

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			BPA NO.		1. CONTRACT ID CODE		PAGE 1		OF PAGES 6									
2. AMENDMENT/MODIFICATION NO. A00001			3. EFFECTIVE DATE 03-06-2015		4. REQUISITION/PURCHASE REQ. NO.			5. PROJECT NO.(If applicable) None										
6. ISSUED BY Department of Veterans Affairs Network Contracting Office 20 5115 NE 82nd Ave, Suite 102 Vancouver WA 98662			CODE 260		7. ADMINISTERED BY (If other than Item 6) Department of Veterans Affairs Network Contracting Office 20 5115 NE 82nd Ave, Suite 102 Vancouver WA 98662			CODE										
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) To all Offerors/Bidders					(X)		9A. AMENDMENT OF SOLICITATION NO. VA260-15-R-0168											
							9B. DATED (SEE ITEM 11) 12-29-2014											
					X		10A. MODIFICATION OF CONTRACT/ORDER NO.											
							10B. DATED (SEE ITEM 13)											
CODE			FACILITY CODE															
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS																		
<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 telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT 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 telegram or letter, provided each telegram or letter 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)																		
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.																		
<table><tr><td>(X)</td><td>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.</td></tr><tr><td></td><td>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 FAR 43.103(b).</td></tr><tr><td></td><td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td></tr><tr><td></td><td>D. OTHER (Specify type of modification and authority)</td></tr></table>											(X)	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 FAR 43.103(b).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:		D. OTHER (Specify type of modification and authority)
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	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:																	
	D. OTHER (Specify type of modification and authority)																	
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.																		
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) PLEASE SEE PAGE 2 FOR AMENDMENT INFORMATION																		
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.																		
15A. NAME AND TITLE OF SIGNER (Type or print)					16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) MARY B. ACCOMANDO Contracting Officer													
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)					15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)			16C. DATE SIGNED								
NSN 7540-01-152-8070 PREVIOUS EDITION NOT USABLE					STANDARD FORM 30 (REV. 10-83) Prescribed by GSA - FAR (48 CFR) 53.243													

CONTINUATION PAGE

THE PURPOSE OF THIS AMENDMENT IS TO MAKE CORRECTIONS AND PROVIDE CLARIFICATIONS.

- A. All vendors are required to sign blocks 15a through 15c of the amendment and return a signed copy with the proposal.
- B. Vendors may submit a hard copy of their proposal to 8524 N. Wall Street Spokane, WA 99208 or email a scanned copy of their proposal to mary.accomando@va.gov.
- C. Change Block 6 to reflect the date the solicitation posted to www.fbo.gov of December 29, 2014.
- D. Change Block 10 of the SF1449 to read "Unrestricted".
- E. Insert missing price schedule with the attached price schedule (3 pages)
- F. Clarifications:
 - a. Although a vendor may have done business with the VA through either a Preferred Vendor List or a Provider Agreement, all vendors interested in continued business with the VA will need to submit a proposal in response to this solicitation.
 - b. All vendors **are required to be registered** in the System for Award Management at www.sam.gov to be considered for award.
 - c. Vendors needing assistance with the solicitation process may contact a local Procurement Technical Assistance Center (PTAC). More than 300 local PTAC office serve most areas of the country. If there is not a PTAC office that serves your specific area, contact one that is nearest to you, and they may be able to help you. Most PTACs can also provide assistance via phone, e-mail, and web call in cases where distance presents a challenge. <http://www.aptac-us.org/find-a-ptac/?state=AK>
 - d. Although the VA has allowed vendors to bill using an hourly rate previously, all vendors will need to bill using the HCPC code for the applicable. The HCPC code billed must match what was authorized by the VA.
 - e. The VA will be evaluating proposals received on a monthly basis and making multiple awards as necessary to meet the VA's needs for these services.
- G. All other terms and conditions remain unchanged.

*****END PAGE*****

SECTION B - CONTINUATION OF SF 1449 BLOCKS

Instructions to offerors: Contractors shall complete the attached pricing schedule by entering their unit pricing for each service offered. If a service is not offered by your agency, enter "N/A" for the rate. When submitting your proposal please describe your geographic service area. Inability to staff/perform all listed services will not disqualify your agency for consideration for contract award.

Geographic service areas (States and Counties): _____

The Government intends to award multiple Basic Ordering Agreements (BOAs) for these services.

B.1 PRICE SCHEDULE

Line Item	Code	Description	Rate
Medicare-Certified Agency Pricing			
1	HCPC – G0151 15 min code	Services performed by a qualified Physical Therapist in the Home Health setting, each 15 minutes (Urban)	
2	HCPC – G0151 Modifier: TN 15 min code	Services performed by a qualified Physical Therapist in the Home Health setting, each 15 minutes (Rural)	
3	HCPC – G0152 15 min code	Services performed by a qualified Occupational Therapist in the Home Health setting, each 15 minutes (Urban)	
4	HCPC – G0152 Modifier: TN 15 min code	Services performed by a qualified Occupational Therapist in the Home Health setting, each 15 minutes (Rural)	
5	HCPC – G0153 15 min code	Services performed by a qualified Speech-Language Pathologist in the Home Health setting, each 15 minutes (Urban)	
6	HCPC – G0153 Modifier: TN 15 min code	Services performed by a qualified Speech-Language Pathologist in the Home Health setting, each 15 minutes (Rural)	
7	HCPC - G0154 15 min code	Direct skilled nursing services of a licensed nurse (LPN or RN) in the Home Health setting, each 15 minutes (Urban)	
8	HCPC - G0154 Modifier: TN 15 min code	Direct skilled nursing services of a licensed nurse (LPN or RN) in the Home Health setting, each 15 minutes (Rural)	
9	HCPC – G0155 15 min code	Services of Clinical Social Worker in Home Health setting, each 15 minutes (Urban)	
10	HCPC – G0155 15 min code	Services of Clinical Social Worker in Home Health setting, each 15 minutes (Rural)	
11	HCPC – G0156 15 min code	Services of Home Health / Hospice Aide in Home Health setting, each 15 minutes (Urban)	
12	HCPC – G0156 Modifier: TN 15 min code	Services of Home Health / Hospice Aide in Home Health setting, each 15 minutes (Rural)	

Line Item	Code	Description	Rate
Medicare-Certified Agency Pricing			
13	HCPC – G01567 15 min code	Services performed by a qualified Physical Therapist Assistant in the home health setting, each 15 minutes (Urban)	
14	HCPC – G0157 Modifier: TN 15 min code	Services performed by a qualified Physical Therapist Assistant in the home health setting, each 15 minutes (Rural)	
15	HCPC – G0158 15 min code	Services performed by a qualified Occupational Therapist Assistant in the home health setting, each 15 minutes (Urban)	
16	HCPC – G0158 Modifier: TN 15 min code	Services performed by a qualified Occupational Therapist Assistant in the home health setting, each 15 minutes (Rural)	
17	HCPC - G0159 15 min code	Services performed by a qualified Physical Therapist , in the Home Health setting, in the establishment or delivery of a safe & effective physical therapy maintenance program, each 15 minutes. (Urban)	
18	HCPC - G0159 Modifier: TN 15 min code	Services performed by a qualified Physical Therapist , in the Home Health setting, in the establishment or delivery of a safe & effective physical therapy maintenance program, each 15 minutes. (Rural)	
19	HCPC - G0160 15 min code	Services performed by a qualified Occupational Therapist , in the Home Health setting, in the establishment or delivery of a safe & effective therapy maintenance program, each 15 minutes (Urban)	
20	HCPC - G0160 Modifier: TN 15 min code	Services performed by a qualified Occupational Therapist , in the Home Health setting, in the establishment or delivery of a safe & effective therapy maintenance program, each 15 minutes (Rural)	
21	HCPC - G0161 15 min code	Services performed by a qualified Speech-Language Pathologist , in the Home Health setting, in the establishment or delivery of a safe & effective speech-language pathology maintenance program, each 15 minutes (Urban)	
22	HCPC - G0161 Modifier: TN 15 min code	Services performed by a qualified Speech-Language Pathologist , in the Home Health setting, in the establishment or delivery of a safe & effective speech-language pathology maintenance program, each 15 minutes (Rural)	
23	HCPC – G0162 15 min code	Skilled services by a Registered Nurse (RN) for management & evaluation of the plan of care, each 15 minutes (Urban)	
24	HCPC – G0162 Modifier: TN 15 min code	Skilled services by a Registered Nurse (RN) for management & evaluation of the plan of care, each 15 minutes (Rural)	
25	HCPC - G0163 15 min code	Skilled services of a licensed nurse (LPN or RN) for the observation & assessment of the patient's condition, each 15 minutes. (Urban)	
26	HCPC - G0163 Modifier: TN 15 min code	Skilled services of a licensed nurse (LPN or RN) for the observation & assessment of the patient's condition, each 15 minutes. (Rural)	
27	HCPC - G0164 15 min code	Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the Home Health setting, each 15 minutes (Urban)	
28	HCPC - G0164 Modifier: TN 15 min code	Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the Home Health setting, each 15 minutes (Rural)	
29	HCPC–Q5001 or S9126 Per diem code	Hospice Care , routine, provided in patient's home, per diem (Urban)	

Line Item	Code	Description	Rate
Medicare-Certified Agency Pricing			
30	HCPC – Q5001 or S9126 Modifier: TN Per diem code	Hospice Care , routine, provided in patient’s home, per diem (Rural)	
31	HCPC – Q5002 Per diem code	Hospice care in an assisted living facility, per diem (Urban) (Rate does not include cost of ALF care)	
32	HCPC – Q5002 Modifier: TN Per diem code	Hospice care in an assisted living facility, per diem (Rural) (Rate does not include cost of ALF care)	
33	HCPC – Q5004 Per diem code	Hospice care provided in a skilled nursing facility (SNF), per diem. (Urban) (Rate does not include cost of SNF care)	
34	HCPC – Q5004 Modifier: TN Per diem code	Hospice care provided in a skilled nursing facility (SNF), per diem. (Rural) (Rate does not include cost of SNF care)	
35	HCPC – Q5006 Per diem code	Hospice Care In an inpatient Hospice Facility , per diem (Urban)	
36	HCPC – Q5006 Modifier: TN Per diem code	Hospice Care In an inpatient Hospice Facility , per diem (Rural)	
37	HCPC – Q5009 Per diem code	Hospice Care, Continuous , per diem (Urban) (More than 8 hrs per day of predominantly nursing care in home)	
38	HCPC – Q5009 Modifier: TN Per diem code	Hospice Care, Continuous , per diem (Rural) (More than 8 hrs per day of predominantly nursing care in home)	
39	HCPC – S5130 15 min code	Homemaker service, NOS, per 15 minutes (Urban)	
40	HCPC – S5130 Modifier: TN 15 min code	Homemaker service, NOS, per 15 minutes (Rural)	
41	HCPC – S5131 Per diem code	Homemaker service, NOS, per diem (Urban)	
42	HCPC – S5131 Modifier: TN Per diem code	Homemaker service, NOS, per diem (Rural)	
43	HCPC – S5150 15 min code	Unskilled Respite care, not hospice; per 15 minutes (Urban)	
44	HCPC – S5150 Modifier: TN 15 min code	Unskilled Respite care, not hospice; per 15 minutes (Rural)	
45	HCPC – S5151 Per diem code	Unskilled Respite care, not hospice; per diem (Urban)	
46	HCPC – S5151 Modifier: TN Per diem code	Unskilled Respite care, not hospice; per diem (Rural)	
47	HCPC – S9122 Hourly code	Home Health Aide or Certified Nurse Assistance , providing care in the home; per hour (Urban)	

Line Item	Code	Description	Rate
Medicare-Certified Agency Pricing			
48	HCPC – S9122 Modifier: TN Hourly code	Home Health Aide or Certified Nurse Assistance , providing care in the home; per hour (Rural)	
49	HCPC – S9125 Per diem code	Respite care, in the home, per diem (Urban)	
50	HCPC – S9125 Modifier: TN Per diem code	Respite care, in the home, per diem (Rural)	
51	HCPC – T1005 15 min code	Respite care services, up to 15 minutes (Rural)	
52	HCPC – T1005 Modifier: TN 15 min code	Respite care services, up to 15 minutes (Urban)	
53	HCPC – T1021 Per Visit code	Home Health Aide or Certified Nurse Assistant , per visit (Rural)	
54	HCPC – T1021 Modifier: TN Per Visit code	Home Health Aide or Certified Nurse Assistant , per visit (Urban)	