

OFFICIAL BID PRICE SHEET

710-22-0007 Comprehensive Residential Treatment/Sexual Rehabilitative Services

Bidder may only include pricing for each category of service that bidder can currently provide. In the event that Medicaid rates are applied, contractor must invoice the Arkansas Medicaid rates based on the date of service according to the current fee schedule.

Category 1: Acute Care - CRT

Please insert a dollar amount for Option A or check the box for Option B. Option A is a set daily rate at which services may be invoiced throught the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.

| | |
|-----------------|-----------|
| <u>OPTION A</u> | |
| Per Diem Rate | \$ 875.00 |

| | |
|--|--------------------------|
| <u>OPTION B</u> | |
| Medicaid Per Diem with W3 Specialty Default Rate | <input type="checkbox"/> |

Category 2: Sub-Acute/Psychiatric Residential Care - CRT

Please insert a dollar amount for Option A or check the box for Option B. Option A is a set daily rate at which services may be invoiced throught the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.

| | |
|-------------------|-----------|
| <u>OPTION A</u> | |
| Per Diem Rate | \$ 495.00 |
| SubAcute/RTU only | |

| | |
|--|--------------------------|
| <u>OPTION B</u> | |
| Medicaid Per Diem with W3 Specialty Residential RTU Rate | <input type="checkbox"/> |

Category 3: One-to-One Attendance - CRT

Please insert pricing for one-to-one therapy. Category 3 will not be considered in low price determination. Rate must not exceed the Arkansas Medicaid Rate for Outpatient Qualified Behavioral Health Professional.

| | |
|-------------|----------|
| Hourly Rate | \$ 12.50 |
|-------------|----------|

Category 4: Sexual Rehabilitation Services

Please insert a dollar amount for Option A or check the box for Option B. . Option A is a set daily rate at which services may be invoiced throught the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.

| | |
|-----------------|-----|
| <u>OPTION A</u> | |
| Per Diem Rate | N/A |

| | |
|-----------------|--------------------------|
| <u>OPTION B</u> | |
| Medicaid Rate | <input type="checkbox"/> |