



*****AMENDMENT #2 *****

Changes have been made to the RFP, as originally issued:

5.0 COST PROPOSAL

~~Preservation cases are reimbursable at a rate of \$1520 per month with a 15% match (here are the new rates, should there be an option to bill Medicaid). Reunification cases are reimbursable at a rate of \$1355 per month. 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 and the service provided.~~

~~Non-Medicaid Medicaid~~

~~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-of-home \$1,721.49 \$1,185.62.~~

~~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.~~

Should read:

5.0 COST PROPOSAL

Vendors will be compensated based on a unit rate per month. Services provided will be directed at either **preservation** or **reunification** and as outlined in this procurement document. Services directed at **Family Preservation** are reimbursable at a rate of \$1520 per month, per family. A state/local match equaling 15% of the cost is required to secure the federal funds. Cash, goods, or services, including third party in-kind contributions, are allowable sources of match. Please identify any local matching funds your agency can make available or has secured for this project. **Note: The monthly rate per family for preservation services is \$1520 minus the 15% match (\$1292 per month). These services are not eligible for Medicaid billing.**

Services directed at **Family Reunification** are reimbursable at the rate of \$1600 per month (Cannot bill Medicaid) or \$1355 per month (Can bill Medicaid). Vendors have the choice of billing for eligible Medicaid Rehab Option services. Vendors who choose to bill Medicaid must certify that they are meeting all Medicaid criteria for said billing. These services must be provided in accordance with Medicaid policy, the DHR ISP, the provider treatment plan and core services. Services provided to a child/family that are not in accordance with the DHR ISP is not billable and if paid may be recouped. If the child/family is not Medicaid eligible, the vendor should attach an itemized list of services provided to the child/family to their monthly invoice. The itemized listing should include the H code of the service, date of service and applicable number of units. The Medicaid portion of the vendor payments will not be paid to the vendor by DHR until payment is received from the State Medicaid Agency. **Note: The add on rate for each additional child authorized by the county and served in out-of-home care is \$692.50 per month and \$800 per additional child (Cannot bill Medicaid).**

Alabama Department of Human Resources
Intensive In-home Services



Services

IIHS (Preservation)	\$1520/per month	(Cannot bill Medicaid)
IIHS (Reunification)	\$1355 per/month	(Can bill Medicaid per DHR ISP)
IIHS (Reunification)	\$1600/ per month	(Cannot bill Medicaid)
Rate for each additional child in out of home care (Reunif.)	\$692.50/per month	(Can bill Medicaid per DHR ISP)
Rate for each additional child in out of home care (Reunif.)	\$800.00/ per month	(Cannot bill Medicaid)