**ATTACHMENT 2A**

**RFR/A APPLICATION PRICE SHEET - INDEPENDENT THERAPIST VISITS**

**RFR/A # 2024-0520IT**

| **PROPOSED LABOR CATEGORY**  **INDEPENDENT THERAPIST**  **INITIAL TERM: YEAR 1-2** | **RATE OF REIMBURSEMENT** | **ESTIMATED WEEKLY HOURS AVAILABLE** | **INITIAL BELOW TO ACCEPT RATE OF REIMBURSEMENT** |
| --- | --- | --- | --- |
| **1. REIMBURSEMENT RATES BASED ON CURRENT MEDICAL ASSISTANCE RATE - THERAPY** | **50%** |  |  |
| **2. REIMBURSEMENT RATES BASED ON CURRENT MEDICAL ASSISTANCE RATE - DIAGNOSTIC** | **60%** |  |  |

*\*MA rates may increase based on State of MD funding allocated by the Governor’s Office and approved by the General Assembly. Timing of any increases may vary.*

\**Administrative time shall be computed on the next Price Sheet, Attachment 2B.*

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Individual Name |  | Company Name (if applicable) | |
|  |  |  |  |
|  |  |  |  |
| Title |  | Individual or Company Tax ID # | |
| This Application Price Sheet must accompany the Resume/Application provided. The “Percentage Rate of Reimbursement” is the actual rate that the GCHD will pay for services and is based on the expected payment to be received by GCHD. | | | |