

**SECTION A SOLICITATION / OFFER / ACCEPTANCE**

1. Solicitation No. <b>0973-16-137</b>	2. Date Issued <b>07/02/2015</b>	3. Award No.
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4. Issued By: <b>Michelle Carey, CUSPO 312 N. Spring Street, 600 Los Angeles, California 90012</b>	5. Address Offer To (if other than Item 4): <b>Jennifer Smith, SUSPO 501 W. Ocean Blvd., Suite 6340 Long Beach, California 90802</b>
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**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 local time 08/03/2015  
(hour) (date)

7. For Information call: a. Name <b>Jennifer Smith, SUSPO</b>	b. Telephone <b>(562) 980-3412</b>
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**TABLE OF CONTENTS**

(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I – THE SCHEDULE				PART II – AGREEMENT CLAUSES			
X	A	SOLICITATION/OFFER/ACCEPTANCE	1	X	I	REQUIRED CLAUSES	3
X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	7	PART III – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS./WORK STATEMENT	35	X	J	LIST OF ATTACHMENTS	17
X	D	PACKAGING AND MARKING	1	PART IV – REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	1	X	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OR OFFERORS	2
X	F	DELIVERIES OR PERFORMANCE	1	X	L	INSTRS., CONDS., AND NOTICES TO OFFERORS	13
X	G	AGREEMENT ADMINISTRATION DATA	4	X	M	EVALUATION CRITERIA	4
X	H	SPECIAL AGREEMENT REQUIREMENTS	4				

**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 <i>(See Section I, Clause No. 52-232-8)</i>	10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %
10. ACKNOWLEDGEMENT OF AMENDMENTS <i>(The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated:</i>	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
	Amendment 1	7/14/15		

11. NAME AND ADDRESS OF OFFEROR	16. <input type="checkbox"/> 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.
12. Telephone No. (Include area code)	
13. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER <i>(Type or print)</i>	17A. NAME OF CONTRACTING OFFICER
14. Signature	17B. UNITED STATES OF AMERICA
15. Offer Date	17C. DATE SIGNED
	BY _____ <i>(Signature Of Contracting Officer)</i>

**PHYSICAL EXAMINATION:**

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
<del>X</del>	4010	<del>Physical Examination and Report</del>	
		2016	<input type="text" value="1"/>
		2017	<input type="text" value="2"/>
		2018	<input type="text" value="2"/>
		Unit: per exam	

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
<del>X</del>	4020	<del>Laboratory Studies and Report</del>	
		2016	<input type="text" value="Unknown"/>
		2017	<input type="text" value="Unknown"/>
		2018	<input type="text" value="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	<input type="text" value="2"/>
		2017	<input type="text" value="4"/>
		2018	<input type="text" value="4"/>
		Unit: per report	

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X *	5012	Sex Offense Specific Evaluation and Report	
		2016	<input type="text" value="1"/>
		2017	<input type="text" value="2"/>
		2018	<input type="text" value="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	<del>4010</del>	6000	6032
2000	<del>4020</del>	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