

# 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.

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	\$	\$	\$

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	\$	\$	\$	\$	\$	\$