		В	ID TABULA	TION FORM				
AWARD RECOMMENDED TO:								
BY:				DA	TE:			
READ BY: Margurite				Date O	pened: <u>5/1</u>	8/2022		
TABULATED BY: Naw				Time (	Opened: 2:	00 pm		
TIEGETTEE ET	NAMES OF VENDORS Compre				umber: 710-22-0040  Chensive Residential Treatment/ Rehabilitative Program			
ITEM	ITEM  Texarkana Behaviora Associates, LC dba Vantage Point of Northwest Arkansas		Centers for Families, Inc					
	Option A	Option B	Option A	Option B	Option A	Option B	Option A	Option B
Category 1: Acute Care - CRT	Per Diem Rate \$1,158.00	Medicaid Per Diem with W3 Specialty Default Rate	Per Diem Rate	Medicaid per Diem with W3 Specialty Default Rate	Per Diem Rate	Medicaid per Diem with W3 Specialty Default Rate	Per Diem Rate	Medicaid per Diem with W3 Specialty Default Rate
Category 2 Sub-Acute/ Psychiatric Residential Care-CRT	Per Diem Rate \$399.00	Medicaid per Diem with W3 Specialty Residential RTU	Per Diem Rate * \$350.00	Medicaid per Diem with W3 Specialty Residential RTU	Per Diem Rate	Medicaid per Diem with W3 Specialty Residential RTU	Per Diem Rate	Medicaid per Diem with W3 Specialty Residential RTU
Category 3: One-to-One Attendance- CRT	Hourly Rate \$18.00		Hourly Rate		Hourly Rate		Hourly Rate	
Category 4: Sexual Rehabilitation Services	Per Diem Rate	Medicaid Rate	Per Diem Rate	Medicaid Rate	Per Diem Rate	Medicaid Rate	Per Diem Rate	Medicaid Rate
NOTES	NOTES:		NOTES:		NOTES:		NOTES:	
			*Negotiated Rate					