



**OREGON YOUTH AUTHORITY**  
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 Email: [OYAprocurement@oya.state.or.us](mailto:OYAprocurement@oya.state.or.us)

**Date:** September 12, 2019  
**To:** RFA #415-1846-15 Applicants  
**From:** Susanna Ramus, Procurement & Contract Specialist  
**Re:** RFA #415-1846-15, Addendum No. 6  
 Community Treatment Services for Youth Offenders

**ADDENDUM #6**  
**to RFA #415-1846-15**

This Addendum modifies the Request for Applications (“RFA”) Document(s) only to the extent indicated herein. All other areas of the RFA not changed or otherwise modified by this Addendum shall remain in full force and effect. This Addendum is hereby made an integral part of the original RFA document and Applicant shall incorporate this Addendum into the Statement of Work (“SOW”) and solicitation as if it were issued in the original RFA.

The RFA is hereby amended as follows: **New Language is indicated by bolding and underlining** and **deleted language is indicated by bolding and striking** unless a section is replaced in its entirety:

1. Amend the RFA document to delete and replace in its entirety, Form D titled “Fee-For-Service Rates,” with the following:

**FORM D**  
**FEE-FOR-SERVICE RATES**

The Agency shall not pay the Contractor for the shown to the right services at rates higher than those identified on the published OYA rate schedule, which can be found at <http://www.oregon.gov/oya/Pages/contracts.aspx>.

The Contractor agrees that the rates charged to the Agency for services to OYA youth shall not exceed the Contractor’s normal and customary rates for comparable services to the public. If your normal and customary rates for the services shown to the right below are **LOWER THAN** the published rates, please indicate those rates below.

**The following rates are effective July 1, 2019**

Assessment—Psychology Services Only			
<b>Psycho-diagnostic interview by a psychologist or psychiatrist</b> ( <u>without</u> testing) <i>(also request preparation of report)</i>	<table border="1"> <tr> <td>Hour (1 hour max)</td> <td>\$222.60</td> </tr> </table>	Hour (1 hour max)	\$222.60
Hour (1 hour max)	\$222.60		
<input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ _____ /hour			

<b>Interactive Complexity</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour (1 hour max)</td> <td>\$10.59</td> </tr> </table>	Hour (1 hour max)	\$10.59		
Hour (1 hour max)	\$10.59				
<b>Medical Record Review</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /half hour	<table border="1"> <tr> <td>30 Minute Unit (6 unit max)</td> <td>\$35.34</td> </tr> </table>	30 Minute Unit (6 unit max)	\$35.34		
30 Minute Unit (6 unit max)	\$35.34				
<b>Preparation of Report</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour (1 hour max)</td> <td>\$53.61</td> </tr> </table>	Hour (1 hour max)	\$53.61		
Hour (1 hour max)	\$53.61				
<b>Psychological Testing by a psychologist--testing (including report and interpretation)</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour (8 hour max)</td> <td>\$105.00</td> </tr> </table>	Hour (8 hour max)	\$105.00		
Hour (8 hour max)	\$105.00				
<b>Developmental Testing</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour (4.5 hour max)</td> <td>\$114.52</td> </tr> </table>	Hour (4.5 hour max)	\$114.52		
Hour (4.5 hour max)	\$114.52				
<b>Neurobehavioral status examination (including report and interpretation)</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour (1 hour max)</td> <td>\$222.60</td> </tr> </table>	Hour (1 hour max)	\$222.60		
Hour (1 hour max)	\$222.60				
<b>Neuropsychological Testing by a psychologist or psychiatrist (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test)</b> <i>Psycho-diagnostic interview or psychological testing coded separately</i> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour  <i>*NOTE: Neuropsychological Testing requires the pre-approval of the OYA Treatment Services Director in order to be paid under OYA contract</i> <b>Psychological or neuropsychological test administration and scoring</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /half hour	<table border="1"> <tr> <td>Hour (2 hour max)</td> <td>\$119.61</td> </tr> <tr> <td>30 Minute Unit (12 unit max)</td> <td>\$56.73</td> </tr> </table>	Hour (2 hour max)	\$119.61	30 Minute Unit (12 unit max)	\$56.73
Hour (2 hour max)	\$119.61				
30 Minute Unit (12 unit max)	\$56.73				
<b>Therapy—individual client or family</b>					
<b>Individual Therapy</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour</td> <td>\$144.11</td> </tr> </table>	Hour	\$144.11		
Hour	\$144.11				
<b>Family Therapy</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour</td> <td>\$144.11</td> </tr> </table>	Hour	\$144.11		
Hour	\$144.11				
<b>Group Therapy—multiple clients or families</b>					

<b>Group Therapy</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour</td> <td>\$35.13</td> </tr> </table>	Hour	\$35.13
Hour	\$35.13		
<b>Multifamily Treatment Group</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour</td> <td>\$37.38</td> </tr> </table>	Hour	\$37.38
Hour	\$37.38		
Additional Services			
<b>Consultation/Treatment Meetings</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour</td> <td>\$62.94</td> </tr> </table>	Hour	\$62.94
Hour	\$62.94		
<b>Special Assessments</b> (includes comprehensive mental health assessment, firesetter assessment, or sex offender assessment)  <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour  <small>NOTE: ERASORSs should be billed under this section</small>	<table border="1"> <tr> <td>Hour 8 hour max)</td> <td>\$144.11</td> </tr> </table>	Hour 8 hour max)	\$144.11
Hour 8 hour max)	\$144.11		
<b>Special Reports</b> (i.e., court reports, special incident evaluations requiring new recommendations, referrals for other services)  <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Hour</td> <td>\$95.43</td> </tr> </table>	Hour	\$95.43
Hour	\$95.43		
Travel			
<b>Urinalysis</b> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /hour	<table border="1"> <tr> <td>Each</td> <td>\$11.48</td> </tr> </table>	Each	\$11.48
Each	\$11.48		
<b>Mileage*</b> (needs pre-approval from Contract Administrator)  <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$ /mile	<table border="1"> <tr> <td>Mile</td> <td><a href="#">GSA Travel Rates</a></td> </tr> </table>	Mile	<a href="#">GSA Travel Rates</a>
Mile	<a href="#">GSA Travel Rates</a>		

I agree to be paid at the rates I have indicated above, or at OYA rates, whichever is lower.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_