

REVISED ATTACHMENT E RFP 4699.1**7/23/26****PER ERRATUM 3**

Respondents must complete a rate for each service category they are proposing. Enter "No Bid" on any line not being proposed. Rates are firm-fixed for Year 1.

Service / Discipline	Base Hourly Rate Year 1	Assessment / Eval Rate	No-Show Fee (max)	Group Rate (per student/hour)
3.2 Speech-Language Pathology (Individual)	\$ _____	\$ _____	\$50	\$ _____
3.2 Speech-Language Pathology (Group, per student)	\$ _____	N/A	\$50	\$ _____
3.3 Occupational Therapy (Individual)	\$ _____	\$ _____	\$50	\$ _____
3.3 Occupational Therapy (Group, per student)	\$ _____	N/A	\$50	\$ _____
3.4 Physical Therapy (Individual)	\$ _____	\$ _____	\$50	\$ _____
3.4 Physical Therapy (Group per student)	\$ _____	N/A	\$50	\$ _____
3.5 Private Duty Nursing – RN (per student/day)	\$ _____	N/A	\$75	N/A
3.5 Private Duty Nursing – LPN (per student/day)	\$ _____	N/A	\$75	N/A
3.6 Standby Nursing Support – RN (per hour)	\$ _____	N/A	N/A	N/A
3.6 Standby Nursing Support – LPN (per hour)	\$ _____	N/A	N/A	N/A
3.7 Music Therapy (Individual)	\$ _____	\$ _____	\$50	\$ _____
3.7 Music Therapy (Group, per student)	\$ _____	N/A	\$50	\$ _____
3.8 Art Therapy (Individual)	\$ _____	\$ _____	\$50	\$ _____
3.8 Art Therapy (Group, per student)	\$ _____	N/A	\$50	\$ _____
3.9 I&T – Speech-Language Pathology	\$ _____	\$ _____	\$50	N/A

Service / Discipline	Base Hourly Rate Year 1	Assessment / Eval Rate	No-Show Fee (max)	Group Rate (per student/hour)
3.9 I&T – Occupational Therapy	\$ _____	\$ _____	\$50	N/A
3.9 I&T – Physical Therapy	\$ _____	\$ _____	\$50	N/A
3.9 I&T – Special Education	\$ _____	\$ _____	\$50	N/A
3.9 I&T – Social Work	\$ _____	\$ _____	\$50	N/A
3.9 I&T – Nutrition Services	\$ _____	\$ _____	\$50	N/A
3.10 Orientation & Mobility Specialist (COMS)	\$ _____	\$ _____	\$50	N/A
3.11 ABA – RBT Direct Service (Individual, per hour)	\$ _____	\$ _____	\$50	\$ _____
3.11 ABA – RBT Direct Service (Group, per student, per hour)	\$ _____	N/A	\$50	\$ _____
3.12 BCBA – Assessment / Consultation / Treatment Planning (per hour)	\$ _____	\$ _____	\$50	N/A
3.12 BCBA – Clinical Supervision of RBTs (per hour) — billable up to 5% of RBT direct service hours; hours above the cap require prior written approval of the MCPS Project Contact	\$ _____	N/A	\$50	N/A
IEP/IFSP Meeting Attendance Rate (all disciplines, per hour)	\$ _____	N/A	N/A	N/A

Note: The single posted line “3.12 BCBA – Supervisory/Consultation (per hour)” is replaced by two lines so that capped clinical supervision is priced separately from uncapped assessment/consultation. No-Show and Group Rate columns are unchanged. This revision affects ABA/BCBA pricing only.