

Questions & Answers

FY 2013 Solicitation – U.S. Probation Office / Northern District of Texas

August 16, 2012

The following questions were submitted in writing to Chief Whitten, and/or in-person at the Offeror's Conference held on August 10, 2012. Answers to all questions have been included.

1. **Q:** I understand that you need services under project code 2001 for a total of 120 clients. The indication is that you are wanting to conduct a BPA with one facility (page B- 1of 2). Is this what is government is asking for?
A: The BPA indicates an estimated monthly quantity of billing units, not clients. As noted, the solicitation is for one vendor to administer the requested services.
2. **Q:** You provide no idea of unit price. I assume that we must provide the unit price that we are willing to perform the indicated services in the work performance statement. Is this assumption correct?
A: Yes. A current list of prices can be requested.
3. **Q:** I did not find any reference to 1501 (Administrative Fee) in the BPA other than in the beginning on Page B-2 of 2. Is this the Project code for testing items?
A: Project Code 1501 allows the vendor to bill the probation office 5% of collected copayments for the administrative cost of collecting the fees. For example, if copayments for the month for one client total \$25, the vendor would bill the probation office \$1.25 via Project Code 1501.
4. **Q:** On page L-3 of 12 of RFP 0339-13-145 , Preparation of Certification of Compliance Statement, is a simple statement stating we will provide the mandatory requirements as stated in Section C, E, F, and G and comply with terms and conditions of the RFP sufficient or do we need to specify how we will provide each requirement?
A: Per the instructions noted in Section L.1 of the RFP, the Offeror's Certification of Compliance Statement (Attachment A, Section L) must be submitted by the offeror and each proposed subcontractor. It is no longer necessary to specify how the offeror will provide each requirement.
5. **Q:** Can you provide me with a list of current prices for service code of 6000 -Case Management Services? I have an old list, but don't think code 6000 is on it.
A: This is the first solicitation cycle that has included Project Code 6000 in the Northern District of Texas. Therefore, there are no historical prices to compare; however, Project Code 2000 is a comparable service and has been previously contracted in our district. The current price for Project Code 2000 is \$22 per unit.
6. **Q:** Do the estimated monthly quantities in BPA's include Pretrial Services estimates?
A: Yes.

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7. **Q:** Looking over the RFP and noticing that we are required to have a bi-lingual counselor, I had a few questions regarding this. Is the expectation that there will be separate groups for Spanish and English speaking participants, and will both of these groups be funded (e.g. two Wednesday night groups instead of one) by the USPO?
A: If there are enough Spanish speaking clients to support a separate Spanish speaking group, the answer to the question is yes. However, if there are only a few Spanish speaking clients, group treatment would not be feasible, and therefore, not required. Client demand would dictate the need to provide Spanish speaking services.
8. **Q:** Looking over the RFP and noticing that we are required to have a bi-lingual counselor, I had a few questions regarding this. If we have a licensed staff member with an associate's degree that is fluent in Spanish, would that suffice?
A: Refer to Section C of the RFP for staff qualifications. In reference to outpatient substance abuse treatment services, a licensed counselor with an associate's degree could provide services if he/she is under the direct supervision of a staff member that meets the advanced qualifications noted in Section C.
9. **Q:** Looking over the RFP and noticing that we are required to have a bi-lingual counselor, I had a few questions regarding this. Do we need to have that position filled prior to contract award, or would it suffice to indicate the position will be filled (if awarded the contract) prior to the begin date of the award?
A: If awarded the contract, the vendor would need to have the ability to provide all noted services effective October 1, 2012.
10. **Q:** May an offeror submit evidence of application submitted to DSHS reflecting the addition of the proposed site in lieu of providing the actual license copy with the RFP submission?
A: The contractor must have an acceptable facility in place at the time of proposal submission and the contractor must submit with its proposal all required documentation to demonstrate this (such as fire inspection, etc as required in Section L).
11. **Q:** Pages C-21 of 21, paragraph 8, in each of the subject BPA's read as if collectors must be present seven days weekly. Are collections going to remain on a phase system and if so, how many collection days monthly will be required at each site?
A: Urine collection will continue to operate on a phase system. As outlined in Section C of the RFP, there are three phases: Phase 1 (minimum of three collections per month); Phase 2 (minimum of two collections per month); and Phase 3 (minimum of one collection per month). Normally, there will be a minimum of 3 and maximum of 6 collection days per month at each vendor location. Collectors do not have to be present on non-collection days.

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12. **Q:** On page B-1 of BPA 0539-13-151, the indicated geographic area does not include the zip for our Shiloh Rd. collection site; 75228. If this is as intended, unit costs will have to reflect expenses for a new Genesis site which seems cost prohibitive. Does this BPA accurately reflect the intended zip codes?

A: The zip code was inadvertently left out of the catchment area. The RFP has been amended to include 75228.

13. **Q:** Could you please tell me the contact to see if there has been an amendment to the Solicitation (BPA 0539-13-155) or to BPA 0539-13-131).

A: No. Neither BPA has been amended.

14. **Q:** What are the historical unit rates paid for the following project codes BPA 539-10-142 and BPA 539-10-145?

- a. For fiscal year 2010: Project code 2011; Project code 2010; Project code 2020; Project code 2030; Project code 2090; and Project code 1010?
- b. For fiscal year 2011: Project code 2011; Project code 2010; Project code 2020; Project code 2030; Project code 2090; and Project code 1010?
- c. For fiscal year 2012: Project code 2011; Project code 2010; Project code 2020; Project code 2030; Project code 2090; and Project code 1010?

A: Only current year, not historical, pricing can be disclosed. A current price list for all solicited BPAs and corresponding Project Codes have been attached.

15. **Q:** Will current letters from the building manager be sufficient for compliance with the RFP to make the bid technically acceptable or do you need additional items for building codes, fire, safety?

A: Pass/Fail criteria in Section M of the RFP states the 'offeror has provided copies of applicable business and/or operating licenses(s).' In addition, Section M states 'the offered has provided copies of compliance with all federal, state and local fire, safety, and health codes.' A letter from the building manager making a general statement that the building is in compliance would not suffice.

16. **Q:** "Please understand that our agency is considered by Texas to be a *private practice* for mental health and substance abuse. Thus there has been no prior need to be licensed as a substance abuse outpatient facility or a certified community mental health clinic. As a practitioner I am exempted according to the Texas Health and Safety Code Chapter 464, Sec. A464003. Exemptions: (see quoted section) Texas Health and Safety Code: Chapter 464 - "Sec.A464.003.AAEXEMPTIONS. This subchapter does not apply to:...(5)AAthe individual office of a private, licensed health care practitioner who personally renders private individual or group services within the scope of the practitioner's license and in the practitioner's office;..." I am exempted per the Texas health and safety code by nature of my license. The intent of a facility licensure or certification is to uphold certain standards. I already uphold those standards by compliance with my Texas licensing board (along with other licensed professionals in our place of business). IF the

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USPO still requests I obtain the Substance Abuse Outpatient Facility license or the community mental health clinic certification I will but that will take a month or so and will be problematic for the submission of the current RFPs.

A: Texas State Law requires an outpatient substance abuse treatment facility to be licensed by the Texas Department of State Health Services to provide outpatient substance abuse treatment.

Questions & Answers from the August 10, 2012, Offeror's Conference:

The answer for the issues discussed in questions 17-22 can be found on page 5 (following question 22.)

17. **Q:** So if I go in and have a new site today, the State of Texas will take 60 to 90 days to turn that around. Then I may as well not bid on that particular deal, correct?
A: You are correct. The answer we received from our procurement office in Washington, D.C. is that your site needs to be licensed and operational when you submit your proposal.
18. **Q:** For the type of outpatient treatment that we do for probation, the fact that we are licensed as chemical dependency counselors. The way we do our federal work really, we're providing the service as licensed counselors and not necessarily as treatment. The requirement that the state has when we start licensing, we're licensed in multiple locations. What I see us doing in probation is simply counseling. Which is anybody in the state can do counseling without that facility licensure.
A: You're suggesting that as a federal contractor, you don't necessarily have to comply with Department of State Health Services (DSHS) requirements. We need to get clarification about whether or not Texas state licensure is required. The RFP outlines what is required to perform services.
Q: Initially, I mean it costs us money to go and put that license in place and then it also takes a period of time. I promise you, Austin is not going to jump through hoops to get back to the feds.
A: The other issue, even if we operate under the assumption that state licensure is not required, your facility will need to meet other standards outlined in the RFP, such as a valid lease, fire inspection, certificate of occupancy, etc.
Q: That is all in place, but when we quit doing federal last time, we dropped the license there.
19. **Q:** Does the RFP require a facility license issued by the state? Because what I hear Bill saying is that you can practice chemical dependency counseling with an LCDC. You don't have to have a facility license to do that. Does this RFP require a DSHS license.
A: We will need to get clarification and provide that answer on the 16th.

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20. **Q:** Our last state audit, as matter of fact, they said we're not even interested because they don't really fall under our licensure; was their comment. I mean we're willing to do it; however, it's going to be after submittal date so we're already dropped off. We may as well not submit if that is the case.

A: If there's a question, go ahead and submit your proposal. The Administrative Office of the U.S. Courts (AO) may come back and say under your circumstances, it may be a 'yes.'

21. **Q:** Does it not say in the RFP that it requires a DSHS license?

A: It's not that specific. We will definitely get clarification and provide that answer.

22. **Q:** And what I've heard is if the answer is yes, we have that license, and there's no way I can get it from the state. If I don't have every one of those requirements met then I'm thrown out as non-responsive?

A: Again, I think you also look at how many bids were received. If you were the only bid received maybe our Administrative Office would give us the ability to talk to you.

A: I think about it as, if you already have a license from the state; as both of you do, and you have offices open already and you decide you want to open another location. You're still given federal probationers to counsel and they get to go to the new facility because they live closer to that area. We've done that all along. So, I think you brought up a real good question. You have a license at the facility already. As an organization, you're already licensed by the State of Texas, so does that particular building have to have a license because you already have it?

A: That was discussed at the treatment services training several weeks ago where they've encountered that type of situation where we have an existing provider who wants to branch out. The answer that was given then was that no, that could not be awarded if they are not licensed in the new facility when the proposal is submitted. We will certainly submit this as a question.

***Follow up to questions 17-22:**

Since the Offeror's conference, we have received clarification from our Administrative Office's Procurement Management Division and the Texas Department of State Health Services (DSHS). Texas state licensure through DSHS is required to provide outpatient substance abuse treatment. Each site must be licensed individually.

Furthermore, the contractor must have an acceptable facility in place at the time of proposal submission. Documentation to support 'acceptable facility' would include licensure by DSHS as an outpatient substance abuse treatment facility.

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23. **Q:** What I'm hearing you tell me, is I need to make a proposal for 6 collection days per month. Now, the fallacy with that is with the limited quantities that you've got in the deal now, the proposal. That gives us 20 collections per day average. Financially, that's going to blow your budget out of the water quite honestly. I think if we can have some response that it's going to be 3 days of the month which would then come out to be 40 collections per day. By phase III, or phase I and II, and I and III and I and II, you're going to get a better price that way. However, I'm not going to price it what way if what you're saying we might have 6 days. I have a fixed cost per day of collection. It goes up by adding one or two days, it will go up \$2 or \$3 per collection. The issue is 6 days.

A: It's normally 3 days. I think based on the requirements of the RFP, I don't know we (Texas Northern) are willing to say it will be only 3 days. The way it's outlined in the RFP, there are 6 collections times. Three for phase I, two for phase II, and one for phase III. In practice, the way we've operated in this district is there is usually more than one phase called at one time.

24. **Q:** Why would the EMQs for the Fort Worth UA contract be more than double more than the Dallas EMQs are? Per site for entire Dallas county this year, I think it's 700 EMQs. They are pretty well divided. Divide that in half, so 350 per site, without allowing for stalls. And now we are down to 137 per site. However, we have fixed cost that is going to keep cost high; higher than we're use to.

A: For the UA contract for Dallas county, we will look at the EMQs and provide a clarification with the mail-out on August 16, 2012.

Follow up to question 23 and 24:

The EMQs listed in Part B of RFPs 0539-13-0151 and 0539-13-0152 have been reviewed and have adjusted to more accurately reflect projected monthly urine collections. Amended RFPs for agreements 0539-13-0151 and 0539-13-0152 were mailed on August 16, 2012.

25. **Q:** Will you clarify that it does not have to be 6 days (UA)?

A: Yes. The collections could be completed in less than 6 days. Although some contracts can accommodate all collections in as little as 3 days, some sites may require additional collection dates based on client numbers.

26. **Q:** Are you asking for documents from the Secretary of State verifying our corporate structure, our company structure, or just our outpatient treatment?

A: No.

27. **Q:** My understanding is that the technically acceptable proposals that are accepted will then be evaluated for submission for the bid and the award would then go to the lowest bidder?

A: That is correct.

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28. **Q:** Do you factor in the discount for prompt payment in tabulating the cost of the contract in determining the lowest bidder?
A: No.
29. **Q:** Let's talk about case management, 2000 and 6000 project codes. What I heard was that was basically providing a clinician or a person to do case management at the court?
A: Correct. The project code would require a counselor that is providing treatment to attend court at the request of the judge.
30. **Q:** And, how many days a month would we be expected to put that person in the court?
A: This is a high risk court that meets twice a month, currently the second and fourth Tuesday from 9:00 a.m. to approximately 12:00 p.m. You're there basically as a resource for the judge. You have to staff with the judge. So, it's twice a month for approximately 3 hours.
31. **Q:** Would we invoice for the entire 3 hours even if we're not called on?
A: Yes, you would bill for the entire time you are there.
32. **Q:** And, where's the Court?
A: Downtown Dallas. We've asked for those codes in the other areas, but in the 3-year period of the BPA it may not be utilized. As of now, the only existing high risk court (reentry court) is in Dallas.
33. **Q:** In Section A, number of operating days, do we put 365 calendar days?
A: Yes.
34. **Q:** On the UA contract, do we complete section 10 of the MTR (bottom half) if no counseling is provided?
A: If it's strictly a UA contract, you would not have to complete that section of the MTR. In the past, we have modified the MTR for the UA contract to provide more space for the UA collection data. I don't believe we would, or could, remove that section. If you are awarded the UA contract, you can work with your contract manager to adjust the available space on the MTR.
35. **Q:** When we submit our references, you don't want letters, just their names?
A: Well it's only asking for names and contact information. A letter of reference would be fine. We have a checklist that we go through and we are going to contact that person. So, we will ask that person some questions. But, there is nothing wrong with submitting a letter of reference since we will still be contacting that person.

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36. **Q:** Counselor information, do we submit name, license only or, all their documents?
A: Complete the staff qualifications attachment, and include a copy of counselor licensure for verification. We will need proof of licensure, so yes. Refer to L1.3. If it's not submitted with the proposal, that is something that we would ask to verify.
37. **Q:** This relates to the RFP for medication. Can that service be subcontracted by a treatment vendor with a pharmacy? If there wasn't a pharmacy contact, but there was a pharmacy, we would go with the pharmacy. The hypothesis is you have a vendor providing mental health. You don't have a pharmacy in that catchment so the vendor bids on the medication and subcontract with a pharmacy in the catchment area.
A: So you are talking about a separate pharmacy contract and you are subcontracting all the work out. I think that would be acceptable. You are basically being the intermediary for billing purposes, but the client would be sent directly to the pharmacy.
38. **Q:** The psychiatrist or doctor would prescribe the medication. The pharmacy would fill it.
A: There's no current proposal for a combined pharmacy, mental health, and psychiatry services. They are very separate items. So if you're suggesting that as a vendor that you want to subcontract pharmacy services, I don't anything that would prevent you from doing that. However, it is unrelated and separate from any other treatment contracts.
39. **Q:** Can you define in the medication RFP, it doesn't really have a request for unit range, but it simply lists cost. Can you define cost? Does cost include not only the medication but an allocation for the pharmacist's salary, or insurance cost, or rent, or utilities. Is all of that rolled into the cost of the medication?
A: First of all, on the pharmacy contract you are referring to, there's a code for 6040 (psychotropic medication) and a code for 6041 (administrative fee) which is 5% of the medication expenditures. So the actual cost of medication, I have seen it bid before as average wholesale price (AWP). That is usually the way that contract is bid.
40. **Q:** So essentially, you are asking a pharmacy to give you their medication at the cost that they pay and to pay their overhead plus their pharmacist out of the 5%?
A: I think the AWP and the price the pharmacy actually pays for medication is different.
41. **Q:** I find it interesting that you tell a vendor to include the cost for no shows, cost for telephone calls, but you know, on the pharmacy side you say we'll give you average wholesale price and 5% to fill it.
A: I know this does not necessarily answer your question, but common sense says that pharmacies are a business, and you would not be bidding on this contract if you could not make money. So if you find out that you can't get medication for a lower price than AWP and you won't make money on the contract, you won't bid on it. If you do some research, I think you'll find out some interesting information.

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42. **Q:** Treatment readiness group: The quantity on our particular proposal is fairly minimal and it is a group. If I, and I know this will happen if we get any, that the treatment readiness client for group, we only have one of those, should this group code be applied when we only have one person for group? The EMQ is for 18 per month and that would be for 2, maybe 3 clients, but chances are we are, it could drop down to 1.

A: Do you have a group already ongoing that this client could fit into?

43. **Q:** The treatment readiness protocol is 'pick up the hammer.' That is not necessarily the profile of our regular groups that we got going, it's a different process. Is that not what you're expecting.

A: You are just going to have to bid it as the EMQs are listed on the RFP. Base your price on the staffing requirements required to perform the services requested.

44. **Q:** On page C14, item D1, the statement is participate in three-way meeting with the USPO, the defendant/offender, and the vendor for the initial case staffing. Is that a billable service?

A: It is billable if it is in the course of a session. For example, it could be part of a 2010 (individual session) or the 2011 (intake).

45. **Q:** It says initial meeting?

A: That could mean the very first meeting, or it could mean very early on in treatment. But, absolutely, if the client is there for an appointment and the probation officer is there, and the vendor, then absolutely it is billable.

46. **Q:** Is that a specific performance requirement, let's say that you have that available. You have the client there, the counselor there, and the PO is not there. We simply document that the staffing occurred and the PO was not present, or could it be done over a phone call?

A: You (the vendor) need to be aware that it is a possibility that a 3-way staffing may take place. If you are calling the probation officer on the telephone and the client and therapist are in session, is that a billable time? Yes, that is in the course of an individual session between the therapist and client. You will not bill it any differently than the individual session that was in progress. Case staffings between the officer and the vendor (without the client present) need to be built into your prices and can not be billed separately.

A: What you are talking about is billing for a session versus just a staffing. If you are in a session with a client, and call the probation officer to staff, you would bill for the session.

47. **Q:** Group sign-in: When we bring the MTR when they sign-in, is there any possibility of going to electronic or fingerprint check-in?

A: No. On a side note, instead of the client signing the MTR, they now sign the daily log.

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48. **Q:** When we submit billing we are required to submit copies of our reports, 2011 assessment reports. I don't see that in the RFP this time. Is that something they are relaxing or, will that still be a requirement? It says the MTR and log sheets must be submitted, but it does not say reports must be submitted.

A: The reports are to be given to the probation officer within 10 business days. For billing purposes, we request at least the first page of the report be submitted as verification that the service was completed.

49. **Q:** I would like to clarify one more time about the J.1 attachment. The last time I submitted an RFP, I was contacted and asked to submit this document.

A: In the past, it was required. We have contacted our Administrative Office and verified that this form (J.1) is not required as part of the proposal. In Section C, the reference to attachment J.1 requires the document to be submitted quarterly if awarded the agreement.

50. **Q:** We do not need to submit that (J.1) at submittal?

A: Yes, that is correct.

**Current BPA
Price List**

Contract #		0539-10-101	0539-10-112	0539-10-121	0539-10-122	0539-10-126	0539-10-131	0539-10-142	0539-10-145	0539-10-151	0539-10-155	0539-10-172	0539-10-173
Project Code:	Supplies or Services												
1010	Urine Collection/Testing & Reporting	\$10.00	\$9.00	\$8.00		\$12.00			\$8.00	\$8.50		\$12.00	\$12.00
1501	Administrative Fee	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
2001	Short-Term Residential Treatment										\$70.00		
2010	Individual Counseling/Substance Abuse	\$35.90	\$27.50		\$18.00	\$35.00	\$28.64	\$17.00				\$37.50	\$37.50
2011	Intake Assessment & Report/Substance Abuse Disorder	\$88.98	\$60.00		\$52.00	\$90.00	\$164.44	\$50.00				\$45.00	\$45.00
2020	Group Counseling/Substance Abuse	\$15.65	\$12.50		\$9.00	\$15.00	\$10.09	\$7.50				\$4.00	\$4.00
2021	Clinical Group/Cognitive Behavioral					\$15.00							
2030	Family Counseling/Substance Abuse	\$33.92	\$20.00		\$18.00	\$35.00	\$28.64	\$17.00				\$15.00	\$15.00
2080	Intensive Outpatient Counseling				\$59.00								
2090	Treatment Readiness Group				\$9.00	\$15.00	\$10.09	\$7.50					
		0539-10-201	0539-12-222		0539-10-227	0539-10-253	0539-10-262	0539-10-274					
1501	Administrative Fee	5%	5%		5%		5%	5%					
4020	Laboratory Studies & Report					\$50.00							
5010	Psychological Evaluation & Report	\$300.70			\$300.00	\$150.00							
5011	Mental Health Intake Assessment & Reporting	\$170.60			\$120.00	\$150.00		\$70.00					
5012	Sex Offense Specific Evaluation & Report						NTE \$550.00						
5020	Psychological Testing & Report					NTE\$200.00							
5021	Penile Plethysmograph & Report						\$330.00						
5022	Clinical Polygraph Examination Report						\$270.00						
5023	Maintenance/Monitoring Report						\$300.00						
5025	Visual Reaction Time (VRT) Measrmt of Sexual Interest & Reprt												
5030	Psychiatric Evaluation & Report				Teaming	\$200.00							
6000	Case Management Services												
6010	Individual Counseling/Mental Health	\$39.80			\$35.00	\$28.00		\$32.00					
6012	Individual Counseling/Sex Offender						\$44.00						
6015	Individual Counseling/Integrated Treatmnt for Dual Disorders				\$35.00	\$28.00							
6020	Group Counseling/Mental Health	\$21.10			\$15.00	\$9.60		\$6.00					
6022	Group Counseling/Sex Offender						\$25.00						
6026	Group Counseling/Integrated Treatmnt for Dual Disorders				\$15.00	\$9.60							
6030	Family Counseling/Mental Health	\$40.40			\$35.00	\$28.00		\$32.00					
6032	Family Counseling/Sex Offender						\$44.00						
6040	Psychotropic Medication		Actual Cost										
6041	Administrative Fee Psychotropic Medication		5% Actual Funds Expended										
6051	Medication Monitoring				Teaming	\$40.00							
6090	Treatment Readines Group/Sex Offender						\$20.00						
6091	Sex Offender Specific-Chaperone Training & Support						\$44.00						