



*****AMENDMENT TO RFP # 2011-100-01 *****

Please see the amendment to the procurement document as originally issued.

5.0 COST PROPOSAL

~~Vendors must utilize the cost proposal forms found in Appendix E to submit the proposed daily rate needed to perform the services outlined in this procurement document and to specify the number of children they propose to serve. The total cost of the proposed program to the Department would be the # of children served per month times the days of the month times the daily rate. **EXAMPLE: The Vendors plans to serve 27 children/ families in any given month, so the maximum yearly cost of the program to DHR would be 27 X Daily rate X 365 days in the year.** Vendors must provide an explanation of what items make up the costs of their program and % of those expenditures to total costs. **EXAMPLE: If the total cost of the program is 600,000 per year (#of children X daily rate X 365 days) the following items make up the total cost:**~~

- ~~Space 10% Rent and utilities for the provider's operations~~
- ~~Personnel 45% Total personnel costs for the program including percentage of admin personnel~~
- ~~Travel 5% Costs for employees to work with child and family, not conference or training travel.~~
- ~~Equipment 10% Leased or purchased equipment that represent costs to the program.~~
- ~~Other 30% Indirect costs or sub-contractual costs related to the program.~~

~~Items and percentages used are fictional and do not in any way represent expectations of the Department by Vendor.~~

5.0 COST PROPOSAL

Vendors have the option of choosing whether or not to bill for Medicaid eligible services. Vendors who choose to bill Medicaid must indicate that they are able to bill by meeting all Medicaid criteria. Vendors that choose the Medicaid option will receive 100 % of Medicaid Reimbursement and will also be responsible for all chargebacks. Vendors who choose the Non-Medicaid option will be paid upon receipt of invoice and documentation. The rates for service will be different based on the option that is chosen.

The maximum rates for both options are:

	<u>Non-Medicaid</u>	<u>Medicaid</u>
In home room and board	\$1,970.00	\$1,355.00
Out-of-home room and board for one child	\$3,442.97	\$2,368.25
Add on rate for each additional child in out-	\$1,721.49	\$1,185.62



of-home.

Example: A continuum vendor receives a referral on a reunification family. This particular vendor has elected not to bill Medicaid. At the time of the referral the monthly rate for the vendor would be in home room and board rate of \$1,970.00. In serving the family it becomes necessary to serve one of the children outside of the home there new rate would now be the out of home rate for one child which is \$3,442.97. If an additional child had to be put in an out of home placement an additional \$1,721.49 which would raise the rate from \$3,442.97 to \$5,164.46.