

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 RATE
Intake and Assessment	Per admission		\$200.00
		Total	\$200.00
RESIDENTIAL			
Residential	1 day		\$74.00
Partial Day	1 day		-
Adolescent	1 day		-
		Total	\$74.00
OUTPATIENT			
Outpatient Indivd	¼ hour		\$19.00
Outpatient Family	¼ hour		\$19.00
Outpatient Group	¼ hour		\$8.00
Outpatient Multi-family	¼ hour		\$8.00
Outpatient Adolescent	¼ hour		-
		Total	\$54.00
ADDITIONAL SERVICES			
Specialized Women's Services	1 day		-
RADD Observation Detox	Per episode		
		Total	\$0.00
TOTAL COST			\$328.00
TOTAL AVERAGE COST			\$82.00

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 behalf.

Vendor Name: <i>Recovery Centers of Arkansas</i>	Date: <i>9-28-20</i>
Signature: <i>Charles Baxter</i>	Title: <i>Executive Director</i>
Printed Name: <i>Charles Baxter, M.S.</i>	

Official Bid Price Justification

In order to determine a reasonable cost for performing the services under the Department of Human Services, Division of Children and Family Services contract (DCFS), management has analyzed the cost to cover services as well as local competitive pricing. Two local state contracts were reviewed as a pricing comparative (Local Grant A & B) as well as the current OBHS reimbursement rate provided by Medicaid. Our goal is to utilize the DCFS funding to service as many clients in the approved service areas as possible. Given this we have not quoted competitively with the higher Medicaid service rates nor private insurance rates, and instead have taken a lower average of local rates to help utilize funding for a larger population of clients who need help funding substance abuse services. Visa payments including those from the VISA Procurement Card are accepted payments. Billing staff are prepared to bill services through the CHRIS FINANCIAL MODULE. Below are the local competitive rates used in consideration of the proposed rates on the Official Bid Price Sheet.

Local Competitive Rate Comparative

Comparative Pricing of Local Funding

SERVICE	UNIT	Medicaid Rate	Local Grant (A)	Local Grant (B)	Provider Official Bid Price
Intake and Assessment	Per admission	\$161.40	\$200.00	\$200.00	\$200.00
RESIDENTIAL					
Residential	1 day	N/A	\$74.00	\$62.00	\$74.00
Partial Day	1 day	N/A	\$52.00	\$52.00	N/A
Adolescent	1 day	N/A	\$194.00	N/A	N/A
OUTPATIENT					
Outpatient Indivd	¼ hour	\$23.19	\$14.30	\$14.30	\$19.00
Outpatient Family	¼ hour	\$19.32	\$14.30	\$14.30	\$19.00
Outpatient Group	¼ hour	\$11.94	\$4.40	\$4.40	\$8.00
Outpatient Multi-family	¼ hour	\$22.39	N/A	\$4.40	\$8.00
Outpatient Adolescent (Indivd)	¼ hour	\$18.75	N/A	N/A	N/A
ADDITIONAL SERVICES					
Specialized Women's Services	1 day	N/A	\$120.00	\$100.00	N/A
RADD Observation Detox	Per episode	N/A	N/A	N/A	N/A

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