## **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	e Care - CRT	
Please insert a dollar amount for Option A or check the l	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	ce.	
OPTION A	OPTION B	
	Medicaid Per Diem	
Per Diem Rate \$	with W3 Specialty	
	Default Rate	
Category 2: Sub-Acute/Psychiatric Residential Care - CRT		
Please insert a dollar amount for Option A or check the l	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	ce.	
OPTION A	OPTION B	
	Medicaid Per Diem	
Per Diem Rate \$	with W3 Specialty 🛛 🔀	
	Residential RTU Rate	
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 Med	icaid Rate for Outpatient Qualified Behavioral	

d Health Professional.

Hourly Rate



## **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.

OPTION A

Per Diem Rate

<u>V A</u>	
\$	

<u>OPTION B</u>	
Medicaid Rate	