**Attachment 5**

**Section C.**

**Instructions: Mark yes or no to Section C. with an “x” if you accept.**

**C.2. General Information**

C.2.3. Pricing

C.2.3.1. The Supplier will charge and collect from the individual the cost of the drug testing and any charge for the online case management/compliance monitoring support. Supplier should provide individuals with a convenient method of payment. Prospective vendors should state what their charges to the individual will be. There will be no costs to the Oklahoma Board of Nursing related to this contract.

C.2.3.2. Supplier will pay all costs for transmission of monitoring records of current participants from current contracted monitoring system.

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_**

**C.3. Mandatory Requirements**

The following represents, OBN’s evaluation criteria for a supplier with regard to the drug testing program and compliance/case management system.

C.3.1. Must have an understanding of the overall need for and purpose of the drug testing and case management/compliance monitoring services and have the organizational and professional capability and experience to assume responsibility for administering the service on a statewide and/or out-of-state basis.

### C.3.2. Experience – Attachment 6

### Two (2) years or more in providing drug screen services.

b. Three references of comparable regulatory boards or professional healthcare providers monitoring programs of similar size and scope.

C.3.3. Comply with all confidentiality and security requirements of OBN including background screening and training protocols of vendor employees.

C.3.4. Maintain open lines of communication with OBN at all times regarding any changes in the operation of the services being provided. This includes but is not limited to:

C.3.4.1. Addition or closing of collection sites.

C.3.4.2. Web-site technical errors, complaints, etc.

C.3.4.3. Billing complaints

C.3.4.4. Laboratories utilized

C.3.5. Maintain a system to notify individuals they have been selected to test. Notification system should be available 7 days per week. System is accessible by Interactive Voice Response and/or secure website.

C.3.6. Enroll individuals in the drug testing program. Enrollment should be via secure website and/or toll-free number utilizing forms and directions agreed to by the OBN. Provide each individual a unique personal identification number. Provide fully randomized selections.

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_**

**C.3.7. Manage Specimen Collection**

C.3.7.1. Maintaining legal chain of custody of specimens.

C.3.7.2. Providing chain of custody forms.

#### C.3.7.3. Collection Sites

#### Provide collection sites geographically dispersed statewide so that individuals do not have to travel more than 30 miles one way for specimen collection on weekdays or 50 miles on weekends. (Respond using Attachment 6, by quantity of counties)

#### Provide collection sites throughout the U.S. outside of Oklahoma (Respond using Attachment 6, by quantity of states).

#### C.3.7.4. Alternative Collection Sites

#### Locating alternative collection sites for observed collections outside of Oklahoma with appropriate notice by the individual.

C.3.7.5. Requiring observed specimen collection from urethra to cup by an observer of the same gender on all specimens collected.

C.3.7.6. Assuring specimen collection is compliant with United States Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (“USDHHS/SAMHSA”) collection criteria.

C.3.7.7. Assuring all specimen collections are split specimens.

C.3.7.8. Assuring collection site staff requires and reviews photo identification to be produced by the donor before each collection.

C.3.7.9. Providing training for collection sites.

C.3.7.10. Providing documentation of any failure by the licensee to cooperate with the collection site staff to the OBN within 1 business day.

C.3.7.11. Verifying individual’s arrival time at the collection site as well as the time of the actual specimen collection.

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_**

**C.3.8. Manage Laboratory Services**

C.3.8.1. Utilizing a Laboratory for testing which meets the Laboratory Approval Criteria for Body Fluid Testing of the Investigation and Peer Assistance divisions of OBN (Attachment 2 and Attachment 4).

C.3.8.2. Providing for specimen transportation and analysis, preferably by courier within 24 hours of collection.

C.3.8.3. Assuring all necessary initial screens and confirmation tests are run for all drugs identified and validity testing on all specimens.

C.3.8.4. Confirming all positive results by gas chromatography/mass spectrometry (GC/MS) or an equivalent accepted method of equal or greater accuracy.

C.3.8.5. Retaining specimens identified as positive, adulterated or substituted for a minimum of one year. During this year the OBN may request the specimen be retained for an additional period of time.

C.3.8.6. Retaining dilute specimens for a minimum of 2 weeks after being reported out to the OBN. During this time the OBN may request further testing on the specimen.

C.3.8.7. Maintaining procedures to assure the specimen is not tainted and the proper identification of the specimen is maintained throughout the process.

C.3.8.8. Assuring all positive results are verified by a Certified Medical Review Officer, who preferably has received training through the American Society of Addiction Medicine (ASAM) Medical Review Officer Course.

C.3.8.9. Providing drug screen panels to cover all drugs listed in the OBN Laboratory Approval Criteria.

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_**

**C.3.9. Reporting Services**

C.3.9.1. Secure web site access available to OBN providing specific documented user ID access to the following information:

a. Drug screen results; posted daily and within 24 hours of finalization of the results.

b. Provide OBN individual reports on each specimen tested identifying the individual by name, identification number, specimen identification number, whether the screen was positive or negative. If the confirmation test is positive and the MRO has verified a reason for the positive result, the report must state the screen is “positive report as negative” and list the reason for the positive result.

c. If a screen is positive, the report will include a quantitative result for all drugs identified in the screen.

C.3.9.2. Daily selection records and confirmation of notice.

C.3.9.3. Notification records of each licensee.

C.3.9.4. Ability of the OBN to interactively manage and search general compliance and toxicology administration data.

C.3.9.5. Availability of toxicology administration records on-line for the duration of the licensee’s monitoring agreement or probation.

C.3.9.6. Aggregate reports of selection, notification, results for all licensees.

C.3.9.7. Provide push technology to alert participants when a compliance item is due (i.e. report, check-in).

C.3.9.8. Alerts regarding licenses for no call, no show, or no results.

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_**

**C.3.10. Supplier Support**

C.3.10.1. Access to Medical Review Officer (MRO) services at no cost, Monday-Friday during OBN office hours.

C.3.10.2. Provide the Agency, employers of licensees, and licensees with assistance 7 days per week. A Supplier representative must be available by telephone or email in case of collection issues or similar problems.

C.3.10.3. Provide emergency support after hours or on weekends for collection or notification assistance.

C.3.10.4. Payment collection from licensees.

C.3.10.5. Notification to OBN of any systems problems or failures to occur immediately upon discovery.

C.3.10.6. Ability to manage at least 400 licensees and 900 drugs screens per month.

C.3.10.7. If requested by the OBN, will provide expert testimony and witness services by qualified professionals (e.g. MRO, pathologists, biochemists, forensic toxicologists, etc.) to the Oklahoma Board of Nursing, at no cost, and without a set number allowable during each year.

C.3.10.8. If requested by the OBN, will provide a minimum of one (1) training to the Oklahoma Board of Nursing per year, at no cost, on the topics of alcohol and drug abuse and drug testing. Will provide all materials, supplies, and professional trainers if requested by the OBN.

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_**

**C.3.11. Report and Records Management**

C.3.11.1. Provide ability for individuals to submit reports to online via secure login.

C.3.11.2. Maintain electronic records of all reports submitted Case Management via secure website.

C.3.11.3. Licensees’ history and participation records maintained electronically.

C.3.11.4. Records secure and accessible online to identified personnel.

C.3.11.5. Ability to provide limited record access to identified individuals involved in monitoring the licensees.

C.3.11.6. Provide Program Staff ability to enter and edit information on records.

C.3.11.7. Statistical reporting to include at a minimum: number of individuals enrolled in the program, with ability to breakdown by gender, license type, referral source, drugs of use.

C.3.11.8. All records maintained electronically by the Supplier on individuals monitored by the OBN are the property of the OBN.

C.3.11.9. All records are to be confidential at all times and accessible only to authorized personnel.

C.3.11.10 All costs associated with the migration of data from existing database to selected supplier database will be the responsibility of the supplier.

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_**

**C.3.12. Supplier’s Fee Structure**

C.3.12.1. State fees charged to individuals enrolled in the OBN drug testing program as follows: an inclusive fee to cover the standard panel(s) as identified on H.3., 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.

C.3.12.2. 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.

C.3.12.3. No fees are paid by the OBN

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_**

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| Supplier Company Name (**PRINT**) |  | Date |
|       |  |       |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |