

(Revised FY 2013)

SECTION B - SUPPLIES OR SERVICES AND OFFEROR'S PRICES

The United States District Court for the _____ District of _____ is soliciting a vendor to provide substance abuse and/or mental health treatment services. A Vendor must be capable of providing services within a geographic area encompassing _____

As a result of this solicitation the Government intends to enter into a Blanket Purchase Agreement (BPA). For this BPA, approximately [] to [] vendors are needed to provide the required services. The Government reserves the right to award to a single vendor.

A Blanket Purchase Agreement is a "charge account" arrangement, between a buyer and a seller for recurring purchases of services. BPAs are not contracts and do not obligate government funds in any way. A contract occurs upon the placement of a call or referral from the Probation/Pretrial Services Office and the vendor's acceptance of the referral. Referrals will be rotated among all the vendors on the BPA. BPAs are valid for a specific period of time, not to extend beyond the current fiscal year. The total duration of this BPA, including the exercise of two 12-month options, shall not exceed 36 months. BPAs will be issued to those vendors determined to be technically acceptable and offering the lowest cost to the Government, using the Evaluation Criteria established in Section M of the Request for Proposal.

Section B is generic and used nationwide to procure the particular needs of each U. S. Probation/Pretrial Services Office. For this solicitation, only those services marked by an "X" under the Required Services column are being solicited. Offerors shall propose on only the required services. Services proposed, but not marked as required, will not be evaluated or included under any resultant agreement. Offerors failing to provide offers on all required services marked, will be considered technically unacceptable.

Note: Estimated Monthly Quantities (EMQs) represent the total monthly quantities to be ordered per service item under the BPA. Each vendor placed on the BPA may receive a share of the total quantity stated. However, EMQ's are estimates only and do not bind the government to meet these estimates.

An asterisk * indicates a requirement line item which has been modified under "Local Services."

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
URINE COLLECTION:				
_____	1010	Urine Collection Testing & Reporting	2013 _____ 2014 _____ 2015 _____ Unit: per specimen	_____ _____ _____
_____	1011	Urine Collection/ NIDT Device Testing	2013 _____ 2014 _____ 2015 _____ Unit: per specimen	_____ _____ _____
_____	1012	Sweat Patch/ Application & Removal	2013 _____ 2014 _____ 2015 _____ Unit: per patch	_____ _____ _____
_____	1504	Breathalyzer	2013 _____ 2014 _____ 2015 _____ Unit: per administration	_____ _____ _____
CASE MANAGEMENT SERVICES (SUBSTANCE ABUSE):				
_____	2000	Case Management Services	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
INTAKE:				
_____	2011	Intake Assessment and Report	2013 _____ 2014 _____ 2015 _____ Unit: per intake (total fee)	_____ _____ _____
COGNITIVE BEHAVIORAL TREATMENT:				

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	2021	Clinical Group	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	2022	Manualized Group	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
SUBSTANCE ABUSE COUNSELING:				
_____	2010	Individual Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	2020	Group Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	2030	Family Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	2040	Group Family Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session (price per family)	_____ _____ _____
_____	2080	Intensive Outpatient Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per day (Individual and/or group)	_____ _____ _____
_____	2090	Treatment Readiness Group	2013 _____ 2014 _____ 2015 _____	_____ _____ _____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
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Unit: per 30 minute session

INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS:

_____	6015	Individual Counseling	2013 _____ 2014 _____ 2015 _____	_____
			Unit: per 30 minute session	
_____	6026	Group Counseling	2013 _____ 2014 _____ 2015 _____	_____
			Unit: per 30 minute session	
_____	6027	Treatment Readiness Group	2013 _____ 2014 _____ 2015 _____	_____
			Unit: per 30 minute session	
_____	6036	Family Counseling	2013 _____ 2014 _____ 2015 _____	_____
			Unit: per 30 minute session	

PHYSICAL EXAMINATION:

_____	4010	Physical Examination and Report	2013 _____ 2014 _____ 2015 _____	_____
			Unit: per exam	
_____	4020	Laboratory Studies and Report	2013 Unknown 2014 Unknown 2015 Unknown	Actual cost
			Unit: per test	

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

_____	5010	Psychological Evaluation and Report	2013 _____ 2014 _____ 2015 _____	_____
			Unit: per report (total price)	

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	5011	Mental Health Intake Assessment and Report	2013 _____ 2014 _____ 2015 _____ Unit: per report	_____ _____ _____
_____	5012	Sex Offense Specific Evaluation and Report	2013 _____ 2014 _____ 2015 _____ Unit: per report	_____ _____ _____
_____	5020	Psychological Testing and Report	2013 _____ 2014 _____ 2015 _____ Unit: NTE per report	_____ _____ _____
_____	5030	Psychiatric Evaluation and Report	2013 _____ 2014 _____ 2015 _____ Unit: per report	_____ _____ _____

CASE MANAGEMENT SERVICES (MENTAL HEALTH):

_____	6000	Case Management Services	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
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MENTAL HEALTH COUNSELING:

_____	6010	Individual Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	6020	Group Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	6021	Education Group	2013 _____ 2014 _____	_____ _____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
			2013	2014	
_____			2015 _____	_____	_____
			Unit: per 30 minute session		
_____	6028	Cognitive-Behavioral Group	2013 _____	_____	_____
			2014 _____	_____	_____
			2015 _____	_____	_____
			Unit: per 30 minute session		
_____	6030	Family Counseling	2013 _____	_____	_____
			2014 _____	_____	_____
			2015 _____	_____	_____
			Unit: per 30 minute session		
_____	6040	Psychotropic Medication	2013 Unknown	Unknown	Actual cost
			2014 Unknown	Unknown	cost
			2015 Unknown	Unknown	
			Unit: per dose		
_____	6041	Administrative Fee Psychotropic Medication	2013 Unknown	Unknown	5% of actual funds expended
			2014 Unknown	Unknown	actual funds expended
			2015 Unknown	Unknown	expended
			Unit: per dose expended		
_____	6050	Charge for Administering Medications	2013 Unknown	Unknown	_____
			2014 Unknown	Unknown	_____
			2015 Unknown	Unknown	_____
			Unit: per visit		
_____	6051	Medication Monitoring	2013 _____	_____	_____
			2014 _____	_____	_____
			2015 _____	_____	_____
			Unit: per visit		
_____	6080	Intensive Outpatient Counseling	2013 _____	_____	_____
			2014 _____	_____	_____
			2015 _____	_____	_____
			Unit: per day (Individual and/or group)		

SEX OFFENSE- SPECIFIC TREATMENT FOR POST CONVICTION

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	6012	Individual Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	6022	Group Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	6032	Family Counseling	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	6090	Treatment Readiness Group	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____
_____	6091	Chaperone Training and Support	2013 _____ 2014 _____ 2015 _____ Unit: per 30 minute session	_____ _____ _____

PHYSIOLOGICAL MEASUREMENTS

_____	5021	Penile Plethysmograph and Report	2013 _____ 2014 _____ 2015 _____ Unit: per examination	_____ _____ _____
_____	5022	Clinical Polygraph Examination and Report	2013 _____ 2014 _____ 2015 _____ Unit: per examination	_____ _____ _____
_____	5023	Maintenance/Monitoring Test	2013 _____ 2014 _____ 2015 _____	_____ _____ _____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	5025	Visual Reaction Time (VRT) Measure of Sexual Interest and Report	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
			Unit: per test	
			Unit: per report	

SPECIALIZED TREATMENT FOR PRETRIAL DEFENDANTS CHARGED WITH A SEX-OFFENSE

_____	7013	Individual Treatment	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
			Unit: per 30 minute session	

_____	7023	Group Treatment	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
			Unit: per 30 minute session	

OUTPATIENT DETOXIFICATION/ANTAGONIST TREATMENT:

_____ 7020 Outpatient Take Home Medication
Unit: per Visit or Take Home

			<u>VISIT</u>	<u>TAKE HOME PRICE</u>
_____	Trexan	2013 _____ 2014 _____ 2015 _____	_____ _____ _____	_____ _____ _____
_____	Methadone	2013 _____ 2014 _____ 2015 _____	_____ _____ _____	_____ _____ _____
_____	Antabuse	2013 _____ 2014 _____ 2015 _____	_____ _____ _____	_____ _____ _____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____		Buprenorphine	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
_____		Naltrexone	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
_____		Other	2013 _____ 2014 _____ 2015 _____	_____ _____ _____

INPATIENT DETOXIFICATION:

_____	8010	Medical Detoxification	2013 _____ 2014 _____ 2015 _____ Unit: per day	_____ _____ _____
_____	8050	Non-Medical Detoxification	2013 _____ 2014 _____ 2015 _____ Unit: per day	_____ _____ _____
_____	8030	Inpatient Detoxification Medication		
_____		Trexan	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
_____		Methadone	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
_____		Antabuse	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
_____		Buprenorphine	2013 _____ 2014 _____ 2015 _____	_____ _____ _____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____		Naltrexone	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
_____		Other	2013 _____ 2014 _____ 2015 _____	_____ _____ _____

Unit: per dose

METHADONE MAINTENANCE AND DETOXIFICATION:

_____	9020	Methadone Maintenance Unit: per Visit or Take Home (all services)		<u>TAKE HOME PRICE</u>
			<u>VISIT</u>	
			2013 _____ 2014 _____ 2015 _____	_____ _____ _____

_____	9021	Methadone Detoxification Unit: per Visit or Take Home (all services)		<u>TAKE HOME PRICE</u>
			<u>VISIT</u>	
			2013 _____ 2014 _____ 2015 _____	_____ _____ _____
_____		Medication/Other	2013 _____ 2014 _____ 2015 _____	_____ _____ _____

RESIDENTIAL PLACEMENT:

_____	1001	Therapeutic Community Treatment	2013 _____ 2014 _____ 2015 _____	_____ _____ _____
			Unit: Per day	
_____	2001	Short-Term	2013 _____	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
_____		Residential Treatment	2014 _____		_____
			2015 _____		_____
			Unit: per day		
_____	2002	Long-Term Residential Treatment	2013 _____		_____
			2014 _____		_____
			2015 _____		_____
			Unit: per day		
_____	1503	Confined Treatment Alternative	2013 _____		_____
			2014 _____		_____
			2015 _____		_____
			Unit: per day		
_____	6001	Short-Term Residential for Co-Occurring Disorders	2013 _____		_____
			2014 _____		_____
			2015 _____		_____
			Unit: per day		
_____	6002	Long-Term Residential for Co-Occurring Disorders	2013 _____		_____
			2014 _____		_____
			2015 _____		_____
			Unit: per day		

TRANSPORTATION FOR CLIENTS:

_____	1201	Administrative Fee	2013 unknown		5% of amount distributed under PC 1202
			2014 unknown		
			2015 unknown		
_____	1202	Client Transportation Expenses	2013 unknown		JTR*
			2014 unknown		
			2015 unknown		

EMERGENCY FINANCIAL ASSISTANCE FOR CLIENTS:

_____	1301	Administrative Fee	2013 unknown		5% of amount distributed under
			2014 unknown		
			2015 unknown		

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
_____	1302	Emergency Financial Assistance	2013	unknown	PC 1302
			2014	unknown	Actual cost
			2015	unknown	
CONTRACTOR'S LOCAL TRAVEL:					
_____	1401	Contractor's Local Travel by Vehicle	2013	Unknown	JTR*
			2014	Unknown	
			2015	Unknown	
_____	1402	Contractor's Local Travel by Common Carrier	2013	Unknown	JTR**
			2014	Unknown	
			2015	Unknown	
CLIENT REIMBURSEMENT/COPAYMENT:					
_____	1501	Administrative Fee	2013	Unknown	5% of fees collected by Vendor
			2014	Unknown	
			2015	Unknown	

***Unit: Per mile reimbursed at prevailing rate established by Judiciary Travel Regulations for employees of the Judicial Branch of the Government.**

****Unit: Reimbursement is at actual price as established in Judiciary Travel Regulations. Any such travel must first be authorized by the USPO/USPSO to include the type, train or bus, and it must be at the lowest fare possible.**