



COUNTY OF DANE
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

Room 425 City-County Building
210 Martin Luther King Jr. Blvd.
Madison, WI 53703-3345
608/266-4131

FAX 608/266-4425 TDD 608/266-4941

TRAVIS MYREN
Director of Administration

CHARLES HICKLIN
Controller

DATE: July 19, 2010

TO: All Proposers, Request For Proposals #110070: Mobility and Travel Training Specialized Transportation to Public Transit

FROM: Carolyn Clow, Purchasing Agent

SUBJECT: **ADDENDUM #1**

Note: The attached document, "Appendix B" provides more information on the mobility training project and reporting requirements. The language in Appendix B will be included in the contract resulting from this bid process.

The following answers are provided in response to questions received in writing:

Question #1: I was unable to find any data with regard to estimated number of hours, number of days, days per week, hours per day, and hours of the day etc. for the service requested. Can you please this data or direct to find out this information?

Answer #1: This is s new service in 2010.

The number of clients is not known with certainty. The number of hours per client varies with the cognitive ability of the client. A service plan will be developed for each client (see Appendix B, attached). A pilot with a smaller range of disability groups ranged from 8 to 70 total training hours per client.

The hours of service (time of day) are up to the provider, but assumes a typical business schedule; please note in your proposal if you intend to make evening or weekend hours available.

Question #2: What is the difference between 4.4 References and Attachment B, Data Reference Sheet?

Answer #2: The references the County requested in Section 4.4 References should be provided using Attachment B: Data Reference Sheet.

Question #3: Regarding the Cost Summary Page: All that is needed is an hourly cost? Does training hours include hours for coordination and training with the client's support staff for training follow through? Should I include any narrative of what additional is included in the hourly rate, such as travel, coordination, documentation, phone calls, etc?

Answer #3: Yes. The cost proposal page was not strictly formatted to provide an opportunity for the proposer to vary the rates for different services. A short narrative detailing these services would enhance your proposal. Please refer to Appendix B, attached, for more information.

*Question #4: Clarification please, the cost summary page should be put in **two separate envelopes**, as 2 copies are required?*

Answer #4: Put both copies of the cost summary in the same envelope. This envelope should contain only the cost summary information.

Question #5: Is there a quantity and or volume of individuals to be trained?

Answer #5: This is a new service in 2010. The number of clients is not known with certainty. A reasonable estimate might be between 5 and 45 new clients per quarter. Referrals will come from residential and vocational agencies, senior centers, and case managers for seniors and people with disabilities. A small number of clients may be self-referrals.

Question #6: Is there a maximum dollar budget that the County has for this budget/annualized?

Answer #6: Yes. There are two RFPs currently pending (this one, and RFP #110072 which concerns a volunteer bus buddy program). The combined budget for the two is \$58,000. The allocation between the two will depend on the results of the RFP process.

Question #7: Where does the training take place?

Answer #7: The training will take place at the provider's facility, at bus stops near the client's home and work, on the bus, etc.

Question #8: How much training does each individual require? Obviously, it depends on the budget and the retention of the individuals regarding this matter.

Answer #8: See Appendix, B, attached. The provider will do an assessment and develop a training plan for each client.

Question #9: Can you provided the expected volume of travel training opportunities?

Answer #9: Please see answers to questions #3 and #5. The number of clients is not known.

Question #10: Who will be sending these referrals? How will the referrals be transmitted?

Answer #10: Referrals will come from residential and vocational agencies, senior centers, and case managers for seniors and people with disabilities. A small number of clients may be self-referrals. Referring agencies will contact the Department of Human Services Mobility Manager, who will contact the provider.

Question #11: What is the expected budget for this program?

Answer #11: This is a grant-funded project. Current funding may be carried over into 2011, and additional funds may be secured in 2011. There are two RFPs currently pending under this grant-funded project: this one, and RFP #110072, which concerns a volunteer bus buddy program. The combined budget for the two is \$58,000. The allocation between the two will depend on the results of the RFP process.

Question #12: Would you consider allowing the bidders to submit an alternative pricing model?

Answer #12: All vendors are encouraged to respond to the RFP as written. If alternative models are proposed by a vendor, they should be proposed as alternates and not in place of responding to the RFP as written.

Question #13: Who will be responsible for marketing this program?

Answer #13: The County Department of Human Services. The project is part of a larger, grant-funded program, which includes outreach, but the successful bidder would be welcome to do additional promotion of the program.

Question #14: How are these services currently being performed?

Answer #14: There has been a small pilot project to test the feasibility of this model.

Question #15: The first page of the RFP clearly states to place the Signature Affidavit as the first page of your proposal. However, Section 2.7 Proposal Organization and Format states that the Signature Affidavit should be located within the Required forms tab. Where would you like the Signature Affidavit form placed?

Answer #15: Place the Signature Affidavit as the first page of the proposal.

Please acknowledge receipt of this addendum by noting “Addendum #1 Received” on the bottom of the Signature Affidavit when you submit your proposal.

APPENDIX B

Mobility Training Program – Physical, Sensory and Mental Health Disabilities

1 Description of Services

SPC 110 Daily Living Skills Training/Community Based- The provision of services is to consumers whose health or well-being is at risk for deteriorating or for whom development is delayed due to inadequate knowledge of skills in routine daily living tasks, including leisure time activities..

2 Goal

To develop skills in performing activities related to independent utilization of transit services to enable greater access to the community. This contract serves people with disabilities trained under the Dane County Mobility Management Grant through the Wisconsin Department of Transportation.

3 Performance Indicators

3.1 Measurable objective: Number of consumers trained to use public transit.

3.2 Measurable objective: Number of consumers moving onto public transit from more expensive dedicated transportation services.

3.3 Measurable objective: Number of mobility training hours by consumer.

4 Persons to be Served

4.1 Target Population: Adult residents of Dane County with developmental, sensory and or and/mental health disabilities.

4.2 Eligibility Guidelines: Eligibility for mobility training will be determined by the COUNTY.

4.3 Referral/Application Process: Referrals for services under this contract will be made by the COUNTY. Application is made through the Mobility Program Specialist at the Adult Community Services Division, (608) 242-6489.

4.4 Capacity/Waiting List: The COUNTY is responsible for maintaining the waiting list for these services.

5 Service Methods

5.1 **Service Definition:** This program is designed to provide short-term skills training for mobility and independent travel skills. Services are intended to improve a consumer's ability to independently use public transportation.

5.2 **Service Plan:** The PROVIDER will prepare an individual service plan for each consumer.

The service plan will address the following:

Identifying information;

Description of strengths and needs;

Assessment regarding consumer's mobility training outcomes;

Recommendations for scope of mobility training services.

5.3 **Service Hours/Days:** These services are typically provided Monday through Friday, between the hours of 8:30 A.M. and 3:30 P.M. Hours may vary dependent upon PROVIDER policy, transportation scheduling and consumer need.

5.4 **Length of Service:** All services provided under this contract are short-term, and will be provided in accordance with the individual service plan.

5.5 **Service Locations:** All locations shall be within the borders of Dane County.

6 Service Termination

6.1 PROVIDER-initiated terminations will include a reasonable effort to accommodate individual consumer programming needs. In the event a termination is deemed necessary, PROVIDER will communicate with the COUNTY' Mobility Program Specialist prior to termination.

6.2 Termination Reports will be prepared by the PROVIDER on all persons permanently exiting this program. These written reports should be sent to the COUNTY, and will include the reason(s) for the termination, dates of termination, and list of services provided to date.

7 Reporting

7.1 The PROVIDER will submit to the COUNTY a Mobility Training Report for each consumer trained by the PROVIDER under this contract. The report is due the tenth (10th) working day of each month. The report shall include the following:

Identifying information;

Services received under this contract for the month;

Number of hours of Mobility Training received;

Consumer's achievements in mobility for the month;

7.2 The PROVIDER will prepare a brief service plan and a summary report for each consumer. The service plan will be due thirty (30) days following

referral, and the summary report will be due on the tenth (10th) of the month following conclusion of services for each consumer. The service plan will address the items listed in 3.2, above. The summary report will include the information in the monthly service report as well as a final evaluation of the consumer's progress and outcomes.

8 General Program Requirements

- 8.1 The PROVIDER and the COUNTY's Mobility Program Specialist agree to meet quarterly to review program goals, and progress/barriers encountered in reaching those goals.
- 8.2 The PROVIDER will comply with all standards required by the COUNTY and the various applicable COUNTY funding sources including Caregiver background checks to be secured every four years. The following checks must be made:
 - 8.2.1 A criminal history search from the records of the Wisconsin Department of Justice (when the subject recently resided in a different state, the search must also include that state) and;
 - 8.2.2 A search of the Caregiver Registry maintained by the Wisconsin Department of Health and Family Services; and,
 - 8.2.3 A search of the status of credentials and licensing from the records of the applicable licensing/regulation entity (if applicable).
- 8.3 PROVIDER is responsible for meeting any Adults at Risk reporting obligations it has pursuant to Wisconsin Statutes Chapters 46 and 55. Upon request of the COUNTY, PROVIDER will assist the COUNTY in investigating Adults at Risk referrals received by the COUNTY regarding the consumers, age 18 – 59, whom the PROVIDER serves. In some situations, the COUNTY will assign a lead investigator and request that the PROVIDER assist in the investigation. In other situations, the COUNTY will assign the PROVIDER as the lead investigator, with consultation available from the COUNTY Contract Manager or designee and the COUNTY's Adult Protective Services Unit.
- 8.4 The PROVIDER shall develop and implement a comprehensive abuse and neglect policy for adults with developmental disabilities which will include training, prevention, investigation and reporting. This policy will comply with the DANE COUNTY POLICY ON ABUSE/NEGLECT FOR PERSONS WITH DEVELOPMENTAL DISABILITIES which is available from the Dane County Adult Community Services, Developmental Disabilities Section. Non-compliance with this process may result in immediate termination (See

section IX, c, 5 of this contract).

- 8.4.1 Any individual employed by PROVIDER having reasonable cause to suspect that an adult seen in the course of professional duties has been abused or neglected or having reason to believe that an adult seen in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the adult will occur shall make a report in accordance with the DANE COUNTY POLICY ON ABUSE/NEGLECT FOR PERSONS WITH DEVELOPMENTAL DISABILITIES. No person making a report under this Special Feature may be discharged from employment for so doing. For required reporting on children, see Wisconsin Statute 48.981.
- 8.4.2 In order to assure that PROVIDERS have adequate access to information regarding potential employees, the COUNTY shall maintain an Employee Directory. All PROVIDERS, currently under contract to Dane County Adult Community Services shall have access to the Employee Directory. To that end, PROVIDER shall report to the COUNTY upon an employee termination, regardless of reason, the following information: 1) the employer, 2) the employee name, 3) employee date of birth, and 4) employee's dates of employment.
- 8.4.3 PROVIDER is required to respond within 48 hours to any other PROVIDER currently under contract to Dane County Adult Community Services and cooperate with the requesting PROVIDER as provided in the DANE COUNTY POLICY ON ABUSE/NEGLECT FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, Sample Form entitled "Re-employment Questionnaire".