

RATING FORM FOR RFP SJN 0803

Your Name: S. BRIDGEMAN #1 Your Phone #: Ext 710-200-1000

Vendor ID #: 2

- Score = 4 [Excellent/Superior]
- Grade = 3 [Good]
- Grade = 3 [Acceptable]
- Grade = 0 [Unacceptable]

| RFP Requirements | Grade (or Points) |
|---|---|
| Section 6: Evaluation Factors & Questions (Begins on Page 19 of RFP) | ----- |
| 4.1 Technical Requirements (Max Points: 4) | Please indicate your overall score for this section here: 4 |
| 1. Describe in detail how you would provide a nursing peer health assistance or nurse alternative to discipline program that: | ----- |
| a. Provides assessment, evaluation, monitoring, support services and case management for Recipients with physical, emotional, psychological, substance use and/or abuse problems. | 4 |
| b. Shall have qualified staff available either in house or through subcontractors to be dedicated to provide Recipients with the necessary evaluation, education, diagnosis, counseling, test administration and monitoring. (This area should not be considered in your over all scoring of technical) | |
| c. Is available to all potential Recipients statewide in all geographical areas of the state. | 4 |
| d. Identifies a statewide treatment resource network which includes treatment and screening programs and support groups. Contractor must demonstrate a process for evaluating the effectiveness of such programs. | 4 |
| e. Provides reports in accordance with time frames set forth below. | 4 |

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|--|--|
| f. Provides testimony by the appropriate person(s) in contested cases if requested by the State. Any testimony shall be provided at the State Division of Registrations' standard rate for the witness' profession | 4 |
| g. Assures the Contractor and any subcontractors have adequate insurance | 4 <i>more comprehensive policies</i> |
| h. Assures that, to the extent practicable, the licensed professionals involved in the evaluation of Recipients shall not also provide treatment of same Recipients. The Contractor must also ensure that such professionals hold an unrestricted license from their respective board(s). | 4 |
| i. Offers assistance and education to Recipients concerning the recognition, identification, and prevention of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provide intervention when necessary. | 4 <i>add to curriculum</i> |
| j. Evaluates all Recipients referred to the Contractor, either for participation or for evaluation only. The evaluation shall be sufficient to determine the extent of the Recipient's physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems, if any. Such evaluation shall include an assessment of whether the Recipient is addicted to or dependent on alcohol or habit-forming drugs; or is a habitual user of controlled substances as defined in section 12-22-303(7), or other drugs having similar effects. Such evaluation shall also include an assessment of whether the Recipient has a physical or mental disability that renders the Recipient unable to practice nursing with reasonable skill and safety to patients and which may endanger the health or safety of persons under the Recipient's care. | 3 <i>more experience with mental health + emotional ? medical</i> |
| k. At a minimum, requires all Recipients to complete a history and physical screening. | 4 |
| l. Uses current and appropriate urinalysis, blood and other types of screening, and provide an annual update, if requested, to the State on the Contractor's screening procedures. | 4 <i>reference experience</i> |

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| m. Provides counseling with a therapist who meets Board approved criteria. | 4 |
| n. Places all Recipients under a contractual agreement for completion of any treatment recommended by the Contractor. Discharge criteria must be identified in the contract. | 4 <i>allow individualization per dx.</i> |
| o. Develops a monitoring contract for each Recipient and reports contract compliance and progress to the State. Recipients must be monitored according to the requirements determined by the State as set forth in the Recipient's Stipulation or Final Agency Order ("Order"). | 4 |
| p. Provides written documentation to the State within 24 hours or the next business day, of any Recipients known or believed to be unable to practice with reasonable skill and safety to the patient. Except in the case of Recipients with active cases as defined in paragraph 1 (q) below, this obligation to report shall not apply with respect to those Recipients who are in compliance with the Contractor's recommendations for evaluation, treatment, monitoring and/or work limitations, sufficient for public protection. | 4 |
| q. For purposes of this Contract, "Recipients with active cases" include those Recipients under current Order from the State to receive an evaluation; treatment referral and/or monitoring with the Contractor; Recipients under a current Agreement to Participate in an alternative to discipline program administered by the Contractor; and those Recipients whose cases were referred to the Office of the Attorney General following a report, referral or evaluation from the Contractor. (This portion should not be scored, clarification only) | |
| r. Provides notification, written or verbal, by the end of the next working day of any Recipients with active State cases: <ul style="list-style-type: none"> • If the Recipient is not in compliance with his or her monitoring contract for more than 2 months • If the Recipient has had 2 relapses | 4 |

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| <p>s. Requires on admission an authorization to release information from incoming Recipients for the release to the State (pursuant to a subpoena issued by the State), of each Recipient's records, including records received from other sources in the Contractor's custody. The Contractor shall utilize an authorization to release information, which it obtains from Recipients, that is legally adequate to permit redisclosure to the State of records obtained from other sources and for the State to utilize such records in connection with an investigation, disciplinary action, or other purpose authorized by the Nurse Practice Act. In the case of records that are subject to the requirements of 42 U.S.C Section 290eee-3 and 42 C.F.R. Part 2, the Contractor shall obtain an authorization from each Recipient that meets the requirements for redisclosure found in 42 C.F.R. Section 2.32. Records in the Contractor's custody are subject to subpoena by the State when the Recipient has been referred to the Board for disciplinary action.</p> | <p align="center">3</p> <p><i>not clear on redisclosure to SBON</i></p> |
| <p>t. Provides services to Recipients whose licenses are suspended and assist them with meeting reinstatement requirements.</p> | <p align="center">4</p> |
| <p>u. Has services available to all Recipients statewide and have program coverage 24 hours a day, 7 days a week.</p> | <p align="center">4</p> |

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| | |
|--|--|
| <p>4.2. Management and Administrative Reporting Requirements (Max Points: 4)</p> | <p>Please indicate your overall score for this section here:</p> <p align="center">4</p> |
| <p>a. At the request of the State, a review may be made of the performance provided under the terms of the contract six months from the first day of the contract period for any new Contractor and annually each subsequent twelve-month period during the contract term for any contractor, as deemed necessary by the State. This performance review will be conducted at the State's direction in consultation with the Contractor, and at the Contractor's expense.</p> <ul style="list-style-type: none"> • An unsatisfactory review may result in cancellation of the contract • The reviewer may determine total service quality, responsiveness, timeliness of required reporting, and any other specifics as required under the terms of this contract. Review results, along with <i>recommendations for change, will be distributed to the Contractor.</i> • Should the Contractor desire, a meeting will be arranged between all concerned parties within ten (10) calendar days of the date the Contractor received, or could reasonably have been expected to receive, the review comments. This meeting will provide the Contractor with an opportunity to appeal the review recommendation to the Executive Director of the Department of Regulatory Agencies. | <p align="center">4</p> <p><i>examples provided</i></p> |
| <p>b. The State retains the right to examine the financial records of the Contractor to determine the use of funds provided pursuant to this contract. The Contractor agrees to undergo a financial audit by a CPA firm of the State's choice, if requested by the State. Such audit will be at the Contractor's expense.</p> | <p align="center">4</p> <p><i>audit performed annually + budgeted</i></p> |

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| | |
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| <p>c. The Contractor shall provide financial statements, including balance sheet and income statement, to the State on a quarterly basis to account for the monies received pursuant to the contract. The Contractor agrees to permit an authorized agent of the State to inspect any other financial records relating to the performance of the contract at a reasonable time and place after notice to the Contractor. It is understood that the Contractor may provide peer assistance programs for persons who are not licensed nurses in Colorado and, if so, the Contractor shall obtain funding for those persons from other sources. The Contractor shall also provide any other financial data requested by the State or its authorized agent.</p> | <p>4</p> |
| <p>d. Contractor must provide quarterly reports to the Board that contains the following service demographics:</p> <ul style="list-style-type: none"> • Current number of participants in the program • Number of participants under case management • Number of monitoring contracts • Number of peer support group session participants • Number of assessments completed • Number of assessments pending • Number of participants terminated without successfully completing the program • Number of participants who successfully completed program • Number of referrals back to the Board of Nursing for non-compliance • Total census • Education and Outreach • Other contract activity details | <p>4</p> |

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|---|---|---------|---------|--------|-----|
| <p>e. The demographic breakdown in the quarterly reports must include:</p> <ul style="list-style-type: none"> • Presenting problems • Diversion of drugs • Types of drugs diverted • Type of initial treatment • Length of recovery • Relapses • Location of participants residence • Referral source • Marital status • Ethnicity • Age • Practice setting • Practice location | <p>4</p> | | | | |
| <p>4.3 Costs (Max Points: 4)</p> | <p>Please indicate your overall score for this section here:</p> <p align="center" style="border: 1px solid black; padding: 5px;">3</p> | | | | |
| <p>a. Quote the total cost per year for providing all services described in this RFP. Costs should be firm, fixed costs for each service provided and a breakdown must be provided as set forth in section 5.3.4 of this RFP. The allocated amount available to fund the 2008 program is dependent upon the actual revenue which is based on the number of licensees in Colorado. The estimated revenue can be derived from section 3.2 Overview. Payment will be disbursed monthly or quarterly for the contract period. Any money received pursuant to a contract with the Board that is unspent by the Contractor by the end of the contract period shall be returned to the administering entity selected by the Board pursuant to the provisions of paragraph 9 (b) of Subsection 12-38-131 for subsequent disbursement.</p> | <p><i>Computation errors on matching funds</i></p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="text-align: right;">662,170</td> </tr> <tr> <td style="text-align: right;">609,970</td> </tr> <tr> <td style="text-align: right; border-top: 1px solid black;">52,200</td> </tr> <tr> <td style="text-align: right;">-7%</td> </tr> </table> | 662,170 | 609,970 | 52,200 | -7% |
| 662,170 | | | | | |
| 609,970 | | | | | |
| 52,200 | | | | | |
| -7% | | | | | |
| <p>b. The funds provided under this contract may be used only for educational, intervention and administrative services and services related to the identification of the physical, emotional, or psychological problems and the evaluation, diagnosis, treatment and monitoring of Colorado Recipients.</p> | <p>4</p> | | | | |

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|--|--|
| <p>c. Concisely and clearly describe your entity's ability to manage the ongoing costs associated with the ensuing contract. The budget must include an estimate of the number of licensees who will be utilizing each of the services of the program and must also include a breakdown of the various services that will be provided by the program and an estimated cost per participant for each of those services. Such services would include but not be limited to, evaluation of licensees, monitoring of licensees in the program, and preparation of monitoring reports. The Offeror should provide as much detail as possible as to the services that will be provided, how the estimates of the number of licensees accessing those services and the cost of providing the services were derived.</p> | <p>4</p> |
| <p>d. The Offeror shall also provide information as to whether the Offeror will use supplemental or matching funds to offset any of the costs to provide any of the services set forth in this Statement of Work. If so, the proposal must breakdown the supplemental and/or matching funds that will be used and the funds that would be required from the fees collected by the State. If supplemental and/or matching funds are identified, the Offeror must indicate whether the availability of such funds is guaranteed and the source of such funds.</p> | <p>3 <i>computational errors</i></p> |
| <p>6.1 State Contract Acceptance (Max Points:4)</p> | <p>4</p> |
| <p>The extend to which the Offeror agrees to Colorado's basic contract terms and required Special Provisions without seeking exceptions.</p> | |
| <p>MAXIMUM POINTS: 16</p> | <p>15</p> |