

OVERVIEW OF CHANGES MADE TO TREATMENT SERVICES SOLICITATION DOCUMENTS FOR FY25 (1/12/2024)

Changes/updates/clarifications were made to a majority of the solicitation documents. Therefore, all Contracting Officers and those involved in the treatment team should review the entirety of the solicitation documents and specifically Section C for familiarity with new wording, removed content, etc. prior to conducting a solicitation and evaluating proposals.

No changes were made to Section D, E, H, I, or K

Section A changes:

Removal of page numbering for Section J since some agreements include insertion of DOL wage determination documentation.

Section B changes:

Updated fiscal years. Additional explanation of share of EMQs for multiple award on BPA, clarification with pricing, and explanation of fiscal year.

Section C changes:

Although certain sections are referenced below, there may be smaller changes made to other areas. As a result, the entirety of Section C should be reviewed for familiarity.

Definitions.

Urine Collection (1010), including clarification about supplies provided and supplies the vendor is responsible for purchasing, and a provision the vendor shall not invoice for unobserved collection unless it has been approved.

NIDT (1011), including clarification about supplies provided and supplies the vendor is responsible for purchasing and a provision the vendor shall not invoice for unobserved collection unless it has been approved.

Sweat Patch (1012).

Substance Use Intake Assessment Report (2011), including additional minimal requirements for the assessment report.

Manualized Cognitive Behavioral Group (2022).

Substance Use Counseling (1010, 2020, 2030, 2040, 2090) to include updates to counseling/content requirements (counseling based in current scientific research, matching treatment interventions based on individual, use of cognitive behavioral techniques, teach problem solving).

Integrated Treatment for Co-Occurring Disorders Assessment and Report (6016), to include changes to staff requirements and report content (DMS diagnosis including severity, level of functioning and present problem). .

Integrated Counseling (6015, 6026, 6027, 6036), to include changes to staff requirements and counseling/content requirements (counseling based in current scientific research, matching treatment interventions based on individual, use of cognitive behavioral techniques, teach problem solving).

Mental Health Intake Assessment and Report (5011), including updates to staff requirements and additional minimal requirements for the assessment report (DMS diagnosis, identified treatment interventions).

Mental Health Counseling (6010, 6026, 6027, 6036), to include changes to staff requirements and counseling/content requirements (counseling based in current scientific research, matching treatment interventions based on individual, use of cognitive behavioral techniques, teach problem solving).

Sex Offense Counseling (6012, 6022, 6032, 6090) including vendor review of Model Sex Offense History Disclosure Polygraph Questionnaire and assessing treatment recommendations with deceptive/inconclusive polygraph results.

Chaperone Training and Support/Sex Offender (6091) clarification that program is for post-conviction only, and removal of pre-trial reference.

Clinical Polygraph Examination and Report (5022) include requirement of Model Sexual History Disclosure Polygraph Questionnaire for sexual history examinations. Staff qualifications for 5022 and 5023 to include active membership in APA and compliance with continuing education requirements. Addressed deceptive and inconclusive examinations.

Specialized Treatment for Pretrial Defendants Charged with a Sex-Offense (7013, 7023) change frequency of treatment plans from 60 to every 90 days.

Psychotropic Medication (6040) and Agonist/Antagonist Medication (7020) removal of requirement to seek pricing from 3 sources.

Mental-Health Specific Residential Placements (6001, 6002) including removal of psychotropic medication in per diem rate (should be included/billed under 6040).

General Requirements:

- Telemedicine changed to telehealth (included within Section C for all agreements).
- **Monitoring** added so that vendors are now on notice of monitoring and what is entailed and ratings. Additionally, the Monitoring Report template added to Section J so vendors know what is evaluated.
- Staff Requirements and Restrictions with Staff Qualification Statement included in Section J.
- Facility Requirements with a Change or Additional of Performance Site document added to Section J.

It should be noted, when an **Administrative Fee** is associated with a project code (1202, 6040, 7020) or co-payment is collected, the district should include the associated administrative fee codes (1201, 6041, 7021, and 1501) in which the vendor can recoup 5% of the fees expended.

Section F changes:

Additional language regarding deny access to services.

Section G changes:

G.3 – added requirements for invoice submission, and additional explanation regarding no-shows. Monthly Sign In Log and removed Monthly Treatment Report.

G.4 – Reimbursements or Copayments

Section J attachments:

New – APA Model Sex History Disclosure Polygraph Questionnaire
New – Staff Qualification Statement
New – Change or Addition of Performance Site(s)
New – Monitoring Report Template

Section L changes:

L.1 – submission of prices, subcontracting, prices and no-shows, Section K, Certification of Compliance Statement, Background Disclosure, Staff Qualifications, References
L.2 – submission of offers removed mailing option
Attachments A, B and C

Section M changes:

M.3 Pass-Fail Criteria to match adjustments made to Section L.