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| J:\Function\Branding\- New OMES logo\Horizontal\OMES-logo-horiz-RGB.jpg |  | Amendment of Solicitation |

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| **Date of Issuance:** | 5/5/22 | **Solicitation No.** | 5100000018 |
| **Requisition No.** | 510000948 | **Amendment No.** | 1 |
| Hour and date specified for receipt of offers is changed: | [x]  No  | [ ]  Yes, to: |       |          CST |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope. |
| **ISSUED BY and RETURN TO:** |
| **U.S. Postal Delivery or Personal or Common Carrier Delivery:**OMES Central PurchasingWill Rogers BuildingATTN: Teresa Terry2401 N. Lincoln Blvd., Ste. 116Oklahoma City, OK 73105 | Teresa Terry |  |
|  | Contracting Officer |  |
|  | (405) 521-6679 |  |
|  | Phone Number |  |
|  | Teresa.terry@omes.ok.gov |  |
|  | E-Mail Address |  |
| **Description of Amendment:** |
| a. This is to incorporate the following: |
| On behalf of the State of Oklahoma, the Office of Management and Enterprise Services (OMES) gives notice of the following questions concerning this solicitation, received during the QA period, which closed on 5/4/2022. All questions and procurement/agency responses are detailed below:How does the Board of Nursing select the individuals to be drug tested?• Are all nurses in the state randomized and subject to potential testing? Or;• Does the Board of Nursing randomly select a portion of nurses (e.g., 20% of all nurses in the state) for testing? Or;• Is the testing program only for those nurses who’ve shown a risk of misusing/mishandling drugs or who self-refer? To clarify: Body Fluid Testing is only conducted on nurses who have a requirement to do so. There are two (2) ways an individual my be required to submit to Body Fluid Testing, 1. ) The Board has issued an Order requiring the nurse submit to Body Fluid Testing as a condition of continued licensure. 2. )The Nurse has elected to enter a Contract with, and participate in the PEER Assistance Program, which requires Body Fluid Testing as part of the Contract .• Is this an expiring contract or a new contract? There is an expiring contract. • If this is an expiring existing contract, who is your current vendor and are you able to publish your current pricing? Open Record request • What is the definition of “licensee” as used in Exhibit 1? The term licensee refers a Licensed Nurse, which means a Registered Nurse or "RN", a Licensed Practical Nurse or "LPN", or an Advanced Practice Registered Nurse or "APRN" currently licensed by the Oklahoma Board of Nursing. • How are we notified that someone should be added to the random selection list? Our preference is that we are able to add or remove licensees to the random selection list at our discretion.• What is your random selection criteria? Frequency of random selections is determined by either the licenesee's Board Order or Contract with the PEER Assistance Program and may change during the active monitoring period. • Do you select donors to test 7 days a week or are they selected periodically (say weekly, monthly, etc…)? We require the licensees to check in to determine if they have been selected to test seven (7) day a week. Testing frequency is determined as above and will vary. • What is the preferred contact method for notifying nurses of selection? We require that licensees check in daily to determine if they have been selected to test. Check in should be available via Interactive Voice Response and/or secure website.• In the “5100000018I-08LabCriteria” document, section F contains a list of drugs and states that the drug test may include any or all of the drugs or metabolites on the list. How does your vendor know which specific drugs to test for a specific donor? Please see the Exhibit titled "Fee Structure" which is attached to this amendment1) Who holds the current contract? Open Record request  2) Why does the experience need to be with regulatory boards? The services provided are through the Oklahoma Board of Nursing which is a Regulatory Board, and was established to safeguard the public health and welfare of the residents of Oklahoma by ensuring that any person who practices or offers to practice registered nursing, practical nursing, or advanced practice nursing in this state is competent to do so.  3) If we have numerous DOC agencies that require the same type of monitoring will this suffice? DOC is a different agency, the monitoring requirements may or may not be similar.  4) What are the current prices under the current contract? Open Record request  5) Can taxes be provided rather than audited financials? We can accept audited financial statements, or other verifiable documentation, that validates the entity's existence and operation as a going concern for the past three years.  |

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| b. All other terms and conditions remain unchanged. |
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| Supplier Company Name (**PRINT**) |  | Date |
|       |  |       |  |  |
|  |  |  |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |
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**EXHIBIT 2 FEE STRUCTURE**

Supplier’s Fee Structure

State fees charged to individuals enrolled in the OBN drug testing program as follows: an inclusive fee to cover the standard panel(s), and all related services to include confirmation testing and MRO fee. If the collection fee is not included in the bundled price, it must be indicated the individual will be responsible for an additional collection fee charged by the collecting facility. Other panel options may be included to identify additional substances tested.

Supplier should provide individuals with a convenient method of payment (cashier’s check, money order, or credit card), which will pay for all management services to include enrollment, courier services, drug testing, reporting services and confirmation testing.

The price per each drug screen to the individual should be given in the table below. The price for a Standard panel is required. If providing additional panel options, these costs should be listed as price per drug screen per panel with the panel identified.

No fees are paid by the OBN

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|  | Panel Cost: | Collection Cost: (if applicable) |
| Standard panel/s (see below) |  |  |
|  |  |  |
| Alternate panels |  |  |

Panel Type: Urine

Bidders will propose a comprehensive, cost- effective panel and /or panels to include all Substances listed below:

Panel Substances included:

Alprazolam

Amobarbital

Amphetamine

Barbiturates

Benzodiazepines

Benzoylecgonine- cocaine analyte

Buprenorphine

Butorphanol

Butalbital

Cannabinoid

Chlordiazepoxide

Clonazepam

Cocaine

Codeine

Creatinine

Dextroamphetamine

Dextromethorphan

Diazepam

Diphenhydramine

Ethanol Urine (UAL)

Ethyl Glucuronide

Ethyl Sulfate

Fentanyl

Flurazepam

Halazepam

Heroin

Hydrocodone

Hydromorphone

Ketamine

Lisdexamphetamine

LSD

Lorazepam

Methylenedioxyamphetamine

Methylphenidate

Meperidine

Meprobamate

Methadone

Methamphetamine

Midazolam Metabolite

Morphine

Nalbuphine

Naloxone

Naltrexone

Nitrazepam

Nitrite

Nordiazepam

Normeperidine

OH-Alprazolam

Opiates

Oxazepam

Oxycodone

Oxymorphone

Pentazocine

Pentobarbital

Ph

Phencyclidine (PCP)

Phendiametrazine

Phenobarbital

Phentermine

Prazepam

Propoxyphene

Secobarbital

Specific Gravity

Strazolam

Temazepam

Tramadol

Triazolam

Zolpidem

Value Added Items: List all additional panels provided that may be required. Include collection fee if applicable.

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| Additional Panel Options: | Panel Cost:  | Collection cost: |
| Gabapentin |  |  |
| Hydroxyzine |  |  |
| Kratom |  |  |
| DMT |  |  |
| Salvia |  |  |
| Synthetic Cannabinoids |  |  |
| KHAT(Synthetic Cathinones) |  |  |
| GHB |  |  |
| Loperamide |  |  |
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