

e. The demographic breakdown in the quarterly reports must include:

- 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

### 4.3 Costs

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.

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.

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.

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.

TOTAL WEIGHTED INDEX for OVERALL SCORES

VENDOR #	MGMT (40%) [Max Raw Pts:16]	MGMT Equal Sds	TECH (40%) [Max. Raw Pts:16]	TECH Equal Sds	COST (18%) [Max. Raw Pts -16]	COST Equal Sds	CONTRACT (7%) [Max. Raw Pts:-16]	CONTRACT Equal Sds	TOTAL WEIGHTED INDEX
1	3.00	3.00	7.07	0.51	3.40	0.00	0.00	11.91	
2	3.00	3.00	8.49	1.93	3.40	0.00	0.00	13.84	
Standard Deviation (SD)	0.28	0.00	1.00	1.56	1.00	0.00	0.00		
Weighting Factor	1.00		1.00		0.375		0.125		
<p>* = Maximum UNWEIGHTED Points Possible</p> <p>Weighting Factor Determination:</p> <p>40/40 = 1.0            40/40 = 1.0            18/40 = .375            08/40 = .125</p> <p>Vendor's Average Score (Weight) for each Factor (Pts)</p> <p>Green Stars on accompanying proposal for each vendor</p>									

Vendor #1

RFP-SJN-0803  
OVERALL SCORESHEET

Rater	1	2	3	4	5	Mean	SD	Median
Overall Technical Score	2.00	3.00	4.00	3.00	3.00	3.00	0.71	3.00
Overall Management Score	2.00	3.00	3.00	3.00	2.00	2.80	0.56	3.00
Overall Cost Score	2.00	3.00	2.00	2.00	2.00	2.40	0.56	2.00
Overall Contract Score	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
<b>OVERALL</b>						<b>Sum of Mean Scores</b>	<b>Sum of Median Standard Deviation Scores</b>	<b>Sum of Median Scores</b>

Vendor #2

RFP-SJN-0603  
OVERALL SCORESHEET

Rater	1	2	3	4	5	Mean	SD	Median
Overall Technical Score	4.00	3.00	3.00	3.00	2.00	3.00	0.741	3.00
Overall Management Score	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
Overall Cost Score	3.00	3.00	3.00	3.00	3.00	3.00	0.00	3.00
Overall Contract Score	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
<b>OVERALL</b>						<b>Sum of Mean Scores</b>	<b>Median Standard Deviation</b>	<b>Sum of Median Scores</b>

RFP-SJN-0803  
**TOTAL WEIGHTED INDEX for INDIVIDUAL ITEMS**

VENDOR #	MGMT (40%) MGMT Equal SDs	TECH (40%) TECH Equal SDs	COST (15%) COST Equal SDs	CONTRACT (5%) CONTRACT Equal SDs	TOTAL WEIGHTED INDEX
1	4.06	226.96	1.14	3.40	232.00
2	5.47	228.40	2.55	3.40	238.85
Standard Deviation (SD)	1.00	1.00	1.00	0.00	
Weighting Factor	1.00	1.00	0.375	0.125	
* = Maximum UNWEIGHTED Points Possible					
Weighting Factor Determination:					
40/40 = 1.0					
40/40 = 1.0					
15/40 = .375					
5/40 = .125					
CONTRACT					

Vendor #1

RFP-SJN-0803  
INDIVIDUAL ITEM SCORE SHEET

Rater	1	2	3	4	5	Mean	SD	Median
a	2.00	4.00	4.00	3.00	4.00	3.40	0.89	4.00
b	0.00	3.00	0.00	2.00	3.00	1.60	1.52	2.00
c	4.00	3.00	4.00	3.00	3.00	3.40	0.55	3.00
d	4.00	4.00	4.00	3.00	4.00	3.80	0.45	4.00
e	4.00	2.00	4.00	3.00	3.00	3.20	0.84	3.00
f	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
g	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
h	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
i	2.00	3.00	4.00	2.00	3.00	2.80	0.84	3.00
j	2.00	4.00	4.00	3.00	4.00	3.40	0.89	4.00
k	3.00	4.00	3.00	3.00	2.00	3.00	0.71	3.00
l	4.00	4.00	4.00	2.00	3.00	3.40	0.89	4.00
m	2.00	3.00	3.00	2.00	3.00	2.60	0.85	3.00
n	2.00	3.00	4.00	3.00	3.00	3.00	0.71	3.00
o	2.00	4.00	4.00	4.00	3.00	3.40	0.89	4.00
p	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
q	0.00	0.00	0.00	0.00	2.00	0.40	0.89	0.00
r	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
s	2.00	4.00	3.00	3.00	2.00	2.80	0.84	3.00
t	4.00	3.00	4.00	3.00	2.00	3.20	0.84	3.00
u	4.00	3.00	4.00	2.00	3.00	3.20	0.84	3.00
* not in overall score								
Contract								
a	3.00	4.00	4.00	3.00	2.00	3.20	0.84	3.00
b	2.00	4.00	4.00	3.00	2.00	3.00	1.00	3.00
c	4.00	4.00	4.00	2.00	2.00	3.20	1.10	4.00
d	3.00	2.00	3.00	2.00	2.00	2.40	0.55	2.00
e	2.00	0.00	3.00	0.00	2.00	1.40	1.34	2.00
Contract								
a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b	0.00	4.00	3.00	3.00	2.00	2.40	1.52	3.00
c	0.00	2.00	2.00	2.00	0.00	1.20	1.10	2.00
d	0.00	4.00	3.00	2.00	2.00	2.20	1.48	2.00
Contract								
contract	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
contract	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
<b>OVERALL</b>	<b>Rater 1</b>	<b>Rater 2</b>	<b>Rater 3</b>	<b>Rater 4</b>	<b>Rater 5</b>	<b>Sum of Mean Scores</b>	<b>Median Standard Deviation</b>	<b>Sum of Median Scores</b>

Vendor #2

RFP-SJN-0803  
INDIVIDUAL ITEM SCORESHEET

Rater	1	2	3	4	5	Mean	SD	Median
B o o d e r s c o r e s	4.00	4.00	3.00	4.00	3.00	3.60	0.55	4.00
	0.00	0.00	0.00	0.00	2.00	0.40	0.89	0.00
	4.00	2.00	3.00	3.00	2.00	2.80	0.84	3.00
	4.00	3.00	3.00	4.00	2.00	3.20	0.84	3.00
	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
	4.00	4.00	4.00	3.00	3.00	3.60	0.55	4.00
	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
	4.00	4.00	3.00	4.00	2.00	3.40	0.89	4.00
	3.00	4.00	4.00	4.00	3.00	3.60	0.55	4.00
	4.00	4.00	3.00	3.00	2.00	3.20	0.84	3.00
	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
	4.00	3.00	3.00	3.00	2.00	3.00	0.71	3.00
	4.00	3.00	4.00	3.00	2.00	3.20	0.84	3.00
	4.00	3.00	4.00	4.00	2.00	3.40	0.89	4.00
* not in overall score								
Total Score						7.20	0.89	4.00
B o o d e r s c o r e	4.00	4.00	4.00	4.00	3.00	3.60	0.45	4.00
	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
Total Score						17.60	0.89	4.00
B o o d e r s c o r e	3.00	3.00	3.00	3.00	2.00	2.80	0.45	3.00
	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
	4.00	4.00	4.00	4.00	2.00	3.60	0.89	4.00
	3.00	4.00	3.00	3.00	3.00	3.20	0.45	3.00
Total Score						13.60	0.89	3.00
Contract	4.00	4.00	4.00	3.00	2.00	3.40	0.89	4.00
OVERALL	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Sum of Mean Scores	Median Standard Deviation	Sum of Median Scores

SAMPLE EVALUATOR  
RATING FORM

Kudach 5

**GENERAL INSTRUCTIONS  
FOR RATING AND EVALUATING  
RFP SJN 0803**

1. Read RFP-SJN-0803 to be familiar with it before rating.
2. Read each offeror's Response Package to the RFP from cover to cover. Do not start rating any responses until you have finished reading all Response Packages in their entirety. This initial pre-rating review is critical because it allows you to get an overall idea of what each offeror has presented and what offerors provided as a whole. The "base knowledge" you acquire as you review all the proposals will enable you to approach the rating of each proposal from the pool of knowledge you acquired when you initially read the proposals.
3. Thoroughly review and become familiar with the "RFP Scorecard" matrix before you begin rating any Offeror's responses. Please refer to the file that accompanies this document for the "RFP Scorecard" matrix.
4. Assign only Whole Numbers (4, 3, 2, 0) associated with the grade categories listed below to indicate your judgments about Offeror responses to each RFP requirement. When you have associated a grade with all elements (except as noted below), please put the overall score of the section in the shaded portion of the sheet where indicated. The measurement scale that underlies the categorical grading scheme and the descriptions presented in the "RFP Scorecard" matrix is one that permits judgments to be made with reference to a *common ranking system*. A *common ranking system* is one that means all raters, regardless of their independent judgments, are assigning grades per the notion that:  $4 > 3 > 2 > 0$ . It is not defensible to assign "+" or "-" to letter grades (or decimals to whole numbers, if you choose to use each grade's associated whole number to communicate your categorical rating) when the *common ranking system* is intended to indicate ordered judgments in which  $4 > 3 > 2 > 0$ . If your ratings do not conform to the scheme presented below, we will truncate (not round) your ratings (i.e., 3.1, 3.5, or 3.9 will be treated as a 3).

i. Grade = 4 [Excellent/Superior]

ii. Grade = 3 [Good]

iii. Grade = 2 [Acceptable]

iv. Grade = 0 [Unacceptable]

2. Offeror proposals are considered public record. You may want to use sticky notes for your comments instead of writing on the RFP Responses from Offerors.
3. Complete the following rating form for each vendor. Rate one vendor's entire "Response Package" at a time. Each response to each RFP item should be rated with reference to the "RFP Scorecard" matrix descriptions for each category (Grade = 4 Excellent/Superior—Grade = 0 Unacceptable). You must rate each criterion listed in this scoring form—NOTE: the elements on this form are directly from the RFP, Section 4, which spans pages 12 to 15 of the RFP that was posted.

→ Their proposals  
all, but some  
about  
any  
making  
offer



**GENERAL INSTRUCTIONS  
FOR RATING AND EVALUATING  
RFP SJN 0803**

4. Submit your completed ratings using this form for each offeror to Tammy Baca. Your completed rating form should contain only the following information in the spaces provided:
  - ◆ Vendor ID # (assigned by Tammy Baca); Do not indicate vendor name anywhere on this form. Make sure you know the correct Vendor ID #. If you are not sure, call Tammy to confirm.
  - ◆ The rating you assigned the offeror's response for each area of the RFP. You must assign a rating for every element on this form.
  - ◆ Your name and a phone number where you may be contacted.
5. Before the "Team Discussion Meeting", Tammy will enter your data and assign you a rater ID # (e.g., #1, #2, #3, etc.) and enter your initial ratings into a Microsoft Excel spreadsheet for each vendor. The spreadsheet will automatically compile scores and identify ratings that may require further discussion.
6. After final ratings are decided at the Team Discussion Meeting, Tammy will input average vendor scores by RFP section into a weighting application devised to attain the weightings desired for each section.
7. Phase 2 of the RFP Evaluation will involve Oral Presentations by Offerors, if applicable. There may not be a need for a Phase 2 at all. Board/Program Director will decide whether vendor presentations are necessary.
8. If needed, a final meeting will be scheduled to select the awarded Offeror. Tammy will schedule this meeting, if applicable.

**RATING FORM FOR RFP SJN 0803**

Your Name: Patel #5 Your Phone #: Ext: 719-262-6970

**Vendor ID #:** 5

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

RFP Requirements	Grade (or Points)
<b>Section 5: Evaluation Factors &amp; Questions</b> (Begin on Page 18 of RFP)	-----
<b>4.1 Technical Requirements (Max Points: 4)</b>	Please indicate your overall score for this section here:  <i>2</i>
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.	3
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)	2
c. Is available to all potential Recipients statewide in all geographical areas of the state.	2
d. Identifies a statewide treatment resource network which includes treatment and screening programs and support groups. <u>Contractor must demonstrate a process for evaluating the effectiveness of such programs.</u>	2
e. Provides reports in accordance with time frames set forth below.	2

*Changed based on RFP Terms Dec 2008*

**RATING FORM FOR RFP SJN 0803**

Your Name: \_\_\_\_\_ Your Phone #: Ext: \_\_\_\_\_

**Vendor ID #:**

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

*Adjusted based on RFP team discussion*

RFP Requirements	Grade (or Points)
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	3
g. Assures the Contractor and any subcontractors have adequate insurance	2
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).	2
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.	2
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
k. At a minimum, requires all Recipients to complete a history and physical screening.	2
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.	2

**RATING FORM FOR RFP SJN 0803**

Your Name: \_\_\_\_\_ Your Phone #: Ext: \_\_\_\_\_

**Vendor ID #:**

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

RFP Requirements	Grade (or Points)
m. Provides counseling with a therapist who meets Board approved criteria.	2
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.	2
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").	2
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.	2
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)	2
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"> <li>• If the Recipient is not in compliance with his or her monitoring contract for more than 2 months</li> <li>• If the Recipient has had 2 relapses</li> </ul>	2

**RATING FORM FOR RFP SJN 0803**

Your Name: \_\_\_\_\_ Your Phone #: Ext: \_\_\_\_\_

**Vendor ID #:** \_\_\_\_\_

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

<b>RFP Requirements</b>	<b>Grade (or Points)</b>
<p>a. 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 290aaa-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>	2
<p>t. Provides services to Recipients whose licenses are suspended and assist them with meeting reinstatement requirements.</p>	2
<p>u. Has services available to all Recipients statewide and have program coverage 24 hours a day, 7 days a week.</p>	2

→ Mark  
M. St. John  
+ handling  
state  
business

**RATING FORM FOR RFP SJN 0803**

Your Name: \_\_\_\_\_ Your Phone #: Ext: \_\_\_\_\_

**Vendor ID #:** \_\_\_\_\_

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

4.2. Management and Administrative Reporting Requirements (Max Points: 4)	Please indicate your overall score for this section here:
<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"> <li>• An unsatisfactory review may result in cancellation of the contract</li> <li>• 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 recommendations for change, will be distributed to the Contractor.</li> <li>• 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.</li> </ul>	<p align="center">3</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">2</p>



$11 \div 5 = 2.2$

**RATING FORM FOR RFP SJN 0803**

Your Name: \_\_\_\_\_ Your Phone #: Ext: \_\_\_\_\_

**Vendor ID #:**

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

<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>d. Contractor must provide quarterly reports to the Board that contains the following service demographics:</p> <ul style="list-style-type: none"> <li>• Current number of participants in the program</li> <li>• Number of participants under case management</li> <li>• Number of monitoring contracts</li> <li>• Number of peer support group session participants</li> <li>• Number of assessments completed</li> <li>• Number of assessments pending</li> <li>• Number of participants terminated without successfully completing the program</li> <li>• Number of participants who successfully completed program</li> <li>• Number of referrals back to the Board of Nursing for non-compliance</li> <li>• Total census</li> <li>• Education and Outreach</li> <li>• Other contract activity details</li> </ul>	

**RATING FORM FOR RFP SJN 0803**

Your Name: \_\_\_\_\_ Your Phone #: Ext: \_\_\_\_\_

**Vendor ID #:**

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

<p>e. The demographic breakdown in the quarterly reports must include:</p> <ul style="list-style-type: none"> <li>• Presenting problems</li> <li>• Diversion of drugs</li> <li>• Types of drugs diverted</li> <li>• Type of initial treatment</li> <li>• Length of recovery</li> <li>• Relapses</li> <li>• Location of participants residence</li> <li>• Referral source</li> <li>• Marital status</li> <li>• Ethnicity</li> <li>• Age</li> <li>• Practice setting</li> <li>• Practice location</li> </ul>	<p>2</p>
<p><b>4.3 Costs (Max Points: 4)</b></p>	<p>Please indicate your overall score for this section here:</p> <p style="text-align: center;">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 licenses 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>2</p>
<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>2</p>

*changed to reflect what their request (as appeared to total budget) is 7% below affected revenue*



**RATING FORM FOR RFP SJN 0803**

Your Name: \_\_\_\_\_ Your Phone #: Ext: \_\_\_\_\_

**Vendor ID #:** \_\_\_\_\_

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

*What's special about this contract?*

<p>c. <del>Concisely and clearly describe your entity's ability to manage the ongoing costs associated with the ensuing contract.</del> 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 align="center">2</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 align="center">3</p>
<p><b>6.1 State Contract Acceptance (Max Points: 4)</b></p>	<p align="center">2</p>
<p>The extent to which the Offeror agrees to Colorado's basic contract terms and required Special Provisions without seeking exceptions.</p>	<p align="center">2</p>
<p><b>MAXIMUM POINTS: 16</b>     1+2+2+2</p>	<p align="center">9</p>

**Colorado Nurse Health Program  
Budget for July 1, 2008 through June 30, 2009**

	<b>FY2007-08</b>	<b>FY2008-09</b>
<b>Program Expenses:</b>		
<b>Salaries</b>		
Executive Director	76,000	78,280
Program Manager	50,000	51,500
Case Manager -WS	48,000	
Case Manager-WS full time		65,000
Case Manager	60,000	61,800
Case Manager	60,000	61,800
Case Manager Assistant	36,000	37,080
Clerical Assistant	27,000	27,810
<b>Total Salaries:</b>	<b>357,000</b>	<b>383,270</b>
<b>Benefits</b>	<b>47,867</b>	<b>50,740</b>
Payroll Taxes	28,563	30,665
Unemployment	1,070	1,150
Workers' Comp	1,500	1,535
<b>Total Personnel Expenses:</b>	<b>436,000</b>	<b>467,360</b>
<b>Program Services:</b>		
Recruiting	1,000	1,000
Consulting	10,600	10,600
Case Evaluations	30,000	33,750
Committee Expenses	16,280	16,770
Insurance (Professional Liability)	4,860	5,100
Nurse Support Groups	60,724	1,000
Postage	3,000	3,150
Staff Education & Training	4,350	4,350
Client Resources	250	250
Staff Travel	1,500	1,575
<b>Total Program Services:</b>	<b>132,564</b>	<b>77,545</b>
<b>Education and Outreach:</b>		
CNHP Open House	100	100
Exhibits and Conferences	7,626	8,000
Outreach	7,390	7,760
Dues and Memberships	2,069	2,069
Referral Outreach Presentations	1,200	1,260
<b>Total Education and Outreach:</b>	<b>18,385</b>	<b>19,189</b>
<b>TOTAL PROGRAM EXPENSE:</b>	<b>586,949</b>	<b>584,094</b>

	FY2007-08	FY2008-09
<b>Operating Expense:</b>		
Dues and Memberships	1,118	1,175
Equipment Rentals	640	672
Equipment – Repairs and Maintenance	2,525	2,650
Insurance (contents)	360	378
Insurance (Director's & Officer's Liability)	2,712	2,850
Office Lease	43,090	45,245
Office Equipment Lease	4,236	4,236
Office Equipment Purchase	0	0
Office Furniture Purchase	1,000	0
Office Supplies	7,000	7,360
Postage	255	267
Professional Services	36,460	35,885
Property Tax	410	0
Telephone	11,724	12,310
<b>Total Operating Expense:</b>	<b>111,630</b>	<b>113,028</b>
<b>TOTAL EXPENSE:</b>	<b>698,479</b>	<b>677,122</b>

**Budget Detail**

**Nurse Peer Health Assistance Program**

	<b>SBON</b>	<b>Matching Funds</b>	<b>Total Program</b>
<b>A. PERSONNEL</b>			
Program Director	85,000	0	85,000
Case Manager	55,000	0	55,000
Case Manager	55,000	0	55,000
Case Manager	55,000	0	55,000
Case Manager	55,000	0	55,000
Case Manager (Western Slope)	50,000	0	50,000
EAP Case Manager - 75% FTE	41,250	0	41,250
Information & Data Coordinator	38,000	0	38,000
Peer Support Group Facilitators	0	35,000	35,000
Finance & Operations Director	0	6,500	6,500
Chief Executive Officer	0	12,500	12,500
<b>TOTAL SALARIES</b>	<b>434,250</b>	<b>54,000</b>	<b>434,250</b>
<b>FRINGES</b>			
Payroll Taxes	33,220	4,131	37,351
Unemployment Tax	1,632	612	2,244
Employee Assistance Program	278	104	383
Healthcare	30,690	12,276	42,966
Dental Plan	941	353	1,294
Disability / Life Insurance	5,211	648	5,859
Workers' Compensation	3,578	445	4,023
<b>TOTAL FRINGES</b>	<b>75,551</b>	<b>18,569</b>	<b>94,120</b>
<b>TOTAL PERSONNEL</b>	<b>509,801</b>	<b>72,569</b>	<b>528,370</b>
<b>B. CONSULTANTS</b>			
Legal	5,000	5,000	10,000
Computer Consultant	2,000	5,000	7,000
Clinical Supervision	3,300	3,300	6,600
Website Development	0	2,500	2,500
Marketing / Design Consultant	0	12,000	12,000
<b>TOTAL CONSULTANTS</b>	<b>10,300</b>	<b>27,800</b>	<b>23,600</b>
<b>C. TRAVEL</b>			
In State	2,500	2,500	5,000
Out of State	7,350	1,225	8,575
<b>TOTAL TRAVEL</b>	<b>9,850</b>	<b>3,725</b>	<b>13,575</b>
<b>D. OPERATING EXPENSE</b>			
Audit	1,243	10,757	12,000
Brochures/Marketing/Exhibits	7,000	7,000	14,000
Communications	7,620	0	7,620
Copier Lease	1,020	4,080	5,100
Insurance	1,100	10,900	12,000
Office Space	22,951	9,049	32,000
Office Supplies	5,000	5,000	10,000
Staff Training	5,000	2,500	7,500
Equipment	9,810	5,190	15,000
<b>TOTAL OPERATING EXPENSES</b>	<b>60,744</b>	<b>54,476</b>	<b>115,220</b>
<b>TOTAL PROGRAM COST</b>	<b>590,695</b>	<b>158,570</b>	<b>680,765</b>

CNHP RFP SJN 0803

Judy's copy

**COLORADO NURSE HEALTH PROGRAM  
OPERATIONAL BUDGET FOR MAY 1, 2008 THROUGH APRIL 30, 2009**

	SERVICES				TOTAL
	Outreach	Assess/Eval	Monitoring	Reporting	
<b>PROGRAM EXPENSES:</b>					
<b>Personnel Expenses:</b>					
Salaries	Executive Director 17,000 Program Manager 495 Case Manager - Western Slope 4,550 Case Manager 618 Intake Coordinator/Case Manager 3,276 Assistant Case Manager 382 Compliance Monitor/Receptionist 292	12,750 11,868 11,700 5,562 32,760 11,466 3,216 89,322	29,750 19,780 45,500 49,440 22,932 21,021 23,388 211,811	25,500 17,308 3,250 6,180 6,552 5,351 2,339 66,479	85,000 49,450 65,000 61,800 65,520 38,220 29,235 394,225
Total Salaries	26,613	89,322	211,811	66,479	394,225
Benefits	2,098	9,152	23,026	6,529	40,805
Payroll Taxes	1,551	6,765	17,019	4,826	30,160
Unemployment Insurance	46	202	508	144	900
Worker's Comp Insurance	70	307	773	219	1,370
<b>Total Personnel Expenses</b>	<b>30,379</b>	<b>105,748</b>	<b>253,137</b>	<b>78,197</b>	<b>467,460</b>
Outreach/Presentations	2,880		720		3,600
Exhibits & conferences	7,000				7,000
Evaluations*		50,000			50,000
Committee		2,800	11,200		14,000
Nurse Support Groups		4,320	38,880		43,200
Consulting		1,000	4,000		5,000
Travel Expenses			720	480	1,200
<b>TOTAL PROGRAM EXPENSES:</b>	<b>40,259</b>	<b>163,868</b>	<b>308,657</b>	<b>78,677</b>	<b>591,460</b>

**COLORADO NURSE HEALTH PROGRAM  
OPERATIONAL BUDGET FOR MAY 1, 2008 THROUGH APRIL 30, 2009**

	SERVICES				TOTAL
	Outreach	Assess/Eval	Monitoring	Reporting	
<b>OPERATING EXPENSES:</b>					
Legal		1,200	9,600	1,200	12,000
Accounting	300	750	2,000	3,000	5,000
Office Supplies	1,170	4,095	1,650	300	3,000
Telephone		560	5,850	585	11,700
Postage	132	528	1,960	280	2,800
Equipment Rental, Repairs & Maint.	243	973	1,848	132	2,640
Equipment Lease	2,280	9,120	3,406	243	4,865
Office Lease	1,934	1,934	31,920	2,280	45,600
Insurance	500	500	1,934	1,934	7,735
Dues & Memberships	875	875	500	500	2,000
Staff Development	1,800		875	875	3,500
Advertising	9,234	20,535	200	11,329	2,000
<b>Total Operating Expenses</b>	<b>49,493</b>	<b>184,402</b>	<b>370,399</b>	<b>90,006</b>	<b>694,300</b>
<b>TOTAL EXPENSES:</b>					

\*It is anticipated that the Board will send approximately 250 Recipients for evaluation during the first year of the contract

PAS

RFP SJN 0803

	SBON	Matching Funds	Total Program
<b>A. PERSONNEL</b>			
Program Director	82,500	0	82,500
Case Manager	65,000	0	65,000
Case Manager	65,000	0	65,000
Case Manager	65,000	0	65,000
Case Manager	65,000	0	65,000
Case Manager (Western Slope)	60,000	0	60,000
Information & Data Coordinator	34,000	0	34,000
Peer Support Group Facilitators	15,000	20,000	35,000
Finance & Operations Director	0	6,500	6,500
Chief Executive Officer	0	12,500	12,500
<b>TOTAL SALARIES</b>	<b>451,500</b>	<b>39,000</b>	<b>436,500</b>
<b>FRINGES</b>			
Payroll Taxes	34,540	2,984	37,523
Unemployment Tax	1,428	612	2,040
Employee Assistance Program	244	104	348
Healthcare	28,644	12,276	40,920
Dental Plan	823	353	1,176
Disability / Life Insurance	5,418	468	5,886
Workers' Compensation	3,720	321	4,042
<b>TOTAL FRINGES</b>	<b>74,817</b>	<b>17,118</b>	<b>91,935</b>
<b>TOTAL PERSONNEL</b>	<b>526,317</b>	<b>56,118</b>	<b>528,435</b>
<b>B. CONSULTANTS</b>			
Legal	7,000	0	7,000
Computer Consultant	2,000	5,000	7,000
Clinical Supervision	9,000	0	9,000
Website Development	0	2,500	2,500
Marketing / Design Consultant	0	10,000	10,000
<b>TOTAL CONSULTANTS</b>	<b>18,000</b>	<b>17,500</b>	<b>23,000</b>
<b>C. TRAVEL</b>			
In State	2,500	2,500	5,000
Out of State	3,675	3,675	7,350
<b>TOTAL TRAVEL</b>	<b>6,175</b>	<b>6,175</b>	<b>12,350</b>
<b>D. OPERATING EXPENSE</b>			
Audit	1,250	10,750	12,000
Brochures/Marketing/Exhibits	2,752	0	2,752
Communications	5,280	0	5,280
Copier Lease	1,020	4,080	5,100
Insurance	1,100	10,900	12,000
Office Space	22,951	9,049	32,000
Meeting Room Rental - PSG	5,000	5,000	10,000
Office Supplies	5,000	5,000	10,000
Staff Training	4,500	0	4,500
Program Evaluation	3,000	0	3,000
Equipment	7,630	0	7,630
<b>TOTAL OPERATING EXPENSES</b>	<b>59,483</b>	<b>44,779</b>	<b>104,262</b>
<b>TOTAL PROGRAM COST</b>	<b>689,975</b>	<b>124,572</b>	<b>668,047</b>

A/3

## Nursing Board Policy

**POLICY NUMBER:** 28-18  
**Title:** Selection of evaluators  
**Date Issued:** November 1999  
**Date(s) Reviewed:** May 2002; June 2005 (revised); January, 2007 (revised)  
**References:** C.R.S. 12-38-118.5(8); 12-38.1-113  
**Purpose:** To set forth criteria for the selection of healthcare professionals to examine licenses and certificate holders for investigatory or disciplinary purposes

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**POLICY:** The Board of Nursing authorizes the Program Director or designee to identify, approve and contract with licensed healthcare professionals to perform Board ordered mental and/or physical examinations, using the following guidelines:

- Physician evaluators must be board certified in their specialty.
- Sex offender evaluators must be approved by the Colorado Sex Offender Management Board to conduct sex offender evaluations.
- Addiction evaluators must be licensed, must have a CAC II, a master's degree, and also have five or more years of experience in treating people with addictions.
- All other evaluators must be licensed and have a masters degree in their area of practice.

Any potential evaluator who has received disciplinary action from his/her licensing board or certifying authority will not be considered.



A 14

Other activities include consultation services for potential Recipients, employers and family and friends of Recipients. CNHP will continue to research, interview and recruit evaluators, treatment providers and facilities. Consultation and educational services are provided to the Attorney General's office, Board Staff and other State entities.

CNHP utilizes service demographics internally for trending and to identify opportunities for improvement. Demographic information is submitted to the National Organization of Alternative Programs to compare and contrast with other state programs to establish standards of practice and best practices.

**4.2 e. The demographic breakdown in the quarterly reports must include:**

- Presenting problems
- Diversion of drugs
- Types of drugs diverted
- Type of initial treatment
- Length of recovery
- Relapses
- Location of participants residences
- Referral source
- Marital status
- Ethnicity
- Age
- Practice setting
- Practice location

Exact list  
and order taken  
from PAS'  
existing  
reports.

Data collection begins with the initial inquiry call or referral to the program. CNHP compiles this data utilizing the access database management system to produce monthly and quarterly reports. In addition, CNHP provides annual reports to the Board that integrate service demographics and demographic breakdowns that give an overview of an entire year and historically compare statistics from previous years, thus allowing a more complete picture of the monitoring services provided by CNHP. (Appendix 4.2 e.)

**4.3 Costs**

**4.3 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.**

**[REDACTED]**  
**Demographics Detail**  
**As of June 30, 2007**

<b>Presenting Problem</b>	Mental Health/Behavioral	0	2	0%	
	Chemical Dependency	2	11	46%	
	Alcohol Only	0	6	23%	
	Dual Diagnosis (mental health & chemical dependency)	0	3	13%	
	Physical Disability	0	1	4%	
<b>Diversion of Drugs</b>	Yes	1	12	52%	
	No	1	11	46%	
<b>Types of Drugs Diverted</b> (Totals may be greater than 100%, many diverted more than one type of drug)	Barbiturates	0	0	0%	
	Benzodiazepines	0	0	0%	
	Heroin	0	0	0%	
	Nitrous / Inhalants	1	1	4%	
	Opiates	0	11	52%	
	Insulin	2	8	36%	
	Outpatient	0	14	64%	
<b>Type of Initial Treatment</b>	Inpatient & Outpatient	2	8	36%	
	Outpatient	0	14	64%	
	<b>Length of Recovery</b> (Program cumulative for active participants)	Under 6 months	2	8	22%
		6 months to 1 year	0	1	4%
		Over 1 year	0	6	26%
		Over 2 years	0	4	17%
		Over 3 years	0	2	8%
Over 4 years		0	4	17%	
<b>Relapses</b> (Program cumulative for active participants)	Over 5 years	0	1	4%	
	None	2	17	74%	
	One	0	4	17%	
	Two	0	0	0%	
	Three	0	0	0%	
	Four	0	0	0%	
<b>Referred to [REDACTED] for Non-compliance</b> (Program cumulative for active participants)	Five	0	2	9%	
	Never	2	17	74%	
	Once	0	4	17%	
	Twice	0	1	4%	
	Three	0	0	0%	
	Four	0	0	0%	
<b>Location of Residence</b>	Five	0	1	4%	
	Region I - Northeast	0	1	4%	
	Region II - Denver/Boulder	1	13	67%	
	Region III - Southeast	1	0	36%	
	Region IV - South Central	0	0	0%	
	Region V - Southwest	0	0	0%	
	Region VI - Northwest	0	0	0%	
Out of State	0	0	0%		

Referred From	REDACTED	1	4	17%
	REDACTED	0	4	17%
	REDACTED	0	3	13%
	Colleague	0	3	13%
	Attorney	1	3	13%
	Self-Referral	0	4	17%
	DEA	0	2	8%
Marital Status	Single	0	2	8%
	Married	2	13	57%
	Divorced	0	7	30%
	Widowed	0	1	4%
Ethnicity	White	2	25	100%
Age	20-30	1	6	25%
	40-49	0	3	30%
	50-59	1	6	25%
	60+	0	2	8%
Practice Setting	Private Office	1	14	51%
	Group Office	1	7	30%
	Not Practicing	0	2	8%
Location of Practice (18 possible)	Region I—Northeast	0	2	8%
	Region II—Denver/Boulder	1	12	52%
	Region III—Southeast	1	7	30%
	Region IV—South Central	0	0	0%
	Region V—Southwest	0	0	0%
	Region VI—Northwest	0	0	0%
	Non-Practicing	0	2	8%