

## REVISED OFFICIAL BID PRICE SHEET

### 710-24-0014 Counseling Services

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed official bid price sheet with bid submission.

#### Instructions:

Enter a dollar amount for Option A or check the box for Option B for items 1-3. Medication management does not include an Option B. The Bidder may only include pricing for each service type that bidder can provide. Option A is a set daily rate at which services may be invoiced throughout the duration of the contract. A maximum allowable rate of up to the current Medicaid rate will only be accepted for Option A on items 1-3. DCFS will not accept any rate above the current Medicaid rate on these items. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service. 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.

#### Item 1: Counseling - Individual

OPTION A	OPTION B
Rate per 0.25 Hour     \$ _____	AR Medicaid Rate <input type="checkbox"/>

#### Item 2: Counseling - Family

OPTION A	OPTION B
Rate per Each     \$ _____	AR Medicaid Rate <input type="checkbox"/>

#### Item 3: Counseling - Group

OPTION A	OPTION B
Rate per Each     \$ _____	AR Medicaid Rate <input type="checkbox"/>

#### Item 4: Counseling - Medication Management

Rate per Each     \$ _____
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An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_