REQUEST FOR PROPOSAL NO. 6100057115
NURSE PEER ASSISTANCE MONITORING PROGRAM

APPENDIX A

SERVICES AVAILABLE

Supplier Name:	

Please provide the costs to be paid by participants enrolled in your organization for the following services. Please list any other relevant services that are available to participants if they are not listed below. If more than one rate applies to a service, please list out each cost. Do not provide a range of cost without an explanation:

Type of Services Available to Participants	Cost to Participants
Case initiation fee	$
Monthly monitoring fees	$
Advocacy testimony provided for participant	$
Detailed letters summarizing participant's case	$
Progress reports (annual cost)	$
Drug testing (annual average)	$
	$
	$
	$