

|  |  |                                 |  |   |  |   |  |
|--|--|---------------------------------|--|---|--|---|--|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>                            |  |                                 |  | 1. CONTRACT ID CODE                       |  | PAGE 1 OF 3 PAGES                       |  |
| 2. AMENDMENT/MODIFICATION NO.<br>0541-25-52_001                                      |  | 3. EFFECTIVE DATE<br>07/11/2024 |  | 4. REQUISITION/PURCHASE REQ. NO.          |  | 5. PROJECT NO. (If applicable)          |  |
| 6. ISSUED BY<br>Arely Jimenez, Contracting Officer<br>Solicitation@txsp.uscourts.gov |  | CODE                            |  | 7. ADMINISTERED BY (If other than Item 6) |  | CODE                                    |  |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)          |  |                                 |  | (X)                                       |  | 9A. AMENDMENT OF SOLICITATION NO.       |  |
|  |  |                                 |  | (X)                                       |  | 0541-25-52                              |  |
|  |  |                                 |  | (X)                                       |  | 9B. DATED (SEE ITEM 11)<br>06/18/2024   |  |
|  |  |                                 |  | ( )                                       |  | 10A. MODIFICATION OF CONTRACT/ORDER NO. |  |
| CODE   |  |                                 |  | FACILITY CODE                             |  | 10B. DATED (SEE ITEM 13)                |  |

**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 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 your 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 ONLY APPLIES TO MODIFICATION 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.  |
| <input type="checkbox"/> |   |
| <input type="checkbox"/> | 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). |
| <input type="checkbox"/> | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:  |
| <input type="checkbox"/> | 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 following information has been revised: Section B and Section C have been revised to include Project Codes 6040 Psychotropic Medication and 6041 Administrative Fee Psychotropic Medication via this amendment. Please refer to the attached pages for amendments and the project code requirements.

This constitutes the only amendment to the solicitation.

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)      |                  | (Signature of Contracting Officer)                         |                  |

## Amendments to

### SECTION B - SUPPLIES OR SERVICES AND OFFEROR'S PRICES

MENTAL HEALTH COUNSELING:

|   | PROJECT CODE | REQUIRED SERVICES                          | ESTIMATED MONTHLY QUANTITY |                                      | UNIT PRICE                  |
|---|--------------|--|----------------------------|--------------------------------------|-----------------------------|
| X | 6040         | Psychotropic Medication                    | Base Year                  | <input type="text" value="Unknown"/> | Actual cost                 |
|   |              |  | Option Year 1              | <input type="text" value="Unknown"/> |                             |
|   |              |  | Option Year 2              | <input type="text" value="Unknown"/> |                             |
|   |              |  | Option Year 3              | <input type="text" value="Unknown"/> |                             |
|   |              |  | Option Year 4              | <input type="text" value="Unknown"/> |                             |
|   |              |  | Unit: unknown              |                                      |                             |
|   |              |  |                            |                                      |                             |
|   | PROJECT CODE | REQUIRED SERVICES                          | ESTIMATED MONTHLY QUANTITY |                                      | UNIT PRICE                  |
| X | 6041         | Administrative Fee Psychotropic Medication | Base Year                  | <input type="text" value="Unknown"/> | 5% of actual funds expended |
|   |              |  | Option Year 1              | <input type="text" value="Unknown"/> |                             |
|   |              |  | Option Year 2              | <input type="text" value="Unknown"/> |                             |
|   |              |  | Option Year 3              | <input type="text" value="Unknown"/> |                             |
|   |              |  | Option Year 4              | <input type="text" value="Unknown"/> |                             |
|   |              |  | Unit: unknown              |                                      |                             |

## **Amendments to**

### **SECTION C. DESCRIPTION/STATEMENT OF WORK**

#### **1. Psychotropic Medication**

Psychotropic medication is defined as a class of drugs that are prescribed for persons whose symptoms are viewed as having a psychological base. This class of drugs is typically prescribed to stabilize or improve mood, mental status, or behavior. If medically appropriate, generic medications shall be prescribed. The vendor shall utilize the pharmacy with the lowest cost to the Judiciary.

**NOTE:** A treatment plan and transitional care plan is not required for Psychotropic Medication project codes.

The vendor shall provide:

- a. **Psychotropic Medication (6040)** in either oral or injectable form subsequent to a prescription from a licensed psychiatrist, medical doctor/physician, or other qualified practitioner with current prescriptive authority, who meets the standards of practice established by their state's regulatory board. In addition to the prescription of medication to treat a psychiatric condition, the vendor is authorized to prescribe medications accepted within the standard of care to assist with side effects. Reimbursement for other prescriptions that fall outside this realm is not authorized. This service is generally used in conjunction with code 6050 or 6051; however, there may be emergency circumstances wherein a vendor may be authorized to solely acquire psychotropic medication in accordance with the Probation Form 45.

The vendor may charge an:

- b. **Administrative Fee (6041)** of five (5) percent of the actual funds expended to acquire the psychotropic medication (i.e., via a pharmacy or other source).