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 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 throught the duration of the contract. Option B is the Arkansas
Medicaid rate that fluctuates based on the date of service.

<u>OPTION A</u>			<u>OPTION B</u>		
NO.			Medicaid Per Diem		
Per Diem Rate			with W3 Specialty	J	
			Default Rate		
Category 2: Sub-Acute/Psychiatric Residential Care - CRT					
Please insert a dollar am	ount for Option	A or check the box	for Option B. Option A i	s a set daily rate at	
which services may be in	voiced throught	the duration of th	e contract. Option B is th	e Arkansas	
Medicaid rate that fluctu	ates based on t	he date of service.			
<u>OPTION A</u>			<u>OPTION B</u>		
			Medicaid Per Diem		
Per Diem Rate	HIT-N 7		with W3 Specialty	2	
	1.0		Residential RTU Rate		
C	ategory 3: (One-to-One A	ttendance - CRT		
Please insert pricing for one-to-one therapy. Category 3 will not be considered in low price					
determination. Rate mus		., . ,		•	
Health Professional.					
		_			
	Hourly Rate	\$			
Category 4: Sexual Rehabilitation Services					
Please insert a dollar am	ount for Option	A or check the box	for Option B Option A	is a set daily rate at	
which services may be inv	voiced throught	the duration of the	e contract. Option B is th	e Arkansas	
Medicaid rate that fluctu	ates based on ti	he date of service.			
<u>OPTION A</u>			OPTIOI	N R	
<u>OF HON A</u>		- 80	3. 1.3.	V D	

Medicaid Rate

\$

Per Diem Rate