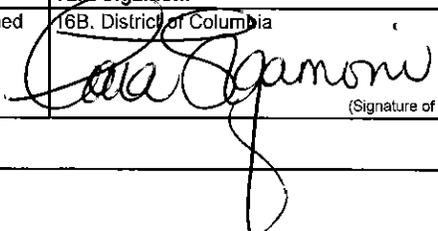


<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract Number DCRL-2016-R-0113	Page of Pages 1   5	
2. Amendment/Modification Number <b>Amendment 03</b>		3. Effective Date See Box 16C	4. Requisition/Purchase Request No.	5. Solicitation Caption Healthy Horizons Medical Support Svc.	
6. Issued By: Child and Family Services Agency Contracts and Procurement Administration 200 I Street, SE 2nd Floor Washington, DC 20003			7. Administered By (If other than line 6) Same as Section 6		
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)  <b>Prospective Offerors</b>			9A. Amendment of Solicitation No. DCRL-2016-R-0113		
			9B. Dated (See Item 11) 10/13/2015		
			10A. Modification of Contract/Order No.		
			10B. Dated (See Item 13)		
Code			Facility		
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
<b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14</b>					
A. This change order is issued pursuant to: (Specify Authority)					
The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
The purpose of this amendment 03 is to 1) respond to prospective offerors questions and 2) Add mandatory employee orientation and FACES training to Section F.3 Deliverables. Please see the attached.  The solicitation submission time and date has NOT been extended. Proposals are to be submitted by November 24th, 2015 at 2:00pm.					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Tara Sigamoni		
15B. Name of Contractor		15C. Date Signed	16B. District of Columbia		16C. Date Signed
(Signature of person authorized to sign)					11-19-15
			(Signature of Contracting Officer)		



**Question #1** - Is there an incumbent contractor? If so, what is the name of the company?

**Response #1** – Yes, Magnificus.

**Question #2** - Is the incumbent contractor a CBE?

**Response #2** – No

**Question #3** - P. 3, Section B.4 please clarify whether the positions are full time or part time.

**Response #3** – Positions are full-time (36 hours or more) and part-time (less than 36 hours).

**Question #4** - P.3, Section B.4, if some of the positions are part time, which ones are they?

**Response #4** - The Nurse Practitioner and Medical Assistant are position that may be part-time.

**Question #5** - P.3, Section B.4, please clarify the column labeled maximum total price. It appears that this total price is for only one person (1920 hours), where the estimated number of persons shows 10.

**Response #5** – This is a requirements contract and we have given you the best estimate in the price schedule. The price schedule reflects the estimated maximum number of hours for each CLIN. The contractor shall bill at the proposed hourly rate for the actual number of hours worked for the duration of the contract.

**Question #6** – P.3, Section B.4, the estimated number of persons listed in each sub-CLIN for CLIN0001 is 10. Does this mean that there are expected to be a total of 10 Licensed Registered Nurse Practitioner (NP) at the facility 24/7 (at all times during all shifts), 365 days per year?

**Response #6** - The Vendor is expected to maintain a sufficient number of **Licensed Registered Nurse Practitioners (NP)** at all times to ensure that services are provided 24 hours/day, 365/366 (leap year) days per year. The daily schedule requires one (1) NP for each 12 hour shift. See Section C.5.1.1.1. The District estimates that ten (10) NPs may be required to satisfactorily perform the required services.

**Question #7** - P.3, Section B.4, the estimated number of persons listed in each sub-CLIN for CLIN0002 is 8. Does this mean that there are expected to be a total of 8 Certified Medical Assistants at the facility 24/7 (at all times during all shifts), 365 days per year?

**Response #7** - The Vendor is expected to maintain a sufficient number of **Medical Assistants (MA)** at all times to ensure that services are provided 24 hours/day, 365/366 (leap year) days per year. The daily schedule requires one (1) MA for each 12 hour shift. See Section C.5.2.2.21. The District estimates that eight (8) MAs may be required to satisfactorily perform the required services.

**Question #8** - P.3, Section B.4, please separate the differentials for Evening/Nights/Weekends and for Holiday Evening/Nights/Weekends.

**Response:** The Price Schedule will remain unchanged.

**Question #9** - P.3, Section B.4, does the contract pay overtime?

**Response#9** – The contract does not pay overtime.

**Question #10** - P. 71, Section L.15.2 states that “A copy of each District of Columbia license, registration, or certification that the offeror is required by law to obtain.” Does this requirement include a Nurse Staffing Agency license?

**Response #10** – The Nurse Staffing Agency should be licensed per DC regulations as a business.

**Question #11** - P. 73, Section L.18.1 states that the offeror must provide evidence of Active license and certification and Annual TB testing. Please clarify for whom these documents are to be provided.

**Response #11** – See Sections F.3 and M.3.1 Factor A (b).

**Question #12** - P. 73, Section L.19 states that a subcontracting plan is required by law. Does an offeror that is a CBE need to provide a subcontracting plan?

**Response #12** – No, the Contractor shall submit evidence of their CBE status.

**Question #13** - P. 76, Section M.3.1, Factor A indicates that 30 of the 90 possible Technical Proposal points are based on the expertise of key personnel. Who are considered to be key personnel?

**Response:** The Nurse Practitioners and the Certified Medical Assistants.

**Question #14** - Is this a requirement to include resumes for all the positions requested in the solicitation (10 registered Nurse Practitioners, 8 Certified Medical Assistants, and 2 Medical Records Technicians – all with specific experience)? If so, this would give the incumbent contractor a distinct advantage.

**Response #14** – Yes, it is required to submit resumes for all CLINs.

**Question #15** - Is this a requirement to include a sampling of resumes to show a company’s ability to recruit for these positions? This would allow a non-incumbent offeror to give incumbent staff first right of refusal for the job (if approved by the DC government) rather than hiring a brand new staff of 20.

**Response #15** – Yes this is a requirement, CFSA needs to know that a company has its own staff that meets requirements.

**Question #16** - The dollar amount spent during the duration of the current contract?

**Responses #16** – The Contractor shall submit a FOIA request to obtain this information. See response #18

**Question #17** - Does the 35% LSDBE apply if the Prime Contractor is a Certified D.C. Minority Vendor?

**Responses #17** – The prime contractor must be a Certified Business Enterprise; otherwise the sub-contracting requirement will apply.

**Question #18** - Is it possible to request and receive a Freedom of Information Act (FOIA) 5 U.S.C. 552. full or partial disclosure for the current contract?

**Response #18** – Submit a FOIA request online via the DC government Public FOIA Portal. Requests may also be submitted by mail, fax or email. However, please note that FOIA requests submitted online will be easier to track and process. To understand the process before making a request, please see [foia.dc.gov](http://foia.dc.gov). The FOIA Officer is the principal contact point within CFSA for advice and policy guidance on matters pertaining to the administration of the FOIA. All requests are handled professionally and expeditiously. CFSA’s FOIA Officer Information is listed below.

Wendy Singleton

200 I Street, SE,  
Washington, DC 20003  
Phone: (202) 727-2646  
Fax: (202) 727-8886

**Question #19** - I would like to ask you what the current funds appropriated to the contract are awarded.

**Response #19** – See response #16

**F.3 DELIVERABLES**

The Contractor shall perform the activities required to successfully complete the District's requirements and submit each deliverable to the Contract Administrator (CA) identified in section G.9 in accordance with the following:

<b>Deliverable</b>	<b>Quantity</b>	<b>Format/Method of Delivery</b>	<b>Due Date</b>
Reports on Staff Rotation	1	Hard Copy Clearly labeled with the following: - Deliverable name - Date	Weekly
Provider license, certifications, NPI, background clearances	1 per provider	Hard Copy	Upon consideration and upon license renewal
Mandatory Reporting (See section C.7)	N/A	As described in Section C.7	As described in Section C.7
Medical Clearance and PPD screening	N/A	Hard Copy	Annually Upon consideration and upon license renewal
Mandatory Employee Orientation	1	In person	TBD after award
Mandatory FACES training	1	In person	TBD after award