

(Revised FY 2014)

## **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, mental health, and/or sex offender treatment services. A Vendor must be capable of providing services within a geographic area encompassing \_\_\_\_\_.

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. Only submit prices on the services marked by an "X."

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

<b>REQUIRED SERVICES</b>	<b>PROJECT CODE</b>	<b>SERVICES</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>
<b>URINE COLLECTION:</b>				
_____	1010	Urine Collection Testing & Reporting	2014 _____	_____
				<b>Unit: per specimen</b>
_____	1011	Urine Collection/ NIDT Device Testing	2014 _____	_____
				<b>Unit: per specimen</b>
_____	1012	Sweat Patch/ Application & Removal	2014 _____	_____
				<b>Unit: per patch</b>
_____	1504	Breathalyzer	2014 _____	_____
				<b>Unit: per administration</b>
<b>CASE MANAGEMENT SERVICES (SUBSTANCE ABUSE):</b>				
_____	2000	Case Management Services	2014 _____	_____
				<b>Unit: per 30 minute session</b>
<b>INTAKE:</b>				
_____	2011	Intake Assessment and Report	2014 _____	_____
				<b>Unit: per intake (total fee)</b>
<b>COGNITIVE BEHAVIORAL TREATMENT:</b>				
_____	2021	Clinical Group	2014 _____	_____
				<b>Unit: per 30 minute session</b>

<b>REQUIRED SERVICES</b>	<b>PROJECT CODE</b>	<b>SERVICES</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>
_____	2022	Manualized Group	2014 _____	_____
				<b>Unit: per 30 minute session</b>

**SUBSTANCE ABUSE COUNSELING:**

_____	2010	Individual Counseling	2014 _____	_____
				<b>Unit: per 30 minute session</b>

_____	2020	Group Counseling	2014 _____	_____
				<b>Unit: per 30 minute session</b>

_____	2030	Family Counseling	2014 _____	_____
				<b>Unit: per 30 minute session</b>

_____	2040	Group Family Counseling	2014 _____	_____
				<b>Unit: per 30 minute session (price per family)</b>

_____	2080	Intensive Outpatient Counseling	2014 _____	_____
				<b>Unit: per day (Individual and/or group)</b>

_____	2090	Treatment Readiness Group	2014 _____	_____
				<b>Unit: per 30 minute session</b>

**INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS:**

_____	6015	Individual Counseling	2014 _____	_____
				<b>Unit: per 30 minute session</b>

<b>REQUIRED SERVICES</b>	<b>PROJECT CODE</b>	<b>SERVICES</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>
_____	6026	Group Counseling	2014 _____	_____
				<b>Unit: per 30 minute session</b>
_____	6027	Treatment Readiness Group	2014 _____	_____
				<b>Unit: per 30 minute session</b>
_____	6036	Family Counseling	2014 _____	_____
				<b>Unit: per 30 minute session</b>

**PHYSICAL EXAMINATION:**

_____	4010	Physical Examination and Report	2014 _____	_____
				<b>Unit: per exam</b>
_____	4020	Laboratory Studies and Report	2014 Unknown	Actual cost
				<b>Unit: per test</b>

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

_____	5010	Psychological Evaluation and Report	2014 _____	_____
				<b>Unit: per report (total price)</b>
_____	5011	Mental Health Intake Assessment and Report	2014 _____	_____
				<b>Unit: per report</b>
_____	5012	Sex Offense Specific Evaluation and Report	2014 _____	_____

<b>REQUIRED SERVICES</b>	<b>PROJECT CODE</b>	<b>SERVICES</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>
_____	5020	Psychological Testing and Report	2014 _____	_____
			<b>Unit: per report</b>	
_____	5030	Psychiatric Evaluation and Report	2014 _____	_____
			<b>Unit: NTE per report</b>	
			<b>Unit: per report</b>	
<b>CASE MANAGEMENT SERVICES (MENTAL HEALTH):</b>				
_____	6000	Case Management Services	2014 _____	_____
			<b>Unit: per 30 minute session</b>	
<b>MENTAL HEALTH COUNSELING:</b>				
_____	6010	Individual Counseling	2014 _____	_____
			<b>Unit: per 30 minute session</b>	
_____	6020	Group Counseling	2014 _____	_____
			<b>Unit: per 30 minute session</b>	
_____	6021	Education Group	2014 _____	_____
			<b>Unit: per 30 minute session</b>	
_____	6028	Cognitive-Behavioral Group	2014 _____	_____
			<b>Unit: per 30 minute session</b>	

<b>REQUIRED SERVICES</b>	<b>PROJECT CODE</b>	<b>SERVICES</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>
_____	6030	Family Counseling	2014 _____	_____
			<b>Unit: per 30 minute session</b>	
_____	6040	Psychotropic Medication	2014 Unknown	Actual cost
			<b>Unit: per dose</b>	
_____	6041	Administrative Fee Psychotropic Medication	2014 Unknown	5% of actual funds expended
			<b>Unit: per dose expended</b>	
_____	6050	Charge for Administering Medications	2014 Unknown	_____
			<b>Unit: per visit</b>	
_____	6051	Medication Monitoring	2014 _____	_____
			<b>Unit: per visit</b>	
_____	6080	Intensive Outpatient Counseling	2014 _____	_____
			<b>Unit: per day (Individual and/or group)</b>	
<b>SEX OFFENSE- SPECIFIC TREATMENT FOR POST CONVICTION</b>				
_____	6012	Individual Counseling	2014 _____	_____
			<b>Unit: per 30 minute session</b>	
_____	6022	Group Counseling	2014 _____	_____
			<b>Unit: per 30 minute session</b>	

<b>REQUIRED SERVICES</b>	<b>PROJECT CODE</b>	<b>SERVICES</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>
_____	6032	Family Counseling	2014 _____	_____
				<b>Unit: per 30 minute session</b>
_____	6090	Treatment Readiness Group	2014 _____	_____
				<b>Unit: per 30 minute session</b>
_____	6091	Chaperone Training and Support	2014 _____	_____
				<b>Unit: per 30 minute session</b>

**PHYSIOLOGICAL MEASUREMENTS**

_____	5021	Penile Plethysmograph and Report	2014 _____	_____
				<b>Unit: per examination</b>
_____	5022	Clinical Polygraph Examination and Report	2014 _____	_____
				<b>Unit: per examination</b>
_____	5023	Maintenance/ Monitoring Test	2014 _____	_____
				<b>Unit: per test</b>
_____	5025	Visual Reaction Time (VRT) Measure of Sexual Interest and Report	2014 _____	_____
				<b>Unit: per report</b>

**SPECIALIZED TREATMENT FOR PRETRIAL DEFENDANTS CHARGED WITH A SEX-OFFENSE**

_____	7013	Individual	2014 _____	_____
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REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	7023	Treatment	2014 _____	_____
				<b>Unit: per 30 minute session</b>
_____	7023	Group Treatment	2014 _____	_____
				<b>Unit: per 30 minute session</b>

**OUTPATIENT DETOXIFICATION/ANTAGONIST TREATMENT:**

_____	7020	Outpatient Take Home Medication	2014 _____	<u>VISIT</u>	<u>TAKE HOME PRICE</u>
		<b>Unit: per Visit or Take Home</b>			
_____		Trexan	2014 _____	_____	_____
_____		Methadone	2014 _____	_____	_____
_____		Antabuse	2014 _____	_____	_____
_____		Buprenorphine	2014 _____	_____	_____
_____		Naltrexone	2014 _____	_____	_____
_____		Other	2014 _____	_____	_____

**INPATIENT DETOXIFICATION:**

_____	8010	Medical Detoxification	2014 _____	_____
				<b>Unit: per day</b>
_____	8050	Non-Medical Detoxification	2014 _____	_____
				<b>Unit: per day</b>
_____	8030	Inpatient Detoxification Medication		
_____		Trexan	2014 _____	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____		Methadone	2014 _____	_____
_____		Antabuse	2014 _____	_____
_____		Buprenorphine	2014 _____	_____
_____		Naltrexone	2014 _____	_____
_____		Other	2014 _____	_____

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>	
			2014 _____	_____

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

_____		Medication/Other	2014 _____	_____
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**RESIDENTIAL PLACEMENT:**

_____	1001	Therapeutic Community Treatment	2014 _____	_____
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Unit: Per day

<b>REQUIRED SERVICES</b>	<b>PROJECT CODE</b>	<b>SERVICES</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>
_____	2001	Short-Term Residential Treatment	2014 _____ <b>Unit: per day</b>	_____
_____	2002	Long-Term Residential Treatment	2014 _____ <b>Unit: per day</b>	_____
_____	1503	Confined Treatment Alternative	2014 _____ <b>Unit: per day</b>	_____
_____	6001	Short-Term Residential for Co-Occurring Disorders	2014 _____ <b>Unit: per day</b>	_____
_____	6002	Long-Term Residential for Co-Occurring Disorders	2014 _____ <b>Unit: per day</b>	_____
<b>TRANSPORTATION FOR CLIENTS:</b>				
_____	1201	Administrative Fee	2014 unknown	5% of amount distributed under PC 1202
_____	1202	Client Transportation Expenses	2014 unknown	JTR*
<b>EMERGENCY FINANCIAL ASSISTANCE FOR CLIENTS:</b>				
_____	1301	Administrative Fee	2014 unknown	5% of amount distributed

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	1302	Emergency Financial Assistance	2014 unknown	under PC 1302 Actual cost

**CONTRACTOR'S LOCAL TRAVEL:**

_____	1401	Contractor's Local Travel by Vehicle	2014 Unknown	JTR*
_____	1402	Contractor's Local Travel by Common Carrier	2014 Unknown	JTR**

**Unit: per month**

**CLIENT REIMBURSEMENT/COPAYMENT:**

_____	1501	Administrative Fee	2014 Unknown	5% of fees collected by Vendor
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**\*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.**