Letter of Intent to Apply Due Date
August 21, 2017
4:30 pm to
DHSDPHMCH@wisconsin.gov

Full Request for Proposal Due Date
October 9, 2017
4:30 pm to
DHSDPHMCH@wisconsin.gov

LATE OR FAXED PROPOSALS WILL BE REJECTED
STATE RESERVES RIGHT TO REJECT ANY AND ALL PROPOSALS

E-mail questions regarding this (RFP) to
DHSDPHMCH@wisconsin.gov
by August 25, 2017
4:30 pm
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1.0 GENERAL INFORMATION

1.1 Introduction

This announcement is a Request for Proposal (RFP) to the Department of Health Services, Division of Public Health, Bureau of Community Health Promotion to create a Wisconsin Public Health Referral and Access to Information Services and Resources program (known as WI PH RAISR); for the operation of a statewide system for enhanced I&R services and access to information, services, and resources that is easily recognized, streamlined, efficient, effective, and easy to use. This new program approach is based upon the current I&R infrastructure and statewide system with toll free telephone numbers and website access providing I&R services. See Footnote 1.

The WI PH RAISR program will facilitate access to these enhanced I&R services and information services, and resources through an integrated and modernized web portal to provide a more customer driven service; web site dashboard search and data features; the latest voice, chat, text and mobile technology; and state-approved branding with consistent messaging. This RFP emphasizes increased access to information, resources and services across multiple methods, with a deliberate focus on outreach strategies to engage high-risk populations and special needs groups such as: culturally and linguistically diverse populations; people experiencing low incomes; geographically isolated populations; individuals with limited access to care; families of children with disabilities; individuals with disabilities; and individuals who have experienced trauma related to the social determinants of health, violence and injury. This RFP is not designed to provide direct in-person services to individuals who call or access I&R resources via the internet.

This integrated approach will provide customers a comprehensive statewide information and referral and access to information, services and resources for a variety of DHS programs, combining the needs of the DHS statewide programs listed below, as well as program funding allocations, into one integrated public health contract.

- Wisconsin Maternal and Child Health (MCH) program, including reproductive health
- Wisconsin Children and Youth with Special Health Care Needs (CYSHCN) program
- Wisconsin Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Wisconsin Division of Medicaid Services (Medicaid), including HealthCheck/Healthy Start and Medicaid Pregnancy Outreach
- Wisconsin Birth to 3 Program
- Wisconsin Well Woman Program
- Services Access Line for Women, Children and Families–Wisconsin Informed Consent

Further, this document provides the instructions, forms, information and requirements needed to complete the RFP application process.

1.1.1 Statutory Authority and Requirements for the Program

- The WI PH RAISR program is required to comply with state and federal legislation for all contributing DHS programs. In addition, all services including the web site and web portal must be provided and in compliance with the following regulations outlined in the State of Wisconsin Civil Rights Compliance document; [www.dhs.wisconsin.gov/library/P-00164.htm](http://www.dhs.wisconsin.gov/library/P-00164.htm) (p.25);
- The requirements of the Department of Health and Humans Services National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care; [www.thinkculturalhealth.hhs.gov/clas](http://www.thinkculturalhealth.hhs.gov/clas);
- The WI PH RAISR program must deliver culturally competent services and meet the needs of those individuals who have special language requirements or disabilities by providing interpreter services

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1 Foot Note

Wisconsin’s current MCH Hotlines program consists of 3 dedicated phone lines with connection to Great Rivers 211. The MCH and First Step Hotline reported the following level of usage according to the end of year report for 2016 (Appendix B – Hotline Usage).
and hearing-impaired TTY services. The Department of Health and Human Services HHS Policy on Section 508 and Accessibility of Technology; www.hhs.gov/ocio/policy/508_policy.html;

- Accessibility guidelines for telecommunication products and equipment covered by Section 255 of the Communications Act; www.fcc.gov/consumers/guides/telecommunications-access-people-disabilities; and


The following lists the DHS Program specific state and federal legislative program requirements.


(5) provides that–

(E) the State agency (or agencies) administering the State’s program under this title will provide for a toll-free telephone number (and other appropriate methods) for the use of parents to access information about health care providers and practitioners who provide health care services under this title and title XIX and about other relevant health and health-related providers and practitioners; and (F) the State agency (or agencies) administering the State’s program under this title will—

(i) participate in the coordination of activities between such program and the early and periodic screening, diagnostic, and treatment program under section 1905(a)(4)(B) (including the establishment of periodicity and content standards for early and periodic screening, diagnostic, and treatment services), to ensure that such programs are carried out without duplication of effort,

(ii) participate in the arrangement and carrying out of coordination agreements described in section 1902(a)(11) (relating to coordination of care and services available under this title and title XIX),

(iii) participate in the coordination of activities within the State with programs carried out under this title and related Federal grant programs (including supplemental food programs for mothers, infants, and children, related education programs, and other health, developmental disability, and family planning programs), and

(iv) provide, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for medical assistance under subparagraph (A) or (B) of section 1902(l)(1) and, once identified, to assist them in applying for such assistance.

**MCH PROGRAM**

Wisconsin s 253.10 Voluntary and informed consent for abortions.

Listed below is a summary and the relevant sections of Wisconsin law that impact this proposal.

253.10(3)(d); 253.10(3)(d)1.; 253.10(3)(d)2.; 253.10(3)(e); 253.07(1)(a), 103.10, 46.245; 49.47 (4) (am) and 49.471; ss. 49.141 to 49.161; and specifically 253.10(3)(em)1. The department shall compile a list of facilities, including the names, addresses, and phone numbers, that provide ultrasounds at no cost. The department shall make this list available to the public and shall provide the list to every facility that performs or induces an abortion. In addition, services will include: medical assistance for pregnant women and children under s 49.47 (4) (am), the job opportunities and basic skills program under s 49.193, the availability of family or medical leave under s 103.10, child care services, child support laws, and programs and the credit for expenses for household and dependent care and services necessary for gainful employment under section 21 of the Internal Revenue code.

Also, 253.10(3)(d)Hotline. The department may maintain a toll-free telephone number that is available 24 hours each day, to provide the materials specified in sub. (3)(d).

**BIRTH TO 3 PROGRAM**

HFS 90.05 (2)(d) Operate or arrange for operation of a central directory of services to provide information on request by mail or telephone about public and private early intervention resources, research and demonstration projects in the state and various professional and other groups providing assistance to children in the birth to 3 age group and their families;

34 CFR 303.301 -

a) Each system must include a central directory of information about--

(i) Public and private early intervention services, resources, and experts available in the State;

(ii) Research and demonstration projects being conducted in the State; and

(iii) Professional and other groups that provide assistance to children eligible under this part and their families.

b) The information required in paragraph (a) of this section must be in sufficient detail to--

(i) Ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and

(ii) Enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory.

c) The central directory must be--

(i) Updated at least annually; and

(ii) Accessible to the general public
1.1.2 Program’s Scope

The program’s scope includes the following features that help meet DHS’s requested requirements.

Services must be offered in a “customer-first” environment with intuitive service interaction that supports easy and flexible access to health information, services and resources that inform and educate customers through customer choice channels. This integrated approach (including innovation, customer service and collaboration) provides a more customer-driven service, and may result in better health care decision-making, engagement, and health outcomes for the target populations.

Services must be purposeful for various audiences, including the general public, providers, and state staff. The WI PH RAISR directory of information and resources must be comprehensive including special attention to the MCH/CYSHCN state and national performance measures, [Appendix C - Wisconsin MCH/CYSHCN State and National Performance Measures](#) as well as addressing all of the contributing DHS program’s specialty areas and topics.

The WI PH RAISR program must be easily recognized with state approved branding and consistent outreach messaging providing access using the latest voice, chat, text and expanded mobile technology with an integrated and modernized website and web portal functionality and design. The website must support a comprehensive WI PH RAISR program web portal overlay and other streamlined I&R strategies providing effective and efficient access to comprehensive and specific I&R and resources. The web portal will be developed and operate in collaboration with the state contracted agency (or other approved entity) providing the Wisconsin Interactive Network, LLC (WIN) [www.egov.com/who-we-serve/partners/wisconsin](http://www.egov.com/who-we-serve/partners/wisconsin), the MCH/CYSHCN program, the other DHS contributing programs, and the contract administrator. Program content will be obtained in collaboration with DHS program content experts, program contract administrator, Wisconsin Interactive Network (WIN) personnel and others directed by the contract administrator.

1.1.3 Program Goal, Sub Goals, and Deliverables

The WI PH RAISR program goal is: to provide a comprehensive statewide system for enhanced I&R services and access to information, services, and resources that is easily recognized, streamlined, efficient, effective, and easy to use.

This goal will be accomplished as a result of successful implementation of the program deliverables and implementation of the program design elements. Proposing agencies are expected to accomplish all of the program deliverables within the first (10) months of the contract year.

Applicants should identify and document all process and outcome objectives and best practice options to meet the program deliverables in the Work Plan section of the application. The program’s work plan categories, sub-goals, and program deliverables include:

A. General Program Operations and Program Management

Sub goal A1. To develop all necessary start-up operations and program management components for the WI PH RAISR program. The program deliverables include:

- Provide a dedicated toll-free voice, chat, text and mobile accessible I&R service, including access to information, services, and resources statewide that operates 24 hours a day, seven days a week; for the MCH/CYSHCN program, Birth to 3 Program, and the Services Access Line for Women, Children and Families—Wisconsin Informed Consent (i.e. 211, First Step Enhanced). Refer to [Section 1.1.1 Statutory Authority and Requirements for the Program](#), as well as for the other identified contributing DHS programs.

- Establish and maintain a comprehensive and current resources database and a data reporting platform (dashboard) providing real time data documented in the Family Health Section’s Research Electronic Data Capture (REDCap) data reporting system as detailed in [Appendix D II. Resource Database; 8-12](#).
• Issue data reports to a variety of audiences, including all contributing DHS programs, the contract administrator, state staff, CYSHCN Regional Centers, LHDs, and others as determined (monthly, quarterly, and annually) with access to some data reports on a daily basis as detailed in Appendix D II. Resource Database; 8-12.

Sub goal A2. To develop a “customer-first” environment for a statewide enhanced I&R system, providing full internet access to a comprehensive information and resources directory that is searchable and mobile-friendly, assuring correct and timely responses for the customer. The program deliverables include:

- Provide resources information that serves a purpose for various audiences, assuring that the MCH/CYSHCN state and national performance measures are expanded upon in the resource database, as well as assuring the other contributing DHS program specialty resources are within the database directory.
- Operate phone lines at a level to maintain a P-4 grade of service (as defined as no more than 4 callers out of 100 receiving a busy signal). The Services Access Line for Women, Children and Families–Wisconsin Informed Consent will maintain the current and separate phone line connection.
- Provide annually an up-to-date listing in both English and Spanish of agencies providing free ultrasounds to pregnant women per legislation, including additional information and resource services that will benefit all women, children and families.
- Establish confidentiality and privacy protection safeguards for calls, texts, and web searches for customers using the service.
- Provide I&R service delivery through a health equity framework of cultural competence, with a trauma and resiliency informed framework that meets the needs of individuals who have special language requirements or disabilities by providing interpreter services and hearing-impaired TTY services.

B. Program Service Delivery

Sub goal B1. To develop enhanced I&R services and access to information, services, and resources service delivery methods (i.e., mobile access, referral provisions, secure dashboard and data feature) that provides the foundation, structure and program functions for a comprehensive WI PH RAISR program. The program deliverables include:

- Serve as an overall program hub for I&R expertise with engagement between state programs and customers, including but not limited to: local health departments (LHDs), MCH contractees, CYSHCN Regional Centers, Birth to 3 Program providers, WIC providers, Medicaid, and Wisconsin Well Woman providers.
- Provide ongoing coordination and support to the CYSHCN I&R listserv and I&R monthly informational teleconference calls.
- Provide an annual training on best practices in the I&R field (per the ABC for Health Survey on CYSHCN Competencies) to the CYSHCN Regional Center I&R Specialists.
- Develop and maintain a comprehensive, accessible and centralized resource database with search screens and client information tool screens that can be accessed by state staff, CYSHCN Regional Centers, LHDs, public customers, and others through the website and web portal; with training on the use of this functionality.
- Have an outreach plan in place to ensure persons of highest need receive the appropriate I&R services and resources, including outreach and community engagement strategies. Include each state WI PH RAISR program’s funding citation on all materials including website, resource directory, web portal; and on all outreach and education material developed as part of this contract, including identifying the state approved branding, tag lines, and messaging.

C. Cooperative and Collaborative Relationships

Sub goal C1. To help avoid duplication and assure broad services coverage, establish formal cooperative and collaborative working relationships, (including MOUs) with various program collaborators within the scope of the I&R system and within the service delivery system. The program deliverables include:

- Provide continual assistance and collaboration with the Wisconsin Interactive Network, LLC (WIN) to maintain the website and web portal. Create a statewide secure internet based website and web portal
that will have visual and user experiences similar to the existing www.wisconsin.gov site and other recognized state and national portal technologies. ([http://www.wisconsin.gov/Pages/home.aspx](http://www.wisconsin.gov/Pages/home.aspx)).

- Provide telephone backup to the CYSHCN Regional Centers during times that Regional Center staff is not available.
- Develop, coordinate, and manage the resource database directory, website, and web portal with input from the contributing DHS programs, CYSHCN Collaborative Network, and other state staff. Meet at least once per quarter with Regional CYSHCN Center staff and other applicable state program staff (i.e. Directors meeting, MCH Advisory Committee meeting, MCH/CYSHCN Summit, WI PH RAISR Team meeting).

D. Organizational Effectiveness

Sub goal D1. To assure the WI PH RAISR program supports organizational effectiveness through maintaining a diverse governing authority; up-to-date computer system applications; modern assistive technology; as well as providing and supporting diverse and well-trained staff.

- Provide quality I&R services according to and aligned with the Alliance of Information and Referral Systems (AIRS), Standards for Professional Information and Referral programs [www.airs.org/files/public/AIRS_Standards_8_0.pdf](http://www.airs.org/files/public/AIRS_Standards_8_0.pdf), and refer to Appendix D: WI PH RAISR Standard Checklist.
- Provide employment of a parent/sibling/caregiver with specialized disability expertise who is also a parent of a child with special health care needs. The parent/sibling/caregiver must be available to answer the phone during prime call hours (8:00 a.m. to 4:00 p.m. Monday - Friday) and provide follow-up as needed.
- Have organizational policies in place to include a contingency plan in place in the event of an emergency closing; refer to Section 4.6.2 (1). Provide barrier-free access to services for individuals and groups who have special needs, access for people with hearing impairments and language access for customers who speak languages other than English, (i.e. TDD/TTY, language lines, etc.). Assure that the services are provided in a linguistically and culturally responsive manner; refer to 1.1.1 Statutory Authority and Requirements for the Program.

1.1.4 Performance Requirements - AIRS Standards for Professional Information and Referral Programs

In addition to the Program Deliverables, the contracted agency/organization must meet the Performance Requirements, AIRS Standards for Professional Information and Referral programs during the contracted period. These requirements are directly aligned with the Alliance of Information and Referral Systems (AIRS), Standards for Professional Information and Referral (8th Edition – revised) as released on January 2016 or subsequent versions ([www.airs.org/files/public/AIRS_Standards_8_0.pdf](http://www.airs.org/files/public/AIRS_Standards_8_0.pdf)). The AIRS Standards provide the foundation for accreditation and provide an indicator of service quality and effectiveness. The selected agency/organization for this contract must meet these Standards and be AIRS accredited or nearing such accreditation during the contract period.

On the WI PH RAISR Performance Checklist Appendix D; please complete the form by placing a check mark in the boxes indicating whether or not the agency/organization has met or not met these Standards, and attach the form to your application. These pages will not be counted in your 30 page limit.

On the Budget Form and Narrative Appendix A4; please provide the names and type of certification of those in the agency/organization who are AIRS certified; (i.e. AIRS Certified Information and Referral Specialist, Certified Resource Specialist, and Certified Information and Referral Specialist Aging and Disabilities programs). Refer to the AIRS, Standards for Professional Information and Referral. [www.airs.org/files/public/AIRS_Standards_8_0.pdf](http://www.airs.org/files/public/AIRS_Standards_8_0.pdf).
1.1.5 Review Process

There will be a two part review process for all proposals received:

1. **Technical Review:** The technical requirements specified under Section 4.6.2 Program Design must be met. The proposal must reflect that a viable I&R communications system will be established and maintained. If the specific requirements are not met, the proposal will not be reviewed for programmatic components, according to part two below.

2. **Program Review:** All other components of the proposal will be evaluated and scored based on specific details contained in Section 3.0 Proposal Selection and Award Process. The proposal must achieve an average of greater than 3 out of 5 in each program category in the scoring to be considered for this RFP award.

Note: The contractor must demonstrate adequate ability to meet all program requirements cited in Section 4.6.1 for each of the seven (7) identified contributing DHS Programs listed in Section 1.1.

1.2 Funding Sources

1.2.1 Availability of Federal and State Funds

All allocations identified and subsequent awards are based upon receipt of full funding from the federal MCH Title V program as well as other state and federal funds from the contributing DHS Programs outside of DPH.

DPH may reduce the amount of funding and modify the contract under this RFP if the amount of funds for this program is less than expected or when changes in the contributing DHS Programs occur.

Proposal applicants must propose a plan for the program financial and programmatic sustainability to support or augment state and federal funding. The Recipient of the funding is expected to sustain both financially and programmatically key elements of the program, citing plans to attain partial program sustainability by 2021.

1.2.2 Allocated Funds

Allocated funds for the WI PH RAISR program, consists of a combination of federal and state funding sources to include:

- Wisconsin Maternal and Child Health (MCH) program, including reproductive health: MCH Title V Block Grant; Federal.
- Wisconsin Children and Youth with Special Health Care Needs (CYSHCN) program: MCH Title V Block Grant; Federal.
- Wisconsin Supplemental Nutrition Program for Women, Infants, and Children (WIC): Department of Agriculture; Federal.
- Wisconsin Medicaid program, including HealthCheck/Healthy Start and Medicaid Pregnancy Outreach: State Medicaid match.
- Wisconsin Birth to 3 Program: Wisconsin State General Purpose Revenue.
- Wisconsin Well Woman Program: Wisconsin State General Purpose Revenue.

Up to $300,000 will be allocated for the first year of this RFP. There is a required 75% MCH match at approximately $71,250 which should be reflected in the budget; refer to Section 4.5.1 Budget Form and Narrative. Category VII – MCH/CYSHCN Match.
The first grant year will be January 1, 2018 through December 31, 2018. Subsequent grant award years will operate on the calendar year for the remainder of the five-year grant cycle, ending December 31, 2022.

Contracts will be renewed annually based on the continued availability of funds and successful achievement of program goals, program deliverables, and work plan progress. Grant funds will be distributed monthly via CARS. Partial to all funding may be recouped/withdrawn and the contract may be retracted if Program Deliverables, and Performance Requirements Standards for Professional Information and Referral programs are not met; refer to Sections 1.1.4, 1.1.5, and 1.1.6, Introduction for the Program Deliverables, Program Performance Benchmarks, and Performance Requirements.

For Year 2 through Year 5, the Program Deliverables and work plan will be reevaluated and negotiated, however the Performance Requirements AIRS Standards will be reviewed and attached to reflect any revisions to AIRS Standards Guidance.

The Department of Health Services will assume responsibility for monthly payment of the telephone access lines through a direct agreement with the current state contracted Telecommunications Service that provides the service at a fixed rate. The Department will retain 5%, or approximately $15,000, annually from the grant total for payment of the telephone access lines and any web site hosting costs. Call volume will not determine reimbursement rates for this contract.

1.3 Summary of Important Dates

Aug. 21, 2017      Notice of Intent to Apply is due. Use form found in Appendix A1. (This is not required to submit an application).
Aug. 25, 2017      Written questions about the RFP are due to DHSDPHMCH@wisconsin.gov dropbox by 4:30 pm CST. Use the Solicitation Question and Answers document found in Appendix E.
Oct. 09, 2017      Proposals due to DHSDPHMCH@wisconsin.gov by 4:30 p.m. CST.
Oct. 20, 2017      Panel member evaluations completed.
Oct. 25, 2017      Internal review completed.
Nov. 01, 2017      Final award decision is provided to the Division of Public Health Administrator.
Nov. 15, 2017      Notice of Award is mailed to all applicants.
Jan. 01, 2018      Start date begins for one (1) Year contract grant period up to 5 years with annual renewals.

1.4 Who May Apply

The DHS/DPH will consider proposals from Wisconsin legally incorporated agencies and organizations such as universities, hospitals, and community-based agencies that have the capability and capacity to provide comprehensive, statewide I&R as outlined in this application. The successful contractor must have:

- Experience operating a statewide, continuous telephone I&R and/or hotline service;
- Expertise in various types of interactive modalities and technology including voice, chat, text, and mobile technology; or have the availability or access to subcontract for these services.
- Program management experience specific to website development, web portal integration and IT support or have the ability to subcontract for these services.
- Database management experience specific to database resources development.
- Per statutes and program requirements, I&R Specialists that are trained and prepared to provide sensitive and full and complete information to customers without reservation.
1.5 Procuring and Contracting Agency
The RFP is issued by the State of Wisconsin, Department of Health Services, Division of Public Health. Peggy Helmquest; 608-267-2945, peggy.helmquest@wisconsin.gov; or designee is the sole point of contact for the State of Wisconsin during the selection process. No questions regarding the RFP will be available at this contact number or e-mail except accommodation requests. Please use the dropbox; DHSDPHMCH@wisconsin.gov for any RFP-specific questions.

The Wisconsin Title V MCH Program, located in the Department of Health Services (DHS), Division of Public Health (DPH), Bureau of Community Health Promotion (BCHP), will administer the WI PH RAISR program contract. The chosen agency/organization will be fully responsible for the program management and implementation, working closely with all WI PH RAISR DHS programs, WIN, designated state program staff, and the contract administrator.

1.6 RFP Definitions, Clarifications, and/or Revisions
1.6.1 Definitions
A list of definitions used throughout the grant can be found in Appendix F.

1.6.2 Questions Concerning the RFP
If applicants have questions in regard to this proposal, please e-mail questions to the DPH drop box DHSDPHMCH@wisconsin.gov, using the Solicitation Question and Answer document in Appendix E. No questions will be taken by phone. All questions must be received no later than 4:30 p.m. on August 25, 2017. All answers to the questions will be posted on August 30, 2017.

1.7 Contract Period and Conditions
The DPH will select a qualified agency/organization to provide the above services for one (1) year with annual negotiations and with a renewable contract for up to 5 years. This contract period is for one (1) year effective January 1, 2018 through December 31, 2018.

2.0 PREPARING AND SUBMITTING A PROPOSAL

2.1 General Instructions
The evaluation and selection of a contracted agency/organization is based on the information submitted in the application. Applicants should respond clearly and completely to all requirements. Failure to respond to each of the requirements in the proposal may be basis for rejecting the application.

2.2 Incurring Costs
The State of Wisconsin is not liable for any costs incurred by Proposers in replying to this RFP.

2.3 Submitting a Notice of Intent to Apply Form
A Notice of Intent to Apply form is found in Appendix A1. Submitting this form is strongly encouraged, however it is not a requirement for submitting a proposal. Once the form is completed, please e-mail to the DHSDPHMCH@wisconsin.gov dropbox by August 21, 2017.

2.4 Preparing and Submitting a Proposal
General Instructions
All RFP's appropriately submitted will be screened to assure a level playing field for all proposers. Proposals that fail to meet the mandatory program requirements as described in the RFP will not be reviewed and will receive no further consideration.

Proposals must be received as one 1 PDF file/document and e-mailed to the DHSDPHMCH@wisconsin.gov
dropbox by October 9, 2017, at 4:30 pm CST.

All responses to this solicitation that are received after the closing date and time will not be reviewed and no exceptions will be allowed.

All material included in the proposal will be considered public information and may not be marked confidential.

2.5 Reasonable Accommodations
DHS will provide reasonable accommodations, including the provision of information materials in an alternative format, for qualified individuals with disabilities upon request. If you need accommodations at any time during the RFP process, please contact the Program Contract Administrator, Peggy Helm-Quest at 608-267-2945 or peggy.helmquest@wisconsin.gov. No other questions regarding the RFP will be available at this contact number or e-mail address.

3.0 PROPOSAL SELECTION AND AWARD PROCESS

3.1 Right to Reject Proposals
The DHS reserves the right to reject any and all applications. The DHS may negotiate the terms of the contract, including the award amount, with the selected agency/organization prior to entering into a contract.

Failure to meet the general proposal requirements in this RFP may result in the proposal being rejected. Proposers whose proposal is rejected will be notified by mail.

3.2 Review Process and Application Scoring
As stated in 1.1.7, there is a two-part review process. The first review will be a Technical Review. The agency/organization must meet the telecommunications requirements as specified under Section 4.6.2 Program Design, reflecting that a viable telecommunications system will be established and maintained. If the specific requirements are not met, the proposal will not be moved forward and not reviewed for the programmatic components.

Accepted proposals will be reviewed and evaluated by a program evaluation review committee consisting of persons knowledgeable about the specific programs represented and scored against the stated criteria. The committee may review references, request interviews or presentations. The resulting information may also be used to score the application. The program evaluation committee scoring will be tabulated and the application ranked based on the numerical scores received. The proposal must achieve an average of greater than 3 out of 5 in each program category in the scoring to be considered for this RFP award.

An agency/organization submitting a proposal may not contact any member of the program evaluation review committee during the review and proposal application scoring process.

Recommendations for funding will be forwarded to the DPH Administrator for final approval with notification to all proposers of their status on or before November 15, 2017.

3.3 Program Evaluation Review Criteria

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3.4 Notification of Intent to Award
After the Notice of Intent to Award is made, copies of proposals will be available for public inspection from 8:00 am to 4:30 pm Monday - Friday until Monday, November 20, 2017 at the Bureau of Community Health Promotion, Madison, Wisconsin.

If parties are interested in reviewing proposals, individuals must schedule review appointments by calling Jayne Vargas at (608) 266-0220.

3.5 Appeals Process
Notice of Intent to Appeal must be made in writing. Individuals should make their appeal as specific as possible and should identify statutes and Wisconsin Administrative Code provisions that are alleged to have been violated.

The written Notice of Intent to Appeal the intent to award must be filed with:

Karen McKeown, Administrator
Division of Public Health
1 West Wilson Street, Room 250
Madison, WI 53703

An Intent to Appeal must be received in the Administrator’s Office no later than five (5) working days after the notice of intent to award is issued. The written appeal must be received within ten (10) working days after the notice of intent to award is issued.

An appeal to the decision of the Administrator must be made by filing within five (5) working days of issuance to:

Linda Seemeyer, Secretary
Department of Health Services
1 West Wilson Street, Room 650
Madison, WI 53703

Enclose with your appeal a copy of the appeal filed with Karen McKeown, DPH Administrator. The appeal must allege a violation of a statute or a provision of Wisconsin Administrative Code.

3.6 Multiple Proposals
Submission of more than one complete proposal is not permissible.
3.7 Withdrawal of Proposal
Proposals will be considered for funding unless the proposal is withdrawn. Proposers may withdraw a proposal application in writing at any time up to the closing date or upon expiration of five (5) business days after the due date. The written request must be signed by an authorized representative of the agency/organization. If a previously submitted proposal is withdrawn before the proposal due date, the proposer may submit another proposal at any time up to the closing date.

4.0 GENERAL PROPOSAL REQUIREMENTS

4.1 Proposal Organization and Format

DPH reserves the right to reject any proposals that do not conform to these guidelines.

Proposals must be organized into clearly delineated sections, as outlined below. Each heading should be clearly identified in the proposal. Proposals must be limited to 30 pages in length, excluding appendices or attachments, single spaced, typed, using a readable font no smaller than 11 characters per inch with one inch margins on sides, top, and bottom when printed on 8.5 by 11 inch paper. Every page must be clearly identified with the agency/organization name. All pages must be numbered, in the bottom center of the page, beginning with the cover page as page one (1). Please do not provide an additional cover or cover letter of any kind.

Please submit your proposal in the order as listed below:

I. Cover Page (Form provided in Appendix A2)
II. Proposal Checklist (Form provided in Appendix A3)
III. Agency/Organization Profile and Proposer’s Qualifications (This section includes seven components.)
IV. Budget Form and Narrative (Form provided in Appendix A4 and includes seven budget categories. The Match amount has been inserted into the Budget Form including the 5% holdback for phone/web expenses.)
V. Proposal Narrative and Technical Requirements of the Program
   A. Program Purpose
   B. Program Design
   C. Target Population
   D. Program Work Plan (Form provided in Appendix A5)
   E. Service Providers and Staff
   F. Evaluation
   G. Agency/Organization Program Principles
VI. Proposal Appendices or Attachments

4.2 Cover Page
The cover page must be the first page (Page 1) of the completed proposal. A fillable form is provided in Appendix A2. Complete the entire cover page including the signature of an official authorized to commit the proposer agency/organization to a contract with the DHS/Division of Public Health.

4.3 Proposal Checklist
The proposal checklist must be the second page (Page 2) of the proposal. Carefully read the Proposal Checklist found in Appendix A3. Proposers must comply with all of the requirements on this list in order to be eligible for funding. Incomplete proposals will be excluded from review.
4.4 Agency/Organization Profile and Proposer’s Qualifications
This section seeks information about the agency/organization as a whole. This section includes seven components 4.4.1 – 4.4.7. Each applicant must meet all program requirements for each of the seven (7) components in order to receive further consideration.

4.4.1 Agency/Organization’s Mission and Goals
The agency/organization’s mission (purpose) addresses the questions of what, who, for whom, when, where and why for the applicant organization.
Provide the agency/organization’s mission statement and goals of the organization that support the goal of the WI PH RAISR program.

4.4.2 Agency/Organization’s Administrative/Organizational Structure
This component seeks information about the agency/organization in terms of its governance, administrative, personnel, and fiscal structure/resources.
Include your agency/organizational chart(s) that describe its overall organizational structure and governance.
Describe the function of parents, persons with disabilities, and/or disparate populations currently employed in positions to advise the organization.
Describe any effort of the organization to seek input from parents, persons with disabilities and/or disparate populations; such as those serving on boards, advisory committees, and workgroups.

4.4.3 Agency/Organization’s Location
Provide your address, including when and how customers can use your services.

4.4.4 Agency/Organization’s Hours of Operation
Describe your agency/organization’s hours of operation.

4.4.5 Agency/Organization’s Current MCH Related Programs
Describe your agency/organization’s services that address children, (including children with special health care needs), youth, mothers and families, persons seeking family planning services, persons enrolled in Wisconsin Medicaid, women eligible for the Wisconsin Well Woman program, WIC program recipients, and those eligible for the Birth to 3 Program.

4.4.6 Agency/Organization’s Available Resources
List the resources available that can be used to serve children, (including children with special health care needs), youth, mothers, and families, persons seeking family planning services, and persons enrolled in Wisconsin Medicaid, women eligible for the Wisconsin Well Woman program, WIC program recipients, and those eligible for the Birth to 3 Program.

4.4.7 Agency/Organization’s Telecommunications, Website, & Other Technology Experience
This proposal requires expansion of the current infrastructure to provide a comprehensive statewide system for an enhanced I&R services program with information and referral, and access to services and resources that are easily recognized, streamlined, efficient, effective, and easy to use. Describe your agency/organization’s current and past experiences developing, implementing, and maintaining large program and technology changes; including web portal and website functionality and other mobile technology and design.
4.5 Budget

4.5.1 Budget Form and Narrative

See Budget Form and Narrative; Appendix A4. The budget form serves as a summary of anticipated expenditures, based on the best available estimates of personnel and supporting resources needed to perform the requirements described in the proposal. All figures should be rounded to the nearest dollar. **Calculate the total for each category and the Grand Total – All Costs Categories.**

Provide a budget narrative under each budget category on the Budget Form and Narrative. The narrative should describe proposed expenditures in more detail and explain how figures were determined. Sources of Match should be identified in the budget narrative to total $71,250 for an anticipated grant award of $95,000. Your Budget Form and Narrative should be outlined as follows:

**Category I – Personnel**
List, by title, each position that will be supported in whole or in part with grant funds or local match. Complete all columns for each position. In the Grant Amount column, indicate the total salary that will be paid with grant funds during the annual grant period. If fringe benefits are to be paid, indicate the percentage/rate and add the total fringe benefit amount for all positions to be paid with grant funds. In the budget narrative, briefly explain each position’s role and responsibility under the proposal.

**Category II – Consultant & Contractual**
The agency/organization may choose to subcontract to provide some required program components. The Department reserves the right to approve all subcontracts as a condition of the award. Identify consultants and/or other subcontractors who will provide services that will be paid with grant or local match funds. All expenditures to be made to consultants and/or subcontractors must be fully explained in the budget narrative.

**Category III – Program Supplies**
Examples of costs to be included in this category include education and outreach supplies. Estimate costs for each type of expenditure and itemize in the space provided.

**Category IV – Agency/Organization Operations**
Include costs such as rent; telephone; utilities; staff development, recruitment and travel; office supplies; postage; printing; and IT/data operation costs.

**Category V – Travel/Training**
Include separate Instate and Out of State travel costs.
There will be four (4) required CYSHCN Directors Meetings, one (1) MCH/CYSHCN Summit, four (4) MCH Advisory Committee Meetings, and other general training, collaboration and outreach meetings. Identify any training you anticipate in the first year not listed here.

**Category VI – Other**
Proposer identified other costs.

**Category VII – Indirect Costs**
For local government and community-based agencies, indirect charges may not exceed 7.11% of salaries/wages (excluding fringe benefits) charged to the grant. For tribal organizations, Wisconsin DHS will honor and utilize their current Federally Approved Indirect Cost Rate Agreement that they negotiated with and received from the United States Department of Interior. An indirect cost rate plan may be requested by the Grantor and may be subject to review and approval by the Grantor.

**Category VIII – MCH/CYSHCN Match**
All local match, including program income, must be described in the budget narrative.
Federal Maternal and Child Health regulations require the state to provide 75% match. Contracts must include match as indicated below:

- Local organizations are required to provide local match in an amount not less than 75% of the requested Maternal Child Health (MCH) grant funds. Tribal agencies, federally designated community health centers and migrant health centers are exempt from this requirement. Anticipated award from 2017 MCH Title V Block Grant state funding = $95,000 which requires a 75% Match = $71,250.

- Local match is the value of local agency efforts in furthering the objectives of the MCH Program. Such efforts may be in the form of program costs incurred and not borne by the grant, program income, or in-kind contributions. An organization may not claim as match any costs used to match any other federal grant, award, or contract. No federal dollars may be used for match of this grant except Title XIX and Title XX reimbursements received by the organization for services when such are used to further the objectives of the MCH Program.

- An organization may count as match any local expense which meets the qualifications outlined above and which contributes to the program. For example, the local share of staff costs pertinent to the program, and the value of supplies purchased with local funds and used in the program, may be used as match. An organization may also use as match any local share which meets the qualifications outlined above and which consists of efforts on the organization’s part to pursue the objectives of the MCH Program. For example, if an organization receives funds for a child health program, it may count as match not only the local efforts directly pertinent to the child health program, but local efforts devoted to any other relevant maternal and child health activity.

Contractees will comply with year-end program reporting requirements set by the State of Wisconsin MCH/CYSHCN Program including documentation of 75% local match ($0.75 local contribution for every $1.00 federal), including program income, and report through the CARS system on the DHS/DES F-80855 Expenditure Report form in the current net expense column using profile 193002. The original DHS/DES F-80855 form goes to CARS with a copy to the State MCH/CYSHCN Contract Administrator/Negotiator.


4.6 Narrative and Technical Requirements

4.6.1 Program Purpose

The purpose of this RFP is to establish and provide a comprehensive statewide system for an enhanced I&R services program with information and referral, and access to services and resources that are easily recognized, streamlined, efficient, effective, and easy to use. The I&R services must be accessible, timely and provide accurate information to customers who access this service via voice, chat, text, mobile devices, or through a web portal. Customers include women, children (including children with special health care needs), youth, families, students, state staff, other interested parties, and health care professionals.

In this section, please address the program purpose as it applies to your agency/organization’s ability to establish services to meet the comprehensive service needs required by the contributing DHS Programs listed below.

Also include any experience your agency/organization has in developing electronic distribution of information (i.e., listservs, social media), conducting webinars and trainings, and providing culturally competent, trauma and resiliency sensitive services including for those with disabilities.

1. The MCH Program will be included under the “Wisconsin First Step” brand. Refer to Section 1.1.1 Statutory Authority for state and federal program requirements for the MCH/CYSHCN Program.
Agency/Organization staff will provide the information identified below to the following target audiences:

- Pregnant women and mothers regarding the importance of early and regular prenatal care and the importance of lifestyle changes during pregnancy such as eating healthy foods, avoiding the use of tobacco, alcohol, and other drug use and obtaining dental care.
- Women regarding the availability of reproductive/family planning services, genetics and metabolic services, prenatal services and health care providers in their area (including local health departments) and provide referral information as needed via mail, voice, chat, text, mobile devices, and web portal.
- Women and families regarding the availability of child health services and health care providers in their area (including local health departments) and provide referral information as needed via mail, voice, chat, text, mobile devices, and web portal.
- Health care providers regarding the availability of health care services and other resources to the maternal and child health population.
- Develop a separate call tracking system for the MCH program.

2. **The WIC Program** will be included under the “Wisconsin First Step” brand. Agency/Organization staff will provide the information identified below to the following target audiences:

- Pregnant women, mothers and families regarding the importance of good nutrition during pregnancy and childhood and provide referral information as needed via mail, voice, chat, text, mobile devices, and web portal.
- Pregnant women, mothers, and families, regarding the availability of WIC sites and health care providers in their area including local health departments and provide referral information as needed via mail, voice, chat, text, mobile devices, and web portal.
- Health care providers regarding the availability of nutritional services and other resources that are available to the WIC population.
- Develop a separate call tracking system for the WIC program.

3. **The Wisconsin Well Woman Program** (WWWP) will be included under the “Wisconsin First Step” brand. Agency/Organization staff will provide the information identified below to the following target audiences:

- Women, professionals and others interested in women’s health issues. These issues will include multiple sclerosis, breast cancer, and cervical cancer and may include osteoporosis, heart disease, mental health, and diabetes.
- Women, professionals and others regarding the program’s awareness campaign about health maintenance for women. Components include: cardiovascular disease, breast cancer, osteoporosis, mental health, and domestic violence.
- Develop a separate call tracking system for the WWP.

4. **The CYSHCN Program** will be included under the “Wisconsin First Step” brand. Refer to Section 1.1.1 MCH/CYSHCN Statutory Authority for State and Federal Program Requirements for the program. Agency/Organization staff will determine if the caller is requesting Birth to 3 Program information or CYSHCN program information; refer to item number 5 below for Birth to 3 Program information. For the CYSHCN program, agency/organization staff will provide the information identified below to the following target audiences:

- Families who have children with special health care needs regarding information and referral services other than Birth to 3 Program services, information regarding parent-to-parent support networks, medical home, transition, and availability of resources and care.
coordination. Staff will refer callers to information via mail, voice, chat, text, mobile devices, and web portal.

- Health care providers about health care services for CYSHCN and other resources available to the CYSHCN population and their families.
- Develop a separate call tracking system for the CYSHCN program.

5. **The Birth to 3 Program** will be included under the “Wisconsin First Step” brand. Refer to Section 1.1.1 Statutory Authority for state and federal program requirements for the Birth to 3 Program.

Agency/Organization staff answering this component of the WI PH RAISR will determine if the caller is requesting Birth to 3 Program or CYSHCN program information; refer to item number 4 above for CYSHCN program information. For the Birth to 3 Program, agency/organization staff will provide the information identified below for the following target audiences:

- Families with children with developmental disabilities, developmental delays, or special health care needs regarding early intervention and other supports.
- Health care providers and others about the availability of Birth to 3 Programs.
- Families requiring I&R for children up to age three who are developmentally delayed or who have conditions that are known to result in developmental delay.
- Families, providers, or others concerned about the development of a child up to 3 years of age.
- Develop a separate call tracking system for the Birth to 3 program.

6. **The Division of Medicaid Services (DMS) – Wisconsin Medicaid Program** will be included under the “Wisconsin First Step” brand.

Agency/Organization staff will provide information to the following target audiences from the Medicaid Fiscal Agent or on the Medicaid program website:

- Consumers potentially eligible for Medicaid who request information and referral. Issues may include Medicaid application sites, Medicaid Outstations, Healthy Start, BadgerCare program (Wisconsin’s CHIP/Title XXI Program), HealthCheck, Presumptive Eligibility, Prenatal Care Coordination, family planning and Child Care Coordination sites.
- Healthcare providers who want information about Medicaid benefits/coverage.
- Other similar MA phone lines (i.e., Medicaid HMO Enrollment).
- Health care providers who want information about Medicaid benefits/coverage.

Develop a separate call tracking system for Medicaid.

7. **Services Access Line for Women, Children and Families—Wisconsin Informed Consent** will retain the current toll-free line number 1-877-855-7296 and will undergo new branding. Refer to Section 1.1.1 Statutory Authority for Wisconsin’s 253.10 Voluntary and Informed Consent for Abortions legislation.

Agency/Organization staff will provide information on public programs that serve pregnant women and children. Information will include implementation of information and materials as required in WI Stats, s. 253.10(3)d.

- Print and distribute a directory of services, providing a camera-ready copy in English and Spanish to the contract administrator.
- Geographically indexed materials designed to inform a woman about public and private agencies, including adoption agencies and services that are available to provide information on family planning as defined in s. 253.07 (1) (a) including natural family planning information. The information shall include a comprehensive list of the agencies available, a description of the services that they offer and how they can be contacted including telephone numbers and addresses or an oral listing of available agencies and services in the locality of the caller and how to contact them.
• Services will include: medical assistance for pregnant women and children under s 49.47 (4) (Am), the job opportunities and basic skills program under s 49.193, the availability of family or medical leave under s 103.10, child care services, child support laws, and programs and the credit for expenses for household and dependent care and services necessary for gainful employment under section 21 of the Internal Revenue code.

4.6.2 Program Design

1. From your agency/organization’s perspective: 1) Describe your vision of this program as it relates to the goals and deliverables; 2) Describe how your agency/organization will develop and design the WI PH RAISR program; and 3) Address the following technical requirements reflecting on the components necessary for a viable I&R communications system.

   a) Provide and operate a 24 hour, statewide, toll-free call-in service to provide information, referral and follow-up, access to information services and resources to consumers, state programs, local public health departments, and health professionals for the MCH/CYSHCN program, Birth to 3 Program, and the Services Access Line for Women, Children and Families–Wisconsin Informed Consent (i.e., 211, First Step Enhanced).

   b) Develop and maintain a comprehensive, accessible and centralized resource database with search screens and client information tool screens that can be accessed by state staff, CYSHCN Regional Centers, LHDs, public customers, and others through the web site and web portal, with training on the use of this functionality.

   c) Establish and maintain a comprehensive and current resources database and a data reporting platform (dashboard) providing real-time data documented in the Family Health Section’s REDCap data reporting system. The resource directory will be updated annually to include a list of available agencies, a description of the services offered, telephone number(s) and address, webpage link, and how the agency/organization may be contacted.

   Provide an example of what this would look like to a customer searching the directory website.

2. Below is a partial list of the topics and resources to be included in the database system. These topics and resources must be provided to consumers without reservation. How will your agency/organization provide this type of information to customers and what policies do you have in place to address customer privacy and confidentiality?

   The database directory must include the following topics in addition to any other topics not listed that support the MCH state and national performance measures, and topics required by the other state WI PH RAISR programs.

   a. Adoption agencies; assistive devices; BadgerCare eligibility and program requirements; Birth to 3 Programs/Coordinators and other early intervention programs; breastfeeding consultants; child abuse and neglect prevention projects; child care coordination sites; Child Care Resource and Referral (CCRR) centers; child support agencies; clinics; community-based organizations that serve funding agency programs; congenital disorders and genetics clinics; Cooperative Education Service Agencies (CESAs); CYSHCN specialty centers; CYSHCN Regional Centers; CYSHCN subject experts; mental health and AODA services; Zika resources; developmental disability services; dietary consultants serving the CYSHCN population; domestic violence shelters; emergency food resources; established food programs to assist low income families; family planning services and clinics; Family Preservation programs; Family Support Programs; federally qualified health centers; HealthCheck; health care insurance information; Healthy Start outreach sites; home health care agencies; hospitals; independent living centers; Katie Beckett Program; local human or social services; local health departments; Medicaid application sites; PNCC Presumptive Eligibility agencies; county and tribal agencies; mental health centers; national/state condition/syndrome specific organizations; non-profit charitable organizations that provide reduced fee or free care for specialized conditions; parent to parent support networks and groups; pregnancy counseling centers; prenatal care coordination (PNCC) sites; public and private funding sources for CYSHCN; private not-for-profit organizations dealing in women’s health;
relevant national and statewide organizations for the MCH population; substance abuse treatment centers; respite care resources; public and private schools; support groups relevant to parents and families with CYSHCN; WIC projects; and others.

b. The database must include topics and resources for the Services Access Line for Women, Children and Families–Wisconsin Informed Consent, and must be provided to consumers without reservation; These topical areas are listed in the Wisconsin s 253.10 Voluntary and informed consent for abortions as well as in 253.10(3)(d); 253.10(3)(d)1.; 253.10(3)(d)2.;253.10(3)(e); 253.07(1)(a), 103.10, 46.245; 49.47 (4) (am) and 49.471; ss. 49.141 to 49.161; and specifically 253.10(3)(em)1. Services identified will include medical assistance for pregnant women and children under s. 49.47 (4) (am) and 49.471, the availability of family or medical leave under s. 103.10, the Wisconsin Works program under ss. 49.141 to 49.161, child care services, child support laws and programs, and the credit for expenses for household and dependent care and services necessary for gainful employment under section 21 of the Internal Revenue Code.

3. Describe your agency/organization’s experience in developing a secure Internet-based website that connects to and interfaces with a website portal and provides public, read-only access to the information in the central database. This system must ensure the integrity of the referral data by preventing unauthorized database and website updates.

4. Provide your agency/organization’s policy in regard to emergency closing, as this contract does not allow the closing of the telephone services or individual lines except under natural disaster conditions.

5. What is your agency/organization’s experience in providing translator, interpreter services, or language line services to meet the needs of non-English speaking customers?
   a. What has your agency/organization done to meet the needs of persons with other disabilities, such as callers who are hearing-impaired and who require TTY services and/or persons who are blind and navigating the website?
   b. Describe your policy and what services you use to meet these needs including how you inform customers about the availability of language assistance services.
   c. Describe how you will ensure the competence of staff providing language assistance in voice, chat, and written materials.

6. What is your agency/organization’s experience in implementing outreach strategies to reach disparate populations? Include an example of an occasion when your agency/organization demonstrated a deliberate focus on engaging high-risk populations and special needs groups, such as: culturally and linguistically diverse populations; people experiencing low income; individuals with limited access to care; and individuals who have experienced trauma related to the social determinants of health, violence and injury.

7. Explain how you will establish a process for collecting and organizing customer data to facilitate appropriate referrals, and how this process will provide a basis for describing requests for services, identifying service gaps and overlaps, assisting with needs assessments, supporting the development of new products, identifying issues for staff training, and facilitating the development of the resource information system. See Appendix D Standard 8-12; Resource Database Data Collection, Analysis and Reporting for the entire data requirements.

8. Describe how you anticipate providing call volume reports to help assess any changes in call volume due to outreach activities and to assure and maintain a P-4 grade of service.

9. Describe how your agency/organization maintains quality assurance processes, including customer satisfaction surveys, to ensure accuracy of documentation and appropriateness of how customers are served.
10. Provide your experience in managing subcontracts for program deliverables conducted outside of your agency/organization.

4.6.3 Target Population
The target population for this RFP is: women, children, (including children with special health care needs), youth and families (particularly culturally and linguistically diverse populations); people with low incomes and limited access to care; high-risk and special needs groups; and maternal and child health care providers and practitioners.

Describe how your agency/organization will provide information and referral services, and access to resources for the target population.

4.6.4 Program Work Plan
Proposers must submit a work plan that clearly shows what the program will do. Use the form provided in Appendix A5 for your work plan. The completed work plan will not be counted toward the proposal limit of 30 pages. Place these completed forms in your Appendix.

The work plan will have clearly developed process and outcome objectives that can be easily measured, have a time frame, support the program scope and deliverables as identified in Section 1.1.3; and 1.1.4, and are practical, achievable and tailored to the particular needs of Wisconsin.

Use an outline format as you write your program work plan by clearly linking each process and outcome objective with their action steps. On the program work plan, identify the person(s) who will be responsible for each action step and the expected date of completion for each activity.

To complete the first page of the work plan provide the information as requested by each headline 1 through 10.

1. **Organization Name:** The name of the applying agency/organization.

2. **Statewide or Regional Program Name:** WI PH RAISR program.

3. **Effective Period:** January 1, 2018 – December 31, 2018

4. **Goals:** Develop proposer-specific additional goals that will support the program deliverables. Write out each goal that has been identified for your program. The process and outcome objectives and their action steps identified in your work plan must demonstrate how the program will achieve the goal(s). Discuss how you will address the WI PH RAISR goal, sub goals, deliverables, and performance requirements.

5. **Documents to be Maintained:** Documentation of program performance that the program will make available for an annual on-site monitoring review include subcontracts, memoranda of understanding (MOUs), publications, flyers, brochures, all required data reports, meeting records/minutes, training, I&R listserv monthly calls, conference agendas, and workgroup proceedings.

6. **Work Plan Objectives:** Process and outcome objectives are the expected accomplishments of the contract agency which, if achieved, will likely result in the attainment of your proposed goal(s).

7. **Types of objectives include:** 1) service objectives which describe the services to be provided for an estimated number of program participants; 2) quality improvement objectives which describe anticipated improvements in service delivery; and 3) outcome objectives which can be used to measure the program’s effectiveness in meeting overall program goals.
A well-established objective: 1) is measurable; 2) establishes a time frame; 3) is based on achieving the program goal; 4) is clearly stated; 5) is practical and achievable; and 6) is tailored to the particular needs of the community.

8. **Action Steps**: The tasks that must be accomplished to achieve the stated objectives. The action steps should follow the objectives in an outline format so that it is clear which action steps are related to which objectives.

9. **Expected Completion Date**: The date the program is expected to achieve an objective or complete an action step. Be specific. Each objective and action step must have an expected completion date.

   **Responsible Staff**: List the agency staff, either positions or names, responsible for accomplishing the objectives and action steps.

10. **Progress on Objectives and Action Steps**: This will be completed at the time of the annual site-visit or sooner, if requested or desired by the grant monitor or the grantee.

### 4.6.5 Service Providers and Staff

#### Staff Qualifications and Plan Requirements

Each Information Specialist will be expected to answer or refer all incoming calls. **Describe your staffing plan to include a Program Director and a sufficient number of Information Specialists, including parent/sibling/caregiver specialist(s), and provide supporting job descriptions for positions that will perform the following functions:**

- Refer callers to MCH, WIC, WWWP, women’s health programs and providers, Medicaid Healthy Start and Family Planning, Birth to 3, and CYSHCN.
- Interview clients of diverse backgrounds and gather enough information for client referral.
- Have training or experience in medical terminology and health related referral services.
- Ability to provide caller follow-up within 24 hours from the initial phone call if a question cannot be answered immediately.

**Describe in detail your plans to ensure staff have the necessary education requirements to serve as information specialists.**

Information specialists should have training, education and/or experience in: telephone triage, interview techniques, crisis management techniques, use of computer databases and the Internet, and explanation of health benefits concepts. Qualifications for all information specialists must be documented and kept on file for the contract duration.

**Describe in detail your plans on hiring/staffing and supporting a parent/sibling/caretaker of a child with special health care needs.**

The CYSHCN and Birth to 3 Program requires employment of a parent/sibling/caregiver with specialized disability expertise who is also a parent/sibling/caretaker of a child with special health care needs. The parent/sibling/caregiver must be available to answer the phone during prime call hours (8:00 a.m. to 4:00 p.m. Monday through Friday) and provide follow-up as needed.

**Describe your plan for staffing patterns and supervision.**

The staffing plan must ensure that there are sufficient information specialists to handle call volume 24 hours a day, seven days a week, including peak calling times (8:00 a.m. to 4:00 p.m. Monday through Friday). Staff must also provide follow-up within a 24 hour period.

#### Staff Training Requirements

**Describe in detail your staff training program/plan and specific aspects of the WI PH RAISR program that the training program/plan address.**
Continuing education must be part of the training plan, such as refresher trainings or participation in state-sponsored trainings. Alternatively, it should take place as often as necessary for information specialists to learn policy and contributing DHS program updates and changes.

Below are examples of training topics in which staff should demonstrate competence.

- Information retrieval and sharing processes.
- Data retrieval and analysis
- Crisis intervention or access to crisis intervention.
- Appropriate call record completion and documentation.
- Appropriate selection of consumer publications upon request.
- Basic quality improvement concepts and terminology
- Individual, family and youth engagement and leadership
- Cultural competence, cultural responsiveness
- Life course theory and application
- Adverse Childhood Experiences (ACEs)
- Trauma informed care and application of Resiliency Principles
- State WI PH RAISR program subject areas.
- Procedures to refer any of the state WI PH RAISR program inquiries to the appropriate resources.
- MCH/CYSHCN resources at MCH Navigator at [www.mchnavigator.org/](http://www.mchnavigator.org/)

4.6.6 Evaluation
The evaluation for this RFP will be based on the agency/organization’s ability to achieve the program goal and sub goals, maintaining the Performance Requirements AIRS Standards, and achieving the program deliverables. The work plan should detail the process and outcome objectives and supporting activities necessary to meet the goals. The contract administrator will conduct on-site visits to determine progress made and provide technical assistance as needed.

Describe how the agency/organization will monitor work plan progress and implement a plan to address barriers.

Describe the agency/organization’s plan to provide the necessary data for evaluation requirements. Other than the metrics outlined in the WI PH RAISR Standards Checklist, what metrics do you propose will assist in measuring success of this program?

4.6.7 Program Principles
Describe how the agency/organization’s guiding principles support the WI PH RAISR program and the contributing DHS programs.

5.0 RFP APPENDICES
Appendix A: Forms to Use with the WI PH RAISR program RFP
- Notice of Intent to Apply, Section 2.3
- Cover Page, Section 4.2
- Proposal Checklist, Section 4.3
- Budget Form and Narrative, Section 4.5.1
- Program Work Plan, Section 4.6.4
Appendix B: Hotline Usage, Section 1.1
Appendix C: Wisconsin MCH/CYSHCN State and National Performance Measures, Section 1.1.2
Appendix D: AIRS Standards for Professional Information and Referral programs; WI PH RAISR Standards Checklist, Section 1.1.4
Appendix E: Solicitation Questions and Answers, Section 1.6.2
Appendix F: Definitions used in the RFP, Section 1.7.1

References

www.airs.org/i4a/pages/index.cfm?pageid=1
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