



**DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES**

June 13, 2014

HUMAN CARE AGREEMENT (HCA) SOLICITATION
SUBSTANCE ABUSE TREATMENT SERVICES (SATS)
HCA SATS AMENDMENT NUMBER ONE
RM-15-HCA-SATS-000-XXX-BY4-CPS

TO ALL PROSPECTIVE OFFERORS:

1. **Section B.5 SCHEDULE B- PRICING SCHEDULE is DELETED in its entirety and replaced with the attached Section B.5 SCHEDULE B PRICING SCHEDULE REVISED**
2. **Section C.2.2 is DELETED in its entirety and replaced with the following:**

District's Automated Treatment Accounting (DATA) system - It is the Electronic Health Record (EHR) for SUD treatment services. Information entered into DATA by the provider shall be considered the official record. DATA shall be the system used to facilitate referrals from DBH to a provider as well as between providers.
3. **Section C.2.5 is ADDED in its entirety and replaced with the following:**

Certification Application - the application and supporting materials prepared and submitted to the District requesting certification to provide certain mental health services and mental health supports.
4. **Section C.2.22 National Registry of Evidence-based Programs and Practices (NREPP) is REVISED to be Section C.2.21**

5. Section C.4.4 is DELETED in its entirety and replaced with the following:

The Provider shall ensure every client receives all services necessary to address each area of need identified on the diagnostic assessment and/or Individual Treatment Plan. These services may be rendered internally if the capacity exists or through a third party referent.

6. Section C.4.7.5 ADDED as follows:

Treatment Plan – Complex IP shall be the service used when the Client is receiving services necessitating the supervision of a Medical Doctor.

7. Section C.4.7.9 through C.4.7.15 is ADDED as follows:

C.4.7.9 Medication Assisted Treatment:

A compilation of clinical services offered in conjunction with pharmacological interventions. Medication Assisted Treatment is rendered with a clinically appropriate range of core services.

C.4.7.10 Prenatal Services:

A provider shall facilitate access to appropriate specialty services for any woman who is pregnant at any point while receiving treatment. These specialty services may be provided internally if internal capacity exists or a third party referent may be used. Compliance with this requirement shall be documented in each client's electronic health record.

C.4.7.11 Prenatal Care, at Risk Assessment

A pre-pregnancy medical assessment that screens for pre-pregnancy medical conditions such as sexually transmitted infections, diabetes, HIV, or other chronic infections; family history of genetic disorders; and a history of miscarriages. Other pregnancy related issues such as substance use disorders that may put the expectant mother and or the fetus at risk for fetal problems, premature birth, or miscarriage are screened in this at risk assessment.

C.4.7.12 Prenatal Care, At Risk Enhanced Service-Antepartum Management

Intensive case management that links the identified patient to supportive care, supports, and other pre-pregnancy related services that minimize risks due to sexually transmitted infections, diabetes, HIV, or other chronic infections; family history of genetic disorders; substance use that may put the expectant mother and/ or fetus at risk for fetal problems, premature birth, or miscarriage.

C.4.7.13 Prenatal Care, At Risk Enhanced Service-Care Coordination

Medical Care Coordination that ensures access to services such as medical care and supports which minimizes associated gestational risks due to sexually transmitted infections, diabetes, HIV, or other chronic infections; family history of genetic disorders; substance use that may put the expectant mother and/ or fetus at risk for fetal problems, premature birth, or miscarriage.

C.4.7.14 Prenatal Care, At Risk Enhanced Service- Education

Didactic information designed to prepare the identified patient for the birth process, information to help the patient identify and try to prevent preterm labor, guidance for prenatal nutrition, and education on lifestyle and parenting support.

C.4.7.15 Prenatal Care, At Risk Enhanced Service- Follow-up Home Visit

The postpartum follow-up home visit is an additional and separate visit from the six week postpartum visit. It is usually done within the first two weeks of discharge of the mother. This visit is intended to provide special support by following-up on the identified at risk medical condition and addressing the stress involved with caring for the new baby.

8. Section C.5.1 h) (Page 25) is ADDED as follows:

- h). Provide evidence, at least annually, that no individual is excluded from participation in a Federal health care program as found on the Department of Health and Human Services list of Excluded Individuals/Entities or the General Services Administration Excluded Parties List System, or any similar succeeding government list;

9. Section C.5.15 is DELETED in its entirety and replaced with the following:

The Provider shall not exclude any Client from receiving services based on the Client's participation in a Medication-assisted Therapy program.

10. Section C.5.22 a). through c). is ADDED as follows

C.5.22 The provider shall render services with the goal of identifying, preventing, and addressing the impact of the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Hepatitis, and sexually transmitted infections (STI). The ranges of services required under this agreement are as follows:

- a) The provider shall facilitate access to testing for HIV/Hepatitis/STI. Testing may be conducted internally if the capacity exists, or a third party referent may be utilized.

Compliance with this requirement shall be documented in each client's electronic health record.

- b) The provider shall supply comprehensive education on HIV/Hepatitis/STI to all clients admitted to services using a curriculum which reflects the most current science. Compliance with this requirement shall be documented in each client's electronic health record.
- c) The provider shall supply case management to all clients with HIV/Hepatitis/STI to ensure all needs related to the infectious disease are satisfactorily addressed. Such needs include, but are not limited to, primary and specialty medical care, housing, and supportive services. Compliance with this requirement shall be documented in each client's electronic health record.

11. Section C.8 Residential ADDED as follows:

C.8 RESIDENTIAL

C.8.1 Residential Therapeutic – Residential services provide a clinically appropriate mix of services in addition to residential room and board services. These services shall be rendered in an environment with 24 hour structured supervision.

C.8.2 Residential Room and Board – Residential Room and Board Services include 24 hour structured supervision with at least two (2) staff members on site after clinical treatment hours. One of the staff members must be Certified to provide CPR.

C.8.3 Residential, Women and Children – Residential Services provide a Clinically appropriate mix of Specialized Treatment to meet the needs for Women and their children. in addition to Residential Room and Board Services. These services shall be rendered in an environment with 24 hour structured supervision.

12. Section J (Page 62 - 63) is DELETED in its entirety and replaced with the attached PART I: THE SCHEDULE REVISED SECTION J WEB ADDRESSES FOR COMPLIANCE DOCUMENTS

13. Section L.2.3.2.4 ADDED as follows:

There shall be ONLY one Copy of the Tax Certification Affidavit required to be submitted with your response to this Human Care Agreement Solicitation.

14. Section L.7 is DELETED in its entirety and replaced with the following:

L.7 PROPOSALS WITH OPTION YEARS

Please refer to Section B.5 – SCHEDULE B PRICING SCHEDULE for Base Year with Four One Year Options and Section C.3. Applicable Document #4: DCMR 22A, Chapter 62 –

Reimbursement Rates for Services provided by the Department of Behavioral Health (DBH),
Certified Substance Abuse Providers Notice of Final Rulemaking adopted by the Director
DBH on March 31, 2014

15. **Section L.17 ADDED as follows:**

In addition, provide ONLY a List of All Current Employees with associated Titles. No Resumes.

16. **Section L.23 ADDED as follows:**

**L.23 CHECKLIST OF ITEMS REQUIRED FOR A COMPLETE HUMAN CARE
AGREEMENT SUBMISSION PACKAGE**

(Please refer to attached document referenced in the Technical Evaluation Criteria)

**ALL OTHER TERMS AND CONDITIONS OF THE HUMAN CARE AGREEMENT REMAIN
UNCHANGED.**

Only one copy of this amendment is being sent to Prospective Offerors. Offerors shall sign below and
attach a signed copy of this Amendment to each HCA to be submitted to the place specified for receipt
of submissions. HCA submissions shall be mailed or delivered in accordance with the instructions
provided in the original HCA Solicitation. This signed Amendment must be received by the DBH/CPS
No Later Than the Date and Time for closing.

Failure to acknowledge receipt of Amendment One (1) for Solicitation Number RM-15-HCA-SATS-
000-XXX-BY4-CPS may be cause for rejection of any proposal submitted in response to the subject
RFP.

Signed:



Samuel J. Feinberg, CPPD, CPPB
Director, Contracts and Procurement
Agency Chief Contracting Officer

Amendment Number One (1) is hereby acknowledged and is considered a part of the proposal for
Solicitation Number RM-15-HCA-SATS-000-XXX-BY4-CPS .

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror

REVISED

B.5

SCHEDULE B

PRICING SCHEDULE

B.5 SCHEDULE B - PRICING SCHEDULE REVISED

B.5.1 Pricing Schedule - Base Year

(A)	(B)	(C)	(E)	(F)
CONTRACT LINE ITEM (CLIN)	Services	Code	Unit	Price
0001A	Diagnostic Assessment – Community Based (Level I, II & III) - Section C.4.7.1 (a)	H0001HF	Occurrence	\$425.00
0001B	Diagnostic Assessment – Ongoing – Modify TX Plan (Level I, II & III) - Section C.7.6.1 (b)	H0001TS	Occurrence	\$385.00
0001C	Diagnostic Assessment – In-depth Exam – Youth (Level I, II & III) - Section C.4.7.1 (a)	H0001HA	Occurrence	\$240.00
0001D	Diagnostic Assessment - Ongoing Follow-up - Youth (Level I, II & III) - Section C.4.7.1 (b)	H0001HATS	Occurrence	\$85.00
0001E	Counseling Group (Level I, II & III) Section C.4.7.2 (a)	H0005	15 minutes	\$10.45
0001F	Counseling Group – Psycho-educational (Level I, II & III) - Section C.4.7.2 (b)	H2027	15 minutes	\$3.51
0001G	Counseling Group – Psycho-educational (HIV) (Level I, II & III) - Section C.4.7.2 (c)	H2027V8	15 minutes	\$3.51
0001H	Counseling – Behavioral Health Therapy (Level I, II & III) - Section C.4.7.2 (d)	H0004	15 minutes	\$20.31
0001I	Counseling – Family with Client (Level I, II & III) - Section C.4.7.2 (e)	H0004HR	15 minutes	\$20.31
0001J	Behavioral Health Screening – Determine Eligibility (Designated Intake Site Only) Section C.4.7.1	H0002HF	Occurrence	\$85.00
0001K	Behavioral Health Screening – Evaluate Risk Rating (Designated Intake Site Only) Section C.4.7.1	H0002TG	Occurrence	\$140.00
0001L	Detoxification-Residential Acute Care (Level III) – Section C.4.5 (d)	H0010	Occurrence	\$605.00
0001M	Counseling – Family without Client (Level I, II & III) - Section C.4.7.2 (f)	H0004HS	15 minutes	\$20.31
0001N	Case Management (Level I, II & III) Section C.4.7.3	H0006	15 minutes	\$20.02
0001O	Case Management (HIV) (Level I, II & III) Section C.4.7.3	H0006V8	15 minutes	\$20.02

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0001P	Breathalyzer and Specimen Collection (Level I, II & III) Section C.4.7.4	H0048	Per Unit	\$8.80
0001Q	Treatment Planning (Level I & II) Section C.4.7.5	T1007	15 minutes	\$22.00
0001R	Treatment Planning – Complex IP (Level III) - Section C.4.7.5	T1007TG	15 minutes	\$24.00
0001S	Crisis Intervention (Level I, II & III) Section C.4.7.6	H0007HF	15 minutes	\$33.57 \$33.57
0001T	Medication Management – Adult (Level I, II & III) - Section C.4.7.7	H0016HF	15 minutes	\$35.72
0001U	Medication Management – Youth (Level I, II & III) - Section C.4.7.7	H0016HAHF	15 minutes	\$38.96
0001V	Intensive Outpatient – All Inclusive (Level II only) - Section C.4.7.8	H0015HA	Per ½ day	\$164.61
0001W	Dose-Methadone – Clinic or Take-Home (Level I, II & III) - Section C.4.7.9	H0020	Per Dose	\$8.58
0001X	Medication Assisted Therapy (Level I, II & III) - Section C.4.7.9	H0020HF	15 minutes	\$8.58
0001Y	Intensive Outpatient – All Inclusive (Level II only) - Section C.4.7.8	H0015	Per ½ day	\$74.25
0001Z	Prenatal Care, at Risk Assessment (Level I, II & III) - Section C.4.7.10	H1000	Occurrence	\$142.56
0001AA	Prenatal Care, at risk enhanced - Antepartum Management (Level I, II & III) Section C.4.7.10	H1001	Occurrence	\$80.08
0001AB	Prenatal Care, at risk enhanced - Care Coordination (Level I, II & III) Section C.4.7.10	H1002	Occurrence	\$80.08
0001AC	Prenatal Care, at risk enhanced -Education (Level I, II & III) Section C.4.7.10	H1003	Occurrence	\$80.08
0001AD	Prenatal Care, at risk enhanced-follow up Home Visit (Level I, II & III)- Section C.4.7.10	H1004	Occurrence	\$100.76
0001AE	Residential - Long term Therapeutic (Level III) - Section C.4.5 (d)	H0019	Per day	\$132.55
0001AF	Residential – Long term Room and Board (Level III) Section C.4.5 (d)	H0043	Per day	\$72.90
0001AG	Residential Treatment – Inclusive (Level III) - Section C.4.5 (d)	H0018	Per day	\$136.84
0001AH	Residential Treatment-Women w/1 child (Level III) - Section C.4.5 (d)	H0019UN	Per day	\$210.00
0001AI	Residential Treatment-Women w/2 child (Level III) - Section C.4.5 (d)	H0019UP	Per day	\$215.00

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0001AJ	Residential Treatment-Women w/3 child (Level III) - Section C.4.5 (d)	H0019UQ	Per day	\$220.00
0001AK	Residential Treatment-Women w/4 or more (Level III) - Section C.4.5 (d)	H0019UR	Per day	\$225.00

Print Company Name

Print Name of Person Authorized to Sign

Signature of Person Authorized to Sign

Date

B.5 SCHEDULE B - PRICING SCHEDULE

B.5.2 Pricing Schedule - Option Year One

(A) CONTRACT LINE ITEM (CLIN)	(B) Services	(C) Code	(E) Unit	(F) Price
1001A	Diagnostic Assessment – Community Based (Level I, II & III) - Section C.4.7.1 (a)	H0001HF	Occurrence	\$425.00
1001B	Diagnostic Assessment – Ongoing – Modify TX Plan (Level I, II & III)- Section C.4.7.1 (b)	H0001TS	Occurrence	\$385.00
1001C	Diagnostic Assessment – In-depth Exam – Youth (Level I, II & III) - Section C.4.7.1 (a)	H0001HA	Occurrence	\$240.00
1001D	Diagnostic Assessment - Ongoing Follow-up - Youth (Level I, II & III) - Section C.4.7.1 (b)	H0001HATS	Occurrence	\$85.00
1001E	Counseling Group (Level I, II & III) Section C.4.7.2 (a)	H0005	15 minutes	\$10.45
1001F	Counseling Group – Psycho-educational (Level I, II & III) - Section C.4.7.2 (b)	H2027	15 minutes	\$3.51
1001G	Counseling Group – Psycho-educational (HIV) (Level I, II & III) - Section C.4.7.2 (c)	H2027V8	15 minutes	\$3.51
1001H	Counseling Group – Behavioral Health Therapy (Level I, II & III) - Section C.4.7.2 (d)	H0004	15 minutes	\$20.31
1001I	Counseling – Family with Client (Level I, II & III) - Section C.4.7.2 (e)	H0004HR	15 minutes	\$20.31
1001J	Behavioral Health Screening – Determine Eligibility (Designated Intake Site Only) – Section C.4.7.1	H0002HF	Occurrence	\$85.00
1001K	Behavioral Health Screening – Evaluate Risk Rating (Designated Intake Site Only) Section C.4.7.1	H0002TG	Occurrence	\$140.00
1001L	Detoxification-Residential Acute Care (Level III) – Section C.4.5 (d)	H0010	Occurrence	\$605.00
1001M	Counseling – Family without Client (Level I, II & III) - Section C.4.7.2 (f)	H0004HS	15 minutes	\$20.31
1001N	Case Management (Level I, II & III) Section C.4.7.3	H0006	15 minutes	\$20.02
1001O	Case Management (HIV) (Level I, II & III) Section C.4.7.3	H0006V8	15 minutes	\$20.02

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1001Q	Treatment Planning (Level I & II) Section C.4.7.5	T1007	15 minutes	\$22.00
1001R	Treatment Planning – Complex IP (Level III) - Section C.4.7.5	T1007TG	15 minutes	\$24.00
1001S	Crisis Intervention (Level I, II & III) Section C.4.7.6	H0007HF	15 minutes	\$33.57 \$33.57
1001T	Medication Management – Adult (Level I, II & III) - Section C.4.7.7	H0016HF	15 minutes	\$35.72
1001U	Medication Management – Youth (Level I, II & III) - Section C.4.7.7	H0016HAHF	15 minutes	\$38.96
1001V	Intensive Outpatient – All Inclusive (Level II only) - Section C.4.7.8	H0015HA	Per ½ day	\$164.61
1001W	Dose-Methadone – Clinic or Take-Home (Level I, II & III) - Section C.4.7.9	H0020	Per Dose	\$8.58
1001X	Medication Assisted Therapy (Level I, II & III) - Section C.4.7.9	H0020HF	15 minutes	\$8.58
1001Y	Intensive Outpatient – All Inclusive (Level II only) - Section C.4.7.8	H0015	Per ½ day	\$74.25
1001Z	Prenatal Care, at Risk Assessment (Level I, II & III) - Section C.4.7.10	H1000	Occurrence	\$142.56
1001AA	Prenatal Care, at risk enhanced-Antepartum Management (Level I, II & III) Section C.4.7.10	H1001	Occurrence	\$80.08
1001AB	Prenatal Care, at risk enhanced-Care Coordination (Level I, II & III) Section C.4.7.10	H1002	Occurrence	\$80.08
1001AC	Prenatal Care, at risk enhanced-Education (Level I, II & III) - Section C.4.7.10	H1003	Occurrence	\$80.08
1001AD	Prenatal Care, at risk enhanced-follow up Home Visit (Level I, II & III) Section C.4.7.10	H1004	Occurrence	\$100.76
1001AE	Residential - Long term Therapeutic (Level III) - Section C.4.5 (d)	H0019	Per day	\$132.55
1001AF	Residential – Long term Room and Board (Level III) - Section C.4.5 (d)	H0043	Per day	\$72.90
1001AG	Residential Treatment- Inclusive (Level III) - Section C.4.5 (d)	H0018	Per day	\$136.84
1001AH	Residential Treatment-Women w/1 child (Level III) - Section C.4.5 (d)	H0019UN	Per day	\$210.00
1001AI	Residential Treatment-Women w/2 child (Level III) - Section C.4.5 (d)	H0019UP	Per day	\$215.00

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1001AJ	Residential Treatment-Women w/3 child (Level III)- Section C.4.5 (d)	H0019UQ	Per day	\$220.00
1001AK	Residential Treatment-Women w/4 or more (Level III)- Section C.4.5 (d)	H0019UR	Per day	\$225.00

 Print Business Name

 Print Name of Person Authorized to Sign

 Signature of Person Authorized to Sign

 Date

B.5 SCHEDULE B - PRICING SCHEDULE

B.5.3 Pricing Schedule - Option Year Two

(A) CONTRACT LINE ITEM (CLIN)	(B) Services	(C) Code	(E) Unit	(F) Price
2001A	Diagnostic Assessment – Community Based (Level I, II & III) - Section C.4.7.1 (a)	H0001HF	Occurrence	\$425.00
2001B	Diagnostic Assessment – Ongoing – Modify TX Plan (Level I, II & III)- Section C.4.7.1 (b)	H0001TS	Occurrence	\$385.00
2001C	Diagnostic Assessment – In-depth Exam – Youth (Level I, II & III) - Section C.4.7.1 (a)	H0001HA	Occurrence	\$240.00
2001D	Diagnostic Assessment - Ongoing Follow-up - Youth (Level I, II & III) - Section C.4.7.1 (b)	H0001HATS	Occurrence	\$85.00
2001E	Counseling Group (Level I, II & III) Section C.4.7.2 (a)	H0005	15 minutes	\$10.45
2001F	Counseling Group – Psycho-educational (Level I, II & III) - Section C.4.7.2 (b)	H2027	15 minutes	\$3.51
2001G	Counseling Group – Psycho-educational (HIV) (Level I, II & III) - Section C.4.7.2 (c)	H2027V8	15 minutes	\$3.51
2001H	Counseling Group – Behavioral Health Therapy (Level I, II & III) - Section C.4.7.2 (d)	H0004	15 minutes	\$20.31
2001I	Counseling – Family with Client (Level I, II & III) - Section C.4.7.2 (e)	H0004HR	15 minutes	\$20.31
2001J	Behavioral Health Screening – Determine Eligibility (Designated Intake Site Only) Section C.4.7.1	H0002HF	Occurrence	\$85.00
2001K	Behavioral Health Screening – Evaluate Risk Rating (Designated Intake Site Only) Section C.4.7.1	H0002TG	Occurrence	\$140.00
2001L	Detoxification-Residential Acute Care (Level III) – Section C.4.5 (d)	H0010	Occurrence	\$605.00
2001M	Counseling – Family without Client (Level I, II & III) - Section C.4.7.2 (f)	H0004HS	15 minutes	\$20.31
2001N	Case Management (Level I, II & III) – Section C.4.7.3	H0006	15 minutes	\$20.02
2001O	Case Management (HIV) (Level I, II & III) Section C.4.7.3	H0006V8	15 minutes	\$20.02

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Print Company Name

Print Name of Person Authorized to Sign

Signature of Person Authorized to Sign

Date

B.5 SCHEDULE B - PRICING SCHEDULE

B.5.4 Pricing Schedule – Option Year Three

(A) CONTRACT LINE ITEM (CLIN)	(B) Services	(C) Code	(E) Unit	(F) Price
3001A	Diagnostic Assessment – Community Based (Level I, II & III) - Section C.4.7.1 (a)	H0001HF	Occurrence	\$425.00
3001B	Diagnostic Assessment – Ongoing – Modify TX Plan (Level I, II & III)- Section C.4.7.1 (b)	H0001TS	Occurrence	\$385.00
3001C	Diagnostic Assessment – In-depth Exam – Youth (Level I, II & III) - Section C.4.7.1 (a)	H0001HA	Occurrence	\$240.00
3001D	Diagnostic Assessment - Ongoing Follow-up - Youth (Level I, II & III) - Section C.4.7.1 (b)	H0001HATS	Occurrence	\$85.00
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3001I	Counseling – Family with Client (Level I, II & III) - Section C.4.7.2 (e)	H0004HR	15 minutes	\$20.31
3001J	Behavioral Health Screening – Determine Eligibility (Designated Intake Site Only) – Section C.4.7.1	H0002HF	Occurrence	\$85.00
3001K	Behavioral Health Screening – Evaluate Risk Rating (Designated Intake Site Only) Section C.4.7.1	H0002TG	Occurrence	\$140.00
3001L	Detoxification-Residential Acute Care (Level III) – Section C.4.5 (d)	H0010	Occurrence	\$605.00
3001M	Counseling – Family without Client (Level I, II & III) - Section C.4.7.2 (f)	H0004HS	15 minutes	\$20.31
3001N	Case Management (Level I, II & III) Section C.4.7.3	H0006	15 minutes	\$20.02
3001O	Case Management (HIV) (Level I, II & III) Section C.4.7.3	H0006V8	15 minutes	\$20.02

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3001P	Breathalyzer and Specimen Collection (Level I, II & III) - Section C.4.7.4	H0048	Per Unit	\$8.80
3001Q	Treatment Planning (Level I & II) Section C.4.7.5	T1007	15 minutes	\$22.00
3001R	Treatment Planning – Complex IP (Level III) - Section C.4.7.5	T1007TG	15 minutes	\$24.00
3001S	Crisis Intervention (Level I, II & III) Section C.4.7.6	H0007HF	15 minutes	\$33.57 \$33.57
3001T	Medication Management – Adult (Level I, II & III) - Section C.4.7.7	H0016HF	15 minutes	\$35.72
3001U	Medication Management – Youth (Level I, II & III) - Section C.4.7.7	H0016HAHF	15 minutes	\$38.96
3001V	Intensive Outpatient – All Inclusive (Level II only) - Section C.4.7.8	H0015HA	Per ½ day	\$164.61
3001W	Dose-Methadone – Clinic or Take-Home (Level I, II & III) - Section C.4.7.9	H0020	Per Dose	\$8.58
3001X	Medication Assisted Therapy (Level I, II & III) - Section C.4.7.9	H0020HF	15 minutes	\$8.58
3001Y	Intensive Outpatient – All Inclusive (Level II only) - Section C.4.7.8	H0015	Per ½ day	\$74.25
3001Z	Prenatal Care, at Risk Assessment (Level I, II & III) - Section C.4.7.10	H1000	Occurrence	\$142.56
3001AA	Prenatal Care, at risk enhanced - Antepartum Management (Level I, II & III) Section C.4.7.10	H1001	Occurrence	\$80.08
3001AB	Prenatal Care, at risk enhanced - Care Coordination (Level I, II & III) Section C.4.7.10	H1002	Occurrence	\$80.08
3001AC	Prenatal Care, at risk enhanced-Education (Level I, II & III)- Section C.4.7.10	H1003	Occurrence	\$80.08
3001AD	Prenatal Care, at risk enhanced - follow up Home Visit (Level I, II & III) Section C.4.7.10	H1004	Occurrence	\$100.76
3001AE	Residential - Long term Therapeutic (Level III)- Section C.4.5 (d)	H0019	Per day	\$132.55
3001AF	Residential – Long term Room and Board (Level III)- Section C.4.5 (d)	H0043	Per day	\$72.90
3001AG	Residential Treatment- Inclusive (Level III) Section C.4.5 (d)	H0018	Per day	\$136.84
3001AH	Residential Treatment - Women w/1 child (Level III) - Section C.4.5 (d)	H0019UN	Per day	\$210.00
3001AI	Residential Treatment-Women w/2 child (Level III) - Section C.4.5 (d)	H0019UP	Per day	\$215.00

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3001AJ	Residential Treatment - Women w/3 child (Level III) - Section C.4.5 (d)	H0019UQ	Per day	\$220.00
3001AK	Residential Treatment - Women w/4 or more (Level III) - Section C.4.5 (d)	H0019UR	Per day	\$225.00

Print Company Name

Print Name of Person Authorized to Sign

Signature of Person Authorized to Sign

Date

B.5 SCHEDULE B - PRICING SCHEDULE

B.5.5 Pricing Schedule - Option Year Four

(A) CONTRACT LINE ITEM (CLIN)	(B) Services	(C) Code	(E) Unit	(F) Price
4001A	Diagnostic Assessment – Community Based (Level I, II & III) - Section C.4.7.1 (a)	H0001HF	Occurrence	\$425.00
4001B	Diagnostic Assessment – Ongoing – Modify TX Plan (Level I, II & III)- Section C.4.7.1 (b)	H0001TS	Occurrence	\$385.00
4001C	Diagnostic Assessment – In-depth Exam – Youth (Level I, II & III) - Section C.4.7.1 (a)	H0001HA	Occurrence	\$240.00
4001D	Diagnostic Assessment - Ongoing Follow-up - Youth (Level I, II & III) - Section C.4.7.1 (b)	H0001HATS	Occurrence	\$85.00
4001E	Counseling Group (Level I, II & III) - Section C.4.7.2 (a)	H0005	15 minutes	\$10.45
4001F	Counseling Group – Psycho-educational (Level I, II & III) - Section C.4.7.2 (b)	H2027	15 minutes	\$3.51
4001G	Counseling Group – Psycho-educational (HIV) (Level I, II & III) - Section C.4.7.2 (c)	H2027V8	15 minutes	\$3.51
4001H	Counseling Group – Behavioral Health Therapy (Level I, II & III) - Section C.4.7.2 (d)	H0004	15 minutes	\$20.31
4001I	Counseling – Family with Client (Level I, II & III) - Section C.4.7.2 (e)	H0004HR	15 minutes	\$20.31
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Print Company Name

Print Name of Person Authorized to Sign

Signature of Person Authorized to Sign

Date

REVISED
SECTION J

**PART I: THE SCHEDULE
SECTION J
WEB ADDRESSES FOR COMPLIANCE DOCUMENTS**

Attachment Number	Document
J.1	Standard Contract Provisions for Use with District of Columbia Government Supplies and Services Contracts dated March 2007 (SCP) http://ocp.dc.gov/publication/standard-contract-provisions-march-2007
J.2	Wage Determination No. 2005-2103 (Revision 13) June 19, 2013 http://www.wdol.gov/sca.aspx
J.3	Equal Employment Opportunity (EEO) Policy Statement http://ocp.dc.gov/sites/default/files/dc/sites/ocp/publication/attachments/EEO%20Complaint%20Documents%200307.pdf
J.4	First Source Agreement http://does.ci.washington.dc.us/does/frames.asp?doc=/does/lib/does/frames/New_FIRST_SOURCE_EMPLOYMENT_PLAN_3_22_11.pdf
J.5	2014 Living Wage Act Fact Sheet (The Way to Work Amendment Act of 2006) http://ocp.dc.gov/publication/2014-living-wage-fact-sheet
J.6	2014 Living Wage Notice (The Living Wage Act of 2006) http://ocp.dc.gov/publication/2014-living-wage-fact-sheet
J.7	Tax Certification Affidavit http://ocp.dc.gov/sites/default/files/dc/sites/ocp/publication/attachments/OCP_Channel%209%20Solicitation%20Attachments_tax_certification_affidavit.pdf
J.8	Bidder/Offeror Certification Form http://ocp.dc.gov/sites/default/files/dc/sites/ocp/publication/attachments/Bidder-Offeror%20Certification%20Form%20062413.xlsx
J.9	Human Care Agreement Qualification Record Form (Form 1900) http://ocp.dc.gov/sites/default/files/dc/sites/ocp/publication/attachments/OCP_Channel%209%20Solicitation%20Attachments_form_1900-human-care-qualifications.pdf
J.10	SubContracting Plan Form http://ocp.dc.gov/sites/default/files/dc/sites/ocp/publication/attachments/SubContracting_Plan_Form_111605.doc
J.11	Past Performance Evaluation Form http://ocp.dc.gov/sites/default/files/dc/sites/ocp/publication/attachments/OCP_Channel%209%20Solicitation%20Attachments_Past_Performance_Evaluation_Form.pdf
J.12	Department of Behavioral Health Policies and Rules http://DBH1.dc.gov/node/240592

The Contractor shall perform all services in accordance with the Standard Contract Provisions for use with District of Columbia Government Supplies and Services Contracts, dated March 2007 and incorporated herein by reference.

CHECKLIST

Checklist of Items Required for a Complete Application Package

Items	SATS	CPS
a) Current organizational chart;	√	X
b) A business/capitalization plan demonstrating the applicant's financial ability and organizational capability to provide services to the target population. These can be demonstrated by 1) an independent audit, that includes a management letter, and 2) a statement of bank credit worthiness or line of credit;	√	
c) A description of services and community coordination to be provided to meet the needs of the target population in areas including but not limited to housing, child/day care;	√	
d) The number of persons to be served by the facility;	√	
e) A description of an advisory or planning committee which includes representatives from the target population, such as, the Advisory Neighborhood Commission, Board of Probation and Parole, Family Services, Head Start; and evidence of their involvement with the development of the program including but not limited to letters of support, minutes of meetings;	√	
f) Proof of liability insurance coverage, provided that such coverage includes malpractice insurance of at least one hundred thousand dollars (\$100,000) and comprehensive general coverage of at least three hundred thousand dollars (\$300,000) per incident. Such coverage shall include coverage of all personnel, consultants or volunteers delivering direct patient care;	√	
g) Copies of accreditations issued by a Federal or nationally recognized accrediting body;	√	
h) Hours of operation;	√	
i) Current Medicaid provided approval;	√	
j) Current license or certification under other DC law or regulation, (i.e., childcare, hospital, basic business license, Department of Mental Health); and	√	
(k) List of all staff providing services to include, but not be limited to, specific qualifications, licenses, certification and training.	√	X
l) Documentation that all staff providing services has been screened through established facility mechanisms to determine that the staff is not known to have committed physical abuse, sexual abuse, child abuse/neglect, or a felony involving crimes against a person.		X
m) District and Drug Enforcement Administration (DEA) controlled substance registrations as required by Chapters 10 of Title 22 of the District of Columbia Municipal Regulation; and 21 CFR, Part 1300 - 1399, respectively;	√	
n) Professional health occupations' licenses in accordance with the District of Columbia Health Occupations Revision Act of 1985 Amendment Act of 1994 (D.C. Law 6-99; D.C. Code §2-3301 et seq.);	√	
o) Copies of written agreements with any entity providing program services;	√	
p) Certification from SAMHSA, CSAT for the operation of a narcotic treatment program or opioid treatment program;	√	
q) For corporations, an original Certificate of Good Standing from the Department of Consumer and Regulatory Affairs, Business Regulatory Administration, Corporation Division, and the office of Tax, Finance and Revenue;	√	
r) Facility's certificate of occupancy and other certificates documenting compliance with District zoning, fire, and occupancy laws and regulations;	√	
s) Clean Hands Act Form;	√	
t) Disclosure of Ownership and Control Interest Statement; and	√	
(u) Copy of Current Chapter 23 s Issued by DBH/Office of Accountability (OA)		X
(v) Certificate of Occupancy <i>^ Certificate</i>	✓	X
w) Fire Safety Plan		X
x) Certificate of Insurance (See Section I.10)		X

LEGEND: DNA – Does Not Apply

√ - Documents Required by DBH/OA to Obtain Certification

SATS – Substance Abuse Treatment Services

X – Documents Required by DBH/CPS for a new HCA

Print Name of Authorized Individual

Signature of Authorized Individual

Date

Print Name of Organization