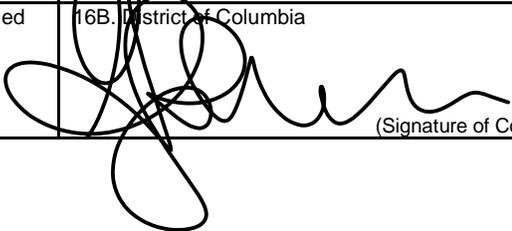


AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages 1 2
2. Amendment/Modification Number A03	3. Effective Date See 16C	4. Requisition/Purchase Request No.	5. Solicitation Caption Clinical Support Services	
6. Issued by: Office of the Attorney General 441 4 th St NW, Suite 1100 South Washington, DC 20001		Code	7. Administered by (If other than line 6)	
8. Name and Address of Contractor (No. street, city, county, state and zip code) Code		Facility	<input checked="" type="checkbox"/> 9A. Amendment of Solicitation DCCB-2021-H-0003	
			9B. Dated (See Item 11) 9/11/20	
			10A. Modification of Contract Order No.	
			10B. Dated (See Item 13)	
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 fax which includes a reference to the solicitation and amendment number. 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 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)				
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14				
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 data 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)				
E. IMPORTANT: 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 is to provide responses to prospective applicants' questions. See page 2.				
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 Gena Johnson		
15B. Name of Contractor (Signature)	15C. Date Signed	16B. District of Columbia	16C. Date Signed 9/23/20	
				
		(Signature of Contracting Officer)		

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages	
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A03	See 16C		Clinical Support Services		
<p>Q1. Services are listed as virtual. Will this remain following the pandemic or will in person service provision be required?</p> <p>A1. If and when pandemic response restrictions are lifted and it is agreed upon by all parties to be safe, in-person services will resume.</p> <p>Q2. Will supervision occur only during normal business hours (i.e. 9am - 5pm)?</p> <p>A2. Group clinical supervision sessions will be provided at CTS program locations (or virtually) on recurring schedules devised jointly by provider clinicians and CTS Program Managers.</p> <p>CTS operates on 8-hour daily work schedules (generally) between 11am and 12m, not 9am to 5pm.</p> <p>Q3. Will there be specific schedules required or can the clinician set his or her schedule?</p> <p>A3, Group supervision should occur at the same time on the same day of each week, except when special arrangements are agreed on by the provider clinician and the Program Manager. Schedules must balance clinician's availability with CTS program operations.</p> <p>Q4. Are any of the team members credentialed (i.e. Peer Recovery Coach or similar)?</p> <p>A4. No. CTS are no credentialed counselors or coaches that we are aware of among team members.</p> <p>Q5. Is there any expectation for after-hours or on call support, particularly as it relates to crisis intervention support?</p> <p>A5. There is a remote possibility but it is unlikely that there will be intra team crises requiring immediate therapeutic response. Crisis intervention services will be provided during CTS hours of operation and times of any responses will be agreed upon by provider-clinicians and CTS Program Managers.</p> <p>Q6. Are there documentation requirements outside of the quarterly summary (i.e. weekly group supervision documentation/notes)</p> <p>a. If so, where are they housed/stored (i.e. OAG EMR system or provider EMR system).</p> <p>A6. No additional documentation is required.</p>					