## **OFFICIAL BID PRICE SHEET**

## Do not amend or alter any item(s) on the Official Bid Price Sheet. A unit of counseling is defined as ¼ hour.

| SERVICE                      | UNIT                             |          | PROPOSED<br>RATE |
|------------------------------|----------------------------------|----------|------------------|
| Intake and Assessment        | Per admission                    |          | \$200.00         |
|                              |                                  | Total    | \$200.00         |
| RESIDENTIAL                  |                                  |          |                  |
| Reidential                   | 1 day                            |          |                  |
| Partial Day                  | 1 day                            |          |                  |
| Adolescent                   | 1 day                            |          |                  |
|                              |                                  | Total    | \$0.00           |
| OUTPATIENT                   |                                  |          |                  |
| Outpatient Indivd            | <sup>1</sup> ⁄4 hour             |          | \$23.19          |
| Outpatient Family            | <sup>1</sup> ⁄4 hour             |          | \$25.76          |
| Outpatient Group             | <sup>1</sup> ⁄4 hour             |          | \$11.87          |
| Outpatient Multi-family      | ¼ hour                           |          | \$22.39          |
| Outpatient Adoescent         | <sup>1</sup> ⁄ <sub>4</sub> hour |          | \$23.19          |
|                              |                                  | Total    | \$106.40         |
| ADDITIONAL SERVICES          |                                  |          |                  |
| Specialized Women's Services | 1 day                            |          |                  |
| RADD Observation Detox       | Per episode                      |          |                  |
|                              |                                  | Total    | \$0.00           |
|                              |                                  | TAL COST | \$306.40         |
|                              | 10                               | TAL COST | Ş300.40          |

| TOTAL AVERAGE COST | \$76.60            |
|--------------------|--------------------|
|                    | TOTAL AVERAGE COST |

## 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 bahalf.

| Vendor Name: COUNSELING ASSOCIATES   | Date: 10-1-2020 |
|--------------------------------------|-----------------|
| Signatue: BhanwDang                  | Title           |
| Printed Name: BRIAN DAVIS, LCSW, CEO |                 |

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## **PRICING JUSTIFICATION**

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The proposed rate for Intake and Assessment is based on the current ADAP rate for this service, and that proposed rates for all other services are based on current Medicaid OBHS rates.