

**U.S. Probation & Pretrial Services Office  
District of Maryland  
Treatment Services Solicitation - Frequently Asked Questions**

1. Post-conviction number?

**Approximately 3,100 post-conviction offenders.**

2. Local Requirements – Does the psychiatrist have to be available at the times specified in the local needs?

**The psychiatrist is not required to be available for the entire time period noted in the local needs, however, must be available for scheduled appointments within that time frame.**

3. Transportation – Does the vendor have to provide the transportation for the client?

**The vendor shall not directly provide transportation, but if the service is needed then the provider must arrange for the client's transportation.**

4. Does the provider have to be licensed for all services in the state of Maryland?

**The provider must have staff that are appropriately licensed and/or certified in each area for which services are being administered.**

5. Is there a specific type of Breathalyzer equipment needed?

**The Breathalyzer must contain a serial number and require calibration.**

6. UA Technician – What particular occupation title does the UA Technician go by under wage determination?

**12011 Breath Alcohol Technician, 12100 Medical Assistant (under 1200 Health Occupations)**

7. Groups – Can defendants/persons under supervision be in a group with non-defendants/persons under supervision?

**Yes.**

8. Discharge Summary – Does the discharge summary need to be completed if the PO and/or the therapist discharge the client?

**Yes.**

9. 5030 & 5011 – Is there an expectation that there be a licensed clinician that speaks Spanish?

**No, but for some BPAs there is a local requirement that the program shall have the ability to communicate with Spanish speaking defendants/persons under supervision.**

10. 5030 – Is telehealth acceptable?

**On a case-by-case basis, telehealth may be authorized for the provision of services outlined within the Statement of Work. The use of telemedicine is for the benefit of the Judiciary and not the convenience of the vendor and is not in lieu of the vendor's ability to provide services in-person when appropriate. This requirement is not in lieu of the provisions set forth in the Requests for Proposals which require the vendor (and any proposed contractor) to maintain an acceptable facility located within the defined catchment area.**

11. No Show – Section G, regarding calculation of prices. Can you charge 5% of unit price for no shows?

**No, section G states that the vendor shall not include a charge for a “no-show” as a separate item.**

12. What is the average number of defendants/persons under supervision you might have in a program? How many do you supervise?

**The EMQs listed in the RFP indicate the monthly average number of clients for each service. There are approximately 400 pretrial defendants and 3,100 post-conviction persons under supervision.**

13. Can you bid on multiple RFPs?

**Yes.**

14. Groups – How long do group sessions need to last? How long do sex offender treatment services groups need to last?

**Most groups last 60 minutes, although some sex offender treatment group sessions last 90 minutes.**

15. Do any of the RFPs only provide SA and MH services?

**There are RFPs for substance abuse and mental health treatment services, however, additional services may also be required depending upon the BPA.**

16. Is there an expectation that all sex offenders be administered all the sex offender codes?

**No.**

17. Subcontracting – How do I sub-contract a secondary therapist at an alternate location?

**Alternate locations must be within the designated catchment area and pre-approved by the U.S. Probation & Pretrial Services Office.**

18. What do you do if this will be the first time providing governmental services and you don't have any monitoring reports?

**Refer to Section L.1 (2)(a), Preparation of Background Statement.**

19. Can UAs be subcontracted? Does the clinician have to administer the UAs?

**The collection of UAs can be subcontracted but must be at the approved facility. Clinicians do not have to administer the UAs.**

20. Can technically acceptable outweigh the price?

**No. Refer to section M for additional information regarding the evaluation factors for award.**

21. In-Patient – What if you have a client that it has been determined needs another medication? (i.e. Suboxone)

**We do not contract for Suboxone. However, defendants/persons under supervision are not precluded from receiving such treatment as long as our office is consulted about the client's participation in advance.**

22. Staff Changes – Will the staff directory be made available?

**All relevant phone numbers will be provided.**

23. If you are a current vendor can you use past RFP information from previous contract cycle?

**No. A new proposal must be completed.**

24. Will there be a cut-off date for questions?

**Questions must be emailed to [treatmentrfp@mdp.uscourts.gov](mailto:treatmentrfp@mdp.uscourts.gov) by 5 pm on July 31, 2024.**

25. Is the catchment area specific or is there any leeway regarding the vendors exact location?

**Services must be rendered within the catchment area.**

26. EMQ for 5020, why 1 per year?

**EMQs vary depending on the geographical area and/or needs.**

27. Are the project codes specific to an RFP? Each RFP is created individually based on several factors.

**Some RFPs may closely resemble, but they have different catchment areas.**

28. Is the \$400 for all prescriptions together or just 1 prescription?

**If a single prescription costs more than \$400, approval must be given in advance by the Supervisory U.S. Probation Officer with oversight of contracts or a Deputy Chief Probation Officer.**

29. Is there an expectation that all clients will receive all services on a specific RFP?

**No. Treatment plans should be individualized.**

30. Are there separate RFPs for mental health, substance abuse, and sex offender treatment services?

**Yes. RFPs are issued by type and by catchment area.**

31. The RFP states, "Offerors failing to provide offers on all required services marked will be considered technically unacceptable." Does this mean we have to facilitate all services?

**The offeror must be able to provide each service listed in Section B.**

32. What is meant by the term 'local needs' and 'local services'? Should we address these in the RFP or are they requirements we need to know for when treatment begins?

**Local Requirements, often referred to as "local services," are added by the district to meet our "local needs." Consult the last few pages of Section C for local requirements/needs specific to your BPA(s).**

33. "The offeror represents as part of its offer that it is [REDACTED], is not [REDACTED] 51% owned and the management and daily operations are controlled by one or more members of the selected socioeconomic group(s) below:" What information is to be inputted in the blanks? (Section K, letter F, page K-2)

**A check mark should be placed in the applicable box.**

34. The RFP states, "A statement specifying the extent of agreement with all terms, conditions, and provisions included in the solicitation and agreement to furnish any or all items upon which prices are offered at the price set opposite each item." Is this a statement we create stating we are in agreement or is it another document to be filled out and signed? (Section L, Page L-5 (iii.))

**This is a prepared statement located in Section A, #8. You do not need to create an additional statement. Also, be sure to complete Section L, Attachment A Offeror's Certification of Compliance Statement.**

35. Do we need to provide a letter of intent before submitting the RFP?

**No**

36. To confirm my understanding, should I write my response to the proposal in the order of the RFP?

**Refer to Section L, General Instructions For Proposals, for guidance.**

37. Will the client make contact with the provider to schedule the first intake appointment or does the provider make contact once the Prob 45 Form has been received?

**The USPO should initiate contact with the provider to schedule the initial intake appointment.**

38. Under the Mental Health and Substance Abuse RFP are the services: Psychotropic Medication, Administrative Fee, and Administration of Psychotropic Medication. To provide these services, could we do mobile administration, meaning could we take the medication to the person under supervision instead of them coming to our facility for it?

**Programs should have the ability to provide these services at the facility. However, with the officer's prior approval, mobile administration may be conducted if done so within the BPA's catchment area.**

39. Do the numbers expressed in the ESTIMATED MONTHLY QUANTITY mean Inmates (clients) or Units?

**The estimated monthly quantities (EMQ) is measured by units.**

40. Could an agency submit proposals in an adjacent but different catchments area which is a mile away from its office or is it required to have another office within that area when the proposal is submitted?

**The facility where service delivery is provided must be located within the catchment area.**

41. Can a 90-day review session be something that we can get approval for when dealing with clients that attend groups? Not only is it beneficial for the counselor to be able to maybe adjust the treatment plan if necessary and get the quarterly reports done, it is sometimes very beneficial for the client as they may need to share something they are not comfortable sharing in group.

**Services are ordered by the officer dependent upon individual treatment needs.**

42. It is my impression that under the Freedom of Information Act, I have the right to be informed of the fees that the providers who currently hold the contract for sex offender treatment are charging for treatment services, in the interest of my organization bidding competitively. Is this correct?

**The Freedom of Information Act does not apply to the Federal Judiciary. The only "price" we can disclose is an awardee's Total Evaluated Price (all project codes totaled across the Base and both option years). We can't disclose individual project code pricing for awardees and we can't disclose any pricing for any unsuccessful vendors (Total Evaluated Price or any project codes).**