# **BID PRICE SHEET**

# OFFICIAL BID PRICE SHEET

Prices **must** include all costs for performing the requirements stated in the Scope of Work, which includes all reporting to DHS. All fees for the requested services **must** be disclosed in your response.

Description	Estimated Annual Volume	Unit Price Per Review	Extended Amount				
Health & Safety Licensure/Certification Reviews							
ARChoices Providers	557	\$2,603	\$1,450,149				
Fee-For-Service Outpatient Behavioral Health Services Providers	508	\$2,603	\$1,322,577				
Substance Abuse Treatment Providers	40	\$2,603	\$104,140				
	ity of Care Rev	views					
ARChoices Providers (only Attendant Care and Respite providers)	362	\$2,905	\$1,051,429				
Fee-for-service Outpatient Behavioral Health Services Providers	508	\$3,104	\$1,577,064				
Substance Abuse Treatment Providers	40	\$3,104	\$124,178				
Division of Youth Services (DYS) Secure Residential Treatment Facilities	5	\$7,158	\$35,789				
DYS Specialized Residential Treatment Programs	10	\$3,714	\$37,136				
DYS Community-Based Youth Service Providers	15	\$6,404	\$96,056				
	tion of Care R	eviews					
Inpatient Psychiatric Services Providers for Under 21 (U21) population	23 (in state)	\$11,407	\$262,353				
Inpatient Psychiatric Services Providers for Under 21 (U21) population	11 (out of state)	\$13,264	\$145,902				
	<i>w</i>	TOTAL	\$ 6,206,774				

The above quantities are estimates only and are subject to fluctuation. Estimated volume is intended to serve as a guide only and not a guarantee of minimum or maximum activity.

#### **AUTHORIZATION SIGNATURE**

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: Public Consulting Group, Inc.	Date: March 14, 2019
Signature: Dilling fordoust	Title:President, Founder, and CEO
Printed Name: William S. Mosakowski	

# **Pricing Justification**

#### A. Personnel

Person	FTE
Clinical Staff	
Generalist Reviewer(s)	1
Clinical Staff(s)	
Program Manager(s)	
Program Director	
Analyst Support	
Analyst support Lead	
HSD Developer	
HSD Manager	
Project Manager	
Project Sponsor	
Project Director	
Implementation Lead	
Total	

## **B. Travel**

Implementation	Quantity per Person	
Implementation Trips		
Implementation Months		
Implementation Total Trips		
Remaining Year 1 Trips		
Total Implementation Trips		
Average Mileage		
Mileage Cost	\$ 0.58	
Mileage Cost	\$ 58.00	
Average Actual Food Cost (non-per diem rate)	\$ 22.00	
Total Trip Cost	\$ 80.00	
Trips		
Average Hotel Cost	\$150.00	
Estimated Hotel Nights		

### C. Other Non-Review Costs

**Report creation** 

Follow Up and Appeals Management

Office Space/Rent in Little Rock

**Complaint Grievance Management** 

Project Management

Database/Technology

Implementation Costs