AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

BPA NO.	1. CONTRACT ID CODE	PAGE 1 OF PAGES 83

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NUMBER	5. PROJECT NUMBER (if applicable)
0001	07-16-2026		NONE

6. ISSUED BY CODE 36C257

Department of Veterans Affairs
Network Contracting Office (NCO) 17
Central Texas Veterans HCS
1901 Veterans Memorial Dr.
Temple TX 76504

7. ADMINISTERED BY (If other than Item 6) CODE 36C257

Department of Veterans Affairs
Network Contracting Office (NCO) 17
Central Texas Veterans HCS
1901 Veterans Memorial Dr. Building 171
Temple TX 76504

8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code)

To all Offerors/Bidders

CODE FACILITY CODE

(X)	
	9A. AMENDMENT OF SOLICITATION NUMBER 36C25726Q0676
X	9B. DATED (SEE ITEM 11)
☐	10A. MODIFICATION OF CONTRACT/ORDER NUMBER
	10B. DATED (SEE ITEM 13)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[X] The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers [X] 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. ** HOUR & DATE for Receipt of Offers is EXTENDED to: 07-30-2026 10:00 CDT

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See CONTINUATION Page

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.)

1. The purpose of this amendment is to post answers to questions submitted by vendors.
2. See attached Technical Questions w_Answers.
3. See included, revised Price/Cost Schedule.
4. See attached PWS Revised 7.16.26.
5. See attached Quality Assurance Surveillance Plan.
6. See attached Section B.1 Contract Administration Data.
7. See attached Revised Section E.2-Addendum to FAR 52.212-1--Instructions to Offerors.
8. See attached E.12 52.212-2 Addendum-Eval Criteria (revisded)
9. Quotes are due No Later Than 7/30/2026 at 10:00 AM CST via email only to jennifer.stringer@va.gov.

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)	
		Jennifer Stringer Contracting Officer	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED

A.1 PRICE/COST SCHEDULE

ITEM INFORMATION

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001		1.00	JB	_____	_____
	Durable Medical Equipment (DME) Services – North Texas VA Health Care System (NTXVHCS) Contractor shall provide all labor, equipment, facilities, and management necessary to perform DME services for eligible beneficiaries throughout the NTXVHCS service area. Services include delivery, setup/installation, pickup, storage, cleaning/disinfecting, minor repairs, preventive maintenance, patient/caregiver instruction, home safety checks, and inventory management of VA-owned DME, in full compliance with the Performance Work Statement (PWS). Contract Period: Base POP Begin: 09-01-2026 POP End: 08-31-2027 PRINCIPAL NAICS CODE: 621610 - Home Health Care Services PRODUCT/SERVICE CODE: Q999 - Medical - Other				
0001AA		1.00	EA	_____	_____
	Routine Delivery (per trip) • Includes delivery of VA owned DME; uncrating and equipment inspection; setup/installation in the beneficiary's home; completion of safety check; patient/caregiver education and demonstration; documenting serial/model information; obtaining required signatures; and providing all instructions per PWS Section 5.1. Contract Period: Base POP Begin: 09-01-2026 POP End: 08-31-2027 PRINCIPAL NAICS CODE: 621610 - Home Health Care Services PRODUCT/SERVICE CODE: Q999 - Medical - Other				
0001AB		1.00	EA	_____	_____
	Routine Pickup (per trip) • Includes pickup of VA owned DME; documentation of discrepancies; transport of used equipment; initial cleaning/sanitizing per PWS Section 6.3; tagging, dating, and placement into designated storage; and completion of pickup documentation required under PWS Section 8.1. Contract Period: Base POP Begin: 09-01-2026 POP End: 08-31-2027 PRINCIPAL NAICS CODE: 621610 - Home Health Care Services PRODUCT/SERVICE CODE: Q999 - Medical - Other				

0001AC	1.00	EA	_____	_____

Emergency Delivery (per trip)
• Includes all tasks required under Routine Delivery, completed within emergency response timeframes per PWS Sections 3.3 and 5.3, including same day completion for emergent orders and business hour response times for routine emergency designated orders.

Contract Period: Base
POP Begin: 09-01-2026
POP End: 08-31-2027
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

0001AD	1.00	MI	_____	_____

Mileage (per mile beyond 50 miles)
• Mileage charged for trips exceeding the 50 mile radius, measured one way from the official point of origin per PWS Section 5.2; applies to delivery, pickup, or repair trips outside the 50 mile threshold.

Contract Period: Base
POP Begin: 09-01-2026
POP End: 08-31-2027
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

0001AE	1.00	HR	_____	_____

Technical Labor (per hour)
• Technical repair labor for complex equipment requiring specialized skills such as power wheelchairs, scooters, lifts, ECUs, door openers, and other equipment requiring trained technical personnel; includes repair estimates, parts identification, and alignment with PWS Section 7.1.6 and 7.1.8.

Contract Period: Base
POP Begin: 09-01-2026
POP End: 08-31-2027
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

0001AF	1.00	HR	_____	_____

Non Technical Labor (per hour)
• Labor for repair, adjustment, site assessments, or services not requiring technical certification; includes non complex repairs, minor adjustments, and labor supporting PM or delivery tasks as allowed under PWS Section 7.1.6.

Contract Period: Base
POP Begin: 09-01-2026
POP End: 08-31-2027

PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

0001AG	1.00	EA	_____	_____

Preventive Maintenance (per event)
• Includes PM performed in accordance with manufacturer guidelines and PWS Section 7.2; completion of PM checklist; updating equipment tracking records; verifying proper function; tagging equipment with next due date; and providing documentation to the COTR.

Contract Period: Base
POP Begin: 09-01-2026
POP End: 08-31-2027
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

0001AH	1.00	EA	_____	_____

Mattress Disposal (per item)
• Includes pickup of used mattress; cutting/slicing to render unusable; compliant disposal per PWS Section 5.1.1.2; and documenting destruction on the corresponding invoice.

Contract Period: Base
POP Begin: 09-01-2026
POP End: 08-31-2027
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

0001AJ	1.00	EA	_____	_____

Equipment Cleaning/Sanitizing (per item)
• Includes full sanitizing of used DME per PWS Section 6.3: disinfecting, washing, steam cleaning, lubricating (as applicable), tagging and dating, and placement into clean storage. Applies to equipment returned from beneficiaries or equipment slated for reissue.

Contract Period: Base
POP Begin: 09-01-2026
POP End: 08-31-2027
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

0001AK	1.00	MO	_____	_____

Storage of VA Owned Equipment (per month)
• Secure, climate controlled storage of VA owned DME in compliance with PWS Section 6.2; includes maintaining separate clean/soiled areas, climate control, signage, inventory access, security measures, and support for quarterly inspections.

Contract Period: Base
POP Begin: 09-01-2026

POP End: 08-31-2027
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001	1.00	JB	_____	_____

Durable Medical Equipment (DME) Services – North Texas VA Health Care System (NTXVHCS)
Contractor shall provide all labor, equipment, facilities, and management necessary to perform DME services for eligible beneficiaries throughout the NTXVHCS service area. Services include delivery, setup/installation, pickup, storage, cleaning/disinfecting, minor repairs, preventive maintenance, patient/caregiver instruction, home safety checks, and inventory management of VA-owned DME, in full compliance with the Performance Work Statement (PWS).
Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AA	1.00	EA	_____	_____

Routine Delivery (per trip)
• Includes delivery of VA owned DME; uncrating and equipment inspection; setup/installation in the beneficiary's home; completion of safety check; patient/caregiver education and demonstration; documenting serial/model information; obtaining required signatures; and providing all instructions per PWS Section 5.1.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AB	1.00	EA	_____	_____

Routine Pickup (per trip)
• Includes pickup of VA owned DME; documentation of discrepancies; transport of used equipment; initial cleaning/sanitizing per PWS Section 6.3; tagging, dating, and placement into designated storage; and completion of pickup documentation required under PWS Section 8.1.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AC	1.00	EA	_____	_____

Emergency Delivery (per trip)
• Includes all tasks required under Routine Delivery, completed within emergency response timeframes per PWS Sections 3.3 and 5.3, including same day completion for emergent orders and business hour response times for routine emergency designated orders.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AD	1.00	MI	_____	_____

Mileage (per mile beyond 50 miles)
• Mileage charged for trips exceeding the 50 mile radius, measured one way from the official point of origin per PWS Section 5.2; applies to delivery, pickup, or repair trips outside the 50 mile threshold.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AE	1.00	HR	_____	_____

Technical Labor (per hour)
• Technical repair labor for complex equipment requiring specialized skills such as power wheelchairs, scooters, lifts, ECUs, door openers, and other equipment requiring trained technical personnel; includes repair estimates, parts identification, and alignment with PWS Section 7.1.6 and 7.1.8.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AF	1.00	HR	_____	_____

Non Technical Labor (per hour)
• Labor for repair, adjustment, site assessments, or services not requiring technical certification; includes non complex repairs, minor adjustments, and labor supporting PM or delivery tasks as allowed under PWS Section 7.1.6.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AG	1.00	EA	_____	_____

Preventive Maintenance (per event)
• Includes PM performed in accordance with manufacturer guidelines and PWS Section 7.2; completion of PM checklist; updating equipment tracking records; verifying proper function; tagging equipment with next due date; and providing documentation to the COTR.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AH	1.00	EA	_____	_____

Mattress Disposal (per item)
• Includes pickup of used mattress; cutting/slicing to render unusable; compliant disposal per PWS Section 5.1.1.2; and documenting destruction on the corresponding invoice.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AJ	1.00	EA	_____	_____

Equipment Cleaning/Sanitizing (EA)
• Includes full sanitizing of VA owned DME per PWS Section 6.3, including disinfecting, washing, steam cleaning, lubrication (as applicable), tagging/dating, and placement into clean storage.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

1001AK	1.00	MO	_____	_____

Storage of VA Owned Equipment (MO)
• Monthly storage of VA owned DME in a secure, climate controlled facility per PWS Section 6.2; includes separate clean/soiled areas, inventory access, sanitation standards, and compliance with VA security and inspection requirements.

Contract Period: Option 1
POP Begin: 09-01-2027
POP End: 08-31-2028
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

2001		1.00	JB	_____	_____
	Durable Medical Equipment (DME) Services – North Texas VA Health Care System (NTXVHCS) Contractor shall provide all labor, equipment, facilities, and management necessary to perform DME services for eligible beneficiaries throughout the NTXVHCS service area. Services include delivery, setup/installation, pickup, storage, cleaning/disinfecting, minor repairs, preventive maintenance, patient/caregiver instruction, home safety checks, and inventory management of VA-owned DME, in full compliance with the Performance Work Statement (PWS). Contract Period: Option 2 POP Begin: 09-01-2028 POP End: 08-31-2029 PRINCIPAL NAICS CODE: 621610 - Home Health Care Services PRODUCT/SERVICE CODE: Q999 - Medical - Other				
2001AA		1.00	EA	_____	_____
	Routine Delivery (EA) • Includes delivery of VA owned DME; uncrating; equipment inspection; setup/installation; home safety check; patient/caregiver education and demonstration; documentation; obtaining signatures; and all tasks required under PWS Section 5.1. Contract Period: Option 2 POP Begin: 09-01-2028 POP End: 08-31-2029 PRINCIPAL NAICS CODE: 621610 - Home Health Care Services PRODUCT/SERVICE CODE: Q999 - Medical - Other				
2001AB		1.00	EA	_____	_____
	Routine Pickup (EA) • Includes pickup of VA owned DME; documentation of discrepancies or missing equipment; transport; initial sanitizing per PWS Section 6.3; tagging and dating; placement into appropriate storage category; completion of required pickup documentation under PWS Section 8.1. Contract Period: Option 2 POP Begin: 09-01-2028 POP End: 08-31-2029 PRINCIPAL NAICS CODE: 621610 - Home Health Care Services PRODUCT/SERVICE CODE: Q999 - Medical - Other				
2001AC		1.00	EA	_____	_____
	Emergency Delivery (EA) • Includes all tasks under Routine Delivery but completed within emergency timeframes required by PWS Sections 3.3 and 5.3, including same day completion for emergent delivery requests. Contract Period: Option 2 POP Begin: 09-01-2028				

POP End: 08-31-2029
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

2001AD	1.00	MI	_____	_____

Mileage > 50 Miles (MI)
- Mileage charged per mile beyond 50 miles, one way from official point of origin, applicable to deliveries, pickups, repairs, or PM visits per PWS Section 5.2.

Contract Period: Option 2
POP Begin: 09-01-2028
POP End: 08-31-2029
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

2001AE	1.00	HR	_____	_____

Technical Labor (HR)
- Hourly rate for technical repair labor requiring specialized skills; includes tasks performed on power wheelchairs, scooters, lifts, ECUs, door openers, and complex DME per PWS Sections 7.1.6 and 7.1.8.

Contract Period: Option 2
POP Begin: 09-01-2028
POP End: 08-31-2029
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

2001AF	1.00	HR	_____	_____

Non Technical Labor (HR)
- Hourly rate for labor not requiring technical certification; includes minor repairs, simple adjustments, or PM support tasks per PWS Section 7.1.6.

Contract Period: Option 2
POP Begin: 09-01-2028
POP End: 08-31-2029
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

2001AG	1.00	EA	_____	_____

Preventive Maintenance (EA)
- Includes PM performed per manufacturer guidelines and PWS Section 7.2; updating service records; tagging equipment with next PM date; providing documentation to COR; performed on each piece of equipment requiring PM.

Contract Period: Option 2
POP Begin: 09-01-2028
POP End: 08-31-2029

PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

2001AH	1.00	EA	_____	_____

Mattress Disposal (EA)
• Includes pickup of used mattress; cutting/slicing; rendering unusable; compliant disposal; documentation of destruction per PWS Section 5.1.1.2.

Contract Period: Option 2
POP Begin: 09-01-2028
POP End: 08-31-2029
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

2001AJ	1.00	EA	_____	_____

Equipment Cleaning/Sanitizing (EA)
• Includes full sanitizing of VA owned DME per PWS Section 6.3, including disinfecting, washing, steam cleaning, lubrication (as applicable), tagging/dating, and placement into clean storage.

Contract Period: Option 2
POP Begin: 09-01-2028
POP End: 08-31-2029
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

2001AK	1.00	MO	_____	_____

Storage of VA Owned Equipment (MO)
• Monthly storage of VA owned DME in a secure, climate controlled facility per PWS Section 6.2; includes separate clean/soiled areas, inventory access, sanitation standards, and compliance with VA security and inspection requirements.
•

Contract Period: Option 2
POP Begin: 09-01-2028
POP End: 08-31-2029
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001	1.00	JB	_____	_____

Durable Medical Equipment (DME) Services – North Texas VA Health Care System (NTXVHCS)
Contractor shall provide all labor, equipment, facilities, and management necessary to perform DME services for eligible beneficiaries throughout the NTXVHCS service area. Services include delivery, setup/installation, pickup, storage, cleaning/disinfecting, minor repairs, preventive maintenance, patient/caregiver instruction, home safety checks, and inventory management of VA-owned DME, in full compliance with the

Performance Work Statement (PWS).
Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AA	1.00	EA	_____	_____

Routine Delivery (EA)
• Includes delivery of VA owned DME; uncrating; equipment inspection; setup/installation; home safety check; patient/caregiver education and demonstration; documentation; obtaining signatures; and all tasks required under PWS Section 5.1.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AB	1.00	EA	_____	_____

Routine Pickup (EA)
• Includes pickup of VA owned DME; documentation of discrepancies or missing equipment; transport; initial sanitizing per PWS Section 6.3; tagging and dating; placement into appropriate storage category; completion of required pickup documentation under PWS Section 8.1.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AC	1.00	EA	_____	_____

Emergency Delivery (EA)
• Includes all tasks under Routine Delivery but completed within emergency timeframes required by PWS Sections 3.3 and 5.3, including same day completion for emergent delivery requests.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AD	1.00	MI	_____	_____

Mileage > 50 Miles (MI)
• Mileage charged per mile beyond 50 miles, one way from official point of origin, applicable to deliveries, pickups, repairs, or PM visits per

PWS Section 5.2.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AE	1.00	HR	_____	_____

Technical Labor (HR)
• Hourly rate for technical repair labor requiring specialized skills; includes tasks performed on power wheelchairs, scooters, lifts, ECUs, door openers, and complex DME per PWS Sections 7.1.6 and 7.1.8.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AF	1.00	HR	_____	_____

Non Technical Labor (HR)
• Hourly rate for labor not requiring technical certification; includes minor repairs, simple adjustments, or PM support tasks per PWS Section 7.1.6.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AG	1.00	EA	_____	_____

Preventive Maintenance (EA)
• Includes PM performed per manufacturer guidelines and PWS Section 7.2; updating service records; tagging equipment with next PM date; providing documentation to COR; performed on each piece of equipment requiring PM.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AH	1.00	EA	_____	_____

Mattress Disposal (EA)
• Includes pickup of used mattress; cutting/slicing; rendering unusable; compliant disposal; documentation of destruction per PWS Section 5.1.1.2.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AJ	1.00	EA	_____	_____

Equipment Cleaning/Sanitizing (EA)
• Includes full sanitizing of VA owned DME per PWS Section 6.3, including disinfecting, washing, steam cleaning, lubrication (as applicable), tagging/dating, and placement into clean storage.

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

3001AK	1.00	MO	_____	_____

Storage of VA Owned Equipment (MO)
• Monthly storage of VA owned DME in a secure, climate controlled facility per PWS Section 6.2; includes separate clean/soiled areas, inventory access, sanitation standards, and compliance with VA security and inspection requirements.
•

Contract Period: Option 3
POP Begin: 09-01-2029
POP End: 08-31-2030
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001	1.00	JB	_____	_____

Durable Medical Equipment (DME) Services – North Texas VA Health Care System (NTXVHCS)
Contractor shall provide all labor, equipment, facilities, and management necessary to perform DME services for eligible beneficiaries throughout the NTXVHCS service area. Services include delivery, setup/installation, pickup, storage, cleaning/disinfecting, minor repairs, preventive maintenance, patient/caregiver instruction, home safety checks, and inventory management of VA-owned DME, in full compliance with the Performance Work Statement (PWS).
Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AA	1.00	EA	_____	_____

Routine Delivery (EA)
• Includes delivery of VA owned DME; uncrating; equipment inspection; setup/installation; home safety check; patient/caregiver education and demonstration; documentation; obtaining signatures; and all tasks required under PWS Section 5.1.

Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AB	1.00	EA	_____	_____

Routine Pickup (EA)
• Includes pickup of VA owned DME; documentation of discrepancies or missing equipment; transport; initial sanitizing per PWS Section 6.3; tagging and dating; placement into appropriate storage category; completion of required pickup documentation under PWS Section 8.1.

Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AC	1.00	EA	_____	_____

Emergency Delivery (EA)
• Includes all tasks under Routine Delivery but completed within emergency timeframes required by PWS Sections 3.3 and 5.3, including same day completion for emergent delivery requests.

Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AD	1.00	MI	_____	_____

Mileage > 50 Miles (MI)
• Mileage charged per mile beyond 50 miles, one way from official point of origin, applicable to deliveries, pickups, repairs, or PM visits per PWS Section 5.2.

Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AE	1.00	HR	_____	_____

Technical Labor (HR)
- Hourly rate for technical repair labor requiring specialized skills; includes tasks performed on power wheelchairs, scooters, lifts, ECUs, door openers, and complex DME per PWS Sections 7.1.6 and 7.1.8.

Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AF	1.00	HR	_____	_____

Non Technical Labor (HR)
- Hourly rate for labor not requiring technical certification; includes minor repairs, simple adjustments, or PM support tasks per PWS Section 7.1.6.

Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AG	1.00	EA	_____	_____

Preventive Maintenance (EA)
- Includes PM performed per manufacturer guidelines and PWS Section 7.2; updating service records; tagging equipment with next PM date; providing documentation to COR; performed on each piece of equipment requiring PM.

Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AH	1.00	EA	_____	_____

Mattress Disposal (EA)
- Includes pickup of used mattress; cutting/slicing; rendering unusable; compliant disposal; documentation of destruction per PWS Section 5.1.1.2.

Contract Period: Option 4
POP Begin: 09-01-2030
POP End: 08-31-2031
PRINCIPAL NAICS CODE: 621610 - Home Health Care Services
PRODUCT/SERVICE CODE: Q999 - Medical - Other

4001AJ	1.00	EA	_____	_____
Equipment Cleaning/Sanitizing (EA) • Includes full sanitizing of VA owned DME per PWS Section 6.3, including disinfecting, washing, steam cleaning, lubrication (as applicable), tagging/dating, and placement into clean storage. Contract Period: Option 4 POP Begin: 09-01-2030 POP End: 08-31-2031 PRINCIPAL NAICS CODE: 621610 - Home Health Care Services PRODUCT/SERVICE CODE: Q999 - Medical - Other				
4001AK	1.00	MO	_____	_____
Storage of VA Owned Equipment (MO) • Monthly storage of VA owned DME in a secure, climate controlled facility per PWS Section 6.2; includes separate clean/soiled areas, inventory access, sanitation standards, and compliance with VA security and inspection requirements. Contract Period: Option 4 POP Begin: 09-01-2030 POP End: 08-31-2031 PRINCIPAL NAICS CODE: 621610 - Home Health Care Services PRODUCT/SERVICE CODE: Q999 - Medical - Other				
			GRAND TOTAL	_____

A.2 DELIVERY SCHEDULE

ITEM NUMBER	SHIPPING INFORMATION	QUANTITY	DELIVERY DATE
0001, 1001, 2001,3001, 4001, all subclins	SHIP TO: North Texas VA Medical Center Pharmacy Services 4500 South Lancaster Road Dallas, TX 75216 USA MARK FOR: Andre Judkins 214-857-2103 andre.judkins@va.gov	1.00	

TECHNICAL QUESTIONS

36C25726Q0676

Question Set 1:

1. **Current Contractor:** 6.2.1.8 references coordination between the old and new contractor for relocation of VA inventory. What is the name of the current contractor? Please provide a copy of the current contract. A current contract does not exist. There is no incumbent contractor. This section is just a standard part of most service contracts but does not apply here.

2. **Pricing Table Clarification:** The pricing table requests only a rate per patient. Does this rate apply to deliveries, pickups, repairs, preventative maintenance, or all services? How should offerors price two-person deliveries and setups? The pricing table is not intended to be a per patient rate. The unit is JOB (JB), and the JOB is ALL services required under the Performance Work Statement (PWS) for each year of the contract.

3. **Mileage Line Item:** Section 5.2.1 references a flat rate per mile outside the 50-mile radius. No mileage CLIN or line item appears to be included. Should a mileage line item be added? I don't think a mileage CLIN will be necessary, since the mileage will be charged against the CLIN as services that are part of the JOB (JB) for each year of the contract, as stated in number 2 above.

4. **Facility Inspection Requirement:** Section 6.2.1.1 requires services from a facility inspected and approved by the COTR. Is facility inspection and approval a condition of award? Question: I made Storage Facility Compliance part of the Technical Proposal; however, it is not currently a factor of award. The facility inspection is part of the Quality Assurance Surveillance Plan (QASP) required under the Joint Commission Standards for Medical Equipment. Under Environment Care (EC) Standard that focuses on the effectiveness and safety of medical equipment. The four focus areas of the inspection is, ensuring the medical equipment remains in good working condition, that the equipment is inspected regularly, ensuring the equipment is cleaned and properly stored. Other Joint Commission standards that will be inspected is Infection Prevention (IC), Emergency Medical Equipment (EM), Medical Management (MM), and annual Preventive Maintenance (PM).

Because Storage Facility Compliance is not currently a technical evaluation factor, vendors will not be subject to pre-award site visits. Instead, vendors must submit documentary proof that their storage facilities meet the requirements in Section 6.2.1.1. The COR/COTR will review the submitted proof as part of the technical evaluation and provide facility approval based on those materials. Any physical inspection can occur post-award as part of contract performance oversight.

The following items be required to be submitted as proof during the technical evaluation:

1. Facility address(es)
    a. To include square footage
    b. Floor plans
2. Photos of storage area, loading docks, etc.
    a. Narrative describing shelving, bins, storage configuration, inventory workflow
3. Description of the environmental controls, with photographic evidence
4. Inventory segregation process
    a. To include infection control and sanitization area and processes
5. Security measures
    a. Narrative of intended security measures
        i. Alarms, cameras, locked, controlled access.
6. Any existing accreditation or inspection reports

5. **Technical and Non-Technical Repair Rates:** Section 7.1.6 references technical and non-technical labor rates. No related pricing line items appear in the solicitation. Should specific pricing line items be included? The intention is to have one CLIN for ease of invoicing; however, as a vendor submits invoices, the vendor will identify the PWS task performed so that the COR will be able to confirm what task was performed for certification of invoice prior to payment.

6. **Licensing Requirements:** Section 14.1.2 requires a current, unencumbered license. What specific licenses are required under this solicitation? Business licenses.

The program office is requesting an unencumbered license to conduct business within the United States and ultimately licensure to conduct business within the state of Texas.

A valid driver's license will be required for all contractor personnel who operate any motor vehicle in performance of this contract. Additionally, all personnel must possess and maintain the competencies necessary for the safe operation, handling, and repair of the equipment assigned to the contractor. These competencies must be documented and sufficient to ensure that equipment is managed in accordance with all applicable VA, safety, and manufacturer standards.

7. **Employee Documentation Requirements:** Section 14.1.3 requires employee certifications, licenses, education, training, and experience documents with proposals. Can this requirement be removed or modified for offerors who are not currently operating within the service area. The solicitation should require competencies on equipment they can assemble and repair. Driver's license to operate whatever size vehicle they will be using to deliver items. Forklift license or training.

8. **Method of Payment:** Section 14.6.1 states that payment shall be made via Government Purchase Card. Can alternative payment methods such as Tungsten be accepted? Credit Card is the current, acceptable method of payment. If in the future a more cost-effective method of payment is identified, we can discuss a possible modification to the contract.

9. **Equipment Warranty Requirement:** Section 16.1.3 requires contractor guarantees on equipment. How does this requirement apply to equipment purchased directly by the VA from national suppliers, and can this requirement be modified? The contractor's warranty obligation under Section 16.1.3 applies only to equipment furnished by the contractor under this contract. For VA-owned equipment or equipment purchased directly by VA from national suppliers, the contractor shall not be responsible for providing a warranty, but shall ensure proper delivery, setup, maintenance, report any defects or recalls to the VA, facilitate transport to rectify or enforce manufacturer's warranty. The VA will rely on the manufacturer's warranty for equipment purchased directly through national suppliers; however, the contractor will be required to assist the VA in enforcing that warranty by supporting warranty claims, coordinating with manufacturers, and facilitating any repair, replacement, or corrective actions needed during the warranty period.

10. **Contract Ceiling:** The solicitation establishes a $6,500,000 ceiling while estimating support for approximately 11,000 patients. Can the ceiling amount be increased? At this time, the Government **does not anticipate increasing the contract ceiling**. The $6,500,000.00 ceiling is based on the North Texas VA HCS's **current forecasted needs and the Independent Government Cost Estimate (IGCE)** and represents the Government's **maximum anticipated requirement** over the base and all option years.

However, consistent with FAR 15.206 and the Revolutionary FAR Overhaul policy on collaborative communications, the Government **may consider a ceiling adjustment only if sufficient data from multiple offerors** demonstrates that the ceiling materially constrains the ability to propose a compliant solution.
If such a change becomes necessary, it would be issued **through a formal amendment**.

At this time, no change is planned.

11. **Open Market Services and Award Structure:** Question 1: Can the VA provide examples of situations where services may be procured on an open-market basis? Question 2: Will this solicitation result in a single award or multiple awards? This solicitation will result in a single award. The VA will award one requirements contract to one contractor for DME delivery, setup, pickup, storage, maintenance, and support throughout the North Texas VA Health Care System service area.

12. **Preventative Maintenance Reimbursement:** Section 7.2.2 requires preventative maintenance services. No pricing line items appear for PM services. How will contractors be reimbursed? The intention is to have one CLIN for ease of invoicing; however, as a vendor submits invoices, the vendor will identify the PM task performed so that the COR will be able to confirm what task was performed for certification of invoice prior to payment.

Operational / Scope Questions

13. **Scope of Covered Equipment – Section 5.1.1.(Question A):** Can the Contracting Officer provide a comprehensive list of equipment and supplies included within the term "etc." in Section 5.1.1 to ensure contractors understand the full scope of responsibilities?

A fully comprehensive list that includes all future items cannot be provided; however, the following reflects what we currently have in the NTX warehouse

Description
BARS-GRAB-16IN
BARS-GRAB-24IN
BARS-GRAB-12IN
SHOWER,HAND HELD,SWIVEL,DIVERTER
TABLE, OVERBED U BASE ADJUSTABLE GRAY
BAR,TRAPEZE,BED/FLOOR,34 W X 61 H IN,1000LB
MATTRESS,PRESSURE REDUCTION,SOLACE,36 X 84 X 6IN,FOAM
MATTRESS, PERMAFLOAT LFP 35X80X6
BED,STANDARD HOSPITAL,ELECTRIC,W/O HAND RAILS,W/O MATTRESS
EXTENSION-BED
MATTRESS,PRESSURE REDUCTION,SOLACE,36 X 84IN,FOAM POLYMER
MATTRESS-APM-II
STAND-TRAPEZE-FLOOR (STAND ONLY)
MATTRESS,PRESSURE REDUCTION,GEO-MATTRESS MAX,80 X 35 X 6IN
RAILS-BED-HALF-BARIATRIC
WALKER,KNEE HEAVY DUTY STD W/WHEELS
WHEELCHAIR-POWER-Q6-EDGE
MA900,MATTRESS,LATERAL,TURN
WALKER, KNEE TALL HEAVY DUTY W/WHEES
MATTRESS-PRESSUREGUARD-APM2-84IN LONG
SIDE RAILS,USE W/INVACARE G SERIES BED,L 32IN,HALF-L RAIL
WALKER,KNEE,4-WHEELED,W/BRAKES,300LB WT CAP
WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,XLRG,GR116

WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,MED,GR114
WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,LARGE,GR115
RAILS,HALF,PROBASICS,E0305
SLING,DIVIDED,LEG,MEDIUM
SLING,DIVIDED,LEG,LARGE
EXTENDER,MATTRESS,PAD,6INX36INX6IN
QRT LIGHTWEIGHT WHEELCHAIR 16X16
QRT LIGHTWEIGH WHEELCHAIR 18X16
QRT LIGHTWEIGH WHEELCHAIR 20X18
FOOT SECTION FULL ELECTRIC G-SERIES BED
BED,STANDARD HOSPITAL,ELECTRIC,W/HALF RAILS,W/O MATTRESS TRANSPORT CHAIRS
BED,STANDARD HOSPITAL,ELECTRIC,W/O HAND RAILS,W/O MATTRESS
WALKER, HEAVY DUTY FOLDING W/WHEELS
WALKER, ROLLATOR HD F-22 BLK
RAILS, HALF ARTICULATING HEAD SECTION G32
MATTRESS, APM BARIATRIC PRESSURE GUARD 84X42X7
BED, BARIATRIC HOMECARE 80X42 600LB
BED, BARIATRIC HOMECARE 84X48 600LB+
MATTRESS, BARIATRIC 80X42 FOAM
MATTRESS, BARIATRIC 84X48 FOAM
LIFT, PATIENT FULL BODY
BEDSIDE COMMODES 3N1
SCOOTERS
BIATRIC BED (SPECIAL ORDERS)
SHOWER HOSE

14. **Scope of Covered Equipment Volumes– Section 5.1.1. (Question B):** Can the Government provide estimated annual deliveries by equipment category, including all items encompassed by "etc."? The Government cannot provide estimated annual deliveries by equipment category, nor can the Government provide an all-inclusive list covered by "etc.". Please see the list above in Question 13 for items currently in storage at the NTX warehouse.

15. **Patient Count Data Period– Section 2.5. (Question A):** Section 2.5 references a current patient count of 10,431 and an estimated patient count of 11,000. What time period does the delivery data represent? Fiscal year 2025 - 10/1/24 to 9/30/25

16. **Activity Volumes– Section 2.5. (Question B):** Can the Government provide annual volumes for deliveries, pick-ups, exchanges, service calls, and equipment-type breakdowns? The equipment varies and a all-encompass list cannot be provided. In FY 2025 HCPCS (Healthcare Common Procedure Coding System) below are some of the majority of equipment delivered:

HCPCS	Volumes	Description
E0266	120	Hospital bed, total electric (head, foot & height adjustments), with any type side rails, without mattress.

E0297	180	Hospital Bed, Total Electric (Head, Foot & Height Adjustments), Without Side Rails or Mattress.
E0165	423	Commode chair, mobile or stationary, with detachable arms.
E0163	191	Commode chair, mobile or stationary, with fixed arms.
E0240	1593	Bath/shower chair, with or without wheels, any size.
E0243	497	Toilet rail, each.
A9901	9486	DME delivery, set up, and/or dispensing service component of another HCPCS code.
E0635	109	Patient Lift, Electric With Seat or Sling.
E0630	69	Patient lift, hydraulic or mechanical, including seat, sling, strap(s), or pad(s).

17. **Specialty Equipment Installation – Section 7.1.6. (Question A):** Are contractors expected to perform installation and replacement of ramps, stair glides, patient lifts, environmental control units, and automatic door openers using their own personnel, or are specialty subcontractors anticipated? Only those items within their scope and competencies will the contractor perform installation. Specialty subcontractors are anticipated for installation of ramps, stair glides, patient lifts, ECU, etc.

18. **Specialty Equipment Removal– Section 7.1.6. (Question B):** Will the contractor be responsible for removing or returning equipment that was originally installed by another contractor or vendor? Yes.

19. **Wheelchair Repair Responsibilities– Section 7.1.8.:** Will contractors be expected to repair power wheelchairs, scooters, and manual wheelchairs under this contract, or will repairs be performed through VA-designated providers? Yes. Contractors will be expected to repair power wheelchairs, scooters, and manual wheelchairs under this contract.

20. **Zone E Requirements – Section 5.2.5:** Zone E is absent from the routine and emergency completion charts. Is Zone E applicable and, if so, what are the performance requirements? Zone E added to tables in 5.2.5. See PWS Revised 7.15.26 attached.

21. **Zone E Emergency Deliveries – Section 5.3.2:** Is Zone E part of the service area and what emergency delivery completion standards apply? Zone E added to Section 5.3.2. See PWS Revised 7.15.26 attached.

22. **Delivery Hours and Staffing Requirements– Section 3.3.1. & 5.1.5.:** Should offerors assume staffing and delivery operations are required throughout the full delivery window of 8:00 a.m. to 8:00 p.m., Monday through Saturday, despite normal work hours listed elsewhere in the solicitation? **Business hours for this requirement are 7:30 AM to 4:30 PM.**
For **routine deliveries**, response and completion times must be measured according to the business-hour requirements stated in PWS Section 5.3.2 (Zone A: 4 business hours; Zones B/D/E: 12 business hours). See attached PWS Revised 7.15.26.

However, for **emergent deliveries**, the program office has confirmed that these are **not governed by business hours**. Emergent delivery requests must be completed **within the same day, even if the request is made after business hours**. In other words, emergent deliveries follow **continuous clock hours**, not business hours, for the day the Government makes the request.

If an emergent delivery request is issued after 4:30 PM, the contractor is still required to respond and complete the delivery during the **after-hours period of that same calendar day**, unless otherwise directed by the Government.

23. **The VA structured the DME Contract Solicitation requesting an Annual/Monthly Fixed Price method verses an Per Transaction Price method (Indefinite Distribution/Indefinite Quantity):** Is this an accurate assessment? No. The solicitation does **not** request annual or monthly fixed pricing. Although the PWS references monthly invoicing and identifies annual periods of performance, these references relate only to **invoicing frequency** and **the definition of the contract periods**, not the pricing methodology.

The intended pricing structure for this acquisition is a **Firm-Fixed-Price Requirements Contract** using **firm-fixed unit prices** for the various DME services described in the PWS. Offerors shall propose **unit pricing** (e.g., delivery/pickup rates, mileage rates, technical and non-technical labor rates, and other required service-specific rates). These unit prices will be used to price individual purchase orders issued based on actual VA needs.

The **annual CLINs** in Section B.3 function only as **administrative identifiers** for each period of performance; they do not represent annual lump-sum pricing. Likewise, **monthly references** correspond solely to **invoicing requirements**, not recurring monthly charges. Please note that a new Price/Cost Schedule has been created which should alleviate some of the confusion with how to invoice.

The $6.5M contract ceiling represents the **maximum aggregate ordering limit** over all years of the contract and ensures total expenditures for all unit-priced orders remain within the statutory and funding constraints. It does **not** convert the pricing structure into an annual or monthly fixed-price requirement.

An amendment will be issued to clarify the Price/Cost Schedule so that the solicitation is consistent with the intended **unit-price Requirements Contract** structure.

Question Set 2

Please see the following technical questions regarding Solicitation **36C25726Q0676 – NTX Durable Medical Equipment Services**.

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1. Contract Ceiling / Estimated Quantities

Reference: Section 1.6, page 6
Solicitation language: "The total contract ceiling for this requirement is $6,500,000.00."

The solicitation identifies a total contract ceiling of **$6,500,000.00**. Based on the estimated patient population, service volume, storage requirements, labor requirements, emergency response obligations, and infrastructure necessary to perform the stated scope of work, offerors may determine that the actual cost of performance exceeds the stated ceiling.

a. Will the Government consider amending the solicitation to increase the total contract ceiling if industry feedback indicates that the stated ceiling is insufficient for the required scope of work? At this time, the Government **does not anticipate increasing the contract ceiling**. The $6,500,000.00 ceiling is based on the North Texas VA HCS's **current forecasted needs and the Independent Government Cost Estimate (IGCE)** and represents the Government's **maximum anticipated requirement** over the base and all option years.

However, consistent with FAR 15.206 and the Revolutionary FAR Overhaul policy on collaborative communications, the Government **may consider a ceiling adjustment only if sufficient data from multiple offerors** demonstrates that the ceiling materially constrains the ability to propose a compliant solution.
If such a change becomes necessary, it would be issued **through a formal amendment**.

At this time, no change is planned.

b. If an offeror submits a technically acceptable quotation with a total evaluated price exceeding the stated contract ceiling, will that quotation be considered for award, or will it be rejected as exceeding the solicitation ceiling? Quotations **exceeding the stated contract ceiling will not be considered for award**.

Under a firm-fixed-unit-price **Requirements** contract (FAR 16.503) and the stated ceiling in Section 1.6, the ceiling is a **maximum limit on the total potential value of orders** that may be placed. A quotation that exceeds this value cannot form a valid contract and would therefore be **unawardable**.

Offerors must ensure that their pricing for the base and all option periods fits **within the $6,500,000.00 total ceiling**.

c. For evaluation purposes, should offerors treat the $6,500,000.00 ceiling as a hard maximum total contract value, inclusive of the base period and all option periods? Yes.
The $6,500,000.00 ceiling stated in **PWS Section 1.6 and reiterated in Section B.2.3** is the **hard maximum total contract value** for the entirety of the following:

- Base Year
- Option Year 1
- Option Year 2
- Option Year 3
- Option Year 4

As this is a **Requirements contract** under FAR 16.503 and an **Indefinite Quantity** arrangement under FAR 52.216-22 (Deviation), the ceiling represents the Government's **maximum aggregate ordering limit**.

Offerors must propose pricing consistent with this absolute maximum.

d. Can the Government confirm that the stated contract ceiling was established using a current Independent Government Cost Estimate that reflects the labor, transportation, warehouse, emergency response, and service requirements described in this solicitation?

Yes.
The Government confirms that the ceiling was established using a **current IGCE** based on:

- Estimated patient population
- Historical and projected DME service volumes
- Labor requirements
- Transportation and mileage assumptions
- Warehouse/storage requirements (including 2,500 SF limit)
- Emergency response capability (4–12 hour response)
- Cleaning, disinfection, repair, and PM requirements
- Applicable Joint Commission (JCAHO) compliance expectations

The IGCE reflects the full scope and performance requirements described in the PWS and was validated during internal VA review prior to issuance of the solicitation.

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2. Acceptable Accreditation Organizations

Reference: Section 1.10, page 6
Solicitation language: "All services shall be in strict adherence and comply with current standards for home

care set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or other recognized, accredited healthcare organization."

Can the Government identify which "other recognized, accredited healthcare organization(s)" will be acceptable for purposes of satisfying this requirement, in addition to The Joint Commission? Although the solicitation language states that services must comply with Joint Commission (JCAHO) standards "or other recognized, accredited healthcare organization," the North Texas VA Medical Center's own accreditation status determines what is acceptable for this procurement. Because NTX is accredited specifically by the Joint Commission (JCAHO), the facility requires contractors to meet that same accreditation standard.

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3. Emergency Response Schedule

Reference: Section 5.3.2, page 14

Section 5.3.2 appears to provide an emergency requirements schedule that does not match the schedule provided at the top of page 14.

Can the Government clarify which emergency response schedule is controlling for purposes of contract performance and proposal pricing?

If both schedules apply, can the Government explain the circumstances under which each schedule applies? Zone E has been added to the part of that table for Routine deliveries and the part of the table that discuses Emergency deliveries. Please see attached PWS Revised 7.15.26.

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4. Contractor Storage Facility / 2,500 Square Foot Limitation

Reference: Sections 6.2.1.1 – 6.2.1.4, page 15
Solicitation language:
"All VA equipment/supplies are to be stored on or within the premises occupied by the Contractor…"
"Contractor is to provide storage for VA beneficiary equipment/supplies."
"The storage space is not to exceed 2500 sf in size."
"If at any time a Contractor's Facility is on the verge of exceeding 2500 sf, the Contractor must notify the Contracting Officer immediately…"
"The current space requirements are as follows, it is provided for informational purposes only. It is to be understood that all facilities may max their storage requirements to 2500sf at no additional cost to the government… North Texas VA HCS: 2,500 square feet."

Can the Government clarify the intent of the 2,500 square foot storage limitation?

Specifically:

a. Is the contractor expressly prohibited from using more than 2,500 square feet of warehouse/storage space for VA equipment and supplies? No, the contractor is not expressly prohibited from using more than 2,500 square feet.

b. Or does the 2,500 square foot figure represent the maximum amount of storage space the Government will recognize or reimburse at no additional cost? Yes, 2,500 square feet is the maximum amount the Government will recognize or reimburse at no additional cost.

The program office will not reimburse for space >2500 sq ft for storage.

c. If the contractor determines that additional storage space is operationally necessary to meet inventory par levels, patient demand, equipment segregation, cleaning/disinfection workflow, delivery readiness, and contract response times, may the contractor use additional space at its own expense? Yes, the contractor may use additional space at its own expense.

d. Given the stated patient population and anticipated equipment volume, can the Government provide current or historical inventory levels, par levels, or average stored equipment quantities for NTX DME operations? Data from 7/9/2026

O/H—on hand

L—level

R—reorder level

Description	Group Category	UoI	O/H	D/I	D/O	L	E	T	R
BARS-GRAB-16IN	DME	EA	70	0		100	25		50
BARS-GRAB-24IN	DME	EA	117	0		135	34		68
BARS-GRAB-12IN	DME	EA	71	0		40	10		20
SHOWER,HAND HELD,SWIVEL,DIVERTER	DME	EA	110	0		100	25		50
TABLE, OVERBED U BASE ADJUSTABLE GRAY	DME	EA	16	0		33	9		17
BAR,TRAPEZE,BED/FLOOR,34 W X 61 H IN,1000LB	DME	EA	13	0	0	10	3		5
MATTRESS,PRESSURE REDUCTION,SOLACE,36 X 84 X 6IN,FOAM	DME	EA	14	0	0	20	5		10
MATTRESS, PERMAFLOAT LFP 35X80X6	DME	EA	0	0	0	7	2		4
BED,STANDARD HOSPITAL,ELECTRIC ,W/O HAND RAILS,W/O MATTRESS	DME	EA	6	2	0	51	13		26
EXTENSION-BED	DME	EA	8	0	0	3	1		2
SLING DIVIDED LEG FULL BODY LARGE	DME	EA	7	8		15	4		8
MATTRESS,PRESSURE	DME	EA	13	0	0	45	12		23

REDUCTION,SOLACE,36 X 84IN,FOAM POLYMER									
MATTRESS-APM-II	DME	EA	5	0	0	15	4		8
STAND-TRAPEZE-FLOOR (STAND ONLY)	DME	EA	16	0	0	6	2		3
MATTRESS,PRESSURE REDUCTION,GEO-MATTRESS MAX,80 X 35 X 6IN	DME	EA	6	0	0	10	3		5
EXTENSION-FOOTBOARD	DME	EA	11	0	0	15	4		8
RAILS-BED-HALF-BARIATRIC	DME	PR	11	0		2	1		1
WALKER,KNEE HEAVY DUTY STD W/WHEELS	DME	EA	2	0		2	1		1
WALKER, KNEE TALL HEAVY DUTY W/WHEES	DME	EA	3	0		3	1		2
MATTRESS-PRESSUREGUARD-APM2-84IN LONG	DME	EA	2	0	0	10	3		5
WALKER,KNEE,4-WHEELED,W/BRAKES,300LB WT CAP	DME	EA	24	0	0	35	9		18
WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,XLRG,GR116	DME	EA	13	0	0	10	3		5
WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,MED,GR114	DME	EA	6	0	0	8	2		4
WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,LARGE,GR115	DME	EA	19	0	0	8	2		4
RAILS,HALF,PROBASICS,E0305	DME	PR	19	0	0	18	5		9
SLING,DIVIDED,LEG,MEDIUM	DME	EA	13	0	0	15	4		8
SLING,DIVIDED,LEG,LARGE	DME	EA	2	0	0	10	3		5
EXTENDER,MATTRESS,PAD,6INX36INX6IN	DME	EA	12	0	0	5	2		3
QRT LIGHTWEIGHT WHEELCHAIR 16X16	DME	EA	13	0	0	16	4		8

QRT LIGHTWEIGH WHEELCHAIR 18X16	DME	EA	22	0	0	29	7		15
QRT LIGHTWEIGH WHEELCHAIR 20X18	DME	EA	20	0	0	29	7		15
FOOT SECTION FULL ELECTRIC G-SERIES BED	DME	EA	5	0		4	1		2
BED,STANDARD HOSPITAL,ELECTRIC ,W/O HAND RAILS,W/O MATTRESS	DME	EA	26	0	0	37	10		19
WALKER, HEAVY DUTY FOLDING W/WHEELS	DME	EA	16	0	0	17	5		9
WALKER, ROLLATOR HD F-22 BLK	DME	EA	34	0	0	15	4		8
RAILS, HALF ARTICULATING HEAD SECTION G32	DME	PR	27	0	0	4	1		2
MATTRESS, APM BARIATRIC PRESSURE GUARD 84X42X7	DME	EA	5	0	0	4	1		2
BED, BARIATRIC HOMECARE 80X42 600LB	DME	EA	4	0	0	5	2		3
MATTRESS, BARIATRIC 80X42 FOAM	DME	EA	1	3		4	1		2
MATTRESS, BARIATRIC 84X48 FOAM	DME	EA	3	0		3	1		2
LIFT, PATIENT FULL BODY	DME	EA	2	12		18	5		9
EXTENSIONS, KIT BED (DRIVE)FOR 80X36 BED	DME	EA	22	0		8	2		4
BASIC ELECTRIC BED FRAME 80X36	DME	EA	7	0		20	5		10
ADVANCED ELECTRIC BED FRAME 84X36	DME	EA				10	3		5
STANDARD FOAM MATTRESS 36X80	DME	EA		20		20	5		10
STANDARD FOAM MATTRESS 36X84	DME	EA		20		20	5		10
TRAPEZE	DME	EA	20	0		20	5		10
HALF RAILS SET	DME	EA	60	0		60	15		30

5. Technical and Non-Technical Repair Rates

Reference: Section 7.1.6, pages 16–17
Solicitation language:
"Depending upon the nature of the repair, repairs shall be billed at the technical or non-technical rate set forth by the bidder. Technical repair service is that service which requires a technician to have undergone specialized formal training and/or experience prior to reconditioning or repairing the equipment. Non-technical service is that service which does not require formal training or experience to repair or recondition equipment. Technical and non-technical labor rates may be used for site assessments for ramp installation, installation and/or replacement of stair glides, patient lifts, environmental control units, automatic door openers, etc."

Can the Government clarify how technical and non-technical repair rates are to be proposed and evaluated?

Specifically:

a. Should offerors include separate technical and non-technical hourly labor rates in their price proposal? Yes. Offerors **must propose separate hourly labor rates** for:

- **Technical repair labor**
- **Non-technical repair labor**

Section 7.1.6 clearly distinguishes the two categories and requires repairs to be billed at the appropriate rate. These labor rates must be included in the price proposal so that the Government can evaluate them for completeness and reasonableness. *See attached revised Price/Cost Schedule.*

b. If these rates are to be included in the quotation, can the Government provide estimated annual quantities or historical utilization for technical repairs, non-technical repairs, site assessments, ramp assessments, stair glide work, patient lift work, environmental control units, automatic door openers, and similar services? No. The Government does not have reliable historical or forecasted quantities for technical repairs, non-technical repairs, site assessments, ramp assessments, stair glide work, patient lift work, environmental control units, or automatic door openers.

This acquisition is a **Requirements Contract**, and actual ordering activity varies based on clinical need. Estimated quantities for these categories are not available.

c. If estimated quantities are not available, how will the Government evaluate technical and non-technical labor rates for price reasonableness and comparison among offerors?

The Government will evaluate price reasonableness using the methods authorized under:

- **FAR 13.106-3(a)** (Price Reasonableness Determination)
- **FAR 12.209** (Commercial Item Price Reasonableness)
- **FAR 16.202-1** (Firm-Fixed-Price Unit Rates)
- **VAAR Parts 812, 813, and 815**
- **Revolutionary FAR Overhaul simplified and streamlined price evaluation**

Evaluation techniques may include:

- Comparison of quoted rates among offerors
- Comparison to historical VA prices for similar services
- Comparison to commercial market rates and published labor price lists

• Comparison to the Independent Government Cost Estimate (IGCE)
• Analysis for internal consistency and unbalanced pricing

This procurement is **not conducted under FAR Part 15**, and the Government will **not** use FAR 15.4 cost or price analysis procedures.

d. Will repair parts, materials, subcontracted specialty work, or manufacturer-required services be reimbursed separately, or are offerors expected to include these costs in the proposed labor rates? Repair parts, materials, and authorized subcontracted specialty services will be **reimbursed separately**, consistent with PWS Sections 7.1.3 and 7.1.6.

Offerors should **not** include anticipated repair parts or specialty subcontracting costs in their hourly labor rates. Labor rates must reflect **labor only**, consistent with commercial practices under FAR Part 12.

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6. Veteran Small Business Certification Database

Reference: Page 55, paragraph iv
Solicitation language:
"The business has been certified for ownership and control pursuant to 38 U.S.C. 8127, 13 CFR 128, and is listed as certified in the SBA certification database at https://veterans.certify.sba.gov"

The solicitation references **https://veterans.certify.sba.gov**. It appears that the current SBA certification database is now accessed through **https://certifications.sba.gov**.

Can the Government confirm the correct SBA certification database that will be used to verify SDVOSB/VOSB certification status for this procurement? The Government confirms that the official SBA certification source used to verify SDVOSB/VOSB eligibility for this procurement is the SBA Veteran Small Business Certification (VetCert) system at https://veterans.certify.sba.gov.

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7. Past Performance Proposal Volume / Submission Format

Reference: Basis of Award, page 83; Volume II – Technical Proposal, page 83

The Basis of Award section states:

"Technical Capability and Past Performance, when combined, are significantly more important than Price; however, Price will become more important as quotations are evaluated as more equal in non-price factors."

However, the instructions for **Volume II – Technical Proposal** do not appear to identify a specific past performance submission requirement, format, page limit, or required content.

Can the Government clarify where past performance information should be included in the quotation?

Specifically:

a. Should past performance be included in Volume II – Technical Proposal, in a separate volume, or elsewhere in the submission? Past performance shall be submitted **as a separate, clearly marked section at the end of Volume II – Technical Proposal**.
However, **past performance will not be evaluated as part of the Technical factor** and will not be reviewed by the program office.

Past performance will be evaluated **only by the Contracting Officer**, separate from the technical evaluation, as part of the overall best-value determination. The past performance section will be **redacted before technical evaluators receive Volume II**.

b. Is there a required past performance format, such as contract number, agency/customer name, period of performance, contract value, scope description, point of contact, and relevance explanation? Yes. Each past performance reference shall include:

• Contract number
• Customer/agency or company name
• Period of performance
• Total contract value
• Description of services and similarity of scope/scale
• Point of contact name, phone, email
• Explanation of relevance to this requirement

c. Is there a limit on the number of past performance references offerors may submit? Yes. Offerors shall submit:

• **Minimum of three (3)** recent and relevant past performance references

- At least **two (2)** references from Federal Government contracts are **requested, if available**

• **Maximum of six (6)** references

d. Will the Government evaluate only submitted past performance references, or may it also consider CPARS and other Government records? The Government will evaluate:

1. Past performance references submitted by the offeror, **and**
2. **Other information available to the Government**, including:
   • CPARS
   • Other Federal past performance databases
   • Internal agency records
   • Any other reliable sources

This approach is consistent with FAR 13.106-2(b), FAR 12.209, VAAR 815, and the Revolutionary FAR Overhaul.

Please see the attached **E.2 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS** and **E.12 ADDENDUM TO FAR 52.212-2 – EVALUATION FACTORS (UPDATED)**

Question Set 3

Technical Questions

1. Zone E SLA omission
Question: PWS includes Zone E counties/patient counts, but routine and emergency SLA tables list only Zones A-D. Please confirm the routine delivery and emergency service targets that apply to Zone E.

Source reference: RFP 36C25726Q0676 revised 6.22.26, p.9, PWS 2.5; pp.13-14, PWS 5.2-5.3

Zone E has been added. See attached PWS Revised 7.15.26

2. Emergency SLA conflict

Question: PWS 4.1.7/5.2 references eight-hour emergency service when requested, while PWS 5.3.2 states Zone A within 4 business hours and Zones B-D-E within 12 business hours. Which SLA controls, and how should after-hours, weekends, and holidays be measured?

Source reference: RFP 36C25726Q0676 revised 6.22.26, p.11, PWS 4.1.7; pp.13-14, PWS 5.2; p.14, PWS 5.3.1-5.3.2

Business hours for this requirement are 7:30 AM to 4:30 PM.

For **routine deliveries**, response and completion times must be measured according to the business-hour requirements stated in PWS Section 5.3.2 (Zone A: 4 business hours; Zones B/D/E: 12 business hours). See attached PWS Revised 7.15.26.

3. Emergency service volume

Question: Please provide the historical number of emergency service requests for each zone during the previous three years, including the percentage occurring after normal business hours, on weekends, and on holidays.

Source reference: RFP 36C25726Q0676 revised 6.22.26, p.14, PWS 5.3.1-5.3.2

Estimated 75 requests FY25, estimated 50 for FY24 and FY 23

4. Historical workload data

Question: The solicitation provides estimated patient counts by zone but does not provide historical workload data. Please provide historical workload for the previous three years, broken out by year, including deliveries, pickups, repairs, preventive maintenance visits, mattress disposals, warehouse transfers, home safety assessments, total mileage by zone, and emergency service requests. This information will assist offerors in providing realistic pricing.

Source reference: RFP 36C25726Q0676 revised 6.22.26, pp.6-9, PWS 1.6 and 2.1-2.5

The program office does not have this information . No current contract exists for the program office to use as a basis for historical workload data.

5. Inventory reporting cadence

Question: PWS requires monthly inventory listing within the first three working days and reconciliation by the 5th working day, while the QA table requires weekly inventory reporting by close of business Monday. Please confirm whether both are required and provide the expected weekly report content/format.

Source reference: RFP 36C25726Q0676 revised 6.22.26, pp.18-20, PWS 10.1.1-10.1.2 and 12.1.5-12.1.6; p.28, PWS 17.1

Both inventories are required.

Monthly listing must include (for each item):

- Name & manufacturer
- Model number
- Serial number
- Description & size
- Condition (new, used, in need of repair, scrap)
- Quantity of each item

Contractor must also submit a separate listing of all pending orders.

Reconciliation must be completed by the 5th working day.

Weekly Inventory Report Content

- All stock items currently on hand (full item list)
- Quantities of each item
- Item condition (new, used, repair, scrap)
- Any changes since the previous week
- Optional but recommended:
  - Items pending delivery/pickup
  - Items awaiting repair authorization
  - Discrepancies or inventory issues

Weekly reporting ensures continuous VA visibility between monthly reconciliations.

6. Payment process conflict
Question: B.1 and VAAR 852.232-72 require electronic invoicing through VA/Tungsten, while PWS 14.6.1 states payment via Government purchase card and PWS 14.6.2 requires original and one copy within five working days. Please confirm the controlling invoice submission and payment process.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.4, B.1; pp.25-26, PWS 14.6; p.60, VAAR 852.232-72

For this acquisition, payment shall be made exclusively by Government Purchase Card (GPC), and the contractor shall submit the required invoice documentation package directly to the Prosthetics Purchasing Agent after services are rendered. The contractor shall not submit GPC invoices through Tungsten; instead, payment will occur only after the purchasing agent verifies receipt, reviews supporting documentation, and authorizes the GPC charge. See attached Section B.1 Contract Admin Data_Revised 7.15.26.

7. Invoice PII/SSN requirement
Question: PWS 14.6.3.4 requires Veteran name, address, telephone number, and SSN on invoices. Given HIPAA/Privacy Act and BAA obligations, may the contractor use a VA order number, unique identifier, or last four digits instead of full SSN?
Source reference: RFP 36C25726Q0676 revised 6.22.26, pp.25-27, PWS 14.6.3.4 and 15.1; pp.71-74, Business Associate Agreement

Yes. The contractor may use the Veteran's last name, initial of first name, and last four digits of the SSN as the identifier in place of the full SSN. Include the purchase order number on all invoices.

8. DME purchase boundary / parts and consumables
Question: PWS states the requirement is DME services only and excludes contractor purchase of DME equipment on behalf of VA, but the scope includes consumable parts/supplies and repair parts. Please clarify which parts/consumables are contractor-furnished, VA-furnished, separately reimbursed, or separately ordered.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.6, PWS 1.5; p.7, PWS 1.12; p.16, PWS 7.1.3; p.17, PWS 7.1.8

Repair parts will be purchased by the vendor unless otherwise specified by the VA. The VA will reimburse contractor for repair parts and labor to repair devices. The VA may stock the most common repair parts at the vendors' location such as batteries, pendants, joy sticks, etc.

9. Transition-in inventory volume, location, and responsibility
Question: PWS requires the newly awarded contractor to relocate existing inventory from the present VA storage facility to the new contractor facility within the first week at no charge. Please provide current inventory by equipment type and quantities, current storage location(s), approximate storage space currently utilized, incumbent contact/coordination process, and whether VA will provide a baseline inventory file before award or at award. Will the Government provide a transition period before September 1, 2026, or is the successful contractor expected to assume full operational responsibility on the first day of performance?
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.15, PWS 6.2.1.8

The program office maintains a 30-day supply and will provide 1-week transitional period to transfer inventory to the NTX VAMC location and vendors who house VA inventory. Program office does not have the current dimensions utilized at this time.

Provided is what NTX has in stock as of 7/10/2026—this is subject to change upon reward period.

Description	Group Category	UoI	O/H	D/I	D/O	L	E	T	R
BARS-GRAB-16IN	DME	EA	70	0		100	25		50
BARS-GRAB-24IN	DME	EA	117	0		135	34		68
BARS-GRAB-12IN	DME	EA	71	0		40	10		20
SHOWER,HAND HELD,SWIVEL,DIVER	DME	EA	110	0		100	25		50

TER									
TABLE, OVERBED U BASE ADJUSTABLE GRAY	DME	EA	16	0		33	9		17
BAR,TRAPEZE,BED/FLOOR,34 W X 61 H IN,1000LB	DME	EA	13	0	0	10	3		5
MATTRESS,PRESSURE REDUCTION,SOLACE,36 X 84 X 6IN,FOAM	DME	EA	14	0	0	20	5		10
MATTRESS, PERMAFLOAT LFP 35X80X6	DME	EA	0	0	0	7	2		4
BED,STANDARD HOSPITAL,ELECTRIC,W/O HAND RAILS,W/O MATTRESS	DME	EA	6	2	0	51	13		26
EXTENSION-BED	DME	EA	8	0	0	3	1		2
SLING DIVIDED LEG FULL BODY LARGE	DME	EA	7	8		15	4		8
MATTRESS,PRESSURE REDUCTION,SOLACE,36 X 84IN,FOAM POLYMER	DME	EA	13	0	0	45	12		23
MATTRESS-APM-II	DME	EA	5	0	0	15	4		8
STAND-TRAPEZE-FLOOR (STAND ONLY)	DME	EA	16	0	0	6	2		3
MATTRESS,PRESSURE REDUCTION,GEO-MATTRESS MAX,80 X 35 X 6IN	DME	EA	6	0	0	10	3		5
EXTENSION-FOOTBOARD	DME	EA	11	0	0	15	4		8
RAILS-BED-HALF-BARIATRIC	DME	PR	11	0		2	1		1
WALKER,KNEE HEAVY DUTY STD W/WHEELS	DME	EA	2	0		2	1		1
WALKER, KNEE TALL HEAVY DUTY W/WHEES	DME	EA	3	0		3	1		2
MATTRESS-PRESSUREGUARD-APM2-84IN LONG	DME	EA	2	0	0	10	3		5
WALKER,KNEE,4-	DME	EA	24	0	0	35	9		18

WHEELED,W/BRAKES,300LB WT CAP									
WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,XLRG,GR116	DME	EA	13	0	0	10	3		5
WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,MED,GR114	DME	EA	6	0	0	8	2		4
WAIVER,SLING,HOYER,FULL BODY,W/COMMODE MESH,LARGE,GR115	DME	EA	19	0	0	8	2		4
RAILS,HALF,PROBASICS,E0305	DME	PR	19	0	0	18	5		9
SLING,DIVIDED,LEG,MEDIUM	DME	EA	13	0	0	15	4		8
SLING,DIVIDED,LEG,LARGE	DME	EA	2	0	0	10	3		5
EXTENDER,MATTRESS,PAD,6INX36INX6IN	DME	EA	12	0	0	5	2		3
QRT LIGHTWEIGHT WHEELCHAIR 16X16	DME	EA	13	0	0	16	4		8
QRT LIGHTWEIGH WHEELCHAIR 18X16	DME	EA	22	0	0	29	7		15
QRT LIGHTWEIGH WHEELCHAIR 20X18	DME	EA	20	0	0	29	7		15
FOOT SECTION FULL ELECTRIC G-SERIES BED	DME	EA	5	0		4	1		2
BED,STANDARD HOSPITAL,ELECTRIC,W/O HAND RAILS,W/O MATTRESS	DME	EA	26	0	0	37	10		19
WALKER, HEAVY DUTY FOLDING W/WHEELS	DME	EA	16	0	0	17	5		9
WALKER, ROLLATOR HD F-22 BLK	DME	EA	34	0	0	15	4		8
RAILS, HALF ARTICULATING HEAD SECTION G32	DME	PR	27	0	0	4	1		2
MATTRESS, APM BARIATRIC PRESSURE GUARD 84X42X7	DME	EA	5	0	0	4	1		2
BED, BARIATRIC	DME	EA	4	0	0	5	2		3

HOMECARE 80X42 600LB									
MATTRESS, BARIATRIC 80X42 FOAM	DME	EA	1	3		4	1		2
MATTRESS, BARIATRIC 84X48 FOAM	DME	EA	3	0		3	1		2
LIFT, PATIENT FULL BODY	DME	EA	2	12		18	5		9
EXTENSIONS, KIT BED (DRIVE)FOR 80X36 BED	DME	EA	22	0		8	2		4
BASIC ELECTRIC BED FRAME 80X36	DME	EA	7	0		20	5		10
ADVANCED ELECTRIC BED FRAME 84X36	DME	EA				10	3		5
STANDARD FOAM MATTRESS 36X80	DME	EA		20		20	5		10
STANDARD FOAM MATTRESS 36X84	DME	EA		20		20	5		10
TRAPEZE	DME	EA	20	0		20	5		10
HALF RAILS SET	DME	EA	60	0		60	15		30

10. Storage facility expectations

Question: Please confirm whether the contractor's storage facility must be within a specific distance of the Dallas VAMC, and how the eight-mile warehouse rule used for mileage origin will be applied if the warehouse is outside eight miles.

Source reference: RFP 36C25726Q0676 revised 6.22.26, p.13, PWS 5.2.2-5.2.4; p.15, PWS 6.2.1.1-6.2.1.5

Program office is agreeable to have the contractor obtain warehouse within 50 miles of VAMC, and the determination of how to calculate mileage will be made post award as stated in 5.2.4

11. Mileage calculation methodology

Question: Please clarify the methodology that will be used to calculate reimbursable mileage, such as Google Maps, odometer readings, or another method. Additionally, when multiple deliveries or pickups occur on a single route, how should reimbursable mileage be calculated?

Source reference: RFP 36C25726Q0676 revised 6.22.26, pp.13-14, PWS 5.2.1-5.2.5

The point of origin will be determined post award. Google Maps is a preferable method of mileage.

Mileage will be calculated from the pickup location to the delivery address listed on the Purchase Order (PO). Each PO will receive one mileage calculation.

When multiple deliveries or pickups occur on a single route, mileage reimbursement will not be assessed for each stop individually. Instead, the contractor should calculate mileage one time, using the furthest delivery location on that route, or using all scheduled deliveries if that produces the single furthest mileage point. This prevents multiple billings for the same trip and aligns with the program office's guidance that mileage should be assessed per PO rather than per stop

12. Pre-award facility inspection
Question: Will VA inspect the offeror's proposed storage facility before award, after award, or both? If pre-award, please confirm timing and required evidence for storage facility compliance.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.15, PWS 6.2.1.1; p.28, PWS 17.1; p.93, E.12

Bascially the same question as Question Set 1, Question #4. The facility inspection is part of the Quality Assurance Surveillance Plan (QASP) required under the Joint Commission Standards for Medical Equipment. Under Environment Care (EC) Standard that focuses on the effectiveness and safety of medical equipment. The four focus areas of the inspection is, ensuring the medical equipment remains in good working condition, that the equipment is inspected regularly, ensuring the equipment is cleaned and properly stored. Other Joint Commission standards that will be inspected is Infection Prevention (IC), Emergency Medical Equipment (EM), Medical Management (MM), and annual Preventive Maintenance (PM).

Because Storage Facility Compliance is not currently a technical evaluation factor, vendors will not be subject to pre-award site visits. Instead, vendors must submit documentary proof that their storage facilities meet the requirements in Section 6.2.1.1. The COR/COTR will review the submitted proof as part of the technical evaluation and provide facility approval based on those materials. Any physical inspection can occur post-award as part of contract performance oversight.

The following items be required to be submitted as proof during the technical evaluation:

1. Facility address(es)
    a. To include square footage
    b. Floor plans
2. Photos of storage area, loading docks, etc.
    a. Narrative describing shelving, bins, storage configuration, inventory workflow
3. Description of the environmental controls, with photographic evidence
4. Inventory segregation process
    a. To include infection control and sanitization area and processes
5. Security measures
    a. Narrative of intended security measures
        i. Alarms, cameras, locked, controlled access.
6. Any existing accreditation or inspection reports

13. System visibility requirements
Question: PWS 14.4 requires secure read-only VA visibility into contractor operational systems. Please confirm the number/type of VA users, acceptable access method, authentication/security requirements, whether a portal/export approach is acceptable, and whether any VA ATO or security review is required.
Source reference: RFP 36C25726Q0676 revised 6.22.26, pp.24-25, PWS 14.4

It depends on the contractor system and available information on the system. Approximately 30 users. Portal/export approach is approach is acceptable. VA security/privacy will be needed.

14. System outage manual reports
Question: If system access is unavailable, PWS 14.4.5 requires manual or exported reports within two business hours of VA request. Please confirm minimum data fields and transmission method for these reports.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.25, PWS 14.4.5

The program office will be requesting full inventory, patient satisfaction, and Preventative maintenance reports. A minimum of 5 data field. Request that information is emailed.

15. Joint Commission or equivalent accreditation
Question: Please confirm which accrediting organizations VA will recognize as equivalent to Joint Commission for this requirement.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.6, PWS 1.10; p.22, PWS 14.1.4; p.25, PWS 14.5.2

Program office is not accepting any equivalent, only JACHO.

16. License requirements
Question: PWS 14.1.2 requires a current, unencumbered license. Please identify the specific license(s) required for the contractor entity and/or employees for Texas DME services.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.22, PWS 14.1.2-14.1.3

The program office is requesting an unencumbered license to conduct business within the United States and ultimately licensure to conduct business within the state of Texas.

A valid driver's license will be required for all contractor personnel who operate any motor vehicle in performance of this contract. Additionally, all personnel must possess and maintain the competencies necessary for the safe operation, handling, and repair of the equipment assigned to the contractor. These competencies must be documented and sufficient to ensure that equipment is managed in accordance with all applicable VA, safety, and manufacturer standards.

17. Insurance timing and amounts
Question: PWS 12.1.4 requires proof of insurance within ten days after award, while PWS 14.9 requires a certificate of insurance with the proposal and 30-day cancellation/change notice endorsement. Please confirm proposal-stage insurance requirements, coverage amounts, and required endorsements.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.19, PWS 12.1.4; p.26, PWS 14.9

Insurance must be obtained and proof submitted within ten (10) days of contract award, as required in PWS Section 12.1.4. The insurance policy must provide sufficient coverage to protect all VA-owned equipment stored on contractor property as well as all VA-owned items transported in contractor delivery vehicles, including coverage for theft, fire, destruction, or damage. Coverage amounts must meet or exceed the minimum levels specified in the PWS (no less than $100,000 for VA property, plus state-required bodily injury and property damage liability).

18. Patient materials/templates
Question: Will VA provide required Patient Rights and Responsibilities, Patient Satisfaction Letter, and any patient education checklist templates, or should the contractor submit its own templates for VA approval?
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.20, PWS 12.1.15-12.1.18; p.25, PWS 14.6.2

VA will provide the standard Rights and Responsibilities, and the vendor can provide the patient satisfaction letter and checklist for VA approval.

19. QASP/performance standards and quarterly reporting
Question: Will the Government utilize a Quality Assurance Surveillance Plan (QASP) or other documented performance standards to evaluate contractor performance? If so, will it be provided to offerors? The QA table also requires a quarterly service summary and Joint Commission standards reporting by the required due date, but no specific due date or content list is stated. Please provide the due date and required report contents.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.28, PWS 17.1; pp.92-93, E.12

All reports for monthly and quarterly reporting will be due by the 5th business day at the completion of the month and /or quarter.

Program office will use QASP—attached to amendment.

20. PM baseline inventory
Question: PWS states VA will provide a list of patients with Hoyer lifts at award. Will VA also provide a baseline inventory file for all equipment requiring PM, including manufacturer, model, serial number, issue date, and any existing maintenance records?
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.17, PWS 7.2.2-7.2.6

The program office will provide an inventory list after award, including only equipment item and model.

21. Unsafe electrical conditions
Question: PWS requires the contractor to test electrical outlets and immediately report unsafe conditions to the COTR, and to provide/install three-prong adapters at no Government charge for non-grounded receptacles. Please clarify whether adapters are acceptable for all equipment and what actions are authorized when electrical conditions are unsafe.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.21, PWS 13.1.6

If the adapter is acceptable. If the electrical conditions are unsafe the contractor will need to notify the COR. Alternative measure may be needed to update electrical and that will not be required of the vendor.

22. Delivery address discrepancy
Question: SF 1449 Block 15 lists Dallas TX 76216, while B.4 delivery schedule lists Dallas TX 75216 and the synopsis lists postal code 75216. Please confirm the correct delivery/service address postal code.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.1, SF 1449 Block 15; p.32, B.4; Combined Synopsis, p.2

Correct Zip Code for Dallas VA is 75216. That is a typo and will be corrected in a revised PWS that will be attached to the solicitation amendment used to post questions and answers.

23. Single award or multiple awards
Question: Please confirm whether VA intends a single award for all zones or may make multiple awards by zone or otherwise.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.26, PWS 14.8.1; pp.80-81, FAR 52.212-1(h); p.92, E.12

Single Award.

24. Evaluation methodology
Question: The solicitation states that Technical Capability and Past Performance are significantly more important than Price. Will Technical Capability be comparatively evaluated using strengths, weaknesses, and risks, or will quotations be evaluated on an acceptable/unacceptable basis?
Source reference: RFP 36C25726Q0676 revised 6.22.26, pp.92-93, Addendum to FAR 52.212-2

Technical Capability will be evaluated using a **comparative technical assessment**. The Government will identify and consider **strengths, weaknesses, significant weaknesses, deficiencies, and associated risk**, and will compare these qualitative attributes across quotations to determine which proposals demonstrate the **highest level of technical capability** and the **most advantageous technical approach** to meeting the requirements. Technical evaluators will **not** review price or past performance information.

Past Performance will be evaluated **separately** by the Contracting Officer using offeror-submitted references, CPARS, and other relevant Government-available data.

This requirement will be awarded based on an **overall best-value determination** made by the Contracting Officer after considering all evaluation factors. As stated in the solicitation, **Technical Capability and Past Performance, when combined, are significantly more important than Price**, although Price will become more important as quotations become closer in non-price merit.

25. Contract type clarification
Question: Section 14.8.1 of the Performance Work Statement identifies the contemplated contract as a Requirements Contract based on firm, fixed-unit prices; however, the solicitation also incorporates FAR 52.216-22, Indefinite Quantity, and Section E.4 identifies the contemplated contract type as a Firm-Fixed-Price, Indefinite Quantity contract. Please clarify the intended contract type and, if necessary, amend the solicitation to ensure consistency throughout.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.26, PWS 14.8.1; p.40, FAR 52.216-22; p.85, Section E.4

The intended contract type for this requirement is a **Requirements Contract** with **firm-fixed unit prices**. Section 14.8.1 of the Performance Work Statement correctly identifies the contemplated contract type. All orders issued will be placed under a Requirements contract structure in accordance with **FAR 16.503**.

The inclusion of FAR 52.216-22, *Indefinite Quantity*, and the reference in Section E.4 to a "Firm-Fixed-Price, Indefinite Quantity contract" were inadvertent and will be corrected for consistency. These references do **not** reflect the intended contract type and will be removed or updated in an amendment.

Under this procurement, the Government will obtain all actual requirements for the described DME services exclusively from the awarded contractor, and quantities provided in the solicitation are **estimates only**, consistent with a Requirements contract.

An amendment will be issued to align the solicitation language and ensure that all sections consistently identify the contract as a **Firm-Fixed-Price Requirements Contract**.

26. Price schedule clarification
Question: The Price/Cost Schedule appears to request a single firm-fixed annual price for each contract year, while the PWS contemplates performance based on individual purchase orders for variable service requirements. Please clarify whether offerors should propose a single annual firm-fixed price or whether the Government intended to request firm-fixed unit pricing by service type or CLIN. If the current pricing schedule is correct, please clarify how offerors should account for the variable workload described in the PWS.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.30, Section B.3; pp.6-11, PWS Sections 1, 2, and 4

No. The solicitation does **not** request annual or monthly fixed pricing. Although the PWS references monthly invoicing and identifies annual periods of performance, these references relate only to **invoicing frequency** and **the definition of the contract periods**, not the pricing methodology.

The intended pricing structure for this acquisition is a **Firm-Fixed-Price Requirements Contract** using **firm-fixed unit prices** for the various DME services described in the PWS. Offerors shall propose **unit pricing** (e.g., delivery/pickup rates, mileage rates, technical and non-technical labor rates, and other required service-specific rates). These unit prices will be used to price individual purchase orders issued based on actual VA needs.

The **annual CLINs** in Section B.3 function only as **administrative identifiers** for each period of performance; they do not represent annual lump-sum pricing. Likewise, **monthly references** correspond solely to **invoicing requirements**, not recurring monthly charges.

The $6.5M contract ceiling represents the **maximum aggregate ordering limit** over all years of the contract and ensures total expenditures for all unit-priced orders remain within the statutory and funding constraints. It does **not** convert the pricing structure into an annual or monthly fixed-price requirement.

An amendment will be issued to clarify the Price/Cost Schedule so that the solicitation is consistent with the intended **unit-price Requirements Contract** structure.

27. Wage determination mapping
Question: The solicitation references multiple wage determination attachments. Please provide the mapping of counties/zones to each wage determination to support pricing and compliance.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.77, D.2; Combined Synopsis, p.3

The counties are mapped out by zone in section 2.5 of the PWS. The Wage Determinations are attached to the combined synopsis/solicitation so that you can open them and see which counties are included on each wage determination. You are welcome to see the mapping in Section 2.5 of the PWS and look at the wage determinations to see which wage determination goes with which county and zone.

28. Product recall recipients
Question: PWS 16.1.4 requires immediate notification to all affected NTXVAHCS(s) and contracting activities for recall/removal/adjustment/modification. Please identify the required recipient list and preferred notification method.
Source reference: RFP 36C25726Q0676 revised 6.22.26, p.28, PWS 16.1.4

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Question Set 4

1. May the required accreditation (eg JCAHO, etc) be satisfied through the vendor's existing authorized Healthcare DME distributor relationship with an accredited provider, provided that relationship is submitted with and is compliant to the contract guidelines?

Basically, Same as Question Set 2, Question #2. PWS changed to reflect JCAHO accreditation needed. No other accreditation is allowed.

2. The solicitation references estimated patient counts and approximately **11,000 annual deliveries**.

For proposal preparation purposes:

· Can the Government clarify whether the **11,000** figure represents deliveries, patient encounters, service events, work orders, or another unit of measure? Section 2.5 shows estimated number of patients as being

11,000. This does not represent deliveries, patient encounters, service events, work orders, or another unit of measure.

· Can the Government provide the actual monthly workload for each of the previous twelve (12) months so offerors may better understand seasonal fluctuations and accurately price the required services? There is not an existing contract for this requirement; therefore, the Government is unable to provide the actual monthly workload. There is not existing historical data.

3. Paragraph 4.1.7 requires the contractor to provide emergency services within eight (8) hours when requested. Approximately how many emergency service requests occurred during the previous twelve (12) months? **Business hours for this requirement are 7:30 AM to 4:30 PM.** For **routine deliveries**, response and completion times must be measured according to the business-hour requirements stated in PWS Section 5.3.2 (Zone A: 4 business hours; Zones B/D/E: 12 business hours). See attached PWS Revised 7.15.26.

4. Paragraph 5.1.4 requires the contractor to provide repair estimates, while Paragraph 7.1.6 references Technical and Non-Technical hourly labor rates. Are repair services intended to be outside the annual fixed-price portion of this contract and authorized on a case-by-case basis? If so, how should offerors present the required Technical and Non-Technical hourly labor rates within their proposals? No portion of repair services is included within an annual or monthly fixed-price amount. This contract is a **Firm-Fixed-Price Requirements Contract** in which all services, including repair-related work, are ordered **on a per-transaction basis** through individual purchase orders.

Paragraph 5.1.4 requires the contractor to provide repair estimates **to obtain VA authorization** prior to performing repairs. Paragraph 7.1.6 specifies that all approved repair work will be billed using **firm-fixed unit prices**, specifically the **Technical** and **Non-Technical** hourly labor rates. These labor rates apply only when repairs or site-assessment-type services are ordered and authorized.

Offerors shall therefore include **firm-fixed Technical and Non-Technical hourly labor rates** in their price proposal as part of their overall **unit-price schedule**. These rates will be incorporated into the contract and used when repair services are requested under individual purchase orders. No annual or monthly lump-sum amounts are required or should be proposed.

This structure ensures that repair services are priced **case-by-case**, based on actual VA needs, while maintaining a consistent and predictable **unit-price** framework across the entire Requirements contract.

5. The Price Schedule requests only a total annual contract price; however, the Performance Work Statement references additional pricing elements (Technical and Non-Technical hourly labor rates, Repair estimates, Mileage reimbursement outside the 50-mile radius described in Paragraph 5.2.4). Please clarify where offerors should identify these pricing elements within the proposal? Although the Price Schedule displays a single annual CLIN for each contract year, this contract is intended to be awarded as a **Firm-Fixed-Price Requirements Contract** using **firm-fixed unit prices**. The annual CLINs serve only as administrative identifiers for each performance period and do **not** represent annual lump-sum pricing.

Offerors shall include all required **unit pricing**—including **Technical hourly labor rates, Non-Technical hourly labor rates, mileage rates outside the 50-mile radius, repair-related unit prices, and any other service-specific unit rates identified in the PWS—within their price proposal attachment** submitted in response to Section B.3.

These unit prices will be incorporated into the contract and used to price individual purchase orders based on actual VA requirements. Repair estimates remain authorized and billed on a **case-by-case basis** under the appropriate unit rate once approved by VA.

An amendment will be issued to clarify that while each contract year contains one CLIN, all pricing must be provided through a **unit-price schedule**, and all invoicing for that period of performance will occur under the corresponding annual CLIN.

6. Does the VA currently utilize RFID tags, barcode systems, or another standardized asset management system for Government-owned DME equipment? If so, will the contractor be required to utilize the Government's existing system, or may the contractor implement its own asset management solution that satisfies the contract requirements? The North Texas VA Health Care System does **not currently use RFID tags, barcode systems, or any other centralized asset-management technology for Government-owned Durable Medical Equipment (DME).** At this time, no standardized VA-wide DME tracking system is in place within NTXVAHCS.

The contractor may therefore **implement its own asset-management solution**, provided it fully satisfies all asset tracking, inventory control, reporting, and record-keeping requirements outlined in the Performance Work Statement (PWS). Any contractor-provided system must comply with applicable VA information security, privacy, and data-management requirements.

Should the VA adopt or deploy a standardized asset-management system for DME in the future, the contractor may be required to interface with or utilize that system. Any such change would be communicated and coordinated by the Contracting Officer at the time of implementation.

7. If transitioning from an incumbent contractor, will the Government facilitate an inventory reconciliation and Government property accountability process between the outgoing and incoming contractors at the beginning of contract performance? There is **no incumbent contractor** for this requirement; therefore, the Government does not anticipate a transition-in inventory reconciliation between an outgoing and incoming contractor.

At award, the Government will coordinate directly with the newly awarded contractor to provide:

- Access to the existing VA-owned DME inventory,
- Any required inventory listings, and
- Any Government-furnished property necessary to begin performance, consistent with the PWS and FAR Part 45.

Because there is no incumbent, there is **no contractor-to-contractor transfer of property**. The Government will provide the initial inventory information needed to begin contract operations, and the awarded contractor will assume responsibility for receiving, storing, managing, and accounting for VA-owned equipment in accordance with the PWS.

8. Does the Government require the contractor to utilize VA-specific forms for documenting deliveries, pickups, preventive maintenance, and equipment servicing, or may the contractor utilize its own standardized electronic documentation provided that all required contract information is captured? The North Texas VA Health Care System does **not require the use of VA-specific forms** for documenting deliveries, pickups, preventive maintenance, or equipment servicing. Contractors may use their **own electronic or standardized documentation**, provided that all information required by the PWS is fully captured, including asset details, serial numbers, service dates, location, condition, and completion status.

All contractor-generated documentation must be:

- Complete and accurate,
- Electronically retrievable,
- Provided to the VA upon request, and
- Compliant with VA privacy and security requirements.

If, at any point during contract performance, the VA adopts a standardized form or electronic template for any portion of these activities, the contractor will be notified and may be required to utilize that format going forward. At this time, NTXVAHCS does **not** mandate the use of VA-specific forms.

9. Paragraph 12.1.3 references educational materials provided to Veterans. Will the contractor be responsible for purchasing these materials, or will the Government furnish these materials for distribution to Veterans? The North Texas VA Health Care System does **not require the contractor to purchase educational materials** for Veterans. Any educational materials referenced in PWS 12.1.3—such as safety information, equipment-use instructions, or VA-developed guidance—will be **furnished by the Government** for distribution as needed.

If additional educational material becomes necessary during performance, the VA will either furnish those materials directly or provide updated instructions through the Contracting Officer. Contractors are **not expected to create, print, or procure** such materials unless formally directed and funded by the Government.

10. If there is an existing contract fulfilling this requirement, would the government please provide the previous Solicitation Number and the previous award amount? There is no existing contract for this requirement.

<u>Queston Set 5</u>

If contracting does not receive any acceptable proposals will contracting re-solicit for small business or full and open competition? Should acceptable proposals NOT be received, the Government program office will determine when and if we re-solicit. Appropriate approvals and reviews will need to be conducted, and the Small Business Liaison would need to approve, after receiving justifications, regarding the business size level/small business certification level for re-solicitation.

SECTION B - CONTINUATION OF SF 1449 BLOCKS

B.1 CONTRACT ADMINISTRATION DATA

1. Contract Administration: All contract administration matters will be handled by the following individuals:

a. CONTRACTOR:

b. GOVERNMENT: Contracting Officer 36C257

Department of Veterans Affairs

Network Contracting Office (NCO) 17

Central Texas Veterans HCS

1901 Veterans Memorial Dr.

Temple TX 76504

2. CONTRACTOR REMITTANCE ADDRESS: All payments by the Government to the contractor will be made in accordance with:

[] 52.232-33, Payment by Electronic Funds Transfer—System For Award Management, or

[X] 52.232-36, Payment by Third Party

3. INVOICES: Invoices shall be submitted in arrears:

a. Quarterly []

b. Semi-Annually []

c. Other [X] Monthly

4. GOVERNMENT INVOICE ADDRESS: All Invoices from the contractor shall be submitted directly to the Prosthetics Purchasing Agent as specified in PWS 14.6. Tungsten electronic invoicing is not used for this GPC-paid requirement.

ACKNOWLEDGMENT OF AMENDMENTS: The offeror acknowledges receipt of amendments to the Solicitation numbered and dated as follows:

AMENDMENT NO	DATE

PERFORMANCE WORK STATEMENT

STORAGE, DELIVERY, SETUP/ INSTALLATION, AND TRAINING OF DURABLE MEDICAL EQUIPMENT (DME)

1. GENERAL INFORMATION

1.1 Contract is for a base year and four option years from date of award for the North Texas VA Health Care System (NTXVHCS), as defined in this Performance Work Statement.

1.2. For each service request, VA will issue a purchase order to the Contractor. Orders may be issued by secure electronic means, and all services are subject to the terms and conditions of the resulting contract.

1.3. Title of Project: Durable Medical Equipment (DME) Services for the North Texas VA Health Care System (NTXVHCS).

1.4. Scope of Work: The Department of Veterans Affairs, North Texas VA Health Care System, has an ongoing requirement for the receipt of VA-owned equipment, delivery, setup/installation, pickup, storage, recovery, cleaning, disinfecting, disposal, minor repairs, patient and caregiver education, home safety assessments, inventory control, and preventive maintenance of durable medical equipment for eligible beneficiaries throughout the NTX service area.

1.5. This requirement is for DME services only. It does not include, and shall not be construed to include, the purchase of DME equipment by the Contractor from vendors on behalf of VA. When equipment must be acquired, VA will furnish VA-owned equipment, Government-furnished property, or obtain the item through separate procurement.

1.6. The total contract ceiling for this requirement is $6,500,000.00. The estimated total patient population supported under this requirement is 11,000 patients and is subject to change

1.7 The Contractor agrees in accordance with the terms and conditions stated herein, to furnish for the Department of Veterans Affairs, hereinafter called North Texas VA Healthcare System (NTXVAHCS), the services specified and at the prices specified in the Schedule of Supplies/Services and Prices/Costs of this contract.

1.8 The services specified in the Description/Specifications/Work Statement may only be changed by written modification to this contract. The modification shall be prepared by the NTXVAHCS Contracting Officer and shall be signed by both parties.

1.9 The services shall be provided to VA beneficiaries' homes or to the NTXVAHCS in accordance with terms and conditions of this contract.

1.10 All services shall comply with current home care standards set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Joint Commission accreditation is required for this procurement; accreditations from other organizations are not accepted.

1.11 Sensitive information such as the veteran's name, address, phone number, and secondary points of contact will be strictly used to fulfill the VA request for delivery/setup/repairs. All documents pertaining to this solicitation will be secured in a locked file cabinet. At the end of the contract period, all VA records will be returned to the VA and properly dispositioned.

1.12 Services shall include:

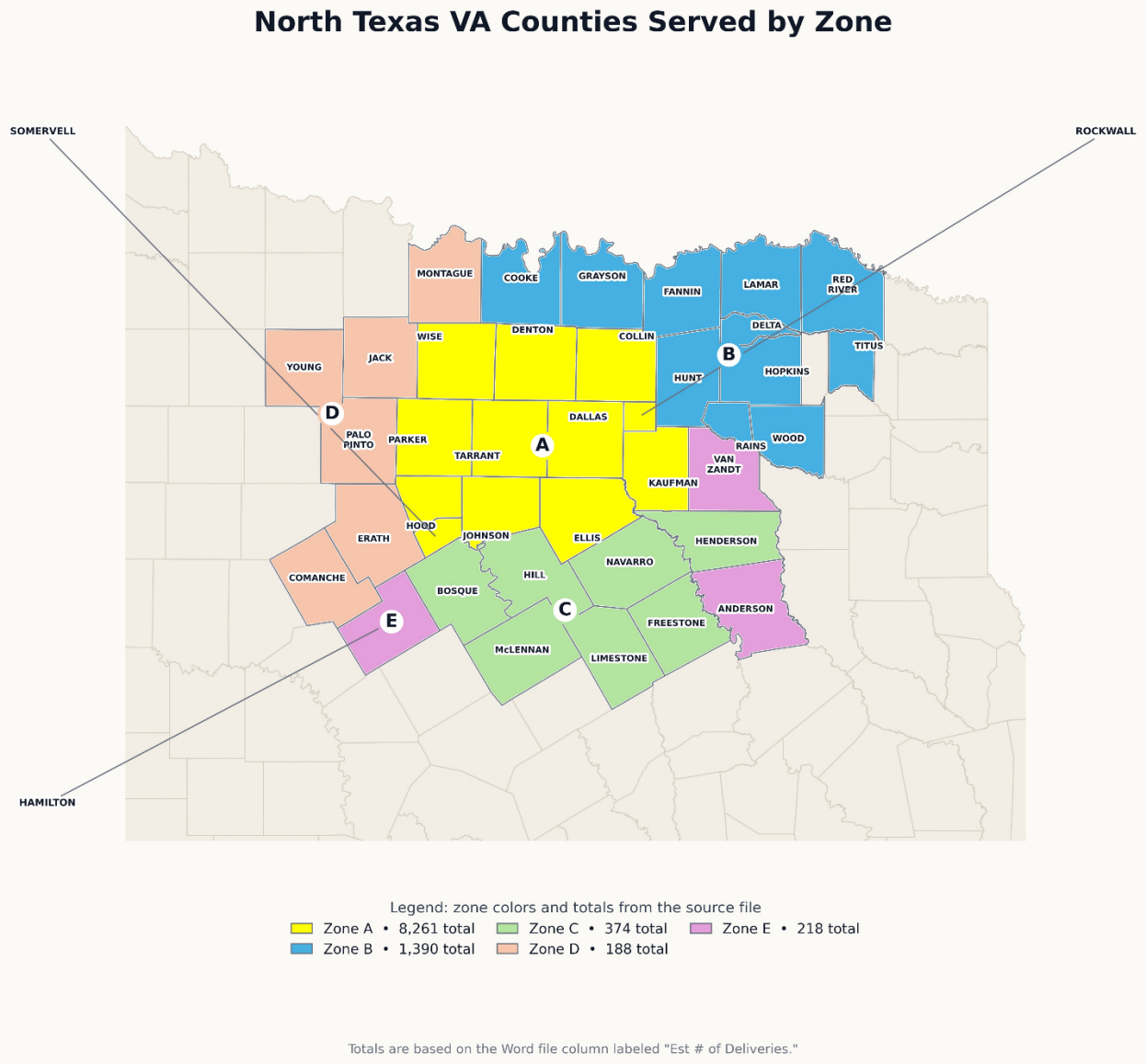
1. Initial delivery and set-up of equipment
2. Pick-up and storage of equipment
3. Cleaning and servicing of equipment
4. Repair of equipment (upon prior approval)
5. Site assessments
6. Supply consumable parts and supplies
7. Instruct beneficiary and/or caregiver on the care and use of equipment
8. Basic home safety evaluation
9. Complete equipment inventory and monthly activity report
10. Routine and preventive maintenance on specific equipment
11. Tracking system for equipment requiring preventive maintenance
12. Incident reporting
13. Plan of care/service

2. PRICING TABLE AND PRIMARY SERVICE/DELIVERY AREA

2.1 The primary service area of the North Texas VA Health Care System (NTXVHCS) for delivery terms of this contract includes the counties listed below.

2.2 PRICING TABLE

ZONE	**EST. PATIENTS**	**RATE**	**TOTAL**
ZONE A	8,261		
ZONE B	1,390		
ZONE C	374		
ZONE D	188		
ZONE E	218		
TOTAL	10,431		



2.3 The NTX requirement ceiling is $6,500,000.00 for total contract value, include base and all options.

2.4 The NTX requirement is for DME services only and does not include purchasing equipment from vendors.

2.5 Estimated patient counts below are based on current delivery data for DME in the NTX area. Amount is subject to change. **Current total patients = 10,431**. The estimated number of patients is 11,000.

ZONE A:	**PATIENT #s**
1. COLLIN	937
2. DALLAS	2,761
3. DENTON	758
4. ELLIS	611
5. HOOD	116
6. JOHNSON	314
7. KAUFMAN	333
8. PARKER	168
9. ROCKWALL	329

10. SOMERVELL	12
11. TARRANT	1,772
12. WISE	149
ZONE A Total:	8,261

ZONE B:	**PATIENT #s**
1. COOKE	60
2. DELTA	35
3. FANNIN	316
4. GRAYSON	361
5. HOPKINS	139
6. HUNT	148
7. LAMAR	181
8. RAINS	19
9. RED RIVER	60
10. TITUS	15
11. WOOD	56
ZONE B Total:	1,390

ZONE C:	**PATIENT #s**
1. BOSQUE	15
2. FREESTONE	27
3. HENDERSON	180
4. HILL	60
5. LIMESTONE	5
6. MCLENNAN	24
7. NAVARRO	63
Total ZONE C:	374

ZONE D:	**PATIENT #s**
1. COMMANCHE	17
2. ERATH	40
3. JACK	23
4. MONTAGUE	50
5. PALO PINTO	53
6. YOUNG	5
Total ZONE D:	188

ZONE E:	**PATIENT #s**
1. VAN ZANDT	141
2. ANDERSON	72
3. HAMILTON	5
Total ZONE E:	218

3. GENERAL REQUIREMENTS

3.1 Contractor shall provide all services specified in this contract for any person deemed eligible by the NTXVAHCS Prosthetics Service, regardless of the race, color, religion, sex, or national origin of the person for whom such services are ordered. The Contractor further warrants that he/she will not resort to subcontracting as a means of circumventing this provision.

3.2 ORGANIZATIONAL RELATIONSHIP: Prosthetics services are subject to the professional direction of the Chief, Prosthetics Service.

3.3 WORK HOURS:

3.3.1 The Contractor shall provide all services required under this contract as specified herein. The Contractor shall be available during established Work Hours. Except in cases of emergency, the Contractor shall not be required to furnish services on Federal Holidays or during Non-Work Hours as defined below.

Work Hours: Monday through Friday, **7:30 a.m. to 4:30 p.m.**
Non-Work Hours (After Hours): Monday through Friday, **4:31 p.m. to 7:29 a.m.,** and all Saturdays, Sundays, and Federal Holidays.

Emergency Deliveries:
If the Government issues an emergency delivery request, the Contractor shall complete the delivery **during the same calendar day**, **including during after-hours**, regardless of whether the request is submitted inside or outside Work Hours. Emergency delivery timelines are measured using **continuous clock hours**, not business hours.

Routine delivery response times remain governed by business-hour calculations per Section 5.3.2.

Federal Holidays: The holidays observed by the Federal Government are:

New Year's Day	January 1
Martin Luther King Jr.'s Birthday	Third Monday in January
Presidents Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Christmas Day:	December 25

or any other day specifically declared by the President of the United States of America to be a Federal Holiday. When one of the holidays falls on Sunday, the following Monday shall be observed as a Federal Holiday. When a holiday falls on a Saturday, the preceding Friday shall be observed as a Federal Holiday.

3.4 ETHICS/BEREAVEMENT/PROFESSIONAL BEHAVIOR

3.4.1 The veteran beneficiaries served by this contract have significant physical disabilities or chronic illnesses that, in many cases, have influenced their behavior and lifestyle. It is of the utmost importance that a high degree of professionalism be demonstrated when patient/caregiver contact is made. The Contractor is expected to be discreet and tactful and to demonstrate concern, compassion, patience, and a high level of courtesy and consideration when providing services. This is especially true when dealing with bereaved family members of deceased veteran beneficiaries.

3.4.2 The Contractor must comply with all provisions of the Privacy Act when performing under this contract. The Contractor or his/her agents shall neither directly nor indirectly make recommendations/comments to patients/caregivers with respect to the services being provided by the NTXVAHCS. The Contractor shall refrain from discussing decisions to

repair or replace item(s) of equipment, services or benefits not specifically delineated in this contract. Any concerns of the Contractor regarding services provided under this contract or any question or concerns raised by the patient/caregiver shall be addressed to the COTR for resolution. If concerns cannot be addressed at the COTR level, Contracting Officer shall be informed and shall resolve.

3.5 SOLICITATION OF BENEFICIARIES

3.5.1 The Contractor agrees not to directly or indirectly through agents solicit eligible veteran beneficiaries.

4. ORDERING

4.1 METHOD OF ORDERING

4.1.1 The Chief, Prosthetic Treatment Center, shall initiate an oral, faxed, electronically dispatched (e-mailed) or mailed Purchase Order for the delivery/pickup/repair of VA-owned equipment.

4.1.2 Contractor shall initiate contact with the beneficiary within 24 hours or one (1) working day of receipt of the order to arrange for the delivery/pickup/repair of equipment/supplies. Documentation shall be made of each attempt to contact the beneficiary/caregiver in making arrangements for the fulfillment of the order. Confirmation shall be made and services rendered within 48 hours unless the beneficiary requests otherwise. Inability to deliver shall be documented and forwarded to the Chief, Prosthetics at the end of the 48 hours. Information received on the death of a beneficiary and/or refusal of the services requested shall be documented and forwarded to the COTR immediately.

4.1.3 While it is the policy of the VA to allow the Contractor to plan trips and consolidate deliveries and pickups, the VA reserves the right to direct the Contractor in these activities.

4.1.4 Stock such as beds, mattresses, wheelchairs, Hoyer lift, tub-transfer benches, shower chairs, over the bed tables, Hoyer lifts, wheelchairs, rollators, etc. may require pickup from the VA Medical Center, Receiving Warehouse, for storage at the Contractor's facility. Additionally, it may be necessary to the Contractor to delivery items stocked in the Contractor's facility to the VA Medical Center. Pickups and/or deliveries will be paid at a fee per trip and completed within two working days, unless other time arrangements are made between the VA Medical Center and the Contractor. No pickups from the VA Medical Center or the Contractor's facility shall be made after 4:00 p.m. on any workday. Documentation of all items picked up shall be given to the COTR on an approved form for equipment picked up from and/or delivered to this VA Medical Center and co-signed by the VA-authorized representative for inventory purposes.

4.1.5 Vehicles picking up VA-owned equipment must be covered to protect the items in inclement weather, free of contamination, equipped to separate clean items from soiled items, and contain a method of securing equipment from possible damage while in route.

4.1.6 NOTE: This contract in no manner intercedes in any other current policies or practices in use by the Department of Veterans Affairs. The Department of Veterans Affairs reserves the right to continue its practice of using alternate vendors to perform repairs or services to appliances in beneficiary use or in future beneficiary use. The Department of Veterans Affairs reserves the right to make the final determination when an issue arises as to whether a service is to be performed under this contract or on an open-market basis.

4.1.7 The VA reserves the right to request eight (8) hour emergency service on some delivery/pickup special orders, and the Contractor agrees to provide such service when requested.

4.1.8 The COTR shall fax a copy of all Purchase Orders for inventory that shall be drop-shipped to the Contractor's warehouse for storage. The Contractor shall verify all items received against the copy of the Purchase Order for correctness and deliver the packing slip, etc. with a copy of the Purchase Order to the Prosthetic Treatment Center. Inventory adjustments shall be made by both parties. Any damage to the equipment/supplies received shall be brought to the attention of the COTR immediately as well as noted on the Delivering Carrier's Bill of Lading.

5. TECHNICAL REQUIREMENTS

5.1. REQUIREMENTS FOR DELIVERY

5.1.1 Articles covered under this contract include, but are not limited to, hospital beds (manual/electric), bed rails, mattresses (standard and specialty), patient lifts, slings, walkers, wheelchairs (manual/power), transport chairs, scooters, bariatric DME, commodes, trapeze assemblies, and other durable medical equipment commonly used by NTXVAHCS. This list is illustrative, not exhaustive, and equipment types may evolve during the period of performance.

5.1.1.1 Contractor shall be liable for damage to VA-owned equipment and supplies in his/her possession.

5.1.1.2 MATTRESSES—REQUIREMENTS FOR DELIVERY; *note: Mattress disposal shall be billed under the mattress disposal sub-CLIN established in Price/Cost Schedule in Section B.*

5.1.1.2.1 NOTE: THIS APPLIES TO STANDARD HOSPITAL BED MATTRESSES. SPECIALITY HOSPITAL BED MATTRESSES FOR THE PREVENTION OF BED SORES (I.E., AIR MATTRESSES, KEN-AIRE, SAM MATTRESS ETC.) ARE EXCLUDED IF NOT INCLUDED IN CONTRACTORS STAFF COMPETENCIES.

5.1.1.2.2 The Contractor is to properly dispose of all used mattresses. No mattresses shall be reused at any time. Used mattresses shall not be stored or returned to any location for storage, but shall be cut/sliced, rendering them unusable and disposed of in a timely manner.

5.1.1.2.3 Documentation of mattress destruction shall be included on the invoice that corresponds to the pickup.

5.1.1.2.4Disposition may include, but is not limited to, burning, shredding, or any other means allowable by Federal or State standards.

5.1.2 Contractor shall set up all equipment at the location desired by the beneficiary and provide complete instructions on the care, safe use, function and operation of the equipment, both verbally and in writing, to the beneficiary and/or caregiver. Contractor shall ensure that the area is safe for the equipment that is to be installed. Beneficiary/caregiver is responsible for preparing the area to make it ready for the delivery/set up of equipment. Contractor is responsible for leaving the area clean and orderly and accepts any and all responsibility for damages to a beneficiary's residence or where patient is cared for during the course of a delivery, pickup, and/or repair service. Contractor to ensure that the beneficiary/caregiver can demonstrate proper and safe use of the equipment provided, and answer any questions or concerns they may have regarding the equipment that has been provided. Acknowledgment of understanding of the instructions given to be obtained and forwarded to the COTR along with the invoice.

5.1.3 The Contractor shall uncrate and check all equipment prior to delivery to the beneficiary to ensure that it is in safe operating condition, clean, including operating and preventive maintenance instructions when applicable, and documentation of serial number, model, etc. has been noted properly for invoicing and inventory maintenance.

5.1.4 The Contractor is to deliver new and/or used equipment/supplies as requested on each order in order to maintain accurate inventory maintenance. At no time shall the Contractor deliver other than what was requested without prior approval by the COTR. Contractor bears the responsibility to notify appropriate VA officials when he/she questions the serviceability of equipment by documenting the Invoice for pickups as scrap and/or providing an estimate for repair of said item. VA officials retain the sole right to condemn equipment and shall visit the Contractor's place of business as they deem necessary.

5.1.5 The Contractor shall schedule and perform all routine deliveries and pickups during established Work Hours, defined as Monday through Friday, 7:30 a.m. to 4:30 p.m. Routine delivery response and completion times shall be calculated exclusively within these business hours, in accordance with Section 3.3 and the business-hour response standards in Section 5.3.2.

Beneficiaries shall be contacted in advance to schedule delivery or pickup appointments during Work Hours. All contact attempts and appointment scheduling efforts shall be documented and included with the corresponding invoice. If contact with the beneficiary cannot be made within three consecutive workdays after receipt of the order, the Contractor shall notify the Chief, Prosthetic Treatment Center for further direction.

Emergency deliveries are excluded from this limitation. Emergency delivery requests must be completed within the same calendar day, including after-hours, weekends, and Federal holidays, as required by Sections 3.3 and 5.3.1. Emergency delivery timelines are measured using continuous clock hours, not business hours.

5.1.6 Beneficiaries shall be contacted to schedule delivery or pickup appointments during established Work Hours, defined as Monday through Friday, 7:30 a.m. to 4:30 p.m. All contact attempts made to arrange delivery or pickup shall be documented and included with the corresponding invoice. Appointment windows shall be communicated in reasonable four-hour ranges (for example, 8:00 a.m. to 12:00 p.m., or 10:00 a.m. to 2:00 p.m.), provided these windows fall within Work Hours. If contact with the beneficiary cannot be made within three consecutive workdays after receipt of the delivery or pickup order, the Contractor shall notify the Chief, Prosthetic Treatment Center for further instructions.

Emergency deliveries are not subject to these Work Hours limitations and shall be completed in accordance with Sections 3.3 and 5.3.1.

5.1.7 Notification of a death of any beneficiary served under this contract shall be brought to the attention of both parties as practicable.

5.1.8 If, through no fault of the Contractor, the beneficiary refuses acceptance of the equipment being delivered after the Contractor has made the delivery trip, payment shall be made on the same basis as though delivery has been accepted, with documentation made of the reason refused on the invoice. The Contractor shall advise the beneficiary/caregiver to direct all question/concerns relating to the equipment delivered/picked up/repaired to the Prosthetic Treatment Center and other needs to his/her physician.

5.2 MILEAGE

5.2.1 Mileage under this contract shall be based on a flat rate per mile outside the 50-mile radius. The mileage calculation will begin at the following point of origin:

5.2.2 Contractor's Warehouse if located within eight (8) miles of the VA Medical Center, or

5.2.3 VA Medical Center if the Contractor's Warehouse is located further than eight (8) miles from the Medical Center.

5.2.4 The official point of origin, either (a) or (b) above will be determined post contract award. For billing purposes, the trip ticket shall identify the place at which the trip started, distance traveled, and the place at which the trip was completed. Mileage shall be paid for one way only, minus the first 50 miles. No mileage fee will be billed for deliveries/pickups within a 50-mile radius of the Contractor's place of business. Mileage beyond 50 miles shall be billed under the mileage sub-CLIN established in the Price/Cost Schedule in Section B.

5.2.5 If one load consists of equipment/supplies to be delivered to several points outside the 50-mile radius, mileage shall be paid from one point to the next until the last point of delivery is reached. The same holds true if trips involve both delivery and pickup. Mileage for the entire trip shall be paid only to the furthest point, one way only, minus the first 50 miles. Occasionally, it shall be necessary for the Contractor to pick up equipment from the beneficiary's residence and deliver it back to the VA Prosthetic Treatment Center, or from the Prosthetic Treatment Center to the beneficiary's residence and/or Contractor's facilities.

Zone	**Routine delivery completion target**

Zone A	No later than 48 hours after acceptance of a purchase/delivery order, unless otherwise provided by VA
Zone B	No later than 48 hours after acceptance of a purchase/delivery order, unless otherwise provided by VA
Zone C	No later than 48 hours after acceptance of a purchase/delivery order, unless otherwise provided by VA
Zone D	No later than 48 hours after acceptance of a purchase/delivery order, unless otherwise provided by VA
Zone E	No later than 48 hours after acceptance of a purchase/delivery order, unless otherwise provided by VA
Zone	**Emergency service target**
Zone A	Eight (8) hour emergency service when specifically requested by VA
Zone B	Eight (8) hour emergency service when specifically requested by VA
Zone C	Eight (8) hour emergency service when specifically requested by VA
Zone D	Eight (8) hour emergency service when specifically requested by VA
Zone E	Eight (8) hour emergency service when specifically requested by VA

5.3 Emergency Delivery Services

5.3.1 Emergency Delivery Service

The Contractor must provide a 24-hour emergency service telephone number. Emergency orders may be placed in writing or telephonically by Prosthetics Service personnel. Any emergency order placed telephonically shall be followed up in writing (electronic means, fax, or email) by the end of the same business day if the request occurs during Work Hours. For emergency orders placed during after hours, weekends, or Federal holidays, written confirmation shall be provided no later than the next business day.

Emergency deliveries are required to be completed within the same calendar day the emergency request is issued, including during after-hours, regardless of whether the request occurs inside or outside Work Hours. Emergency delivery response times are measured using continuous clock hours, not business hours.

5.3.2 Emergency Delivery Response Times (Zones)

For routine emergency-designated items (not emergent deliveries requiring same-day completion), the Contractor shall make delivery of equipment, supplies, or services specified herein in accordance with the following business-hour schedule:

Zone A: Within 4 business hours after notification by VA

Zone B: Within 12 business hours after notification by VA

Zone C: Within 12 business hours after notification by VA

Zone D: Within 12 business hours after notification by VA

Zone E: Within 12 business hours after notification by VA

Routine emergency zone-based response times begin at the start of the next business day if VA issues the notification after Work Hours.**6. SPECIFIC TASKS**

6.1 PLAN OF CARE/SERVICE

6.1.1 As appropriate, the equipment and related medical supplies/services shall be provided according to a physician's order. An individualized plan of care/service shall be implemented for each patient by the Contractor. Any deviations from the current prescription shall not be authorized unless the Contractor has the approval from the COTR.

6.1.2 Education and training in the care, routine maintenance, mechanical operation, and safe use of the equipment shall be provided to the patient/caregiver by a qualified individual in a language or form the patient/caregiver can reasonably understand and demonstrate. A sample of all educational materials provided shall be a part of the Contractor's Policies and Procedures Manual and documented on the Patient Education Checklist that accompanies each invoice.

6.1.3 The patient's NTXVAHCS physician shall be responsible for the patient's plan of care and the initiation of necessary consults/prescriptions to the Prosthetic Treatment Center for equipment/supplies/repairs needed.

6.1.4 The COTR shall be responsible for taking appropriate action in fulfilling the request received. The COTR shall be responsible for coordinating and ensuring compliance with contract requirements resulting from purchase orders issued to the Contractor as part of the patient's plan of care. The COTR shall be responsible for notifying the requesting NTXVAHCS ordering physician of any problems/concerns reported by the Contractor as a result of consults/prescriptions processed.

6.1.5 The Contractor shall be responsible for implementing the plan of care under conditions and terms set forth in the contract and/or notifying the COTR of any patient related problems/concerns or issues encountered. The Contractor shall be involved in the discharge process when notified by the COTR to pick up the equipment.

6.2. EQUIPMENT STORAGE

6.2.1 CONTRACTOR FACILITIES – STORAGE; *Note: Monthly storage shall be billed under the storage sub-CLIN established in Price/Cost Schedule in Section B.*

6.2.1.1 Services shall be provided from a facility that meets the requirements established in this PWS. As part of the technical evaluation, offerors shall submit documentary proof demonstrating that their storage facility satisfies these requirements. The COTR will review the submitted documentation for compliance. Physical inspection and formal facility approval will occur **post-award** as part of contract performance oversight and in accordance with the Quality Assurance Surveillance Plan (QASP).

6.2.1.2 Contractor is to provide storage for VA beneficiary equipment/supplies. The storage space is not to exceed 2500 sf in size. If at any time a Contractor's Facility is on the verge of exceeding 2500 sf, the Contractor must notify the Contracting Officer immediately. The Contractor shall be solely responsible for determining the design, pattern, or plan of storage area taking into consideration shelving, bins, and any other elements necessary for proper storage of VA equipment/supplies. Area should be designed and maintained for ease of inventory reconciliation and maintenance, and conform to all applicable State, local and National Fire Protection Association codes. *Note: Contractors may use more that 2500 sq. ft. at their own expense. The VA will not reimburse beyond 2500 sq. ft.*

6.2.1.3 The current space requirements are as follows, it is provided for informational purposes only. It is to be understood that all facilities may max their storage requirements to 2500sf at no additional cost to the government.

6.2.1.4 North Texas VA HCS: 2,500 square feet

6.2.1.5 Storage area provided must be clean, dry, dust kept to a minimum, climate controlled, well lighted, equipped with fire extinguishers, and be well ventilated. Area must be safe, walkways free of electrical wiring and other safety hazards, and contain appropriate signage, i.e., NO SMOKING, EXIT, CLEAN AREA, CONTAMINATED AREA, etc. Storage area is to be protected at all times against theft, vandalism, fire, severe weather, and pilferage. Area will contain signage "U. S. GOVERNMENT PROPERTY – NO TRESSPASSING".

6.2.1.6 An area separate and apart from the clean area is to be designated for the sanitizing of soiled equipment received. This area is to contain adequate and appropriate supplies needed for proper cleaning and sanitizing, bagging and tagging, as well as protective equipment to guard against infection such as rubber gloves, gowns, masks, safety glasses, eye wash stations, and first aid kit, and be arranged in a neat and orderly fashion. Appropriate signage to be in place and include universal precautionary measures.

6.2.1.7 New and used equipment that is cleaned, bagged, tagged, dated, and ready for issue, is to be kept separate and apart from equipment that is in need of repair, soiled, or scrapped. All equipment/supplies shall be arranged in such a manner as to afford immediate inspection and enable easy access for inventory reconciliation.

6.2.1.8 There is no incumbent contractor for this requirement. The newly awarded Contractor shall relocate VA-owned inventory from the current VA storage location to the Contractor's storage facility at no additional cost to the Government. All coordination will be directly between VA and the newly awarded Contractor.

6.2.1.9 The storage facility must be equipped with adequate electrical outlets for testing of electrical pieces of equipment such as motorized beds, battery chargers, etc.

6.2.1.10 A separate area shall be designated for items determined by the Chief, Prosthetic Treatment Center as scrap/non-issue. This area shall be protected and secured against theft, pilferage, vandalism, and be marked as Scrap - U. S. Government Property, No Trespassing. Items contained therein shall be disposed of periodically in accordance with established procedures.

6.3. EQUIPMENT CLEANING/DISINFECTING

6.3.1 INFECTION CONTROL/SANITIZING

6.3.1.1 All equipment picked up by the Contractor must be sanitized in accordance with the manufacturer's guidelines, or infection control guidelines, prior to storage within the Contractor facilities, issuance to another beneficiary, or delivery to a beneficiary's residence or place he/she is cared for. Note: *Cleaning and sanitizing shall be billed under the appropriate sanitizing sub-CLIN in the Price/Cost Schedule in Section B*

6.3.1.2 Sanitizing includes, but is not limited to:

6.3.1.2.1 Steam cleaning;

6.3.1.2.2 Washing of equipment with an approved hospital rated cleanser or detergent that is IP registered with the Environmental Protection Agency;

6.3.1.2.3 Cleaning with an approved hospital disinfectant or germicidal solution which contains phenolic, ioda, and quaternary ammonia that is registered with the Environmental Protection Agency;

6.3.1.2.4 Lubricating with an appropriate grease, oil, and/or silicone spray which is approved by the manufacturer of the appliance when performing maintenance and/or repair;

6.3.1.2.5 All cleaning accessories, i.e., brushes, towels, sponges, are to be chemically cleaned or treated after each use.

6.3.1.3 The sanitizing procedure is performed at no additional cost to the Government. The procedure shall be done in an area that is separate and apart from the clean storage area whereby the clean stored equipment/supplies shall not be contaminated. However, all sanitizing shall be done under roof.

6.3.1.4 Infection control/sanitation procedures to be a part of the Contractor's Standard Operating and Procedure Manual.

7. MAINTENANCE, REFURBISHING, REPAIR SERVICES

7.1 REPAIRS

7.1.1 The VA reserves the right to obtain service for repair or renovation of any item(s) from an independent source if, in the opinion of the VA Prosthetic Treatment Center, the Contractor's proposed costs for such services are determined excessive and the matter cannot be mutually resolved.

7.1.2 Items of equipment requiring no assembly shall be removed from the carton at no cost to the Government prior to delivery to the beneficiary or the Prosthetic Treatment Center and inspected to ensure that all parts and pieces of the equipment are present and operable before attempting delivery. Failure to do so may forfeit claim for payment or related return trips to complete the delivery.

7.1.3 Contractor must obtain authorization prior to performing any major repairs to equipment. Authorization shall be obtained in the form of written estimates. The manner in which the repair is authorized shall be at the discretion of the COTR depending upon the circumstances and the nature of the repair. The Contractor acknowledges that repairs authorized under this contract are only to equipment related directly to the pickup and delivery of appliances to beneficiaries.

7.1.4 Items awaiting or in need of repairs are not to be kept with the clean and stored equipment/supplies.

7.1.5 Emergent repairs may be conducted during Non-Work Hours at the discretion of the Contractor; however, such repairs shall only be performed to the extent necessary to place the equipment back into safe, basic serviceable condition. All extensive or non-urgent repairs shall be suspended until normal Prosthetic Treatment Center business hours, and may only proceed after authorization is obtained from the Prosthetic Treatment Center.

Normal business hours for the Prosthetic Treatment Center are Monday through Friday, 7:30 a.m. to 4:30 p.m., except Federal holidays.

7.1.6 Repair activities shall be billed using the appropriate unit-priced labor rates contained in Section B of this solicitation. The Contractor shall apply the Technical Labor Rate when repairs require specialized training or certification, and the Non-Technical Labor Rate when repairs do not require such training. All invoices shall specify the labor category used, total hours applied, and the VA official authorizing the repair, along with any required supporting documentation.

Other service activities—including delivery, pickup, emergency delivery, mileage beyond 50 miles, preventive maintenance, mattress disposal, cleaning/sanitizing, and storage—shall be billed under the appropriate CLIN or sub-CLIN

identified in the Price/Cost Schedule. The Contractor shall ensure that each billed activity corresponds to the correct unit price and contract requirement.7.1.7 The Contractor is to furnish the name of the Veterans Affairs official authorizing the repair and the nature of the authorization when submitting invoices for same.

7.1.8 Contractor shall utilize a qualified technician to repair all types of power wheelchairs/scooters, including manual wheelchairs. An itemized estimate of the needed repairs shall be provided to the Chief of Prosthetics detailing the part required (including part number) and the manufacturer. The Chief of Prosthetics may opt to order the parts directly from the manufacturer for installation by the Contractor. Labor and parts used shall be billed under the appropriate CLIN/sub-CLIN established in the Price/Cost Schedule in Section B.

7.2 EQUIPMENT MAINTENANCE/CONTRACTOR REQUIREMENTS

7.2.1 Routine and preventative maintenance (PM) is included in the set up and delivery of equipment. However, when the contractor performs preventative maintenance on existing equipment that has already been delivered to the patient's home, VA will be billed at the non-technical labor rate in addition to mileage as defined in the contract.

7.2.2 Contractor shall provide preventive maintenance (PM) in accordance with manufacturer guidelines for all equipment covered under this contract, except Hoyer lifts. PM on Hoyer lifts shall be performed every twelve (12) months. At the time of award, the Contractor will be provided with a list of all patients currently issued Hoyer lifts, the date each lift was issued, and any available maintenance records.

Preventive maintenance services shall be billed under the PM sub-CLIN established in the Price/Cost Schedule in Section B. When submitting invoices, the Contractor shall identify PM as a distinct PWS-defined task and include the specific equipment serviced, the PM activities performed, and all documentation required for COR verification and certification of payment.7.2.3 The Contractor shall have a process in place to perform and document routine and preventative maintenance at defined intervals and according to manufacturers' guidelines on each piece of equipment requiring same provided to a patient.

7.2.4 The Contractor shall furnish the COTR with a listing of each item and the type and schedule required for routine and preventative maintenance according to the manufacturers' guidelines.

7.2.5 The Contractor shall include evidence of qualifications for the routine and preventative maintenance performed on each piece of equipment in the Contractor's Policy and Procedures Manual provided to the VA COTR.

7.2.6 The Contractor shall have a process in place for tracking and documenting the manufacturer, model, and serial number of all appropriate equipment, and date or criteria when routine and preventative maintenance is required in accordance with manufacturers' guidelines.

8. RETURNED EQUIPMENT

8.1 PICKUP

8.1.1 All items picked up shall be cleaned with an antiseptic/germicidal hospital approved solution, inspected and bagged, tagged and dated before being placed back in storage for reissue. Minor repairs and/or adjustments shall be completed before the final invoice is submitted and billed accordingly. Equipment deemed uneconomically repairable by the Contractor and concurred by the COTR shall be annotated as scrap on the Invoice and placed in a designated area marked for "SCRAP – U.S. GOVERNMENT PROPERTY – NO TRESPASSING".

8.1.2 Items requiring authorization for repair shall be tagged as such, noted on the Invoice as "Pending Authorization for Repair", and the cost of labor and materials needed for repair faxed to the Prosthetic Treatment Center for necessary action. Normal invoicing shall occur at this time. If authorization is received at a later date, a separate Purchase Order shall be issued along with a copy of the Contractor's quotation for repair, and inventory adjustments made upon completion of the repair and invoice.

8.1.3 Items waiting cleaning or repairing shall be stored in a designated location, clearly marked “Repairs/Cleaning” until such services are completed. This location is to be separate and apart from clean items available for delivery or issuance.

8.1.4 The Contractor shall label all clean equipment with the date of cleaning, store all items for reissue in a non-contaminated area that is clearly marked, away or separated by a partition from dirty items.

8.1.5 The Contractor shall employ universal body substance isolation standards and procedures pertaining to patients and employees in the performance of this contract.

8.1.6 All used supplies picked up and not for reissue shall be placed in a canister marked “Contaminated” and disposed of properly. The canister shall be kept in the area designated for cleaning used equipment.

8.1.7 All equipment placed in the “SCRAP” area shall be disposed of upon approval of representatives of the Prosthetic Treatment Center and after proper reconciliation by both parties. A separate inventory shall be maintained on these items awaiting disposition. All documentation of disposition shall be completed and turned into the Prosthetic Treatment Center the same day the scrap is disposed.

8.2 SALVAGE

10.2.1 In the event that a veteran beneficiary dies prior to delivery and acceptance of prosthetics equipment, VA shall pay the Contractor for the work performed up to the point that they are notified to stop work. The price to be paid shall be mutually agreed upon and shall not exceed the contract price of the prosthetics equipment less the salvage value of the unused components.

9. PICK UP OF VA EQUIPMENT

9.1 PICKUP

9.1.1 The Contractor shall make all pickups within the established radius from his/her place of business. The Contractor shall document all discrepancies, such as missing equipment or equipment that cannot be located, on the invoice that has been requested by the VA to be picked up.

10. INVENTORY

10.1 DOCUMENTATION ON FILE

10.1.1 The Contractor shall provide the COTR a complete inventory listing of all VA-owned equipment and supplies within his/her facility within the first three working days of each month for the previous month. The listing shall include, but is not limited to:

10.1.1.1 Name and manufacturer of appliance;

10.1.1.2 Model number of appliance;

10.1.1.3 Serial number of the appliance;

10.1.1.4 Description and size of the appliance;

10.1.1.5 Condition of appliance, i.e., new, used, in need of repair, scrap;

10.1.1.6 Quantity of each item

10.1.2 The Contractor shall include a separate listing of all orders pending that have not been delivered/picked up for reconciliation purposes. Reconciliation by both parties shall be completed by the 5th working day of each month for the previous month’s inventory. A physical inventory shall be performed on a quarterly basis. All inventory reconciliations shall be signed by both parties and maintained on file for future reference.

11. CONTRACT ADMINISTRATION

11.1 The Contracting Officer is the only person authorized to approve changes or modify any of the requirements of this contract. The Contractor shall communicate with the Contracting Officer on all matters pertaining to contract administration. Only the Contracting Officer is authorized to make commitments or issue changes that shall affect price, quantity or quality of performance of this contract.

11.2 In the event the Contractor effects any such change at the direction of any person other than the Contracting Officer without authority, no adjustment shall be made in the contract price to cover an increase in costs incurred as a result thereof.

11.3 All contract administration functions will be retained by the Contracting Officer/Department of Veterans Affairs, 2301 East Lamar Blvd, Arlington, TX 76006.

11.4 AFTER AWARD OF CONTRACT, ALL INQUIRES AND CORRESPONDENCE RELATIVE TO THE ADMINISTRATION OF THE CONTRACT SHALL BE ADDRESSED TO: Contracting Officer/Department of Veterans Affairs, 2301 East Lamar Blvd, Arlington, TX 76006.

12. DOCUMENTATION

12.1 DOCUMENTATION ON FILE

12.1.1 Contractor to establish and implement procedures to receive, clean, and as appropriate, sterilize reusable equipment and supplies in accordance with manufacturer’s and/or infection control guidelines.

12.1.2 The Contractor shall have a process in place to perform and document routine and preventive maintenance required, at defined intervals, in accordance with manufacturers’ guidelines on equipment provided to a VA beneficiary or held in storage. Contractor must also establish and implement a method to document repairs to VA-owned equipment by manufacturer, model, serial number, and type of repairs performed. Repairs and maintenance of VA equipment to be performed in accordance with manufacturer’s guidelines and by trained and qualified individuals. Equipment should have a label or tag reflecting the next scheduled service.

12.1.3 Beneficiaries will be provided with copies of manufacturer's operating and maintenance instructions on all items delivered. The contractor will provide patient education, operating instructions, maintenance instructions and maintain documentation that it was provided by obtaining the patient's or caregiver's signature. This will suffice when there are no operating manuals available on reissued/used items. NOTE: That the contractor must provide patient education on ALL items they deliver and maintain documentation. For equipment with known significant safety hazards, the patient or caregiver shall be given a written checklist of equipment information and safety checks including any instructions.

12.1.4 Contractor to provide evidence of insurance coverage for VA property along with liability insurance in case of loss due to theft, fire, destruction, and/or bodily injury. The level of insurance will be maintained to cover loss of damage to VA equipment/supplies at no less than One Hundred Thousand Dollars ($100,000.00). The bodily injury liability and property damage liability insurance shall be as required by the laws of the State of Texas with minimum limits per person and per accident claim for bodily injury. The Contractor is to provide proof of insurance coverage for equipment and supplies stored in his/her facility within ten (IO) days after notification of award of this contract.

12.1.5 The Contractor shall provide the COTR a complete inventory listing of all VA-owned equipment and supplies within his/her facility within the first three working days of each month for the previous month. The listing shall include, but is not limited to:

12.1.5.1 Name and manufacturer of appliance;

12.1.5.2 Model number of appliance;

12.1.5.3 Serial number of the appliance;

12.1.5.4 Description and size of the appliance;

12.1.5.5 Condition of appliance, i.e., new, used, in need of repair, scrap;

12.1.5.6 Quantity of each item

12.1.6 The Contractor shall include a separate listing of all orders pending that have not been delivered/picked up for reconciliation purposes. Reconciliation by both parties shall be completed by the 5th working day of each month for the previous month's inventory. A physical inventory shall be performed on a quarterly basis. All inventory reconciliations shall be signed by both parties and maintained on file for future reference.

12.1.7 The Contractor must have in place written procedure guidelines for setting up equipment, delivery/pickup of equipment, cleaning of equipment, safety and infection control procedures, patient incident reporting, tracking of equipment for preventive maintenance, emergency response procedures, documentation and handling patient complaints, performance improvement, etc. in accordance with JCAHO standards.

12.1.8 The Contractor must obtain an acknowledgment of instructions provided the beneficiary or his/her caregiver as well as acknowledgment of their understanding of the instructions provided. Instructions shall include:

12.1.9 Basic purpose, description, operating instructions, trouble shooting, and appropriate use of the equipment/supplies;

12.1.10 Safety precautions and warnings associated with the equipment, as related to home use;

12.1.11 Routine maintenance to be performed by the patient and/or caregiver; (Checklist)

12.1.12 Demonstration of the use/operation of the equipment with observation of a return demonstration by the patient and/or caregiver using the equipment;

12.1.13 Backup equipment/emergency plans;

12.1.14 Any safety hazards associated with equipment provided;

12.1.15 Patient's Rights and Responsibilities;

12.1.16 Patient Satisfaction Letter;

12.1.16.1 Handling, storage, and safe transportation of the equipment;

12.1.17 Emergency contact number to call in case of equipment breakdown or failure;

12.1.18 Patient education checklist

12.1.19 The Contractor must have written personnel policies on file for all employees performing under this contract for review by the VA COTR and shall include the following information:

12.1.19.1 Employee training on basic fire, safety and infection control;

12.1.19.2 Employee training or qualifications/competencies on the delivery/setup/repair of equipment provided;

12.1.19.3 Orientation programs for all employees involved in the delivery/pickup of durable medical equipment, i.e., policies and procedures, confidentiality of patient information, home safety, including bathroom, fire, environmental, and electrical safety, safety issues for services provided in the home including fire prevention and security, emergency preparedness, appropriate action in unsafe situations, handling and reporting of patient incidents, infection prevention and control, cleaning, disinfecting and sterilization of equipment and supplies, safe storage/handling of equipment and

supplies, identifying, handling, and disposing of hazardous or infectious materials and wastes in a safe and sanitary manner and according to law and regulation, ongoing education, including in-services,

12.1.19.4 Training and other activities, licenses, certificates, etc. Professional behavior is required in dealing with veteran beneficiaries and/or their families to include ethics, aging, bereavement, various disabilities, etc.

12.1.20 The Contractor must maintain a daily trip log enabling the Prosthetic Treatment Center to verify what trips are scheduled on any given day, as well as pre-trip inspection form for each vehicle used in the performance of this contract to ensure safety of the personnel and equipment in use.

12.1.21 Contractor to have a procedure in place for handling all customer incidents, complaints/concerns received. A customer satisfaction complaint form shall be completed on all issues received, and the issue resolved if directed to the Contractor. A copy shall be forwarded to the COTR. If the issue cannot be resolved, a copy of the customer satisfaction complaint form listing the complaint/concern shall be forwarded to the COTR immediately for resolution or necessary action.

13. SAFETY, MANAGEMENT, INFECTION CONTROL

13.1 The Contractor shall comply with the laws of the State of Texas applicable to licensing and operation of motor vehicles. Evidence of certification with DOT Regulations to be included with bid or prior to contract award, as well as personal liability and property damage insurance coverage within the limits as required by law.

13.1.2 The Contractor's truck walls, ceiling and floors should be of a surface that can be easily cleaned and sanitized and have areas clearly marked to separate clean and soiled/contaminated equipment/supplies. Delivery/pickup vehicles shall be equipped with a first aid kit, infection control supplies, standard operating procedure manual, vehicle registration, daily trip log/inspection, as well as items required for vehicle breakdown.

13.1.3 The Contractor shall maintain a telecommunication system, i.e., answering machine, fax machine, in order to preserve continual contact with the Department of Veterans Affairs and for emergency contact.

13.1.4 The Contractor to furnish the Prosthetic Treatment Center with a copy of their Standard Operating Procedure Manual, employee competencies and training and updates as they occur, quarterly reports of quality assessment and performance improvement activities, and patient satisfaction survey results. Safety and infection control procedures as well as documentation of all education and training received by personnel servicing this contract shall be a part of this manual. Education on safety and infection control is required on a yearly basis.

13.1.5 Steel-toed shoes shall be worn by all employees performing under this contract in accordance with OSHA requirements. Identification badges with a photograph, employee's name, and company name shall be worn at all times by the employees performing under this contract. Contractor personnel servicing VA beneficiaries shall present themselves in a neat, clean, and professional manner and verbally identify themselves. He/she shall then ask permission to enter the home. The Contractor's personnel servicing VA beneficiaries shall at all times demonstrate a high level of courtesy and consideration when providing services.

13.1.6 The Contractor shall check the safety of the electrical outlets in the patient's home prior to installing any electrical equipment. Electrical outlets must be inspected and tested with a voltmeter to ensure that the voltage level is adequate for the item being installed, that polarity is correct, electrical ground is present, and that the outlet is in good physical condition. Any unsafe electrical conditions shall be immediately reported to the Contracting Officer's Technical Representative (COTR) for further instructions. When the residences have non-grounded electrical receptacles, the Contractor shall provide and install a three-prong adapter to plug in the electrical equipment at no charge to the Government. The grounding prong on the equipment cord shall not be removed.

13.1.7 Contractor shall ensure that all safety and infection control procedures are followed while performing under the terms and conditions of this contract for the protection of all parties involved.

13.2 SENTINAL EVENTS/INCIDENT REPORTING

13.2.1 The Contractor shall have a system for reporting and documenting all accidents and injuries and documenting safety hazards and be a part of the Contractor's Standard Operating and Procedure Manual.

13.2.2 All accidents, malfunctions, injuries, deaths, and equipment recall, related to the provision, delivery and use of DME, shall be immediately reported to the COTR, and to the manufacturer of the equipment, if applicable.

13.2.3 The Contractor's employees that are providing the equipment and related services to meet the needs of patients shall have current education, training, and experience appropriate to the equipment and scope of services provided and demonstrate knowledge and competence.

13.3 INFECTION CONTROL/SANITIZING

13.3.1 Reference Section 6.3 Infection Control / Sanitizing Requirements

14. SPECIAL CONTRACT REQUIREMENTS

14.1 SPECIAL CONTRACT REQUIREMENTS, VARIOUS

14.1.1 QUALIFICATIONS

14.1.2 The Contractor shall possess a current, unencumbered business license authorizing the company to conduct business within the United States and, prior to contract performance, within the State of Texas. All contractor personnel who operate motor vehicles in performance of this contract shall possess a valid driver's license. Additionally, all personnel must maintain documented competencies necessary for the safe operation, handling, cleaning, and repair of all equipment managed under this contract, in accordance with VA, safety, and manufacturer standards.

14.1.3 Offerors shall submit documentation demonstrating that personnel assigned under this contract will possess the competencies necessary for safe assembly, delivery, repair, and handling of all equipment covered by this PWS. At a minimum, offerors shall provide evidence of the following:

- A valid driver's license for any personnel operating motor vehicles in performance of this contract.
- Forklift certification or training for personnel who will operate forklifts, if applicable.
- A statement of capability confirming that personnel will possess and maintain all training and competencies required for safe operation, cleaning, repair, and handling of DME equipment in accordance with VA, safety, and manufacturer standards.

Detailed employee certifications, licenses, training records, and experience documents are not required at the proposal stage, but must be provided post-award prior to performance and maintained for inspection throughout the contract period.

14.1.4 Accreditation: Contractor shall have and maintain current accreditation from the Joint Commission (JCAHO). Accreditation from other healthcare organizations is not acceptable for this procurement. Contractor must maintain the certification for the duration of this contract.

14.1.5 The contracted facility shall meet all state and federal standards.

14.2 PERSONNEL POLICY:

14.2.1 The Contractor shall be responsible for protecting the personnel furnishing services under this contract. To carry out this responsibility, the Contractor shall provide the following:

14.2.2 Workers' Compensation Insurance

14.2.3 Professional Liability Insurance

14.2.4Health Examinations

14.2.5 Income Tax Withholding, and

14.2.6 Social Security Payments

14.2.7 The parties agree that such personnel shall not be considered NTXVAHCS employees for any purpose and shall be considered employee(s) of the Contractor.

14.3 RECORD KEEPING:

14.3.1. The NTX NTXVAHCS, Chief, Prosthetics Service, shall establish and maintain a record keeping system that will record the services performed by the Contractor. This record-keeping system shall consist of daily logs to ensure that required services have been received by the perspective Prosthetic element that generated the request. Any incidents of Contractor non-compliance as evidenced by the monitoring procedure shall be forwarded immediately to the Contracting Officer.

14.3.2 Documentation of services performed shall be reviewed prior to certifying payment. The NTXVAHCS shall pay for services actually performed and in strict accordance with Part I, Schedule of Supplies/Services above. Contract monitoring and record-keeping procedures shall be sufficient to ensure proper payment and allow audit verification that services were provided.

14.3.3. Should the NTXVAHCS, in case of an emergency, require services to be performed by the Contractor during non-work hours or on a Federal Holiday(s) as described in Section VI above, the NTXVAHCS shall be responsible for payment to the Contractor.

14.3.4 Contractor shall comply with all applicable records management laws and regulations, as well as National Archives and Records Administration (NARA) records policies, including but not limited to the Federal Records Act (44 U.S.C. chs. 21, 29, 31, 33), NARA regulations at 36 CFR Chapter XII Subchapter B, and those policies associated with the safeguarding of records covered by the Privacy Act of 1974 (5 U.S.C. 552a). These policies include the preservation of all records, regardless of form or characteristics, mode of transmission, or state of completion.

14.3.5 In accordance with 36 CFR 1222.32, all data created for Government use and delivered to, or falling under the legal control of, the Government are Federal records subject to the provisions of 44 U.S.C. chapters 21, 29, 31, and 33, the Freedom of Information Act (FOIA) (5 U.S.C. 552), as amended, and the Privacy Act of 1974 (5 U.S.C. 552a), as amended and must be managed and scheduled for disposition only as permitted by statute or regulation.

14.3.6 In accordance with 36 CFR 1222.32, Contractor shall maintain all records created for Government use or created in the course of performing the contract and/or delivered to, or under the legal control of the Government and must be managed in accordance with Federal law. Electronic records and associated metadata must be accompanied by sufficient technical documentation to permit understanding and use of the records and data.

14.3.7 VA North Texas Health Care System and its contractors are responsible for preventing the alienation or unauthorized destruction of records, including all forms of mutilation. Records may not be removed from the legal custody of VA North Texas Health Care System or destroyed except for in accordance with the provisions of the agency records schedules and with the written concurrence of the Head of the Contracting Activity. Willful and unlawful destruction, damage or alienation of Federal records is subject to the fines and penalties imposed by 18 U.S.C. 2701.

14.3.8 In the event of any unlawful or accidental removal, defacing, alteration, or destruction of records, Contractor must report to VA North Texas Health Care System. The agency must report promptly to NARA in accordance with 36 CFR 1230.

14.3.9 The Contractor shall immediately notify the appropriate Contracting Officer upon discovery of any inadvertent or unauthorized disclosures of information, data, documentary materials, records or equipment. Disclosure of non-public information is limited to authorized personnel with a need-to-know as described in the [contract vehicle]. The Contractor shall ensure that the appropriate personnel, administrative, technical, and physical safeguards are established to ensure the security and confidentiality of this information, data, documentary material, records and/or equipment is properly protected. The Contractor shall not remove material from Government facilities or systems, or facilities or systems operated or maintained on the Government's behalf, without the express written permission of the Head of the Contracting Activity. When information, data, documentary material, records and/or equipment are no longer required, it shall be returned to VA North Texas Health Care System control, or the Contractor must hold it until otherwise directed. Items returned to the Government shall be hand carried, mailed, emailed, or securely electronically transmitted to the Contracting Officer or address prescribed in the [contract vehicle]. Destruction of records is EXPRESSLY PROHIBITED unless in accordance with Paragraph (4).

14.3.10 The Contractor is required to obtain the Contracting Officer's approval prior to engaging in any contractual relationship (sub-contractor) in support of this contract requiring the disclosure of information, documentary material and/or records generated under, or relating to, contracts. The Contractor (and any sub-contractor) is required to abide by Government and VA North Texas Health Care System guidance for protecting sensitive, proprietary information, classified, and controlled unclassified information.

14.3.11 The Contractor shall only use Government IT equipment for purposes specifically tied to or authorized by the contract and in accordance with VA North Texas Health Care System policy.

14.3.12 The Contractor shall not create or maintain any records containing any non-public VA North Texas Health Care System information that are not specifically tied to or authorized by the contract.

14.3.13 The Contractor shall not retain, use, sell, or disseminate copies of any deliverable that contains information covered by the Privacy Act of 1974 or that which is generally protected from public disclosure by an exemption to the Freedom of Information Act.

14.3.14 The VA North Texas Health Care System owns the rights to all data and records produced as part of this contract. All deliverables under the contract are the property of the U.S. Government for which VA North Texas Health Care System shall have unlimited rights to use, dispose of, or disclose such data contained therein as it determines to be in the public interest. Any Contractor rights in the data or deliverables must be identified as required by FAR 52.227-11 through FAR 52.227-20.

14.3.15 Training. All Contractor employees assigned to this contract who create, work with, or otherwise handle records are required to take VHA-provided records management training, Talent Management System (TMS) Item #10176, Privacy and Information Security, Rules of Behavior. The Contractor is responsible for confirming training has been completed according to agency policies, including initial training and any annual or refresher training.

14.4 VA Visibility and Access to Contractor Information Systems

14.4.1 The Contractor shall provide the Department of Veterans Affairs (VA) with secure visibility into its operational systems used for the performance of this contract. This access is intended to improve transparency, enhance program oversight, and support timely coordination of DME services. Requirements include the following:

14.4.1.1 System Access for VA Personnel: The Contractor shall provide the VA COR and designated VA staff with read-only access to applicable contractor systems necessary to monitor contract performance. Examples include, but are not limited to:

- Work order status tracking
- Delivery scheduling systems

- Inventory management systems for VA-owned equipment
- Service call logs and repair status

14.4.1.2 Access Limitations and Security Requirements:

- All access provided to VA shall be **read-only**, with no ability to alter, modify, or delete contractor records.
- Access shall comply with all VA Information Security, HIPAA, and Privacy Act requirements.
- The Contractor shall ensure that VA access is provided through a secure, encrypted method compliant with FIPS 140-2 (or current VA standard).
- The Contractor shall promptly disable VA access within 24 hours of written direction from the Contracting Officer or COR.

14.4.2 System access and all technical accommodations required to provide visibility to the VA shall b provided at no additional cost to the Government.

14.4.3 The Contractor shall ensure that systems provided for VA visibility remain available during normal VA business hours (Monday–Friday, 8:00 a.m.–4:30 p.m. local time), excluding scheduled maintenance. Scheduled maintenance must be communicated to the COR at least 48 hours in advance.

14.4.4 The Contractor shall notify the COR in writing at least 30 days prior to any system modification, replacement, or upgrade that may impact VA visibility. The Contractor shall maintain uninterrupted VA access during system transitions.

14.4.5 If system access becomes unavailable due to outage or maintenance, the Contractor shall provide the VA with manual or exported reports containing equivalent information within two (2) business hours of VA request.

14.5 Joint Commission Accreditation and Healthcare Organizations (JCAHO)

14.5.1 JCAHO COMPLIANCE:

14.5.2 The Contractor shall have a current certification from the Joint Commission on the Accreditation of Healthcare Organization (JCAHO).

14.5.3 The Contractor, upon request, shall provide quality data and information related to services provided. The Contractor shall also provide documentation of the competency of staff that shall be providing the contracted services.

14.6 PAYMENT

14.6.1 METHOD OF PAYMENT: Payment shall be made exclusively via Government Purchase Card (GPC). No other payment platforms, including Tungsten, will be accepted under this contract. If the Government later determines that an alternative method of payment is more cost-effective, any change in payment method shall occur only through a formal contract modification issued by the Contracting Officer.

14.6.2 Payment to the Contractor shall be made monthly, in arrears, upon receipt of a properly prepared invoice. Invoices shall be submitted in an original and one (1) copy within five (5) working days upon completion of services rendered. Each invoice is to be accompanied by an original and two (2) copies of the trip ticket containing the signature of the beneficiary or caretaker certifying that services were satisfactory rendered, home safety checklist was performed, education and training was provided to the understanding of the beneficiary and/or caregiver, Patient Rights and Responsibilities and Patient Satisfaction letters were presented, and the VA Equipment Order documenting the scheduling events.

14.6.3 Invoices must contain the following information:

14.6.3.1 -Name and Address of Contractor

14.6.3.2 -Invoice Number and Date

14.6.3.3 -Contract/Purchase Order Number

14.6.3.4 -Veteran's Last Name, initial of first name, Address, Telephone Number, last four of SSN

14.6.3.5 -Date Services were Rendered

14.6.3.6 -Itemized list of Items Picked up/Delivered/Repaired Including Serial Numbers Breakdown of Charges

14.6.3.7 -Designation of Picked up Equipment as Scrap, Repaired or Pending Authorization for Repair

14.6.3.8 -Mileage traveled outside the 50-mile radius

14.6.3.9: Invoices shall reference the applicable CLIN/sub-CLIN for each service performed.

14.6.4 NOTE: Repairs shall be billed in terms of time, technical and/or non-technical rate, material cost including part numbers, name, make, mode and serial number of appliances repaired, nature and extent of the repair and the VA official authorizing the repair.

14.6.4.1 Billings rendered by the Contractor to the NTXVAHCS for services furnished a NTXVAHCS beneficiary under the terms of this contract shall be billings in full. Neither the beneficiary, his insurer, nor any third party shall be billed.

14.6.4.2 Payment Address:

North Texas VA Healthcare System
ATTN: Program Office 121
4500 S Lancaster RD
Dallas, TX 75216

14.6.5 NOTE: Invoices for payment may be rejected if all information required by FAR Clause 52.212-4(g) is not included.

14.7 SOLICITATION

14.7.1 This solicitation and ensuing contract is issued and entered into pursuant to the authority of 38 U.S.C. 8123 and Federal Acquisition Regulation Parts 12, 13 and 16.

14.8 TYPE OF CONTRACT

14.8.1 This is a Requirements Contract(s) based on firm, fixed-unit prices.

14.9 EVIDENCE OF INSURANCE COVERAGE

14.8.1 The Contractor shall furnish to the Contracting Officer with their proposal a Certificate of Insurance which shall contain an endorsement to the effect that cancellation of, or any material change in the policies which adversely affect the interests of the Government in such insurance shall not be effective unless a 30-day written notice of cancellation or change is furnished to the Contracting Officer.

14.10 CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (COTR)

14.9.1 The Contracting Officer's Technical Representative (COTR) for resultant contract(s) shall be Andre L. Judkins, Prosthetics Service.

14.11 CONTRACTING WITH PARTIES LISTED ON THE OIG LIST OF EXCLUDED INDIVIDUALS/ENTITIES:

14.11.1 In accordance with The Health Insurance Portability and Accountability Act (HIPAA) and the Balanced Budget Act (BBA) of 1977, the Office of Inspector General has established a list of parties and entities excluded from Federal health care programs. Specifically, the listed parties and entities may not receive Federal Health Care program payments due to fraud and/or abuse of the Medicare and Medicaid programs.

14.11.2 Therefore, all offerors shall review the OIG List of Excluded Individuals/Entities on the OIG web site at HYPERLINK http://www.hhs.gov/oig www.hhs.gov/oig to ensure that the proposed candidate(s) and/or firm(s) are not listed. Offerors should note that any excluded individual or entity that submits a claim for reimbursement to a Federal health care program, or causes such a claim to be submitted, may be subject to a Civil Monetary Penalty (CMP) of $10,000 for each item or service furnished during a period that the person or entity was excluded and may also be subject to treble damages for the amount claimed for each item or service. CMP's may also be imposed against health care providers and entities that employ or enter into contracts with excluded individuals or entities to provide items or services to Federal program beneficiaries.

14.11.3 By signing the offer/bid, the Contractor certifies that he/she has reviewed the OIG List of Excluded Individuals/Entities and that the proposed candidate(s) and/or firm is not listed as of the date the offer/bid was signed.

15. PRIVACY / INFORMATION SECURITY

15.1 Privacy/Information Security Requirements

15.1.1 Contractors and any subcontractors must adhere to the provisions of Public Law 104-191, Health Insurance Portability and Accountability Act (HIPAA) of 1996. This includes both the Privacy and Security Rules published by the Department of Health and Human Services (HHS).

15.1.2 As required by HIPAA, HHS has promulgated rules governing the use and disclosure of protected health information by covered entities, Veterans Health Administration (VHA). In accordance with HIPAA, the contractor may be required to enter into a Business Associate Agreement (BAA) with VHA.

15.1.3 Business associates must follow VHA privacy policies and practices when applicable. All contractors and business associates must receive privacy training annually.

15.1.4 For contractors and business associates who do not have access to VHA computer systems, this requirement is met by completing VHA National Privacy Policy training, other VHA approved privacy training or contractor furnished training that meets the requirements of the HHS Standards for Privacy of Individually Identifiable Health Information as determined by VHA.

15.1.5 For contractors and business associates who are granted access to VHA computer systems, this requirement is met by completing VHA National Privacy Policy training or other VHA approved privacy training. Proof of training is required upon request.

16. PERFORMANCE, DELIVERY, INSPECTION AND ACCEPTANCE

16.1 PERFORMANCE, DELIVERY, INSPECTION AND ACCEPTANCE Requirements

16.1.1 Except as otherwise provided VA shall require the Contractor to deliver items ordered under this contract no later than 48 hours after acceptance of a purchase/delivery order. The Contractor shall notify the VA Prosthetic Representative and show cause in the event he is unable to deliver the required items in accordance with the Government's required delivery date.

16.1.2 In the event the Government determines necessary, the ordering activity shall telephonically contact the Contractor and request the delivery of prosthetics equipment appliance on an expedited basis. The Contractor shall respond within 24 hours to such request and expedited delivery shall be mutually agreed upon. Any additional costs incurred by the Contractor for meeting this requirement shall be negotiated in accordance with Federal Acquisition Regulation Clause

52.212-4, Contract Terms and Conditions--Commercial Items. Failure by the Contractor to deliver the ordered prosthetics equipment on an expedited basis, or otherwise fulfill the agreed upon requirements, shall constitute an event of default, and the Contracting Officer shall undertake any action authorized pursuant to this solicitation, or otherwise in accordance with applicable statutes and regulations.

16.1.3 The Contractor's warranty obligations under this contract apply only to equipment furnished by the Contractor. For such contractor-provided equipment, the Contractor shall guarantee the equipment against defective material and workmanship for a minimum of 90 calendar days from the date of acceptance and shall provide, at no additional cost to the Government, all labor and materials necessary to correct defects discovered during the warranty period.

For VA-owned equipment or equipment purchased directly by the VA from national suppliers, the Contractor is not responsible for providing a warranty. The Contractor shall, however, ensure proper delivery, setup, and maintenance of VA-owned equipment; report any defects, malfunctions, recalls, or safety issues to the VA; and assist the VA in enforcing manufacturer warranties by coordinating with manufacturers and facilitating repair, replacement, or corrective action as needed during the warranty period.

16.1.4 The Contractor shall immediately notify all effected NTXVAHCS (s) and contracting activities in the event of a product recall, removal, required adjustment, or required modification that is suggested or mandated by the Contractor, distributor, manufacturer, or any regulatory or official agency. The information that shall be included in this notification includes:

1. A complete item description, identification.
2. Administrative identification data including contract number, order numbers, and order date.
3. Reasons for recall, removal, adjustment, or modification.
4. Instructions for appropriate corrective action.

17. QUALITY ASSURANCE

17.1. To ensure Contractor compliance with Joint Commission (JCAHO) standards and all contract requirements, the Government will conduct monthly and/or quarterly monitoring activities. These reviews may include inspections of the Contractor's facilities, warehouse, and delivery/pickup vehicles. Inspections may be announced or unannounced.

All required monthly and quarterly reports—including inventory reporting, patient satisfaction summaries, quarterly service summaries, and Joint Commission standards compliance documentation—shall be submitted no later than the 5th business day following the end of each month or quarter, as applicable.

Performance Objective	**Frequency**	**Acceptable Quality Level**	**Method of Performance Assessment**
Contract compliance with Joint Commission (JCAHO) standards	Monthly and/or Quarterly	Contractor remains compliant	Monthly and quarterly monitoring; quarterly inspections of Contractor's facility
Inventory reporting	Weekly	Report submitted by close of business Monday	COR/designee review of weekly inventory report
Patient satisfaction	Monthly	Monthly review	Performance

review		completed	improvement review and monthly patient satisfaction survey analysis
Quarterly service summary and Joint Commission standards reporting	Quarterly	Report submitted by required due date (5th business day)	COR/designee review of quarterly report package
Sentinel event and emergent patient safety reporting	Immediate / within required written follow-up period	100% reporting compliance	Incident notification review and written follow-up tracking

QUALITY ASSURANCE SURVEILLANCE PLAN (QASP)

DME Storage, Delivery, Setup/Installation, Pickup, Cleaning, Repair, Training & PM Services

North Texas VA Health Care System (NTXVHCS)

Solicitation No. 36C25726Q0676

1. PURPOSE

This Quality Assurance Surveillance Plan (QASP) provides the Government's methodology for monitoring contractor performance under the Performance Work Statement (PWS Revised 7.16.26). It defines performance objectives, acceptable quality levels (AQLs), surveillance methods, reporting expectations, documentation requirements, discrepancy handling, and contractor oversight responsibilities. This QASP aligns with:

- FAR Part 46 (Quality Assurance)
- VAAR Part 846 (Quality Assurance)
- Revolutionary FAR Overhaul (RFO) performance-based surveillance
- VHA Prosthetics Service quality assurance practices

This QASP does not alter the PWS or the contract. It is strictly a monitoring tool.

2. GOVERNMENT ROLES AND RESPONSIBILITIES

2.1 Contracting Officer (CO)

The CO ensures compliance with contract terms, safeguards Government interests, authorizes contractual changes, and determines adequacy of contractor performance.

<u>Assigned CO:</u>

Jennifer Stringer
Contracting Officer – Prosthetics & Service Support (PSS)
Network Contracting Office (NCO) 17

2.2 Contracting Officer's Representative (COR)

The COR oversees technical administration, conducts surveillance, maintains the QASP file, validates documentation and invoices, and reports deficiencies.

Assigned COR:

Mario Herren
COR, Purchasing Agent, Primary Care ICC
North Texas VA Health Care System

2.3 Alternate COR

Supports COR responsibilities and provides oversight continuity.

Alternate COR:

Andre L. Judkins
Prosthetics Representative
North Texas VA Health Care System

2.4 Other Key Government Personnel

Facility Prosthetic Managers, Logistics staff, and Prosthetics Treatment Center personnel support surveillance and operational coordination.

3. CONTRACTOR ROLES AND RESPONSIBILITIES

- Performs all services required by the PWS.
- Maintains professional behavior and compliance with patient-care standards.
- Cooperates with VA oversight activities.
- Provides documentation upon request.
- Ensures all personnel maintain required competencies and credentials.
- Corrects deficiencies identified through Government surveillance.

Contractor Program Manager: To be determined.

Other Personnel: To be determined.

4. SURVEILLANCE METHODS

VA will monitor contractor performance through:

- Direct Observation (periodic or 100% inspection)
- Periodic Inspection (daily/weekly/monthly/quarterly/annual)
- Validated User/Customer Complaints
- Random Sampling
- Review of contractor-provided documentation

- Review of contractor system access provided under PWS 14.4
- Quarterly facility inspections under PWS Section 17.1

5. PERFORMANCE STANDARDS & AQL MATRIX

Performance standards define desired services. The Government performs surveillance to determine if the contractor exceeds, meets, or does not meet these standards. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the Acceptable Quality Level (AQL).

PERFORMANCE STANDARDS TABLE

Performance Objective	PWS Ref	Performance Standard	AQL	Surveillance Method
Routine Delivery/Pickup	4.1.2, 5.1.5, 16.1.1	Completed within 48 hours	95%	Random Sampling; Periodic Inspection
Emergency Delivery Response	5.3.1–5.3.2	Zone A: 4 hrs; Zones B–D: 12 hrs	100%	Direct Observation; Validated Complaints
8-Hour Emergency Service	4.1.7, 5.2 Table	Provide within 8 hours when requested	100%	Direct Observation; 100% Inspection
Inventory Reporting Accuracy	10.1–10.2, 12.1.5–12.1.6	Monthly report + reconciliation	100%	Periodic Inspection; Document Review
Weekly Inventory Reporting	17.1	Received by COB Monday	100%	Periodic Inspection; Document Review
Storage Facility Compliance	6.2.1–6.2.1.10	Meets safety & infection control rules	100%	Quarterly Inspection; Direct Observation
Cleaning Returned Equipment	6.3, 8.1	Sanitized per EPA/manufacturer	100%	Direct Observation; Periodic Inspection
Mattress Destruction	5.1.1.2.2–5.1.1.2.3	Mattress destroyed; documented	100%	100% Inspection; Documentation Review
Repairs & Preventive Maintenance	7.1–7.2	Documented; prior approval required	95%	Random Sampling; Documentation Review
Plan of Care	6.1	Follow physician orders	100%	Direct Observation; Periodic Inspection
Patient Education	5.1.2, 6.1.2, 12.1.8–12.1.18	Training & signed acknowledgment	95%	Random Sampling; Validated Complaints
Professional	3.4, 13.1.5	Courteous & professional	100%	Direct Observation; Validated

Conduct		behavior		Complaints
Sentinel Event Reporting	13.2	Immediate notification + written follow-up	100%	Document Review; Direct Observation
Vehicle Safety	13.1.2	Clean/dirty separation; required supplies	100%	Direct Observation; Periodic Inspection
Invoice Accuracy	14.6	All required documentation provided	95%	Documentation Review; Random Sampling
Customer Satisfaction	12.1.21	Monthly review completed	95%	Validated Complaints; Random Sampling
JCAHO Accreditation	14.5	Maintain accreditation	100%	Annual Verification; Documentation Review
QA Reporting	17.1	Quarterly QA reports submitted	100%	Document Review; Periodic Inspection
System Access	14.4	VA read-only access maintained	100%	Direct Observation; Access Log Review
Recordkeeping Compliance	14.3	Compliant with Federal Records Act & Privacy Act	100%	Documentation Review; Random Sampling
Insurance & Licensing	12.1.4, 14.1.2–14.1.4	Maintain insurance & licenses	100%	Documentation Review; Annual Verification
Training & Competency	12.1.19; 14.3.15	Annual training completed	100%	Documentation Review; Random Sampling

6. METHODS OF QA SURVEILLANCE

Various methods exist to monitor performance. The VA Medical Center COR and/or designee and VISN 17 Facility Prosthetic Managers shall use the surveillance methods listed below in the administration of this QASP to review:

- **Direct Observation**
  Can be performed periodically or through 100% surveillance.

- **Periodic Inspection**
  Evaluates outcomes on a periodic basis. Inspections may be scheduled (Daily, Weekly, Monthly, Quarterly, or annually) or unscheduled, as required.

- **Validated User/Customer Complaints**

Relies on the patient and/or VA staff to identify deficiencies. Complaints are then investigated, validated, and documented.

- **Random Sampling**
  Designed to evaluate performance by randomly selecting and inspecting a sample of cases and/or using phone calls to patients to identify any issues.

7. RATINGS

Metrics and methods are designed to determine if performance exceeds, meets, or does not meet a given standard and acceptable quality level. A rating scale shall be used to determine a positive, neutral, or negative outcome.

Rating	Description
GREEN	Yes. Performance and technical specifications are being met at an Acceptable Quality Level (AQL).
YELLOW	Yes. Performance and technical specifications are currently being met at the minimum AQL, but the following service/deliverable needs contractor attention: (**The Customer must identify what component of the deliverable and/or service requires attention.)**
RED	No. Performance and technical specifications are not being met at AQL, and the following service/deliverable needs immediate contractor resolution: **(The Customer must identify what component of the deliverable and/or service that is below the minimum AQL.)**

8. DOCUMENTING PERFORMANCE

Acceptable Performance

The Government shall document positive performance. Any report may become a part of supporting documentation for any contractual action.

Unacceptable Performance

When unacceptable performance occurs, the COR or designee shall inform the contractor via telephone or email. The COR shall document the discussion and place it in the COR file. When formal written communication is required, the COR prepares a written report coordinated with the CO. The contractor shall acknowledge receipt and may be required to prepare a corrective action plan. Corrective action plans will be reviewed by the Government for acceptability.

9. FREQUENCY OF MEASUREMENT

- **Frequency of Measurement:**
  During contract performance, the VA COR or designee(s) will periodically analyze whether the negotiated frequency of surveillance is appropriate.

- **Frequency of Performance Assessment Meetings:**
  The VA COR and/or designee and VISN 17 Facility Prosthetic Managers shall meet with the contractor **on a periodic basis** to assess performance.

10. QUALITY ASSURANCE WORKSHEET

QUALITY ASSURANCE WORKSHEET
Performance Rating

Deliverable/Service		Quality Rating	Causative Factors	Effect on Mission	Action Required/Date
Service Quality		Green	**Comments Unnecessary for "Green" QA Rating.**		
		Yellow			
		Red			
Volume/Inventory		Green	**Comments Unnecessary for "Green" QA Rating.**		
		Yellow			
		Red			
Timeliness		Green	**Comments Unnecessary for "Green" QA Rating.**		
		Yellow			
		Red			
Patient Safety		Green	**Comments Unnecessary for "Green" QA Rating.**		
		Yellow			

11. PATIENT SATISFACTION DISCREPANCY/COMPLAINT REPORT

The COR will document all discrepancies. This documentation will be a simple listing of the date and the discrepancy. The purpose of keeping this information is to note development of a pattern of unsatisfactory performance, which the Quality Assurance Surveillance Plan may have or may not have identified.

DATE	PATIENT IDENTIFICATION	DISCREPANCY/COMPLAINT

CONTRACT DISCREPANCY REPORT

When the Contractor does not achieve satisfactory performance (an acceptable quality level), a Contract Discrepancy Report is to be issued by the COR to the Contractor.

Issued By:

Contract #____

COR's Signature:____

Date Prepared or Oral Notification Date:____

Patient's Name & Identification:_____

Describe Discrepancy:

_____

_____

_____

_____

Forward to Contractor for Response

Date Received by Contractor:_____

Contractor's Response (cause of problem/correction action/preventative measures/completion date/etc.):____

_____

_____

_____

Contractor's Signature:_____ Date:_

Return to COR for Evaluation

E.2 ADDENDUM (Revised) to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS

The following is incorporated in 52.212-1 as an addendum to this solicitation.

This solicitation is issued as a 100% **Service-Disabled Veteran-Owned Small Business (SDVOSB)** set aside. Vendor must be registered for **NAICS 621610** in SAM.gov at the time of quotation submission and must certified as an SDVOSB in the **SBA Veteran Small Business Certification (VetCert)** system at **https://veterans.certify.sba.gov** . **SDVOSB eligibility will be verified in the SBA VetCert database at the time of quotation submission and at the time of award.**

Quotes are extended and now due 7/20/2026 at 10:00 AM CST.

Email proposal to Jennifer Stringer at jennifer.stringer@va.gov , and cc (carbon copy) via email to David Luttrell at david.luttrell@va.gov .

Point of Contact:

Jennifer Stringer

Senior Contract Specialist/Contracting Officer
Network Contracting Office (NCO) 17
1901 Veterans Memorial Drive
Temple, TX 76504
Phone: 254-421-3957
Email: jennifer.stringer@va.gov

I. TECHNICAL QUESTIONS:

No additional technical questions will be accepted. Offerors must rely on information already contained in the solicitation and amendments.

II. OFFER SUBMITTAL INSTRUCTIONS:

Offerors shall submit proposals in three (3), separate PDF volumes, clearly labeled, as follows:

Volume I – Signed Documents

- Cover letter on company letterhead, signed by an authorized official.
- Signed SF 1449.
- Signed acknowledgment of all amendments.

Volume II – Technical Proposal

The Technical Proposal shall provide **sufficient narrative detail** for evaluators to conduct a **comparative technical assessment**, including identification of:

- Strengths
- Weaknesses
- Significant weaknesses
- Deficiencies

- Associated performance risks

The Government is not obligated to identify all strengths, weaknesses, significant weaknesses, or deficiencies.

Offerors must fully address each PWS requirement area listed below to allow evaluators to determine the qualitative merit of the approach:

- Storage Facility Compliance (PWS 6.2)
- Delivery, Pickup, Emergency Response (PWS 5.1–5.3)
- Infection Control Plan (PWS 6.3 & 13)
- Repair & Preventive Maintenance Capability (PWS 7.1–7.2)
- Inventory Management & Reporting (PWS 10 & 12)
- Patient Education & Documentation (PWS 12.1.3 & 12.1.8)
- Staffing Competency & Training (PWS 12.1.19)
- Insurance Compliance (PWS 12.1.4)

The Technical Evaluation Panel **will not** review price or past performance information.

Past Performance

Past Performance shall be submitted as a **separate, clearly marked section at the end of Volume II**.
It must include:

- Minimum of **three** and maximum of **six** references, including At least **two Federal contract references**, if available
- Contract number
- Customer/Agency
- Period of performance
- Total contract value
- Description of work performed and similarity of scope/scale
- Point of contact (name, phone, email)
- Explanation of relevance

Only the **Contracting Officer** will evaluate Past Performance. The Government may use information obtained from any source.

Past Performance will **not** be reviewed by technical evaluators.

Volume III – Price Schedule

- Completed Price/Cost Schedule with all unit prices for all sub-CLINs

- Monthly invoicing narrative per PWS requirements

Failure to follow the instructions in this section may render the offeror's quotation unacceptable and ineligible for award

III. PERIOD FOR ACCEPTANCE OF OFFERS:

Offeror agrees to hold prices firm for 30 calendar days from the date of receipt of offers.

IV. BASIS OF AWARD:

Award will be made to the responsive responsible SDVOSB offeror whose quotation represents the best value to the Government. The Government will perform a comparative assessment of quotations to determine which provides the most advantageous solution, considering price and non-price factors.

The evaluation will consider the following factors:

1. **Technical Capability**
2. **Past Performance**
3. **Price**

Technical Capability and Past Performance, when combined, are **significantly more important** than Price. As quotations become more equal in non-price factors, Price will gain increasing importance in the overall best-value determination.

The Government may select a quotation that is **not the lowest-priced** if its technical merits or reduced performance risk are determined to provide superior value. Likewise, the Government may select a lower-priced quotation if higher-priced quotations do not demonstrate additional value commensurate with the price premium.

A **comparative evaluation** will be used to assess **the relative strengths, weaknesses, significant weaknesses, deficiencies, and associated performance risks** of each quotation. The Technical Evaluation Panel will evaluate only the technical information provided in **Volume II.** Price and Past Performance information will be evaluated separately by the Contracting Officer and will **not** be provided to the Technical Evaluation Panel.

The Government intends to make award **without discussions but** reserves the right to conduct discussions if determined to be in the Government's best interest. The Government reserves the right to evaluate quotations and make award without further communication.

The Technical Evaluation Panel will conduct the technical assessment. The Contracting Officer will evaluate Past Performance and Price. **Price and Past Performance information will not be provided to the Technical Evaluation Panel.**

E.12 ADDENDUM TO FAR 52.212-2 – EVALUATION FACTORS (Revised)

A. BASIS FOR AWARD

Award will be made to the responsive and responsible SDVOSB offeror whose quotation represents the best value to the Government. In accordance with FAR Part 13 procedures, the Government will perform a comparative evaluation of quotations to determine which submission provides the most advantageous balance of technical merit, past performance, and price.

The Government will compare the relative strengths, weaknesses, significant weaknesses, deficiencies, and associated performance risks of each quotation. Qualitative distinctions among quotations will form the basis of the comparative assessment. Technical Capability and Past Performance, when combined, are significantly more important than Price; however, Price will become increasingly important as quotations are evaluated as more equal in non-price factors.

The Government may select other than the lowest-priced offeror if a higher-priced quotation provides superior technical value or reduces performance risk. Conversely, the Government may select a lower-priced quotation if technical advantages offered by higher-priced quotations do not justify the price premium.

Award may be made without discussions, and the selected quotation must comply with all material solicitation requirements and must not exceed available funding or violate any funding constraints. The Government reserves the right to evaluate quotations and make award without further communication.

Failure to follow the instructions in the solicitation may render the quotation unacceptable and ineligible for award.

B. EVALUATION FACTORS

Quotations will be evaluated based on the following factors:

- Technical Capability
- Past Performance
- Price

Technical Capability and Past Performance, when combined, are **significantly more important** than Price.

1. TECHNICAL CAPABILITY

The Technical Evaluation Panel will assess the offeror's ability to meet all PWS requirements through a comparative analysis of the following areas:

- Storage Facility Compliance (PWS 6.2)
- Delivery, Pickup, and Emergency Response Capability (PWS 5.1–5.3)
- Infection Control Plan (PWS 6.3 & 13)
- Repair and Preventive Maintenance Capability (PWS 7.1–7.2)
- Inventory Management & Reporting (PWS 10 & 12)
- Patient Education & Documentation (PWS 12.1.3 & 12.1.8)
- Staffing Competency & Training (PWS 12.1.19)
- Insurance Compliance (PWS 12.1.4)

The Technical Panel will **not** review price or past performance information.

2. PAST PERFORMANCE

Past Performance will be evaluated by the Contracting Officer only.

Evaluation will consider:

- Recency
- Relevance to the required work
- Quality of performance

CPARS, if available, may be used.

The Government may consider past performance information obtained **from any source,** including Federal databases, VA internal records, and offeror-submitted references.

Past Performance will not be supplied to or reviewed by the Technical Evaluation Panel.

3. PRICE

Price will be evaluated for:

- Fairness
- Reasonableness
- Completeness

Price evaluation will follow FAR 13.106-3 and FAR 12.209 principles.

As quotations become more equal in Technical Capability and Past Performance, Price will carry **increasing weight** in the best-value determination.