

OFFICIAL BID PRICE SHEET

710-22-0040 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. DCFS will not accept any daily rate above PASSE or Medicaid rates for psychiatric treatment, including acute, subacute, and PRTF.

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 throughout the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service. DCFS will accept submitted daily rate bids for acute treatment up to an amount inclusive of the PASSE or Medicaid daily rate and the Supplemental Discharge Payment for the bidding provider.

<u>OPTION A</u>	
Per Diem Rate	\$ <input type="text"/>

<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 throughout the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service. Subacute and PRTF treatment daily rate bids will be accepted only up to the Medicaid or PASSE per diem rate. No supplemental discharge payment may be included in the bidder's subacute and PRTF daily rate.

<u>OPTION A</u>	
Per Diem Rate	\$ 420.00

<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	\$ <input type="text"/>
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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 throughout 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	\$ 700.00

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