

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

BPA NO.

1. CONTRACT ID CODE

PAGE

OF PAGES

2. AMENDMENT/MODIFICATION NUMBER  
A000013. EFFECTIVE DATE  
09-20-20174. REQUISITION/PURCHASE REQ. NUMBER  
693-17-4-179-00625. PROJECT NUMBER (if applicable)  
NA6. ISSUED BY  
Department of Veterans Affairs  
Network Contracting Office 4

CODE

00244

7. ADMINISTERED BY (If other than Item 6)  
Department of Veterans Affairs  
Network Contracting Office 4  
SEE CONTRACT ADMINISTRATION DATA  
PARA. b.

CODE

00244

8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code)  
To all Offerors/Bidders

(X)

9A. AMENDMENT OF SOLICITATION NUMBER

VA244-17-R-1788

X

9B. DATED (SEE ITEM 11)  
09-12-2017

10A. MODIFICATION OF CONTRACT/ORDER NUMBER

10B. DATED (SEE ITEM 13)

CODE

FACILITY CODE

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS** The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended,  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 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication 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 letter or electronic communication, provided each letter or electronic communication 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.**

CHECK ONE

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)

**E. IMPORTANT:** Contractor  is not,  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.)

The purpose of this amendment is post questions and answers, correct FAR 52.233-2 SERVICE OF PROTEST (SEP 2006), and modify FAR 52.212-2 EVALUATION COMMERCIAL ITEMS (OCT 2014) LOCAL ALTERNATIVE

THE RESPONSE DATE -25SEP2017 01:00PM EST - REMAINS UNCHANGED

SEE CONTINUATION PAGES

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)

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

BY \_\_\_\_\_  
(Signature of Contracting Officer)

## CONTINUATION PAGE

The purpose of this amendment is post questions and answers, correct FAR 52.233-2 SERVICE OF PROTEST (SEP 2006), and modify FAR 52.212-2 EVALUATION COMMERCIAL ITEMS (OCT 2014) LOCAL ALTERNATIVE

1. **QUESTIONS & ANSWERS:** This amendment is issued to post questions received that were reasonable and of general interest to all interested parties, along with their answers. Note: The questions have been paraphrased and issued without identifying the person or company asking the question.

### **NOTE:**

OFFERORS ARE REMINDED THAT THIS SOLICITATION WAS ISSUED WITH FAR PROVISION 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS (JAN 2017) LOCAL ALTERNATIVE, which allows offerors to submit multiple offers and may present alternative terms, conditions, or alternative commercial items for satisfying the requirements of this solicitation. [see E.2 Far Provision 52.212-1 Instructions To Offerors—Commercial Items (Jan 2017) Local Alternative]

**Q1.** Would the CLC accept a bed frame that would meet all of the requirements except for lowering to the requirements, but it is not lower to 7", ground to sleep deck.

**A1.** Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q2.** Is this solicitation an "All or Nothing"?

**A2.** No. If the offeror doesn't intend to bid on a particular item, mark the schedules for that item with "NO BID" next to the item on the appropriate price schedules. Offerors are responsible to submit for pricing for each item. The Government desires to make a single award for all line items, but may make multiple awards if warranted.

**Q3.** Will multiple vendors be awarded?

**A3.** The Government desires to make a single award but may make multiple awards if warranted.

**Q4.** Must all items be on Schedule or will you accept open market items?

**A4.** Offers may include Schedule, Open Market, or a combination provided that the offer clearly delineates the source.

**Q5.** Should we understand by motion interrupt system a feature that keeps body position unchanged while head of bed is raised?

**A5.** Yes, in accordance with commercial/industry standards and definitions

**Q6.** Should we understand that the bed must be compliant with the 7 zones entrapment recommended by the FDA?

**A6.** Yes. Bed must meet FDA Entrapment Guidelines for all 7 zones. Zones 1 through 4 the FDA guidelines cite technical protocols that are applicable. Zones 5, 6, and 7 the FDA guidelines are more informational they are for educational awareness.

**Q7.**How many IV poles do you need for each bed purchased?

**A7.** Bid at least one pole, otherwise in accordance with the specifications.

**Q8.** Do you need a power source (pump system) for each bed purchased?

**A8.** Bid in accordance with the specifications, as applicable for the mattress proposed.

**Q9.** When the side rails are ergonomic side rails and the design allows safe egress and ingress zone for patients and maximizes proper positioning when they get in bed; also allows the patient to hold on to the side rail. Would you consider ergonomic designed side rail as an acceptable equivalent?

**A9.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q10.** Would a short length bed combined with a system that allows the patient to stay in position when adjustments to the bed positioning are made be an acceptable equivalent?

**A10.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q11.** Would you consider CPR/flat button functionality located on side rail nurse control an acceptable equivalent?

**A11.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

Brake system accessible in center of bed, with bed height or side rails in any position.

**Q12.** Does a central break system with a foot pedal accessible at each corner of the bed be an acceptable equivalent?

**A12.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q13.** Would you consider a pillow speaker an acceptable equivalent?

**A13.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q14.** Do you define rolling as a mean to move the bed?

**A14.** No, this is a feature of the bed to assist with “rolling”, or repositioning the patient.

One touch electric brake.

**Q15.** Would you consider clearly visible, easy to reach foot pedals that activate a four caster braking system an acceptable equivalent?

**A15.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q16.** Would you consider a non-integrated sound therapy system an acceptable equivalent?

**A16.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q17.** Would you consider a non-integrated translation system an acceptable equivalent?

**A17.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q18.** Would you consider a low bed height of 10'' with a 5'' under bed clearance with built-in bed exit detection system an acceptable equivalent?

**A18.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q19.** Please confirm solicitation due date since both 9/22 at 1pm EST and 9/25 at 1pm EST listed in request?

**A19.** Responses date and time is 25 September, 2017 01:00PM EST

**Q20.** Is powered (push of a button) or manual extension required?

**A20.** Powered extension is desired, but is not required.

**Q21.** Do the beds need to maintain full functionality with battery backup?

**A21.** No. The following functions are not expected to be maintained with battery backup: moving head or foot of bed up and down or the whole bed up and down.

**Q22.** Is obstacle detection required or preferred?

**A22.** Preferred. The specification is requesting a retractable frame that helps address patient migration to the foot end of the bed during bed position articulation. The bed does not require obstacle detection.

**Q23.** What model of existing floor lifts are used or what clearance is needed?

**A23.** Similar to the ARJO Maximove, Sara 3000 and Sara Plus. 4 inch clearance is needed

**Q24.** Is motorized drive transport required for any of the beds? If yes, which models?

**A24.** No

**APPLICABLE TO ALL MATTRESSES:**

Mattress will have the option to convert from non-powered to powered low air loss technology (feature of a support surface that provides a flow of air to assist in managing the heat and humidity (microclimate) of the skin. –

**Q25.** Is it acceptable to provide a powered low air loss mattress all the time instead of one that converts to nonpowered?

**A25.** No, continuously powered low air loss mattresses are not acceptable; the expectation is that the power (pumps) for the mattresses will be connected as needed for air therapy

**Q26.** Is it acceptable to provide weight based pressure redistribution instead of alternating pressure? -

**A26.** Yes, quoters must clearly identify that redistribution is weight based vice a cycled alternating pressure.

**Q27.** Is Turn Assist Required?

**A27.** No

**Q28.** Is Continual Lateral Rotation (CLRT) required?

**A28.** No

**APPLICABLE TO WARD 4 EAST, MED/SURG WBVAMC HOSPITAL BED:**

**Q29.** Foot end controls for ease of access. -Is it acceptable to have controls on the side rails?

**A29.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q30.** Please describe the purpose of this function- 1) to shorten (retraction) and to lengthen (extension) of the bed deck for patient height adjustments: and/or 2) for the bed deck to adjust and maintain patient position in bed with changes in the elevation of the head section.

**A30.** The underlying intention is to for the bed deck to adjust and maintain patient position in bed with changes in the elevation of the head section.

**Q31.** Is it acceptable to provide a powered low air loss mattress all the time instead of one that converts to nonpowered?

**A31.** No, continuously powered low air loss mattresses are not acceptable; the expectation is that the power (pumps) for the mattresses will be connected as needed for air therapy

**4 EAST, MED/SURG WBVAMC MATTRESS MINIMUM REQUIREMENTS:**

**Q32.** Is it acceptable to provide a powered low air loss mattress all the time instead of one that converts to nonpowered?

**A32.** No, continuously powered low air loss mattresses are not acceptable; the expectation is that the power (pumps) for the mattresses will be connected as needed for air therapy

**BARIATRIC BEDS/MATTRESS BARIATRIC PROGRAM**

**LOCATION: ICU AREA QUANTITY: 4 EACH**

Pulmonary care mattress.

**Q33.** Is Continual Lateral Rotation Therapy (CLRT) required?

**A33.** No

**Q34.** Is Percussion and Vibration required?

**A34.** No

**Q35.** Is powered (push of a button) or manual extension required? -Is it acceptable to have controls on the side rails?

**A35.** Powered is desired, but not required. No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q36.** Is Sound Therapy (the bed will play Classical, Jazz, or Nature sounds) this required or preferred?

**A36.** This is a requirement, however if the commercial industry treats this as a non-standard option then the requirement may be treated as a preference. The Government's position is that sound therapy is a routine option for ICU beds. Offerors purporting that Sound Therapy is a non-standard option must clearly call this out in the proposal.

**Q37.** Is Translation assistance for patients who do not speak English required or preferred?

**A37.** This specification is highly desired, but not required to be deemed acceptable.

**Q38.** Is powered width expansion required?

**A38.** No

**LOCATION 4 EAST QUANTITY: 4 EACH**

Pulmonary care mattress.

**Q39.** Is Continual Lateral Rotation Therapy (CLRT) required?

**A39.** No

Percussion therapy mattress for Resp. Patients.

**Q40.** Is Percussion and Vibration required?

**A40.** No

Adjustable foot of bed for taller patients/shorter patients. -Full feature foot-end controls. –

**Q41.** Is powered (push of a button) or manual extension required? –

**A41.** Powered is desired, but not required.

**Q42.** Is it acceptable to have controls on the side rails?

**A42.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q43.** Is Sound Therapy (the bed will play Classical, Jazz, or Nature sounds) this required or preferred?

**A43.** This is a requirement, however if the commercial industry treats this as a non-standard option then the requirement may be treated as a preference. The Government's position is that sound therapy is a routine option for ICU beds. Offerors purporting that Sound Therapy is a non-standard option must clearly call this out in the proposal.

**Q44.** Is Translation assistance for patients who do not speak English required or preferred?

**A44.** This specification is highly desired, but not required to be deemed acceptable

**Q45.** Is powered width expansion required?

**A45.** No, power is not required, manual is acceptable.

**INTENSIVE CARE UNIT (ICU) 4 WEST**

Pressure re-distribution mattress with air pod technology, moisture management to prevent skin breakdown, with lateral rotation therapy to assist with mobility and prevent pulmonary complications. –

**Q46.** Is Continual Lateral Rotation Therapy (CLRT) required?

**A46.** No

Percussion therapy mattress for Resp. Patients.

**Q47.** Is Percussion and Vibration required?

**A47.** No

**Q48.** Is full chair position with foot egress required?

**A48.** Yes, but Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q49.** Is powered (push of a button) or manual extension required? –

**A49.** Powered preferred, not required

**Q50.** Is it acceptable to have controls on the side rails?

**A50.** No predetermination can be made. Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

**Q51.** Is Sound Therapy (the bed will play Classical, Jazz, or Nature sounds) required or preferred?

**A51.** This is a requirement, however if the commercial industry treats this as a non-standard option then the requirement may be treated as a preference. The Government's position is that sound therapy is a routine option for ICU beds. Offerors purporting that Sound Therapy is a non-standard option must clearly call this out in the proposal.

**Q52.** Is Translation assistance for patients who do not speak English required or preferred?

**A52.** This specification is highly desired, but not required to be deemed acceptable

**COMMUNITY LIVING CENTER (CLC) BED/MATTRESS**

**CLC Long Bed minimum requirements: QUANTITY: 4**

Variable extension length to 84" long. –

**Q53.** Is powered (push of a button) or manual extension required?

**A53.** Powered desired but not required

Includes pressure relieving mattress that fits 84" long bed frame. –

**Q54.** Is low air loss required?

**A54.** No, continuously powered low air loss mattresses are not acceptable; the expectation is that the power (pumps) for the mattresses will be connected as needed for air therapy

**Q55.** Is Turn assist required?

**A55.** No

**CLC Bariatric Bed: QUANTITY: 1**

**Q56.** Is turn assist required?

**A56.** No

**Q57.** Is CLRT required?

**A57.** No

**Q58.** Is powered width expansion required?

**A58.** Powered is desired, but not required.

**Q59.** Specification – “Mattress will be comprised of a combination of viscoelastic foam (a porous polymer material that conforms in proportion to the applied weight.) and air (low density fluid with minimal resistance to flow) for pressure redistribution”

Will this specification be expanded to allow for a gel technology mattress that addresses pressure redistribution through open column design that allows for moisture management, patient envelopment and immersion?

**A59.** Gel mattresses will be acceptable as well as foam mattresses.

**Q60.** Specification – Mattress must include the features of alternating pressure (feature of support surface that provides pressure redistribution via cyclic changes in loading and unloading as characterized by frequency, duration, amplitude and rate of change parameters) and lateral rotation (feature of a support surface that provides rotation about a longitudinal axis as characterized by degree of patient turn, duration and frequency).

(1) Question: Can you quantify the clinical relevance for the need for LRT within the MedSurg population?

(2) Question: Will a mattress that helps prevent pressure injuries and reduces specialty support surface rentals with effective pressure redistribution, immersion / envelopment and low air loss delivery without use of alternating pressure or LRT be acceptable?

**A60.** ANSWERS Q60 (1) & (2): Mattresses that help prevent pressure injuries and reduce specialty support surface rentals with effective pressure redistribution, immersion/envelopment and low air loss delivery without use of alternating pressure or LRT will also be acceptable.

**Q61.** Specification – “(Mattress will) Allow for partial immersion into foam.”

(1) Question: Can you quantify the clinical relevance for limiting immersion into foam?

(2) Will this specification be expanded to allow for a mattress that accomplishes immersion and envelopment of the patient into gel or other mediums (i.e. air, gel, etc.)

**A61.** ANSWERS Q61 (1) & (2): Mattresses that accomplishes immersion and envelopment of the patient into gel or other medium (i.e. air, gel, etc....) are acceptable

**Q62.** Specification – “Downward motion interrupt to prevent sliding/keeps body position unchanged while head of bed is raised.”

(1) Question: Is this specification requesting a retractable frame that helps address patient migration to the foot-end of the bed during bed position articulation?

(2) Is it also required that the bed has obstacle detection?

**A62.** (1) yes, (2) No

**Q63.** Specification – “2 side rails located at head of bed (larger) and 2 side rails located at foot of bed.”

Question: Will this specification be expanded to allow for a bed that has side rails in accordance with the commercially available industry standard dimensions met by most major manufacturers?

**A63.** Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement. The specification in the SOW which states “2 side rails located at the head of the bed (larger) and 2 side rails at the foot of the bed”, this specification will also allow for a bed that has side rails in accordance with the commercially available industry standard dimensions met by most major manufacturers.

**Q64.** Specification – “Patient Controls (including height of bed and head up and down) within the reach of the patient on both sides of bed and easy to operate”

Question: Will this specification be expanded to allow for a bed controls that allow patients to control Head of Bed and knee/foot end articulation only?

**A64.** Offerors may submit an alternative commercial item for satisfying the requirements of this solicitation and present a rationale as to how the alternative satisfies the requirement

1. Specification – “Percussion therapy mattress for Resp. Patients”

**Q65.** Question: Will this specification be expanded to allow for a surface that helps to prevent and treat pulmonary complications through the use of Lateral Rotation Therapy?

**A65.** Mattresses that help prevent pressure injuries and reduce specialty support surface rentals with effective pressure redistribution, immersion/envelopment and low air loss delivery without use of alternating pressure or LRT will also be acceptable

**Q66.** Is there a preferred brand required in the above referenced solicitation

**A66.** No

**Q67.** Whether or not "Percussion and Vibration" were intentionally omitted and therefore not a salient characteristic of the beds

**A67.** Percussion and vibration are not a requirement

## **2. CORRECT FAR 52.233-2 SERVICE OF PROTEST (SEP 2006)**

STRIKE FAR 52.233-2 SERVICE OF PROTEST (SEP 2006)

REPLACE WITH CORRECTED 52.233-2 SERVICE OF PROTEST (SEP 2006)

Protests, as defined in section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the Government Accountability Office (GAO), shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from:

Hand-Carried/Mailing Addresses:  
Contracting Officer 36C244 Edward A. Boddie  
Contracting Specialist: Peter Cuoco  
Department of Veterans Affairs  
Network Contracting Office 4  
Philadelphia VA Medical Center  
3900 Woodland Ave., Code  
Philadelphia, PA 19104  
TEL: (215) 823-4584  
EMAIL: edward.boddie@va.gov

(b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

(End of Provision)

## **3. CHANGE FAR 52.212-2 EVALUATION COMMERCIAL ITEMS (OCT 2014) LOCAL ALTERNATIVE: is changed to allow the Government to make multiple awards or a single award based on evaluation of offers received for multiple awards if warranted**

CHANGE PARAGRAPH (a) FROM: “The Government will award a contract resulting from this solicitation to the responsible offeror whose offer, conforming to the solicitation; will be most advantageous to the Government, price and other factors considered. The Government will award a contract resulting from this solicitation to the responsible offeror whose offer provides the lowest price and meets or exceeds the acceptability standards for non-price factors, which is deemed responsible IAW the standards of FAR Part 9, and whose quote conforms to the solicitation requirements. Award will be based on Lowest Price Technically Acceptable (LPTA) evaluation.”

CHANGE PARAGRAPH (a) TO: “The Government will award a contract resulting from this solicitation to the responsible offeror whose offer, conforming to the solicitation; will be most advantageous to the Government, price and other factors considered. The Government will award a contract resulting from this solicitation to the responsible offeror whose offer provides the lowest price and meets or exceeds the acceptability standards for non-price factors, which is deemed responsible IAW the standards of FAR Part 9, and whose quote conforms to the solicitation requirements. Award will be based on Lowest Price Technically Acceptable (LPTA) evaluation. The Government may make multiple awards or a single award based on evaluation of bids received”

End of Document