



Prospective Provider Proposal Procedure

I. **PURPOSE.** The purpose of this procedure is to request specific information from the prospective provider interested in delivering service to the System of Care. The information must detail how services will impact HKI's critical mission and current goals. HKI's current critical missions are family preservation, foster parent recruitment and retention and teen services. The provider must submit necessary documentation to verify proof of licensure, certification, financials and qualified individuals.

II. PROCEDURE

When a prospective provider contacts HKI expressing interest in delivering service to the system of care, the following steps must be taken:

1. Prospective provider must complete and submit the appropriate Sample Proposal Format and initial Project Annual Budget form attached
2. Contracts Department will review and analyze with appropriate departments to determine the need, value and cost effectiveness for proposed service in the System of Care; maintaining a constant focus on the HKI critical mission goals.
3. Contracts Department will notify prospective provider of additional questions or documentation and decision.

Attachments:

- Sample proposal format for residential, shelter and/or therapeutic providers
- Sample proposal format for service providers
- Project annual budget form

**Sample Proposal Format for:
Residential, Shelter and/or Therapeutic Providers**



Prospective Provider Proposal	
Provider Name / Title:	Program Name:
Provider Address and phone number:	Contact Person Name / Title:
Hours of Operation: (include staff schedule)	Staff to Child ratio:
Target Population (gender, age and special needs)	Facility beds and expected HKI capacity
Overall Program Description (include expected outcome)	
<p>List and describe each service provided: Including how often services are provided, by what level of staff and length of time per child. Explain how services provided is included in the bed rate or if they are funded through another revenue source, i.e. Medicaid. If services will be billed through Medicaid then specify which services.</p>	
Rates: (specify each rate per service and total bed rate)	

Admission criteria: (including age, gender, admission disqualifier, be specific as a need analysis will be completed)

**submit copy of admission packet as attachment*

Describe your Discipline Policy: (attached policy)

Describe your Normalcy Plan/ Independent Living services:

Describe the program specific plans for the following: Treatment, Education and Recreation (attach forms)

List staff positions: (including staff qualification requirements for each position)

Job descriptions for each position (as attachments)

Sample Proposal Format for: Service Providers



Prospective Provider Proposal	
Provider Name / Title:	Program Name:
Provider Address and phone number:	Contact Person Name / Title:
Hours of Operation: (include staff schedule)	Number of Staff:
Provider's Mission:	
Target Population: (gender, age and special needs)	
Detailed Program Description: (include expected outcomes)	
List and describe each service provided: Detail services provided and by what level of staff.	
Rates: (specify each rate per service)	

Attach any brochures, policies or procedures related to this program.

Currently, HKI has three mission critical goals which are listed below. Describe the Provider's program plans to assist HKI in achieving one or more of these goals.

- 1. Family preservation**
- 2. Recruitment and retention of quality foster homes**
- 3. Teen services and reducing the number of teens in residential settings**

Quality Assurance / Monitoring Reports: (submit copies as applicable)

Annual Report / Prior Performance History: (submit copies as applicable)

License / Certification / Accreditation: (submit copies as applicable)

List staff positions: (including staff qualification requirements for each position)

Job descriptions for each position: (as attachments)

Budget : (provide budget via attached budget format)

Project Annual Budget

Agency Name: _____

Program: _____

Labor & Benefits	\$
Salaries - Direct Care	
Benefits - Direct Care	
FTE Count	
Staff Recruitment & Screening (1)	
Supplies	
Communication	
Travel	
Equip Repair & Maintenance	
Equipment Rental/Expenses	
Occupancy	
Postage & Shipping	
Contracted Professional Services	
Total Direct Costs	
Indirect Costs	
Capital Layout	
TOTAL EXPENDITURES	\$

(1) Training expenditures are to be included in Indirect Costs.

(2) Indirect Costs - Please list costs in available categories where possible.

The maximum allowable is 10% of the total contract including subcontracts and excluding capital outlays.