# PASRR Cost Proposal Form

Request for Proposal Number 6231 Z1

**Bidder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate total fixed price for each deliverable category. The deliverables will be paid as fixed payments upon completion and acceptance of tasks contained in the deliverable. All costs necessary to satisfy the requirements of this RFP must be included in the pricing listed below.

It is the intent of the DHHS DBH to contract with one bidder to implement the PASRR screening and evaluation services on a statewide basis.

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| --- | --- | --- | --- | --- |
| **Review Type** | **Initial Term Estimate** | **Initial Award Year 1**  **Cost per Screening / Evaluation** | **Initial Award Year 2**  **Cost per Screening / Evaluation** | **Initial Award Year 3**  **Cost per Screening / Evaluation** |
| Level I Screenings | 30,500 | $ | $ | $ |
| Level I Categorical – Clinical Review | 4,500 | $ | $ | $ |
| Level II Evaluations MI or ID/RC | 2300 | $ | $ | $ |
| Level II Evaluations Dual MI and ID/RC | 200 | $ | $ | $ |

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| --- | --- | --- | --- | --- | --- | --- |
| **Review Type** | **Optional Renewal One Year 1**  **Cost per Screening / Evaluation** | **Optional Renewal One Year 2**  **Cost per Screening / Evaluation** | **Optional Renewal Two Year 1**  **Cost per Screening / Evaluation** | **Optional Renewal Two Year 2**  **Cost per Screening / Evaluation** | **Optional Renewal Three Year 1**  **Cost per Screening / Evaluation** | **Optional Renewal Three Year 2**  **Cost per Screening / Evaluation** |
| Level I Screenings | $ | $ | $ | $ | $ | $ |
| Level I Categorical – Clinical Review | $ | $ | $ | $ | $ | $ |
| Level II Evaluations MI or ID/RC | $ | $ | $ | $ | $ | $ |
| Level II Evaluations Dual MI and ID/RC | $ | $ | $ | $ | $ | $ |