



COUNTY OF DANE
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
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Director of Administration

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Controller

ADDENDUM #1

DATE: August 15, 2011
TO: All Prospective Proposers
SUBJECT: **Request for Proposal # 111060 Medical Assistance Personal Care Individuals With Disabilities**

The following addendum becomes a part of the above referenced RFP. All other terms and conditions remain in effect, unchanged.

Questions and answers provided below in response to questions received.

1. Pg. 1 (1.1) "The purpose of this document...Personal Care services provided to individuals with physical disabilities." And 1.2.3, "The target populations are Medicaid eligible children and adults with developmental disabilities and adults with physical disabilities..."

QUESTION - Please clarify whether the eligible population is children and adults with developmental disabilities and adults with physical disabilities or just individuals with physical disabilities.

Response: The county's Medical Assistance Personal Care program is available to Medicaid eligible physical disabled individuals who are children and adults with developmental disabilities and physical disabilities.

2. Pgs. 3-4 (1.2.3) "...Only individuals participating in county-funded programs are eligible for this program.":

QUESTION - Define which county-funded programs an individual must participate in to be eligible for the Medical Assistance Personal Care program.

Response: County-funded programs are defined as county contracted agencies that provide case management and/or broker services to individuals enrolled in the COP and Medicaid Waiver programs.

3. Pg. 4 (1.3.1) "Staffing capabilities to provide Personal Care services within five working days after the referral is made."

QUESTION - Please clarify the timeframe within which Personal Care services must begin. Our current experience is that the start of services depends on receiving prior authorization from Medicaid for Personal Care services. This can take over two months

after the initial referral. This seems prohibitive to the five working days period stated in this section.

Response: The five working days begins after the Prior Authorized hours have been approved by the Wisconsin Medicaid office.

4. Pg. 4 (1.3.2) "Back-up staff available when the initial worker is unavailable or doesn't show up for work. Back-up staff must be available within three hours of the original start time."

QUESTION - Can we work with the consumer to develop a back-up plan that includes parents or family members, or another worker from their current team arranged by the consumer/surrogate to provide back-up cares as needed?

Response: Yes. Back-up staff is defined as family members or agency staff. However, if the family member is the legally responsible relative of the recipient under Section 49.90(1) of Wisconsin Statutes, they cannot provide Medicaid-certified personal care services. Legally responsible relative is defined as a spouse or parent or legal guardian of a child under age 18 years of age.

Medicaid billing for the authorized hours cannot be submitted to Wisconsin billing agency-Forward Health until the Personal Care Worker meets the qualification or training requirements noted in HFS 105.17(3)(a) of the Wisconsin Administrative Code.

QUESTION - Would the parents or family member back-up workers be required to receive the same in-home training as regular workers?

Response: According to the Wisconsin Medicaid program for Personal Care services, The PCW(personal care worker)employed by an agency must meet the requirements as noted in HFS 105.17(3)(a) of the Wisconsin Administrative Code. However, if the family member is the legally responsible relative of the recipient under Section 49.90(1) of Wisconsin Statutes, they cannot provide Medicaid-certified personal care services. Legally responsible relative is defined as a spouse or parent or legal guardian of a child under age 18 years of age.

QUESTION - Would using on-call workers be billable under MAPC regulations?

Response: Yes, as long as the on-call worker meet the qualifications or training requirements as noted in HFS 105.17(3)(a) of the Wisconsin Administrative Code. However, if the on-call worker is the legally responsible relative of the recipient, they cannot provide Medicaid-certified personal care services.

5. Pg 5 (1.4.3); Pg 6 (5) & (7) "...Ability to operate the program solely on the MA revenue that is earned."

QUESTION - If in 2012, the living wage will be increased an additional \$.15/hour, will the 2012 contracted rate for this program also increase to encompass that Dane County living wage mandate which is separate from the MA reimbursement rate? If so would the new contract rate be \$16.38/hour

Response: Given the fiscal constraints and uncertainties of the 2012 budget, it is unknown what level of funding Dane County will allocate to cover future Living Wage increases.

6. Pg 5 (1.4.6)

QUESTION - What document should be provided as a copy of Personal Care agency certification? Is the letter from the state with the organization's certification number sufficient?

Response: The required documentation include: copy of letter from the State of Wisconsin indicating the certification number for Personal Care only agency; or a copy of the Home Health Care agency license.

7. Pg 6 (1.5.4) "The county prefers proposals that fully cover costs with the Medicaid reimbursement of \$16.08 per hour."

QUESTION - Even though it is the county's preference, will Dane County continue to cover the additional costs associated only with Dane County MA recipients due to the Dane county living wage? (for example 2011 contract = \$16.23 per hour, 2012 contract should equal \$16.38 per hour)

Response: Given the fiscal constraints and uncertainties of the 2012 budget, it is unknown what level of funding Dane County will allocate to cover future Living Wage increases.

8. Pg. 6 (5) "The County is reimbursed from the State's Medicaid program \$16.08 per hour for personal care services. Dane County currently supplements the MA rate with a \$0.15 per hour to partially assist with Living Wage costs.

QUESTION - Will Dane County continue to supplement the MA rate to meet the living wage requirement for the term of the contract?

Response: Given the fiscal constraints and uncertainties of the 2012 budget, it is unknown what level of funding Dane County will allocate to cover future Living Wage increases.

9. Pg. 6 (7) "The successful provider must pay all staff at the County's current Living Wage which is \$10.61 per hour in 2011 and \$10.75 in 2012.

And pg. 14 (8.1) "All employees working on this project are covered by the Dane County Living Wage Ordinance Section 25.015(d)..."

QUESTION - Will Dane County require family member caregiver staff to receive the Living Wage of \$10.75 per hour in 2012? Currently, these staff are not subject to the Living Wage requirement, as indicated in the Living Wage Ordinance 25.015(d)11.

Response: At this time, no changes to the Living Wage ordinance have been proposed. Therefore, it highly likely that Family members will not be subject to the Living Wage requirements in year 2012.

Please acknowledge receipt of addendum(s) on the bottom of the Signature Affidavit when you submit your proposal.

If you have any questions regarding this addendum, please contact me at 608/267-3523.

Francisco Silva, CPPB
Purchasing Agent