✎AO 367
(Rev. 6/11)

Amended 7/14/15

SECTION A	SOLICITATION / OFFER / ACCEPTANCE

1. Solicitation No.	2. Date Issued	3. Award No.
0973-16-133	**07/02/2015**	

4. Issued By:	5. Address Offer To (if other than Item 4):
Michelle Carey, CUSPO **312 N. Spring Street, 600** **Los Angeles, California 90012**	**Jennifer Smith, SUSPO** **501 W. Ocean Blvd., Suite 6340** **Long Beach, California 90802**

SOLICITATION

6. Offers in original and **2** copies for furnishing the required services listed in Section B will be received at the place specified in Item 5, or if handcarried, in the depository located:

501 W. Ocean Blvd., Suite 6340
Long Beach, California 90802

until **12:00 PM** (*hour*) local time **08/03/2015** (*date*)

7. For Information call:	
a. Name **Jennifer Smith, SUSPO**	b. Telephone **(562) 980-3412**

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OFFER

8. In compliance with the above, the undersigned agrees, if this offer is accepted within _____calendar days (365 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

9. DISCOUNT FOR PROMPT PAYMENT (*See Section I, Clause No. 52-232-8*)	10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %

10. ACKNOWLEDGEMENT OF AMENDMENTS (*The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated:*	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
	Amendment 1	7/14/15		

11. NAME AND ADDRESS OF OFFEROR

12. Telephone No. (Include area code)

16. ☐ AWARD

Your offer on Solicitation Number _____, including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets.

13. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (*Type or print*)

17A. NAME OF CONTRACTING OFFICER

17B. UNITED STATES OF AMERICA

BY _____ (*Signature Of Contracting Officer*)

17C. DATE SIGNED

14. Signature

15. Offer Date

PHYSICAL EXAMINATION:

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
~~X~~	~~4010~~	~~Physical Examination and Report~~	~~2016~~	~~1~~	~~Actual cost~~
			~~2017~~	~~2~~	
			~~2018~~	~~2~~	
				~~Unit: per exam~~	

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
~~X~~	~~4020~~	~~Laboratory Studies and Report~~	~~2016~~	~~Unknown~~	~~Actual cost~~
			~~2017~~	~~Unknown~~	
			~~2018~~	~~Unknown~~	
				~~Unit: per test~~	

PSYCHOLOGICAL/PSYCHIATRIC WORK-UP, EVALUATION, AND REPORT:

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
X *	5011	Mental Health Intake Assessment and Report	**2016**	2	
			2017	4	
			2018	4	
				Unit: per report	

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
X *	5012	Sex Offense Specific Evaluation and Report	**2016**	1	
			2017	2	
			2018	2	
				Unit: per report	

E. Facility Requirements
F. Local Services (if applicable)

~~1. **Physical Examination and Laboratory Studies**~~

~~Physical Examinations and Laboratory Studies may be an adjunct to Mental Health, Substance Abuse, or Co-Occurring Treatment, and shall be billed under PCs 4010 and 4020 below.~~

~~The vendor shall provide:~~

~~a. **One Physical Examination and Report (4010)** per defendant/offender, as deemed medically necessary, conducted by:~~

~~(1) A licensed medical doctor/physician, or other qualified practitioner who is board certified or board-eligible, and meets the standards of practice (i.e., academic training, residency, etc.) established by his/her state's regulatory board; or~~

~~(2) Other qualified practitioner (i.e., Licensed/Certified Nurse Practitioner/Specialist) who meets the standards of practice established by his/her state's regulatory board.~~

~~b. **Laboratory Studies and Report (4020)** including blood and urine testing at actual price when deemed medically necessary.~~

~~c. A typed report to the USPO/USPSO within 15 calendar days after completing the **Physical Examination (PC 4010)** and **Laboratory Studies (PC 4020)**.~~

2. **Mental Health Intake Assessment and Report**

The vendor shall provide:

a. **Mental Health Intake Assessment and Report (5011)-** performed by a masters or doctoral level clinician who is licensed or certified and meets the standards of practice established by his/her state regulatory board. The assessment could also be conducted by a non-licensed masters level clinician under the direct supervision of a licensed professional in accordance with state licensing standards.

The vendor shall provide:

(1) At least one comprehensive clinical/diagnostic interview utilizing a structured interview tool such as the Structured Clinical Interview for

Note: The Administrative Office encourages computer generated billing and will accept a vendor's invoice form that contains the same information as the Administrative Office invoice. The vendor shall only submit invoices electronically in a manner approved by the Contracting Officer and in compliance with 45 C.F.R. § 164.302 to 164.318.

d. Submit with the invoice a certification by an authorized official of the vendor that the invoice:

(1) Is correct and accurate to the best of his/her knowledge, and

(2) Includes only charges for services actually provided to defendant(s)/offender(s).

e. The vendor shall submit separate invoices for services provided to pretrial services defendants and Bureau of Prisons inmates to the appropriate pretrial services or Bureau of Prisons office.

f. The vendor may include the "No-Show" factor in the unit price charged for the following services. The vendor shall not include a charge for a "No-Show" as a separate item.

1010	2090	5030	6030
1011	~~4010~~	6000	6032
2000	~~4020~~	6010	6036
2010	5010	6012	6050
2011	5011	6015	6051
2020	5012	6020	6080
2021	5020	6021	6090
2022	5021	6022	6091
2030	5022	6026	7013
2040	5023	6027	7023
2080	5025	6028	

Note: A "No-Show" occurs when a defendant/offender does not show (and does not cancel with at least 24 hours advance notice) for a prescheduled service provided customarily by a physician or other professional staff member.

g. The vendor shall charge for a session longer or shorter than the prescribed unit time (when the unit price is based on a prescribed unit of time) by adjusting the charge up or down in fifteen minute increments. If circumstances necessitate adjustment of the charge based on the example below in section (i), the vendor shall contact the Government for approval. Sessions lasting less than 16 minutes