

**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 through 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	N/A

<u>OPTION B</u>	
Medicaid Per Diem with W3 Specialty	<input type="checkbox"/>
Default Rate	

**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 through 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	\$ 430.00
PRTF Only	

<u>OPTION B</u>	
Medicaid Per Diem with W3 Specialty	<input type="checkbox"/>
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 Medicaid Rate for Outpatient Qualified Behavioral Health Professional.

Hourly Rate	\$ 12.50
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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 through 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	N/A

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