

(Revised FY 2015)

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."

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
URINE COLLECTION:				
_____	1010	Urine Collection Testing & Reporting	2015 _____	_____
				Unit: per specimen
_____	1011	Urine Collection/ NIDT Device Testing	2015 _____	_____
				Unit: per specimen
_____	1012	Sweat Patch/ Application & Removal	2015 _____	_____
				Unit: per patch
_____	1504	Breathalyzer	2015 _____	_____
				Unit: per administration
CASE MANAGEMENT SERVICES (SUBSTANCE ABUSE):				
_____	2000	Case Management Services	2015 _____	_____
				Unit: per 30 minute session
INTAKE:				
_____	2011	Intake Assessment and Report	2015 _____	_____
				Unit: per intake (total fee)
COGNITIVE BEHAVIORAL TREATMENT:				
_____	2021	Clinical Group	2015 _____	_____
				Unit: per 30 minute session

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	2022	Manualized Group	2015 _____	_____
				Unit: per 30 minute session

SUBSTANCE ABUSE COUNSELING:

_____	2010	Individual Counseling	2015 _____	_____
				Unit: per 30 minute session

_____	2020	Group Counseling	2015 _____	_____
				Unit: per 30 minute session

_____	2030	Family Counseling	2015 _____	_____
				Unit: per 30 minute session

_____	2040	Group Family Counseling	2015 _____	_____
				Unit: per 30 minute session (price per family)

_____	2080	Intensive Outpatient Counseling	2015 _____	_____
				Unit: per day (Individual and/or group)

_____	2090	Treatment Readiness Group	2015 _____	_____
				Unit: per 30 minute session

INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS:

_____	6015	Individual Counseling	2015 _____	_____
				Unit: per 30 minute session

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	6026	Group Counseling	2015 _____	_____
				Unit: per 30 minute session
_____	6027	Treatment Readiness Group	2015 _____	_____
				Unit: per 30 minute session
_____	6036	Family Counseling	2015 _____	_____
				Unit: per 30 minute session

PHYSICAL EXAMINATION:

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

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

_____	5010	Psychological Evaluation and Report	2015 _____	_____
				Unit: per report (total price)
_____	5011	Mental Health Intake Assessment and Report	2015 _____	_____
				Unit: per report
_____	5012	Sex Offense Specific Evaluation and Report	2015 _____	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	5020	Psychological Testing and Report	2015 _____	_____
			Unit: per report	
_____	5030	Psychiatric Evaluation and Report	2015 _____	_____
			Unit: NTE per report	
			Unit: per report	
CASE MANAGEMENT SERVICES (MENTAL HEALTH):				
_____	6000	Case Management Services	2015 _____	_____
			Unit: per 30 minute session	
MENTAL HEALTH COUNSELING:				
_____	6010	Individual Counseling	2015 _____	_____
			Unit: per 30 minute session	
_____	6020	Group Counseling	2015 _____	_____
			Unit: per 30 minute session	
_____	6021	Education Group	2015 _____	_____
			Unit: per 30 minute session	
_____	6028	Cognitive-Behavioral Group	2015 _____	_____
			Unit: per 30 minute session	

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	6030	Family Counseling	2015 _____	_____
			Unit: per 30 minute session	
_____	6040	Psychotropic Medication	2015 Unknown	Actual cost
			Unit: per dose	
_____	6041	Administrative Fee Psychotropic Medication	2015 Unknown	5% of actual funds expended
			Unit: per dose expended	
_____	6050	Charge for Administering Medications	2015 Unknown	_____
			Unit: per visit	
_____	6051	Medication Monitoring	2015 _____	_____
			Unit: per visit	
_____	6080	Intensive Outpatient Counseling	2015 _____	_____
			Unit: per day (Individual and/or group)	
SEX OFFENSE- SPECIFIC TREATMENT FOR POST CONVICTION				
_____	6012	Individual Counseling	2015 _____	_____
			Unit: per 30 minute session	
_____	6022	Group Counseling	2015 _____	_____
			Unit: per 30 minute session	

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

PHYSIOLOGICAL MEASUREMENTS

_____	5021	Penile Plethysmograph and Report	2015 _____	_____
				Unit: per examination
_____	5022	Clinical Polygraph Examination and Report	2015 _____	_____
				Unit: per examination
_____	5023	Maintenance/ Monitoring Test	2015 _____	_____
				Unit: per test
_____	5025	Visual Reaction Time (VRT) Measure of Sexual Interest and Report	2015 _____	_____
				Unit: per report

SPECIALIZED TREATMENT FOR PRETRIAL DEFENDANTS CHARGED WITH A SEX-OFFENSE

_____	7013	Individual	2015 _____	_____
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REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	7023	Treatment	2015 _____	_____
				Unit: per 30 minute session
_____	7023	Group Treatment	2015 _____	_____
				Unit: per 30 minute session

OUTPATIENT DETOXIFICATION/ANTAGONIST TREATMENT:

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	7020	Outpatient Take Home Medication	2015 _____	_____
				Unit: per Visit or Take Home
_____		Trexan	2015 _____	_____
				TAKE HOME PRICE
_____		Methadone	2015 _____	_____
_____		Antabuse	2015 _____	_____
_____		Buprenorphine	2015 _____	_____
_____		Naltrexone	2015 _____	_____
_____		Other	2015 _____	_____

INPATIENT DETOXIFICATION:

_____	8010	Medical Detoxification	2015 _____	_____
				Unit: per day
_____	8050	Non-Medical Detoxification	2015 _____	_____
				Unit: per day
_____	8030	Inpatient Detoxification Medication	2015 _____	_____
_____		Trexan	2015 _____	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____		Methadone	2015 _____	_____
_____		Antabuse	2015 _____	_____
_____		Buprenorphine	2015 _____	_____
_____		Naltrexone	2015 _____	_____
_____		Other	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>	
			2015 _____	_____
_____	9021	Methadone Detoxification Unit: per Visit or Take Home (all services)		<u>TAKE HOME PRICE</u>
			<u>VISIT</u>	
			2015 _____	_____
_____		Medication/Other	2015 _____	_____

RESIDENTIAL PLACEMENT:

_____	1001	Therapeutic Community Treatment	2015 _____	_____
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Unit: Per day

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	2001	Short-Term Residential Treatment	2015 _____ Unit: per day	_____
_____	2002	Long-Term Residential Treatment	2015 _____ Unit: per day	_____
_____	1503	Confined Treatment Alternative	2015 _____ Unit: per day	_____
_____	6001	Short-Term Residential for Co-Occurring Disorders	2015 _____ Unit: per day	_____
_____	6002	Long-Term Residential for Co-Occurring Disorders	2015 _____ Unit: per day	_____
TRANSPORTATION FOR CLIENTS:				
_____	1201	Administrative Fee	2015 unknown	5% of amount distributed under PC 1202
_____	1202	Client Transportation Expenses	2015 unknown	JTR*
EMERGENCY FINANCIAL ASSISTANCE FOR CLIENTS:				
_____	1301	Administrative Fee	2015 unknown	5% of amount distributed

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	1302	Emergency Financial Assistance	2015 unknown	under PC 1302 Actual cost

CONTRACTOR'S LOCAL TRAVEL:

_____	1401	Contractor's Local Travel by Vehicle	2015 Unknown	JTR*
_____	1402	Contractor's Local Travel by Common Carrier	2015 Unknown	JTR**

Unit: per month

CLIENT REIMBURSEMENT/COPAYMENT:

_____	1501	Administrative Fee	2015 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.**