomes that are achieved at the program and individual levels. It is expected that the vendor will enroll most women during the first trimester of pregnancy and the family may choose to continue with services until the child reaches his/her fifth birthday. Performance will be measured to determine the program's effectiveness and results, using a combination of process and outcome objectives that can be achieved during the grant-funding period. Continued annual renewal or grant allocation is contingent upon performance; additional outcome performance measures may be implemented at the time of contract renewal negotiations.

For the period of July 1, 2005 to December 31, 2006, program methods will be reviewed and the following performance expectations will be measured:

- Performance Measures to be achieved within the first six months of the award:
  a) All processes to collect and report standardized data, including baseline data, in the Secure Public Health Electronic Records Environment (SPHERE) data system of the State DPH, have been established.
  b) Basic training of all professional and paraprofessional staff has occurred.

c) Standardized program policy and procedures, including common forms that meet the requirements of documentation and the Wisconsin Medicaid program, have been developed for use throughout the program.

[Note: The successful vendor will be required during contract negotiations to submit copies of their current client record and forms documenting strength-based interventions to assist in planning training and technical assistance.]

- Performance Measures that will be reported and measured with SPHERE (at 6, 12, and 18 month reports) by the end of the 18-month contract for program participants include:
  a) The number and percent of first time pregnant women enrolled in home visiting services within the first trimester.
  b) The number and percent of women enrolled in the first trimester receiving prenatal care coordination services.
  c) The number and percent of women enrolled receiving services from WIC.
  d) The number and percent of medical prenatal health care visits for enrolled women.
  e) The number and percent of the gestational age of infants and premature births.
  f) The number and percent by infant birthweight (VLBW, LBW, Normal, High Birthweight).
  g) The number and percent of the initiation and duration of infant breast-feeding through the first year of life.
  h) The number and percent of families who enroll and continue with child care coordination services through the first year of life.
  i) The number and percent of infant health exams during the first year of life according to the periodicity schedule.
  j) The number and percent of up-to-date immunizations of infant.
  k) The number and percent using safe sleep position.
  l) The number and percent of age-appropriate feeding, growth, and development.
  m) The number and percent of referrals and referral outcomes for both parent and child.
- The vendor must assure the capacity to collect, analyze, and report required indicators of achievement in program and individual client areas. Describe your agency's:
  a) Capacity to link to web-based data systems.
  b) Experience and capacities to collect, analyze, and report required indicators that respond to contract and grant requirements.
  c) Strategy to determine, with the family, the mechanisms to collect and report their individual and family achievements through the use of strength-based, individual plans of care.

<u>10 Points</u> **<u>Coordinated Service Delivery</u>**

The goal of service coordination is to assure better outcomes for families and children in the program; as such, relevant services are those that relate to identified challenges faced by the families. Services are accessible to families if they meet their needs and are readily available in the communities and neighborhoods where families live. In particular, the vendor should address the coordination of service providers in the parent support system, economic support (income maintenance, W-2 and job services), mental health, substance abuse, child welfare, and domestic violence treatment systems. If not the primary applicant to this RFP, the applicant must demonstrate coordination with the local public health department; the Federally funded Healthy Start program, and the Southeastern Healthy Babies Action Team.

- Describe how you will involve members of the community and relevant community agencies, including faith-based organizations, in the planning and implementation of the program to assure that services are family-centered, community-based and culturally-competent to meet the needs of families in the service area.

- Describe how your agency will work with key local, county, tribal and/or other private non-profit agencies and providers, and explain how these coordination efforts will relate to the proposed goals and operation of the program.
- Describe the primary role of key partners to assist your program achieve the desired outcomes for women and families with infants and young children, and attach to your proposal, a letter of support from each key partner that is identified.

15 Points **Data Collection and Evaluation**

The vendor will be required to use the Secure Public Health Electronic Record Environment (SPHERE) system under development by DPH for reporting caseload demographics and client and program outcomes. The vendor must allocate $5,000.00 for the development of SPHERE screen capacity to collect the required data elements and provide the following monthly case reports to DPH:

a) Monthly enrollment of mothers initiating prenatal care coordination services.
b) Monthly demographics, including numbers of births from hospital assessment, referrals, outreach and enrollment into program, and caseload management by agency workers.
c) Monthly confidential client list consisting of previous month's clients assessed, new referrals, new opened cases and closed cases (the client list will consist of specific identifiers: client's name, date of birth, date of delivery and Medicaid number).
d) Monthly confidential list of previous month's active/open cases (the client list will consist of specific identifiers: client's name, date of birth, date of delivery and Medicaid number).

- Describe the agency's current capacity to collect and manage information technology systems, including employing trained IT staff with experience in database development, maintenance, and report preparation.
- Describe the agency's processes of record keeping that assures client confidentiality, yet facilitates efficient entry of required database elements to continuously monitor client and program progress.
- Describe the agency's capacity to collect program data and administer and report individual results using the following tools:
  a) Ages and Stages Questionnaire, (ASQ), available from Brookes Publishing: http://www.brookespublishing.com/store/books/bricker-asq/index.htm.
  b) Ages and Stages Questionnaire: Social Emotional, (ASQ:SE), available from Brookes Publishing: http://www.brookespublishing.com/store/books/squires-asqse/index.htm.
  c) Home Observation for Measurement of the Environment (HOME), available from the University of Arkansas: http://www.ualr.edu/~crtldept/home4.htm.
  d) Home Safety Assessment, available from DPH and is from the SPHERE development committee.
- Describe the agency's capacity to plan, collect and report data on the staff training and supervision requirements as required by the contract. [Note that no more than five percent (5%) of the grant award may be allocated to supplement training costs in year one. The program must assure that their supervisory and home visiting staff attends all training events sponsored by the DPH Training Contractor.]
  a) Documentation of training and skill building activities of home visitors, including names of sessions attended.
  b) Documentation of supervision support provided to each home visitor, including description of processes and schedule of supervision, record of supervisory sessions per worker, and written summary of scope of supervision in client records.
- Describe the agency's ability to collect and report indicators to meet the overall reporting of required outcomes throughout the five years of the program. The outcomes that will be followed are:

a) Program Operations
- ✓ Time of entry into Program
- ✓ Caseload Retention
- ✓ Client Contacts
- ✓ Referrals to Programs for Services and Treatment
- ✓ Medicaid Funding
- ✓ Use of Flexible Funds

b) Project Maternal Health Outcomes
- ✓ Increase the number of women receiving first trimester prenatal care
- ✓ Increase the use of prenatal care services
- ✓ Decrease pre-term births (<37 weeks gestation)
- ✓ Decrease low birthweight births (<2,500 gm)
- ✓ Decrease fetal and infant mortality
- ✓ Decrease smoking during pregnancy
- ✓ Increase the use of multi-vitamins during first trimester of pregnancy
- ✓ Increase the initiation and continuation of breastfeeding
- ✓ Increase the use of family planning services
- ✓ Increase the diagnosis and treatment of urinary tract infections and STDs during pregnancy
- ✓ Increase the attendance at child birth classes
- ✓ Increase the involvement of fathers
- ✓ Increase the use of labor-room companions
- ✓ Increase the number of babies that have safe sleep environments
- ✓ Increase the spacing between pregnancies

c) Project Child/Family Outcomes
- ✓ Decrease the number of substantiated reports of child abuse and neglect
- ✓ Decrease the use of emergency room visits
- ✓ Decrease the number of unintentional (accidental) injuries and poisonings resulting in a visit to a physician
- ✓ Decrease out-of-home placements
- ✓ Increase the number of children with up-to-date immunizations
- ✓ Increase the enrollment in WIC
- ✓ Increase the number of children with HealthCheck exams based on the periodicity schedule
- ✓ Increase the number of children exhibiting normal growth
- ✓ Increase the number of children receiving developmental assessments
- ✓ Increase the number of families and children with a medical home
- ✓ Increase the use of appropriate play materials at home
- ✓ Decrease tobacco, alcohol, and drug use in the environment
- ✓ Improve parental employment status
- ✓ Improve parental educational status
- ✓ Strengthen Family Functioning with an increase in the use of informal and formal support systems
- ✓ Increase Positive Parenting Practices with an increase in parent knowledge of age appropriate child development
- ✓ And other items determined to be necessary to evaluate the program

6.2 VENDOR RESPONSES

Proposals shall respond to the specifications stated herein. Failure to respond to the specifications may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFP (including all attachments), RFP addenda and revision and the proposal from the successful vendor(s) will become contractual obligations. The

Division reserves the right to negotiate the award amount, the programmatic goals, and the budget items with the selected vendor(s) prior to entering into an agreement.

Justifiable modification may be made in the course of the agreement only through prior consultation with and written approval of the Division. Failure of the successful vendor to accept these obligations may result in cancellation of the award.

6.3 WITHDRAWAL OF APPLICATIONS

Proposals may be withdrawn by written notice. Proposals may be withdrawn in person by the proposer or his/her authorized representative, providing his/her identity is made known and he/she signs a receipt for the proposal.

6.4 AWARD PROCEDURES

The Evaluation Committee's scoring will be tabulated and vendors will be ranked according to the numerical score received. The evaluation committee has the option to conduct interviews and/or on-site inspections of the top ranked proposers to include those results in the consideration of the evaluation points. Proposers may be requested to submit best and final offer. The Division Administrator will make a final decision if a contract will be awarded. The Division reserves the right to reject any or all proposals and to negotiate the award amount, authorized budget items, and specific programmatic goals with the selected vendor(s) prior to entering into an agreement.

6.5 NOTICE OF INTENT TO AWARD A CONTRACT

Each vendor whose proposal is reviewed by the Evaluation Committee shall receive written notice of the determination of approval or non-funding of the proposed project.

After notification of awards are made, and under the supervision of Division staff, copies of all proposals will be available for public inspection from 1:00 PM on Wednesday, April 21, 2005 C.T., 7 days until 1:00 PM on Wednesday, April 29, 2005 at DPH offices located in Room 233 at 1 West Wilson Street, Madison WI.

Each vendor whose project has not been approved shall be given an opportunity to discuss with the Division representative the reasons for non-funding or may write the Division representative requesting the reason for the decision.

Upon request, the Division representative will clarify non-funding reasons verbally or will respond in writing explaining the reasons for the project not being funded.

6.6 PUBLIC INFORMATION

It is the intention of the State to maintain an open and public process in the submission, review and approval of awards. All material submitted by vendors will be made available for public inspection after notice of intent to award or not to award a contract based on the evaluation(s) of the application which were submitted. This information will be available for public inspection, under supervision, during the hours of 8:00 AM to 4:00 PM, Monday through Friday (except holidays) until Monday, May 9, 2005, in Room 233 at DPH, BFCH, 1 West Wilson Street, Madison WI. Only proposal content meeting DOA-3027 Designation of Confidential and Proprietary guidelines for trade secrets can be marked confidential. No entire proposal submitted to the state may be marked as confidential, and any materials so marked, by being included in the application, will be considered public information.

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

6.7 PROTEST/APPEAL PROCESS

Vendors can only protest or appeal violation of procedures outlined in this RFP. Ranking and scoring by the Evaluation Committee are not subject to protest or appeal. Notice of intent to protest and protests must be made in writing. Protestors should make their protests as specific as possible and should fully identify the procedural issue being contested.

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

Administrator, Division of Public Health
1 West Wilson Street
P.O. Box 2659
Madison, WI 53701-2659

and received in that office no later than the close of business on May 9, 2005 or within five (5) working days after the notice of intent to award is postmarked, whichever is later. The written protest, fully identifying the procedural issue being contested, must be received in the Administrator's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the Division may be appealed to the Secretary of the Department of Health and Family Services, One West Wilson Street, Room 650, Post Office Box 7850, Madison, Wisconsin 53707 within five (5) working days of issuance, with a copy of the protest filed with the Administrator of Division of Public Health.

Notice of intent to protest and protests must be made in writing. Protestors should make their protests as specific as possible and should identify statute(s) and Administrative Code provisions that are alleged to have been violated.

The written notice of intent to protest the intent to award a contract must be filed with the Secretary, Wisconsin Department of Health and Family Services, One West Wilson Street, Room 650, Post Office Box 7850, Madison, Wisconsin 53707 and received in the office no later than five (5) working days after the notice of intent to award is issued. The 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 Secretary of the Department of Health and Family Services may be appealed to the Secretary of the Department of Administration within five (5) working days of issuance, with a copy of the appeal filed with the procuring agency, providing the appeal alleges a violation of statute(s) or a provision of Wisconsin Administrative Code.

6.8 ASSURANCES

An authorized official must sign the Assurances of Compliance with the Department of Health and Family Services regulations form, and comply with all the requirements contained therein. This signed form is to be included in this section of the vendor's proposal.

PART II – TECHNICAL SPECIFICATIONS

Vendors are cautioned that in completing the following Technical Specifications they are to provide as complete information as possible. The only information evaluators will be given about a project is that which is contained within the proposal. For that reason, each copy must be a duplicate of the entire original, including any attachments.

The focus of the funding is to provide a program of comprehensive, continuous services for first-time pregnant women and pregnant women with previous poor birth outcomes, their infants and young children through 4 years of age for the purpose of improving birth outcomes and family functioning and to prevent child abuse and neglect.

In order to determine the potential for a proposed project to achieve these goals, applications must fully address the program requirements and specifications, which follow.

Proposals must include the following items submitted in the order listed.

I. Outline and Table of Contents
II. Application Summary
III. Abstract
IV. Narrative
   - Section A - Administration
   - Section B - Program
V. Detailed Budget Request
VI. Assurance
VII. Appendices

I. OUTLINE AND TABLE OF CONTENTS

APPLICATION FOR The Milwaukee Comprehensive Home Visiting Program for Pregnant Women and for Families with Infants/Children through Age 4 Years

Agency Name: _____

Proposal Title: _____

Vendors are required to number all pages and to organize their application according to the following format. This form serves as a checklist of application contents and facilitates application evaluation.

This form must be completed and attached to the front of the finished application.

I.	Outline and Table of Contents [This Page]	Page	1
II.	Application Summary [DHFS Form 514]	Page	2
III.	Abstract	Page	3
IV.	Narrative	Page	
	A. Administration	Page	
	1. Organizational Experience	Page	
	2. Staffing and Qualifications	Page	
	B. Program	Page	
	1. Problem/Needs Statement	Page	
	2. Target Population	Page	
	3. Purpose and Program Design	Page	
	4. Program Methods and Performance Expectations	Page	
	5. Coordinated Service Delivery	Page	
	6. Data Collection and Evaluation	Page	
V.	Budget, Forms, and Letters of Support	Page	
	A. Budget Request [Budget DHFS Form 4471 Home Visit (10/04)]	Page	
	B. Budget Justification	Page	
	C. Required Letters of Support	Page	
VI.	Assurances of Compliance with DHFS Regulations	Page	
VII.	Appendices	Page	

II. APPLICATION SUMMARY

Complete the Application Summary following the instructions below. The Application Summary should be the second page in your proposal.

Section A - Agency Information

Item 1 Enter the Project Title

Item 2 The "Applicant Agency" is defined as the legal entity which assumes the liability for the administration of the grant funds and is responsible to DHFS for the performance of the project activities.

Item 3 Enter name, address, and telephone number of project director.

Item 4 Enter name, address, and telephone number of project fiscal agent. The fiscal agent is the individual who is responsible for the receipt and administration of the project funds and for the submission of all fiscal reports to DHFS.

Item 5 Enter the Internal Revenue Services number assigned to the agency that is responsible for the employees hired under these project funds.

Item 6 Enter the (Division of Public Health) Region and indicate the city(ies), tribe(s), county(ies), or region(s) to be served by this project.

Item 7 Check the box that is applicable to the "Applicant Agency" entered under Item 2.

Item 8 If all or parts of the project will be subcontracted, fill in the name and address of the subcontractor.

Item 9 Identify proposed sites (city and zip codes). Specific addresses are unnecessary.

Item 10 Enter the proposed dates for the project.

Section B - Budget Summary

The budget summary contains the total projected costs by cost category. All figures on this form should be rounded to the nearest dollar.

Item 11 Enter line-item totals from the Detailed Budget Request.

Item 12 Enter total project cost for the entire period of the project.

Item 13 Enter the name, title, telephone number, and signature of official authorized to commit applicant organization to this agreement.

Wis. DHFS Form-514 (Revised 11/04)	Program: _____ Date RFP Issued: _____ Project Category: _____ Log #: _____

APPLICATION SUMMARY

SECTION A – AGENCY INFORMATION

1. Project Title		
2. Applicant Agency		Telephone ( )
Street Address	City	State Zip
3. Project Director		Telephone ( )
Street Address	City	State Zip
4. Fiscal Agent		Telephone ( )
Street Address	City	State Zip
5. Employer Identification No.		

6. Area to be served Zip codes of target area of City of Milwaukee to be served by this project:	7. Type of Agency (check one) ☐ Unit of Local Government (specify) _____ ☐ Private, Non-Profit Agency ☐ Tribal Reservation ☐ Other (specify) _____

8. If project will be subcontracted, fill in name and address of sub-contractee.

9. If activities are to be conducted at a site other than the Applicant Agency, indicate this in the following space. Performance Site(s):

10. Dates of Proposed Project Period: FROM _____ THROUGH _____

SECTION B – BUDGET SUMMARY

11. Budget

	July 1, 2005 Through December 31, 2006
a) Salaries	_____
b) Fringe	_____
c) Agency Personal Liability Insurance	_____
d) Travel	_____
e) Equipment	_____
f) Supplies and Operating Expenses	_____
g) Contractual and Consultant Costs	_____
h) Training	_____
i) Advertising	_____
j) Other	_____
12. TOTALS	_____

13. NAME, TITLE, AND TELEPHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT

Typed Name of Official

Telephone Number	Title
Signature	Date

III. ABSTRACT

The abstract must be one page only. The information in the abstract should provide a brief description of the new or expanded project, highlighting the main points from the Detailed Budget Request and Narrative Sections of the proposal.

Proposals from existing programs must provide documentation that they are clearly expanding the scope of their current program.

IV. NARRATIVE

The narrative should, at a minimum, include the following information:

A. ADMINISTRATION – Review Criteria

1. Organizational Experience (10 points)

- ❑ Provides evidence of Medicaid certification as a PNCC and CCC provider.
- ❑ If the agency is proposing to establish a subcontract to provide the services, the subcontractor must be named and sufficient documentation is provided that the subcontractor's qualifications and experience will meet all requirements of the grant.
- ❑ The relationship of the organization's mission to the purpose of the grant.
- ❑ The organization's ability and experience in using project grant funds in a cost-effective manner.
- ❑ Provides a full description of the organization's experience that demonstrates its capability to accomplish this project, including the supervision of professional and paraprofessional staff.
- ❑ The organization's ability and experience in conducting outreach to the clients who will receive services.
- ❑ The organization ability and experience in coordinating with key organizations to carry out expected provisions of the grant.

2. Staffing and Qualifications for Applicant Organization (10 points)

- ❑ The organization's ability to recruit qualified professional and paraprofessional staff.
- ❑ The organization's ability to provide supervision and support to staff to continuously improve the services delivered and to avoid job dissatisfaction.
- ❑ The organization's orientation plan that assures entry-level skills of staff.
- ❑ The organization's plan to continue training and education to advance the skills needed to work with overburdened families and to link them to existing community resources.

B. PROGRAM – Review Criteria

1. Problem/Needs Statement (5 points)

- ❑ The needs of families in the service area are well understood and extent of the problem is documented with statistical data, where available.
- ❑ The capacity of existing programs to address these problem issues is described as is the additional contribution to be made by this agency for pregnant women and families in the service area.
- ❑ An agency with an existing program documents and justifies the need for an expanded program.

2. Target Population (5 points)

- ❑ The proposed target population described is consistent with the stated purpose of the RFP and is identified in the designated service area.

- Specific demographic information about the target population must be provided, e.g., race/ethnicity, economic status, health status, family composition, etc.
- The geographic boundaries and special characteristics of the neighborhoods in which the target population resides are described.
- If the agency proposes expanding and/or enhancing an existing program, the increase in participants who will be served through these grant funds is clearly specified.
- The number of participants the project will serve during the first contract period is described.

3. Purpose and Program Design (30 points)

- The purpose of the project must be clearly stated and be consistent with the purpose of the RFP.
- Grant funds are clearly used to develop a new program or to expand/enhance a current program.
- The stated purpose of the project must show that the vendor understands the challenges faced by the target population and is proposing effective strategies according to the best practice elements to meet those challenges.
- A description of how the organization's proposed project will use grant funds to implement elements of home visiting best practices for pregnant women as described in Appendix 1.
- A description of how the organization's proposed project will use grant funds to implement elements of best practice in home visiting services for families of infants and young children as described in Appendix 2.
- The curriculum selected and the strategies described must be logical and appropriate responses to the description of the problems and unmet needs of the target population.
- The vendor describes their policy to implement a process to manage caseloads of their home visitors so not to overburden staff.
- The vendor describes their policy that outlines how the home visitor determines with the family the frequency and intensity of services that will be provided.
- The vendor discusses strategies planned that address the problems and unmet needs of families in the program; states why these strategies will be effective; and discusses how the vendor plans to overcome obstacles or barriers to service delivery.
- The vendor discusses how they will implement strength-based, individual case planning with families that is consistent with principles of family-centered, cultural competent services.
- The vendor discusses of how to implement a program of flexible funds for families and describes the anticipated effect of the program on the target population.
- The vendor provides assurance that staff will participate in the DPH-required training and describes the processes of tracking staff training needs, plans to meet those needs, and periodic monitoring.

4. Program Methods and Performance Expectations (15 points)

- The vendor must demonstrate an understanding of how this program will affect outcomes for the target population and/or how it expands/enhances current service delivery to accomplish these outcomes.
- The vendor describes who will be responsible for providing supervision to the project to ensure that tasks and activities are completed.
- The vendor indicates a reasonable timeline that allows the program to adequately develop necessary program elements within six months of receiving the grant award.
- The vendor has the capacity to develop the necessary policy, procedures and forms to implement all aspects of the home-visiting program within six months of the grant award.
- The vendor describes their capacity to link to web based data systems.

- ❑ The vendor describes their experience and capacity within the first year of the grant award to collect analyze, and report required indicators that respond to contract and grant requirements.

5. Coordinated Service Delivery (10 points)

- ❑ A description is provided of how the agency will involve members of the community and relevant community agencies, including faith-based organizations, in the planning and implementation of the program to assure that services are family-centered, community-based and culturally-competent to meet the needs of families in the service area.
- ❑ A description of how the relationships with local, county, tribal and/or regional agencies will achieve a coordinated program delivery system in the geographic area covered by the project is provided.
- ❑ A description of the organization's ability to coordinate and form partnerships with key community organizations to assure client access to needed support and treatment services in areas of mental health, alcohol, tobacco, and other drug use, family violence, health care access, economic support, etc. is provided.
- ❑ The agency gives a detailed explanation as to how these coordination efforts will relate to this proposal and help to achieve better outcomes for the target population.
- ❑ The application must include letters of cooperation or inter-agency agreements from all agencies whose involvement is essential for the success of the project.

6. Data Collection and Evaluation (15 points)

- ❑ The agency assures the use of SPHERE and the capacity, including IT staff, to collect and manage the required data.
- ❑ The agency describes who will be responsible for supervising the data collection.
- ❑ The agency describes processes to assure confidentiality and efficient data entry.
- ❑ The agency assures the capacity to collect and report results from the required assessment tools.
- ❑ The agency assures the ability to document and report staff training and supervision.
- ❑ The agency describes their ability to collect and report the required program and project outcomes throughout the five years of the grant period.

V. DETAILED BUDGET REQUEST

Milwaukee Comprehensive Home Visiting Program

July 1, 2005 to December 31, 2006

AGENCY NAME: _____

I. PERSONNEL (By Position Title)	ANNUAL SALARY RATE	NUMBER MONTHS BUDGETED	% TIME	GRANT AMOUNT	MATCH	TOTAL GRANT and MATCH
FRINGE BENEFITS (_____%)						
TOTAL CATEGORY V						

II. CONSULTANT & CONTRACTUAL	GRANT AMOUNT	MATCH	TOTAL GRANT and MATCH
TOTAL CATEGORY V			

III. FLEXIBLE FUNDS	GRANT AMOUNT	MATCH	TOTAL GRANT and MATCH
TOTAL CATEGORY V			

IV. START UP / CAPACITY BUILDING	GRANT AMOUNT	MATCH	TOTAL GRANT and MATCH
TOTAL CATEGORY V			

V. AGENCY OPERATIONS	GRANT AMOUNT	MATCH	TOTAL GRANT and MATCH
TOTAL CATEGORY V			

VI. INDIRECT COSTS			

VII. GRAND TOTAL – ALL CATAGORIES			

VI. ASSURANCES OF COMPLIANCE WITH DEPARTMENT OF HEALTH AND FAMILY SERVICES REGULATIONS

(Completion of this form is consistent with the intent of Title VI, Civil Right Act & 45 CFR Part 80)
(Name of Applicant) (hereinafter called the "Applicant") **HEREBY AGREES THAT** it will comply with the following assurances:

The undersigned possesses legal authority and capacity to enter into this contract and a motion has been duly passed as an official act of the governing body of the application, authorizing the execution of this agreement, including all understandings and all assurances contained therein, and authorizing the person identified as the official representative for the Applicant to act in connection with the Applicant and to provide such additional information as may be required.

The Applicant agrees that (a) funds granted as a result of this request are to be expended for the purposes set forth in this application and in accordance with all applicable laws, regulations, policies and procedures of the State of Wisconsin or the Federal Funding Agency, as applicable; (b) no expenditures will be eligible for inclusion if occurring prior to the effective date of the grant; funds awarded by the Wisconsin Department of Health and Family Services may be terminated at any time for violation of any terms and requirements of this agreement.

The Applicant ensures compliance with the Title VI of the Civil Rights Act of 1964 (P.L. 88-342), and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services (45 CRF Part 80) issued pursuant to that title. To that end, and in accordance with Title VI of that act and the regulations, no person in the United States shall, on the grounds of race, color or national origin, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which the designated agency received federal assistance, or financial assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

The Applicant ensures compliance with Title IX of the Education Amendment of 1972 which state that no person in the United States shall, on the basis of sex, be excluded from participating in, be denied the benefit of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives or benefits from Federal financial assistance.

The Applicant shall comply with Section 504, Rehabilitation Act of 1973 which prohibits discrimination on the basis of a physical condition or handicap and the Age Discrimination Act of 1975 which prohibits discrimination because of age.

The Applicant shall ensure the establishment of safeguards to prevent employees, consultants, or members of governing bodies from using their position for purpose that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties as specified in Wisconsin Statutes 946.10 and 946.13.

Date _____, 20__ Applicant _____

By _____
Director, Chairman of Board or Comparable Authorized Officer

VII. APPENDICES

Appendix 1: Required Components of Comprehensive Home Visiting for Pregnant Women and their Families

Appendix 2: Required Components of Comprehensive Home Visiting for Families of Infants and Children through Age 4 Years

Appendix 3: Standard terms and Conditions Form [DOA-3054]

Appendix 4: Recommended National Program Models & Curricula

Appendix 5: Practice Standards for Home Visitors

Appendix 1:
Required Components of Comprehensive Home Visiting for Pregnant Women and their Families

A. Maintain certification by Wisconsin Medicaid as a Prenatal Care Coordination (PNCC) provider.

B. Program has outreach plan to community networks and families that employ creative, culturally appropriate outreach methods for identification of families to promote early entry into medical care and prenatal care coordination services.

C. Early enrollment into Medicaid and Prenatal Care Coordination program (for those eligible) and voluntary program of paraprofessional pregnancy support program.*
   1. Program staff will enroll eligible women into Medicaid and PNCC.
   2. Program staff will work collaboratively with the HMO medical providers for each woman.

D. Linkages with primary health providers in Milwaukee to enhance health care for women during the pre-conceptional and inter-conceptional periods.
   1. Program staff will actively coordinate their services with those of service providers that care for women and their families in Milwaukee to improve referrals for supportive services such as WIC, Food Share WI, child care subsidy program, family violence, and services for mental health, alcohol and other drug treatments.
   2. Program's prenatal staff will link with and participate in collaboration efforts in Milwaukee such as the Southeastern Healthy Babies Action Team that focuses on promoting evidence-based practices to improve birth outcomes.
   3. Assured consistent messages related to key health care areas that affect women and their families such as smoking, nutrition, physical activity, importance of dental health, reproductive health, early identification of pregnancy, improved social support to decrease stress, impact of family violence, undiagnosed mental health or AODA, economic security, etc.
   4. Staff will have minimum training using adult training principles and a variety of didactic methods and experiences on prenatal health care for women that addresses the following topics:
      a) Basic nutrition and dietary practices related to pregnancy
      b) Importance of early continuous prenatal care
      c) Normal changes due to pregnancy
      d) Self-care during pregnancy
      e) Pregnancy complications
      f) High-risk medical and health behaviors that impact on pregnancy outcome
      g) Postpartum care
      h) Family planning

E. Collaborative network developed with other PNCC programs in Milwaukee that serve pregnant women at risk for adverse birth outcomes.
   1. Program implements collaborative working relationship with other Milwaukee PNCC providers and provides community worker support and health education services prior to infant birth.

F. Transition from PNCC to Family Home Visiting occurs prenatally for PNCC clients to promote engagement in ongoing family support program services.
   1. Program uses strategies that support transition from prenatal care coordination services into continuing home visiting program after the child's birth.
   2. All pregnant women receive consistent messages about infant care, safe sleep practices, and infant feeding including breast-feeding support, family planning, and screening for maternal depression and AODA issues.

*Prenatal Care Coordination (PNCC) Services are to be provided to all Medicaid-eligible women, and Child Care Coordination (CCC) services to all Medicaid-eligible infants; these services are to be reimbursed by Medicaid. These same services are to be provided to non-Medicaid eligible women and children, and they will be supported by these grant funds.

Appendix 2:
Required Components of Comprehensive Home Visiting for Families of Infants and Children through Age 4 Years ("Family Home Visiting")

A. Initiate services during the prenatal period or at birth and maintain:
   1. Medicaid certification as a Prenatal Care Coordination and Child Care Coordination provider.
   2. Written policy and procedure for transition from Home Visiting for Pregnant Women to Family Home Visiting program.
   3. Written plan about how to promote engagement into the Family Home Visiting program and how to use the Medicaid Family Questionnaire to identify and outreach to those eligible families at time of the infant's birth when they are not enrolled in PNCC.

B. Use a standardized assessment to identify families in need of services.
   1. Screening used to determine eligibility for home visiting program meets requirements for billing Medicaid for eligible families. [PNCC - Pregnancy Questionnaire or Family Questionnaire]
   2. Uses other standardized methods of identification of family needs and strengths at time of enrollment into the Family Home Visiting program.

C. Offer services voluntarily and develop a regular visitation schedule with the family.
   1. Written outreach plan addresses "voluntary" and "regular" concepts in the criteria used to determine frequency and intensity of visits set up with the family. The program demonstrates the capacity to provide new families with weekly in-home visits employing the intensity of visit criteria:
      a) Stability of family home and without crisis
      b) Parent ability to keep appointments
      c) Need for home visitor to help in problem solving
      d) Ability for parents to communicate concerns
      e) Parent responsiveness to parent-child interaction
      f) Ability of parent to identify at least one positive support network
      g) Family has a medical home and parent attentive to child health needs
   2. Outreach materials that reflect voluntary program policy and family signs a participation agreement for services.
   3. Frequency, duration and intensity of services are identified and documented at least monthly in a standardized format in each of the family files.

D. Offer services based upon needs, changing the intensity of services over time.
   1. Individual family plan of care is based on assessed needs and includes required assessment elements of Medicaid case management program. Family participates in identification of the needs.
   2. Other assessment tools are used for identification of on-going needs and for gathering information to develop the case plan: such as Family Support scale, Family Strength/ Needs scale and Family Resources scale. [Note: See resource descriptions and further information about these tools at: http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/resources_measuring/res_meas_phi.html]
   3. Frequency of visits are planned using intensity criteria and strategies address the challenge of determining the frequency when the family desires less than recommended services.
   4. The home visitor has frequent and planned reviews of cases with trained supervisor.
   5. Written policies and procedures specify the maintenance of case records to assure adequate protection of family's confidentiality.

E. Offer culturally competent services with staff and materials that reflect the populations being served.
   1. Recruit and hire staff that represent the families they visit, who can identify with the families and earn their trust, and are able to respect individual and family values/beliefs, including understanding the impact of low income, poverty, and culture of young families.
   2. Maintain written training plan on cultural awareness and competency.
   3. Provide training and curriculum that enhances services to cultural groups and reflects knowledge of the needs of the population served, including education and employment.
   4. Identify resources that address the unique cultural issues of families served.
   5. Provide access to interpreter services and materials in the primary language of multi-cultural families residing in the community.

F. Program services focus on the parent as well as parent-child interaction and child development.
   1. Curriculum or models to guide staff are strength-based. [See Appendix 3 for *Recommended Program Curriculum*.]
   2. Assessed needs address both individual parent and child needs as well as family needs.
   3. Tools used for child and family assessment are developmentally appropriate.
   4. Child development assessed at regular intervals using the Ages and Stages Questionnaire at recommended frequency by the American Academy of Pediatrics.
   5. Individual family, parent, and child goals are strength-based and jointly developed between the family and home visitor.
   6. Flexible funds used as indicated when no other resources are available in the community to assist parent and children meet their goals.

G. Link all families to a health care provider and other services depending on need.
   1. All families have established a medical home to ensure that their infant receives regular and preventive health care services.
   2. Families will be linked to all other needed services such as Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Early Intervention Program, mental health, social services, physician, Alcohol and Other Drug Abuse services, schools, dental, income supports, domestic violence services, etc.
   3. Home visitor will assess the ability of the family to use providers when referred for services and will provide assistance and follow up if necessary.
   4. Gaps in services are identified for the families in the program.
   5. Release of information form is clearly explained, written in a language the family understands, signed by the parent and witnessed, and kept in individual family case files to assure informed consent.

H. Limit staff caseloads so home visitors can have adequate time with each family.
   1. Policy on weighted caseload decisions based on documented research. Family Home Visiting policy is that full-time community home visitors will have no more than 25 families of various levels of services. Supervisor(s) makes assignments to home visiting staff considering the worker skills and abilities and based on the following caseload criteria:
      a) Nature of problems encountered by family
      b) Amount of time needed to work with family
      c) Need for continuing assessment to provide assistance and intervention with family crises
      d) Travel time, documentation needs, number of contacts with other service providers
      e) Extent of other resources in the community to assist in meeting family needs
   2. Home visitor uses program strategies and creative outreach to develop strong relationship and engagement with family.
   3. Home visitor has adequate and sufficient time to assess the needs of their families.
   4. Home visitor has time for ongoing training and supervision to enhance skills and abilities.
   5. Program experiences low staff turnover of home visitors employed.

I. Select appropriately prepared staff who are skilled and willing to work with diverse communities.
   1. Program adopts *Practice Standards for Home Visitors* and incorporates the elements into creative home visitor staff hiring and recruitment processes and mechanisms of home visitor staff evaluation. [See Appendix 4].
   2. Home visitors possess receptive, sensitive, non-judgmental personalities to establish the rapport required to provide effective services.
   3. Home visitor should have educational or experiential background in child development, maltreatment, and parenting.
   4. Home visitor must be able to work with diverse family types and meet varying needs.
   5. Staff share similarities with the families they serve.
   6. Program establishes networks with other community resources for future employee recruitment of home visitors.

J. Select staff whose education and/or experience enable them to handle the experiences of working with overburdened families.
   1. Include as part of the responses solicited in the staff interview process: demonstrated education or life experience(s) related to the practice of positive parenting, enhancing appropriate child development, and knowledge of community resources. Refer to skills and abilities outlined in Appendix 4, Practice Standards for Home Visitors.
   2. Advertise for applicants with education and/or experience working with children and their families.
   3. Applicants will have demonstrated experience providing physical care and supervision for children, age's birth to five years.

K. Provide staff with intensive training specific to family assessment and home visitation.
   1. Family Home Visiting program staff will have minimum training using adult training principles and a variety of didactic methods and experiences and attend "Home Visitation: The Basic" training or equivalent training provided by the DPH home visiting training contractor. Basic Training covers the following topics:
      a) Basic topics:
         Day 1: Working with Families from a Family Development Approach
         Day 2: Communicating with Skill and Heart
         Day 3: Putting it all together: Approach, Skills, and Practice
      b) Parent/Child interaction
      c) Health related topics
      d) Agency established orientation plan
   2. Continuous assessment of staff training is based on needs and performance.
   3. Additional training activity topics, including:
      a) Infant care
      b) Child development and health
      c) Language development
      d) Role of culture in parenting
      e) Family Violence
      f) Substance Abuse
      g) Mental health
      h) Parental issues
      i) HIV/AIDS
      j) Knowledge of local resources
      k) Case management skills
      l) Skill to develop individualized family support plans
   4. Program makes available training dollars for training specific to home visitor needs as parent educator that does not exceed 5% of the grant award.

L. Ensure that staff receive ongoing supervision so they can develop realistic and effective plans to help families meet their objectives, aid those who may not be making progress, and discuss their concerns to solve problems and avoid stress-related burnout.

1. Project management for the home visiting program must include adequate supervision of field home visitors. Case management supervisors in both the prenatal and family home visiting components must work closely with the community health workers and provide opportunities for frequent communication, planning and joint visits to families who are receiving program services.
2. Frequent supervisory time is available with scheduled supervisory time provided minimally 1 to 2 hours twice a month and includes opportunity for review of cases.
3. Supervisors regularly schedule periodic, in-home visits with family home visitors.
4. A mechanism is in place for home visiting staff to have access at all times to a supervisor for urgent consultation.
5. A mechanism is in place for group supervision – case consultations with supervisors and all family home visitors.
6. Program holds monthly staff meetings that promote service provision and program accountability.
7. Policy and procedure manual is maintained by the Family Home Visiting program and includes the following:
   a) Outreach plan
   b) Services to clients including assessment, needs-based referrals, follow-up, and transition
   c) Minimum expectations of use of screening tools with families
   d) Employee recruitment and hiring
   e) New employee orientation
   f) Client rights and responsibilities, including grievance procedures
   g) Confidentiality of client records
   h) Visit frequency based on case intensity
   i) Supervisor responsibilities, including case reviews
   j) Caseload assignments
   k) Staff evaluations
   l) Staff discipline and discharge
   m) Ongoing program of staff training

Appendix 3:
Standard Terms and Conditions
Wisconsin Department of Administration
Chs. 16, 19, 51
DOA-3054 (R09/2004)

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.

34.0 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.

Appendix 4:
Recommended National Program Models & Curricula

A. Early Head Start (EHS), www.ehsnrc.org
B. Healthy Families America (HFA), www.healthyfamiliesamerica.org
C. Home Instruction for Parents of Preschool Youngsters (HIPPY), www.hippyusa.org
D. Nurse-Family Partnership (NFP), www.nccfc.org/nurseFamilyPartnership.cfm
E. Parents As Teachers (PAT), www.patnc.org
F. Parent-Child Home Program (PCHP), www.parent-child.org/home

Supplemental curricular materials listing follows:

- Parenting the 1st, 2nd years (University of Wisconsin-Extension)
- Partners for a healthy baby (Center for Prevention and Early Intervention Policy, Florida State University)
- San Angelo (Healthy Families America)
- Growing Great Kids (Healthy Families America)
- PIPE (Partners in Parenting Education, Colorado)
- DADs (The Fathering Program of Healthy Families, San Angelo, Texas)
- Parenting resources from Meld (Meld.org, Minneapolis, Minnesota)
- HELP (Hawaii Early Learning Profile)
- Cornell empowerment program (Crane & Dean, Cornell University, New York)
- Games to Play with Babies and Toddlers (J. Silberg, Publisher: Gryphon House, 1993)
- Brain Games for Babies (J. Silberg, Publisher: Gryphon House, 1999)
- WI Nutrition Education Program (University of Wisconsin-Extension

Appendix 5:
"Practice Standards for Home Visitor"

1 - 10 Communication Skills					
1 **Rapport Building**	**1**	**2**	**3**	**4**	**5**
	Identifies some opportunities to build rapport with participants		Builds rapport with participants in most situations		Demonstrates relative ease in building rapport with participants
2 **Trust Promotion**	**1**	**2**	**3**	**4**	**5**
	Assumes trust exists among home visitor and participants		Uses some strategies to build trust among home visitor and participants		Uses strategies explicitly and actively to earn trust with participants
3 **Demeanor**	**1**	**2**	**3**	**4**	**5**
	Shows little skill in selections of attire and nonverbal communication		Shows moderate skill in selection of attire and nonverbal communication		Shows refined skills in selection of attire and nonverbal communication
4 **Listening**	**1**	**2**	**3**	**4**	**5**
	Identifies key ideas in participant's story but likely to be distracted by adverse conditions		Facilitates participant's story despite adverse conditions		Identifies key points and subtleties in a manner that promotes interaction even in adverse conditions
5 **Session-Closing Skills**	**1**	**2**	**3**	**4**	**5**
	Tends to make end of visit undefined		Shows some skill in summarizing visit, eliciting confirmation, projecting future contact		Consistently summarizes visits, confirms participant's understanding, and projects future contact
6 **Respect for Diversity of Culture & Lifestyle**	**1**	**2**	**3**	**4**	**5**
	Tends to impose home visitor's values and culture on participants with limited awareness of participant's background or agenda		Avoids imposing home visitor's values on participant by recognizing potential areas of difference and expanding knowledge of diversity		Integrates participant's values and culture into assistance plan that reflects participant's agenda and background

1 - 10 Communication Skills

		1	2	3	4	5
7	**Acceptance Skills**	Communicates inappropriate judgments that may limit feelings of acceptance from participant		Uses some strategies to build trust between home visitor and participant, including curbing inappropriate judgements		Adopts open-minded approach to communicate acceptance of appropriate behavior
8	**Humor**	Uses humor in limited ways (e.g., breaks the ice in initial encounters)		Experiments with humor in different contexts to determine effectiveness and appropriateness		Uses humor in refined manner to defuse difficult situations, promote learning, build cohesion
9	**Termination Skills**	Identifies few conditions that warrant termination		Identifies and acts on most conditions that warrant termination		Facilitates termination appropriately and skillfully
10	**Documentation Skills**	Documents in minimal and/or unsystematic ways		Often uses documentation to prevent and solve problems		Systematically documents service to solve problems and address accountability requirements

11 - 22 Problem Solving

		1	2	3	4	5
11	**Assessment Skills**	Attends to limited range of environmental data; relies on sight and sound cues from participants		Gathers environmental data from a broad range; interprets larger range of cues from participants		Gathers, verifies, and communicates data critical to intervention plan; honors intuition or “sixth sense” as source of problem solving
12	**Diagnostic Skills**	Struggles with identifying critical issues		Shows some skills in identifying critical issues		Consistently effective in identifying critical issues

11 - 22 Problem Solving

		1	2	3	4	5
13	**Goal-Setting Skills**	Struggles with identifying priorities when developing plans		Identifies some realistic priorities that are observable, measurable, time-limited; helps participant develop skills for meeting them		Routinely proposes effective priorities for observable, measurable, time-limited goals; incorporates new information in goal setting
14	**Implementation Skills in Discipline**	Shows difficulty applying knowledge and skills in home environment		Shows some efficiency and effectiveness in applying knowledge and skills to routine home situations		Effectively and efficiently applies knowledge and skills in difficult home situations
15	**Evaluation Skills**	Evaluates few outcomes of intervention		Evaluates most outcomes of intervention		Effectively and systematically evaluates the outcomes of intervention
16	**Safety Promotion**	Attends in limited way to participant's safety issues		Contributes to participant's safety by reducing risks and assessing living conditions		Actively builds safety strategies with participants
17	**Situation Management**	Shows limited confidence, creativity, and conflict readiness in difficult home environments		Tolerates conflict to meet objectives and show some confidence and creativity in routine home situations		Manages conflict to meet objectives and shows confidence and creativity in difficult home situations

11 - 22 Problem Solving

		1	2	3	4	5
18	**Negotiation**	Allows differences of opinion/belief to interfere with solutions between home visitor and participant		Facilitates some solutions that recognizes opinion/beliefs of participant may differ from home visitor's		Facilitates solutions recognizing that participant's opinions/beliefs may differ from home visitor's
19	**Peer Collaboration**	Shows strong preference for own ideas to the exclusion of others		Occasionally seeks input from other peers to enhance planning		Routinely draws on peers to enhance planning where appropriate
20	**Resource Management**	Sees limited application of community resources to support participants		Seeks some opportunities to expand support for participants		Works to involve participants in proactive use of community resources
21	**Time Management**	Inconsistently manages schedules and deadlines		Manages most schedules and deadlines		Schedules efforts purposefully to meet multiple demands successfully
22	**Fostering Independence**	Recognizes limited opportunities to develop participant independence in problem solving		Identifies and acts on some opportunities to develop participant independence to solve his or her own problems		Consistently uses opportunities to build participant problem-solving skills

23 - 35 Self (Character, Attitude, and Values)

		1	2	3	4	5
23	**Humility**	Assumes more about participant behavior than appropriate		Modifies expectations about participant behavior by reducing assumptions		Asks participant for explicit permission to engage in change
24	**Expertise**	Acknowledges few limits or strengths in own expertise		Recognizes some potential problems caused by not practicing within limits of own expertise		Limits practice to own areas of expertise and consults/refers when appropriate
25	**Professional Boundaries**	Tends to assume over-involved or under-involved approach		Develops some strategies for negotiating distance		Consistently uses strategies to negotiate distance while managing own resources
26	**Personal Limitations**	Recognizes, understands some of the personal issues that may interfere with home visitor's quality of service		Monitors and evaluates the impact of home visitor's personal issues on quality of service		Strategically minimizes home visitor's personal issues from interfering with quality of service
27	**Self-Disclosure Skills**	Shows occasional confusion around disclosure		Discloses too little or too much to promote empathetic connection		Shows refined ability to use disclosure to establish and maintain empathetic connection
28	**Integrity**	Shows limited regard of personal and professional ethics (e.g., confidentiality standards)		Shows substantial regard and practice of personal and professional ethics (e.g., confidentiality standards)		Consistently enacts high standards of personal and professional ethics (e.g., confidentiality standards)

23 - 35 Self (Character, Attitude, and Values)					
29	**Professional Development**	**1** Shows limited interest in opportunities to learn	**2**	**3** Demonstrates openness to many kinds and sources of learning	**4**	**5** Actively seeks new opportunities to learn from available sources
30	**Self-Direction**	**1** Relies on supervisors for direction	**2**	**3** Recognizes and implements some opportunities for self-direction	**4**	**5** Shows sustained initiative and self-direction
31	**Flexibility**	**1** Prefers predictable, manageable situation	**2**	**3** Bounces back from most surprise situations	**4**	**5** Energized by challenges
32	**Energy Level**	**1** Shows eagerness to serve but may be inefficient from lack of focus	**2**	**3** Shows focus in intervention but struggles with prioritizing	**4**	**5** Manages enthusiastic outlook by evaluation where energies are best spent and then acts accordingly
33	**Self-Care**	**1** Aware of some of own needs (e.g., may overidentify with participants)	**2**	**3** Knows own needs but does not take time to get them met	**4**	**5** Accesses and follows through on meeting own cognitive and emotional needs
34	**Safety**	**1** Tends to ignore issues of personal safety (e.g., inattentive to potential for infection or other kinds of bodily harm)	**2**	**3** Acknowledges and acts on threats to personal safety (e.g., implements precautions to protect against infection and bodily harm)	**4**	**5** Strategize approaches to enhance personal safety (e.g., consistently uses, teaches precautions, measures to prevent bodily harm)
35	**Personal Satisfaction**	**1** Shows limited attachment, satisfaction in home visiting	**2**	**3** Shows emotional attachment and some satisfaction in home visiting	**4**	**5** Connects emotionally and experiences substantial satisfaction in home visiting