

Activity Summary—Case Manager—2/1/07 to 4/30/07

Activity	Hours
Assessment	29
Assessment/Referral	11
Board of Directors	6
Clinical Supervision	2.5
Community Organization	3
Contract Management	18.5
Data Entry	13.5
Exhibit Prep	6
Exhibits	38
Information/Referral	6.5
Monitor/Follow-Up—Diversion	212.75
Office Duties	2
Paid Time Off	48
Personal Time Off	31.5
Presentation Prep	4.5
Presentations	4
Professional Meetings	2
REC Meeting Follow Up	5
REC Meeting Prep	17
REC Meetings	6
Staff Meeting/Planning	19
Staff Training	78.5
Trainings	4
Travel Time	52.25

Agency Board of Directors

The elected Board of Directors is actively involved in the strategic planning of Peer Assistance Services, Inc. All Board members are required to attend an annual retreat to determine agency strategic objectives that are both financial and programmatic. As a part of the strategic planning, members are appointed to the Finance committee which explores ways to further develop our financial stability and strength, including increasing opportunities for annual giving, development of an annual giving campaign, and increasing sponsorship of the annual awareness and fundraiser event. The development of financial stability and strength is key to agency growth.

As a part of the responsibility of the Board, all members are involved in the following activities:

- Strategic planning
- Plan and approve annual operating budget
- Review and approve monthly financial statements
- Review of the management letter and annual independent financial audit
- Build and maintain viable banking and other business relationships

Wells Fargo Bank provides a revolving line of credit that supports the general working capital requirements. Members of the Board of Directors and the CEO are guarantors for the line of

credit that has been maintained to manage the cash flow requirements of the non-profit agency with most contract payments provided on a reimbursement basis.

Agency Insurance Summary

Directors and Officers Insurance

Provider: Carolina Casualty – through Talbot Insurance Agency
Coverage Period: 10/5/06 – 10/4/07
Limit: Maximum aggregate limit of liability of \$1,000,000 annually for all claims.
Coverage: Coverage for all directors, officers, trustees, and employees including staff, volunteers and committee members for:
**Personal Injury Wrongful Acts Coverage—false arrest, wrongful imprisonment, libel, slander, defamation of character, invasion of privacy, infringement of copyright or trademark, plagiarism or misappropriation of ideas.*

Professional Liability Insurance; General Liability including Property and Non-owned Auto Insurance

Provider: Granite State— through the Van Wagner Group
Coverage Period: 10/16/06-10/15/07
Prof Liab. Limit: Maximum aggregate of \$3,000,000/annually with a \$1,000,000 combined single limit.
Coverage: Liability coverage for the corporate entity, employees and volunteers, while working within the scope of their duties, for the following:
Liability
* Wrongful Act Coverage (same as above)
* Employment Practices Liability Coverage, (same as above)

Gen. Liab. Limit: \$1,000,000 per occurrence for Business Liability; \$5,000 per person for Medical payments; \$50,000 per occurrence for Fire Legal Liability.
Coverage: Liability coverage for the corporate entity, employees and volunteers, while working within the scope of their duties, for the following:
Liability
* Wrongful Act Coverage (same as above)
* Employment Practices Liability Coverage, (same as above)

Property insurance for all locations and all employees for the following:
Property
*Water damage, fire, smoke, theft, vandalism, falling objects, etc.
Automobile
*Liability and vehicle damage

Employee Dishonesty Bond

Provider: The Travelers Insurance Company – through Talty Insurance Agency
Coverage Period: 1/07 –1/08
Limit: \$50,000
Coverage: direct loss and loss from damage to money, securities and other property resulting from employee theft.

Key Person Insurance

Provider: AIG—through Talty Insurance Agency
Coverage Period: 10/06-10/07
Benefit: \$500,000
Coverage: Life Insurance on the CEO to help reimburse the Agency for any economic loss caused by the death of the employee.

k. Avoidance of Conflict of Interest: *Awarded contractor must ensure that, to the extent practicable, the licensed professionals involved in the evaluation of recipients entering the Program shall not also provide treatment of same recipients. The awarded contractor must also ensure that such professionals hold an unrestricted license from their respective board.*

Consistent with community standards of ethical practice, Peer Assistance Services, Inc. assures the Colorado Board of Nursing that licensed professionals, who are involved in the evaluation of licensees for the Nursing Peer Health Assistance Program, will not also provide treatment to those licensees. All licensed professionals that licensees are referred to must first demonstrate an active, unrestricted license. This information is maintained in the Resource database. Prior to a referral, the community practitioner license is confirmed on the Department of Regulatory Agency database. *The proposed program staff will conduct the comprehensive assessment for all licensees seeking services.* Those licensees are then referred to other professionals as determined by the case manager.

4.2

a. Education: *The awarded contractor must offer 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.*

Peer Assistance Services, Inc. currently provides assistance and education to licensed health care professionals regarding the recognition, identification, and prevention of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provides intervention as necessary. These components, as required by the Nursing Peer Health Assistance Program, will be included in the delivery of comprehensive services to licensees and include the following:

Assessment and referral: Comprehensive assessment using screening tools, identification of the problem and development of treatment and practice recommendations for program participation; a comprehensive process, which results in matching the individual with the appropriate treatment, as well as other resources in the community. The comprehensive biopsychosocial assessment will be conducted by qualified program staff at no cost to the licensee. If corroborating data is necessary such as a psychiatric evaluation, then the licensee will be referred and will incur the cost of that service. This process best serves the licensee in the rehabilitation, case management process.

Short-term problem resolution: This service is provided to a nurse or family member not necessarily requiring referral to outside resources; provides for assessment and short-term counseling. Examples include stress, personal problems and/or relationship issues with family or supervisor.

Intervention: Provides for identification of consequences of behavior, for example, alcohol abuse, while rehabilitation options are discussed. With the needs of the licensee as a framework, a plan of action is developed which is the basis of the rehabilitation contract.

Intervention is a process of identifying and assessing individuals, family and community problems and/or behaviors associated with substance abuse or potential substance abuse that might require immediate activities to bring about change and to provide support, alternatives

and/or refer to treatment. Psychiatric intervention is the process used to identify and assess individuals with mental, emotional, and/or behavioral problems to assist these individuals in regaining or improving their mental health and to prevent further disability.

The *Johnsonian Intervention Method* is usually used in a family rather than work setting; a group meets in advance and selects the objective information that will be presented and rehearses how the intervention will be conducted, usually a professional guides the process and the goal is to facilitate treatment. *Crisis based intervention* is an attempt to reinforce the adverse consequences of the crisis at a critical time in an effective way. The objective in crisis-based intervention, as with all intervention efforts, is to break through the delusion long enough to get the chemically dependent person to accept help. *Peer intervention* may include family members and other important people in the life of the chemically dependent person; however, it relies most on the influence of the person's professional peers. It is a colleague-to-colleague approach designed to motivate the person to agree to evaluation and treatment. *Employment-related intervention* often includes the EAP other colleagues. Intervention often requires a combination of approaches.

In all cases, preparation is necessary for an effective intervention. This includes written documentation of concerns and observations as well as stated outcomes and consequences in the face of an individual's denial. Licensees who may be under the influence on the job would not be permitted to drive. A licensee would be accompanied to a treatment center immediately if necessary. Interveners must be alert to the potential of suicide and take appropriate precautions. The intervention process is designed to anticipate the individual's denial of the problem with objective, factual information. In response to acknowledgement of a problem, acceptance to an appropriate treatment provider is facilitated which is consistent with the licensee's resources. In all events, the licensee should be apprised of their rights regarding treatment alternatives legal representation, and information regarding the diversion program.

PAS Intervention guidelines:

- Request responded to by on call staff (assuming call during non business hours).
- Assess caller whether anonymous or not.
- Assess type of intervention needed.
- Guide the focus toward behavioral performance at the work setting.
- If the caller is another nurse, refer to the Nurse Practice Act regarding reporting.
- Provide adequate information so that the caller understands the process if they make a report to the Board regarding psychiatric or mental health problems that impair practice.
- Describe the role of the Nursing Peer Health Assistance Program.
- Reinforce that the program is confidential as long as compliance with the rehabilitation contract is maintained.
- Maintain current, comprehensive referrals to a broad variety of resources through the state and nationally.
- Act as a facilitator or a coach for possible intervention by family members or colleagues.
- Provide concrete information and guidance, including printed materials regarding reporting and program services.
- Offer information on support groups facilitated by PAS.
- Offer information the availability of the voluntary support groups.

- PAS does not conduct formal Johnson Institute interventions nor does it provide confrontation or intervention at the worksite.
- PAS will refer anonymous callers who wish to make a complaint to the Board.
- PAS will report information with names and situations, which may potentially harm the public to the Board.
- PAS will report to appropriate authorities if there is reason to believe a nurse will harm themselves or others.

Case management/treatment monitoring: Rehabilitation contract requirements are monitored closely. Within the framework of the rehabilitation process, a licensee is monitored for a minimum of three to five years. Return to, or continuation of practice, requires a detailed Return to Practice/Work Agreement and conference with a supervisor and or staff. The Rehabilitation Contract may be extended based on non-compliance and safety to practice issues. The case management function includes reporting to the SBON within a specified timeframe in the event of a relapse or inability to practice with reasonable skill and safety. Reassessment is part of this process.

Facilitated peer support groups: Peer support groups are confidential forums to deal with issues for health professionals recovering from addictions or mental health issues. These are currently available in Colorado Springs, Denver, Durango, Grand Junction, Boulder, Greeley, and Pueblo.

Prevention education programs and workshops: In-services and training to health care facilities, faculty, and Area Health Education Centers are provided throughout the state. Programs to include information on the scope of the problem of substance use and abuse and other issues affecting practice and services provided by the Nursing Peer Assistance Program; providing education on the recognition and prevention of physical, emotional, and psychological problems; staff conduct literature searches and create PowerPoint presentations for targeted populations.

Program content includes, but is not limited to prevalence and incidence of chemical dependence and psychological problems affecting the nursing profession; management or peer documentation of poor job performance; behavioral signs and symptoms of substance abuse in the office/workplace; policy to address an impaired practitioner, fitness for duty, drug testing, and drug-free workplace; depression; worksite stress management; self-medication and prescription drug abuse; diversion program process and procedures. Information regarding issues that put nurses at risk is disseminated, such as access to prescription-type substances in the workplace that is a unique feature of the practice of health professionals and increases risk for misuse. Stress, pain and work conditions are factors to be addressed as well. Exhibits are provided at many nurse related conferences and professional meetings.

A September 2002 publication by the Association for Medical Education and Research in Substance Abuse titled: Strategic Plan for Interdisciplinary Faculty Development...Arming the Nation's Health Professional Workforce for a New Approach to Substance Use Disorders is used as a resource. We have recently expanded information programs to include information on physical stress related to various practices in healthcare, conflict in the workplace, creating healthy habits, patients with alcohol problems, stress management, recognizing alcohol problems, time management, risks identified for professionals, tobacco cessation, scam artists

(especially for those nurses with prescriptive authority), adversities in the practice setting, and parenting tips.

24-hour phone assistance: Professional staff are available 24 hours per day, seven days per week at a toll-free number: 866-369-0039. The Nursing Peer Health Assistance Program would have a dedicated number to call during non business hours.

Workplace Consultation: Training and technical assistance for employers, employees, managers, and supervisors on policy, strategies, resources, and the Nursing Peer Health Assistance Program services. Consultation is also provided regarding colleague intervention.

Compliance reports: Reporting includes treatment and therapy reports, manager or practice monitor reports, self-help group attendance verification, sponsor reports, drug screen reports, self-status reports, and PAS reports. These are attachment to this document for your review. (Attachments 7, 8, 9, 10, 11, and 12)

Data collection: Demographic documentation of program participants; quarterly reporting to the SBON including outcomes (drug-free, practicing, number of relapses, etc.).

Family Support Services: Families are an important part of the recovery process. Family members may participate in the assessment process and are given referrals to community support groups. Staff is always available to family members. A family support group can be offered that will be available to nurse family members.

b. Evaluation: The awarded contractor must evaluate all licensees referred to the program, either for participation or evaluation only, to determine the extent of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provide assessment, intervention or write a treatment plan.

Program case managers will assess and evaluate all licensees referred to the program, either for participation or evaluation only, to determine the extent of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provide assessment, intervention and/or develop treatment plan recommendations. This process for the assessment is followed:

- Receive referral.
- Confirm safety of the licensee.
- Confirm licensure.
- Initiate assessment/interview with licensee.
- Initiate recommendations; obtain signed releases of information.
- Initiate plan with nurse.

Staff will be available by phone, for information, for coaching and guidance. An initial call from a licensee includes a preliminary assessment and initial problem identification and triage including potential for withdrawal and need for immediate medical attention. An appointment is made for a comprehensive face-to-face assessment in Denver or in Grand Junction. The assessment generally is covered in two sessions of approximately 2–3 hours each. This is a critical function for the case manager to provide a foundation of information for treatment and

recovery planning as well as to establish a relationship with the nurse. These services are delivered with compassion and concern for the licensee, their family and respect for their professional practice.

Program staff will conduct a comprehensive biopsychosocial assessment to identify a licensee's problem, develop a plan of action, and refer to appropriate resources for treatment and/or problem resolution. The object is to match the licensee with the appropriate level of care. Accurate assessment and appropriate referral increases the likelihood of safe practice and the well being of the licensee.

Once the licensee is assessed, the case manager and the licensee developed specifics of the comprehensive Rehabilitation Contract.

Identifying information	Mental Health History Risk of violence (to self or others)
Demographics	Family history
Legal and licensure information	Substance use history History of previous help
Employment Status Job performance information Work performance problem	Primary Presenting Problem Health Addiction Relationships (e.g., marital) Environmental (e.g., financial, legal)
Physical health history Type of medical benefits	Referral source information

In the nursing community, problem identification and referral to the program is dependent, in part, upon information and awareness within the profession itself and within the work environment. Information on behaviors will be available in advertisements (such as the Colorado Nurse that is sent quarterly to all RNs and LPNs), fact sheets and on the PAS web page with easily understood information on how to make a referral. Articles in professional publications and newsletters will serve to promote discussion of the problems of identification, as well as signs and symptoms demonstrated by a troubled nurse.

Consultation, technical assistance and training services are available to managers and supervisors, concerned family members, office personnel and others. Experience suggests that telephone consultation is effective. Information is provided concerning signs and symptoms of impaired practice, the need to document behaviors on the job, and specifics on worksite confrontation techniques. Services may be accessed during normal business hours, Monday through Friday, 8:00 AM to 5:00 PM in Denver. Similar hours are projected for the Grand Junction office.

Case Managers would be experienced in the use of corroborating tools including the Global Assessment of Functioning (GAF) Scale. This is used to report the case manager's judgment of the licensees overall level of functioning. This information is useful in planning treatment and measuring its impact and in predicting outcome. In addition, the physical health history helps to support the ability to assess physical problems.

- The MAST and CAGE screening tools are used, in addition to others, for drug and alcohol assessment, as necessary. When indicated a toxico-legal checklist for nitrous oxide use is utilized. It includes assessing intermediate and delayed symptoms as well as recommended laboratory tests and medical tests.

The Diagnostic and Statistical Manual IV is utilized to determine diagnostic criteria and degree of illness. This is then used with the American Society of Addiction Medicine patient placement criteria to determine level of care and most appropriate treatment referral. The Biopsychosocial Assessment includes a number of screening tools that are used as indicated. They include:

- GAF—Global Assessment of Functioning Scale
- SOFA—Social & Occupational Functioning Assessment Scale
- MAST—Michigan Alcohol Screening Test
- RAFFT—Relax, Alone, Friends, Family, Trouble
- Yale-Brown Obsessive-Compulsive Scale
- CAGE—Cutting down, Annoyed, Guilty, Eye-opener
- Depression Self-Rating Scale
- Mood Disorder Questionnaire (Bipolar inventory)
- PFAM screening tool for dual diagnosis—Prior, Family, Abstinence, Multiple
- Toxico-legal checklist (to identify/rule out nitrous/vapors)

c. Testing: *Awarded contractor must at a minimum require all recipients to complete a history and physical screening.*

As part of the biopsychosocial assessment, licensees will be required to complete a history and physical screening with their primary care provider. A release of information will be obtained to confer with the provider as necessary. Documentation of findings will be maintained to support decisions regarding subsequent components of the Rehabilitation Contract, such as recommended use of buprenorphine, methadone, antabuse and naltrexone, and to identify any other health issues that may affect treatment, planning and safety to practice.

d. Screening: *Awarded contractor must provide urine drug/alcohol or blood drug/alcohol or other types of screening procedures.*

Screening is utilized as a concrete, objective demonstration of abstinence for chemically dependent clients. Screening provides the identification of relapse. Collection sites will utilize same gender observation. These measures support action by program staff helping to assure public safety.

Approximately 6 years ago, with the goal to increase efficiency, reliability and accountability, PAS reviewed the screening services available. Using multiple sites, multiple labs, reporting variances, different cut-off levels, variable standards, and providing ongoing orientation to constantly changing staff, was not acceptable. We initiated a review of our standards and reviewed various laboratories that included Norchem, Pharmchem, Redwood, Forensic, Medtox, DISA and Vision.

PAS determined that Norchem provided the credentials, certifications, collection site trainings, packaging, chain of custody, confirmation, standardized testing, increased reliability and accountability regarding results and reporting mechanisms. We entered into a service agreement with Norchem to provide screening for health professional clients and others statewide. We have submitted a proposal from Norchem as part of our proposal to the Board of Nursing.

We believe that this proposal offers the gold standard for testing and provides services at reasonable cost to the nurse. In particular, please review the section on randomization on page 38. The availability of on-line results and enhanced mechanization provides excellent support to a program whose intent is to protect the public from unsafe practitioners.

The following proposal was provided by Joni Harris, MT, Territory Sales Manager for Norchem Laboratories. She has been with Norchem since its inception (1994). She has over 19 years of experience in the field of toxicology and laboratory science. Joni resides in the metro Denver, area and is available full-time to address client account requests and requirements, provide training, answer technical questions and oversee administrative functions.

Norchem Laboratory Proposed Services to be Provided to Peer Assistance Services, Inc.:

Norchem Drug Testing <http://www.norchemlab.com> will provide all supplies and services for the collection and testing of specimens. Supplies will be forwarded directly to collection sites. Specimens will be shipped to the laboratory via DHL or Lab Express Courier service, and will arrive in the laboratory typically within one day of shipment.

Laboratory Information

Norchem Drug Testing has enjoyed 13 years of experience in providing forensic drug-testing services to judicial and social welfare agencies throughout the United States. Our current customers include:

- Probation and Parole Offices
- Correctional Management Firms
- Healthcare professional programs
- Drug Courts
- State Prisons
- Treatment Centers
- Community Corrections Agencies
- Jails
- Work Release Programs
- Residential Facilities
- Day Reporting Organizations
- Child Protective Service Agencies

Norchem follows strict procedures for performing drugs of abuse analysis. Its initial screening as well as our confirmation methods conforms to the most up to date and universally accepted procedures. Norchem follows stringent guidelines for maintaining quality control. In addition to strict internal quality control measures, Norchem also participates in rigorous external quality control programs with the College of American

Pathology (CAP), and the American Association of Bioanalysts (AAB). Norchem employs only qualified laboratory analysts for testing. Our Laboratory Director, Thomas E. Vorpahl, M.D. is a medical doctor who is board certified in anatomical and clinical pathology. Our Scientific Director, Dr. Andrew J. Fischinger, holds a Ph.D. in chemistry and has 20 years experience with toxicology.

Providing legally defensible results is a critical aspect of Norchem's customer service, considering the life-affecting decisions being made by most clients. Scientists and highly trained customer service personnel are available every business day to answer your questions concerning interpretation of results, interfering substances, specimen adulteration and other technical questions.

Laboratory Services

Norchem will provide EIA screening for all specimens and confirmation of positive specimens by GC/MS or LC/MS/MS upon request of Peer Assistance Services, Inc. personnel. Test panel options are flexible with regard to the amount and types of drugs that are tested. Norchem also has an extended panel available, suitable for medical professionals. This panel includes both screen and confirmation testing as indicated.

Extended Medical Professional Tests:

DRUG OR DRUG CLASS	INITIAL TEST-Urine		CONFIRMATION TEST-Urine	
	METHOD	CUT-OFF LEVEL	METHOD	CUT-OFF LEVEL
Amphetamine and Methamphetamine	EMIT	1000 ng/ml	LC/MS/MS	500 ng/ml
Cocaine	EMIT	300 ng/ml	LC/MS/MS	150 ng/ml
Barbiturates Butalbital Secobarbital Pentobarbital Phenobarbital	EMIT	200/300 ng/ml	GC/MS	200/300 ng/ml
Benzodiazepines Nordiazepam Oxazepam Lorazepam Alprazolam	EMIT	200/300 ng/ml	GC/MS	200/300 ng/ml
Methadone	EMIT	300 ng/ml	LC/MS/MS	300 ng/ml
Phencyclidine (PCP)	EMIT	25 ng/ml	LC/MS/MS	25 ng/ml
Propoxyphene	EMIT	300 ng/ml	LC/MS/MS	300 ng/ml
Opiates Codeine Morphine Hydrocodone Hydromorphone	EMIT	300/2000 ng/ml	GC/MS	300/2000 ng/ml
THC	EMIT	20/50 ng/ml	LC/MS/MS	15 ng/ml
Alcohol	EA	0.02%	GC/FID	.001%/0.02%
Oxycodone	Emit	300 ng/ml	GC/MS	300 ng/ml
Tramadol	LC/MS/MS	500 ng/ml	LC/MS/MS	500 ng/ml
Ketamine	LC/MS/MS	100 ng/ml	LC/MS/MS	100 ng/ml
Meperidine	LC/MS/MS	200 ng/ml	LC/MS/MS	200 ng/ml
Pentazocine	LC/MS/MS	100 ng/ml	LC/MS/MS	100 ng/ml
Butorphanol (Stadol)	LC/MS/MS	50 ng/ml	LC/MS/MS	50 ng/ml

The following additional tests are available on an as needed basis:

- ETG
- Fentanyl
- Soma
- Sufentanil (via reference lab)

Drug use patterns and technologies change frequently. Norchem constantly evaluates the need to offer new tests. If a test for a particular substance is desired that is currently not performed within our laboratory, we will offer testing services through one of our highly certified reference laboratories. If testing volume for a particular substance is sufficient, efforts will be made to develop and validate an assay to be performed within Norchem.

ETG Testing

Due to recent concerns regarding innocent positive ETG's, Norchem utilizes a cut-off of 500 ng/ml. A common cut-off utilized by commercial laboratories is 100 ng/ml. Recent studies have found that innocent positives can occur with the ETG assay. Substances such as foods, cough syrups, mouthwash, hand sanitizers and body sprays contain alcohol and their use may cause increased ETG levels. To overcome the possibility of innocent positives, Norchem recommends utilizing a cut-off of 500ng/ml (vs. 100 ng/ml used by some labs). *A positive ETG above this level is strong evidence of alcohol consumption. Studies examining incidental exposure conclude that ETG levels in excess of the 500 ng/ml cutoff are not associated with environmental exposure and avoid nearly all incidental exposure issues.**

Confirmation Testing

Drug test screens simply provide a "presumptive" test result. Various over-the-counter and prescription products can cause a presumptive positive screen results. Some examples include; antibiotics (quinolones such as ciprofloxin and ofloxacin can cause a false positive opiate screen), and cough medications (false positive amphetamine and PCP screens). Confirmation by a more specific method such as LC/MS/MS or GC/MS is necessary to rule out false positives.

Norchem has recently implemented LC/MS/MS technology to perform Confirmations. Gas Chromatography/Mass Spectrometry (GC/MS) has long been the "gold" standard in forensic toxicology laboratories as a confirmation technique. This approach, while time proven and effective for forensic confirmations during the past twenty five years, has in the past few years been superseded by a superior analytical technique called Liquid Chromatography/Mass Spectrometry /Mass Spectrometry (LC/MS/MS). This "new generation" confirmation method provides added sensitivity, selectivity, and better turnaround times at no added cost.

The *dual* "mass-spec" of the LC/MS/MS provides for more specific and more sensitive analyses. The "more specific" feature means that it is better at distinguishing the illegal drug from interfering substances like adulterants. The "more sensitive" feature means it can measure the drug at much lower concentrations, making LC/MS/MS analyses less susceptible to dilution efforts by the donor. In fact, LC/MS/MS will detect compounds at one-thousandth the concentration that can be achieved with GC/MS. (picograms/mL vs nanograms/mL)

Adulteration Testing

Norchem will perform the standard basic adulteration check on every specimen. All specimens will be checked for creatinine, temperature, unusual appearance (granules, color, foaming), and odor. Also, instrument readings will be reviewed for abnormalities. Abnormal results will be indicated, and if indicated, specimens will be tested for additional substances including nitrates, bleach, glutaraldehyde, chromates, pH and specific gravity. If technicians observe anything unusual through our routine "specimen validity" assessment (this measures the urine creatinine, specific gravity if creatinine < 5 mg/dl, checks for unusual odor, color, instrument response, physical characteristics such as particulates and unusual viscosity, these findings are reported to the certifying scientist. Based on these findings we will report on the "validity" (or integrity) of the specimen. Specimens received with COC requirements intact, but made invalid by some adulterant, can still test positive for drugs. In such an event, Norchem will be able to withstand legal challenges to the positive result with appropriate test measures and results.

Specimen Storage

All specimens that screen positive will be stored in locked, freezer storage for six months. All specimens that confirm positive will be stored for one year. This practice allows for re-test requests. In addition, all negative specimens will be stored for 1 week. This allows for test add-on requests.

Record Retention

All documentation including chain of custody forms, instrument readings, QC data will be stored for a minimum of five years. All chain of custody (COC) documents are imaged into our system for quick retrieval and can be faxed upon request. Results will be archived in Norchem's database (minimum 5 years) and in addition, are accessible for a minimum of 2 years to Peer Assistance staff via secure web result database.

Supplies

Norchem will provide the following:

Chain of Custody Forms—Forms are easy to use, all information required for legal defensibility are highlighted in blue. Account information (account number, addresses, test panels) is pre-printed. Critical information on the form is bar-coded for absolute specimen donor identification.

Benefit—The chain-of-custody form is the most important and litigated portion of the drug test result if a court case is involved. The highlighted fields and bar-coding help ensure legal defensibility.

Specimen Cups—Norchem will provide heat-sealed specimen cups with pre-attached temperature strips. Male and female cups are available. Cups close via a "latch" closure, and are leak proof.

Benefit—Pre-attached temperature strips help ensure the temperature of the specimen will be checked. Heat-sealed kits ensure legally defensibility. The donor cannot claim a “dirty, contaminated” cup was used for collection.

Security Seals—These are included on the chain-of-custody form and peel off for ease of use. There is space for the donor initial to verify the specimen was properly sealed in their presence. The seals are bar-coded to match the chain-of-custody form for absolute identification.

Shipping Supplies—Norchem will provide supplies for courier or DHL as determined by location. Both methods of shipping allow for specimen tracking.

Certification

Norchem is CAP-FUDT (College of American Pathology-Forensic Urine Drug Testing) certified. This certifying agency regulates and performs on-site inspection of laboratory equipment, facility, staff qualifications, procedures, quality control, result reporting mechanisms, and method validations. Labs must demonstrate the ability to screen specimens with immunoassay and confirm positive samples by GCMS and/or LCMSMS.

The following table describes some of the basic capabilities of the three most common laboratory certification programs.

Laboratory Component	CLIA (Redwood Toxicology/ Forensic Laboratories)	CAP-FUDT (Norchem)	SAMHSA (Pacific Toxicology/ National Toxicology)
Screening Methods & QC	Alcohol & Creatinine Only	All Drugs	Amphetamines, Cocaine, Opiates (Codeine & Morphine), PCP & THC Only
Confirmation Methods & QC	None	All Drugs	Amphetamines, Cocaine, Opiates, PCP & THC Only
GC/MS Levels Reported	NA	Allowed	Not Allowed Positive or Negative Only
Chain of Custody	None	Internal & External	Internal & External
Specimen Security	None	Required	Required
Forensically” trained inspectors	No	Yes	Yes

CAP-FUDT certification requires a high “Forensic Standard” that will insure the “Legal Defensibility” and accuracy of test results.

Collection Sites

Peer Assistance Services currently utilizes multiple collection sites throughout Colorado that can be expanded. These sites are trained in the collection and submission of drug-testing samples. Sites provide observation of specimen collection with same gender staff. Sites are periodically evaluated. All complaints are investigated promptly. Norchem Drug Testing will forward appropriate supplies directly to the collection site(s) as approved by Peer Assistance Services, Inc. Peer Assistance Services, Inc. will require individual site agreements detailing collection processes.

Selected Norchem Screening Sites		
AGENCY	ADDRESS	CITY
San Luis Valley Mental Health Center	2017 Lava Lane	Alamosa
Arvada Counseling	7850 Vance Drive, Suite 280	Arvada
Aurora Center for Treatment	1591 Chambers Road, Suite E	Aurora
Wiz Quiz Aurora	2323 S. Troy Street, Suite 1 222	Aurora
Rocky Mountain Behavioral Health	3239 Independence Road	Canon City
Wiz Quiz Castle Rock	967 N. Park	Castle Rock
AB Counseling	6901 S. Yosemite Street	Centennial
Wiz Quiz South	2275 E. Arapahoe Road, Suite 205	Centennial
Adult Youth Counseling	223 Wasatch Avenue, Suite 101	Colorado Springs
CO Health Services	327 E. Pikes Peak	Colorado Springs
Hoffler & Associates	6170 Lehman Drive, Suite 109	Colorado Springs
Turning Point	5160 N. Union Boulevard	Colorado Springs
ARTS Gaylord	1827 Gaylord Street	Denver
Behavioral Interventions, Inc.	1630 Welton Street, Suite 200	Denver
Wiz Quiz Denver	1410 Grant Street, Suite C-308	Denver
Pathfinders	701 N. Camino del Rio, Suite 308	Durango
Detox of La Plata County	3801 N. Main Street	Durango
Hilltop House	1050 Avenida del Sol	Durango
Commercial Testing Corporation	5650 Greenwood Plaza Boulevard	Englewood
Mt. Hope Recovery	Post Office Box 4679	Estes Park
Behavioral Interventions, Inc.	150 W. Main Street, Suite D	Grand Junction
Wiz Quiz Grand Junction	838 Grand Avenue, Suite 201	Grand Junction
Restitution Center	555 18th Street	Greeley
Monarch Counseling	129 N. Harrison Avenue	Lafayette
Behavioral Interventions, Inc.	2099 Wadsworth Boulevard	Lakewood
Discovery	1450 Hoyt Street	Lakewood
Wiz Quiz Lakewood	1360 S. Wadsworth Boulevard, Suite 116	Lakewood
Longmont Community Treatment Center	236 Main Street	Longmont
Drug Testing, Inc.	26 S. Stough	Montrose
Columbine Family Medicine	159 Hwy 72 West	Nederland
Behavioral Interventions, Inc.	2200 E. 104 th Avenue, Suite 208	Northglenn
Behavioral Interventions, Inc.	201 W. 8th Avenue, Suite 440	Pueblo
ARC Counseling	9955 E. Cheyenne Circle	Salida
Crossroads Managed Care	1004 Carbon Place.	Trinidad

Norchem has additional sites in Aspen, Boulder, Brighton, Cortez, Delta, Ft. Morgan, Glenwood Springs, Golden, Hugo, Littleton, Sterling, and Thornton. All sites are reviewed for compliance with forensic standards. Complaints are investigated immediately.

Chain-of-Custody

Norchem follows CAP-FUDT guidelines that ensure legal defensibility of chain of custody documentation. Legal defensibility is maintained through the use of external (prior to specimen's arrival in the laboratory), and internal (within the laboratory environment) chain of custody documentation.

Norchem's COC process is designed to properly document specimen collection, transfer, receipt, and subsequent handling within the analytical laboratory at Norchem.

Documentation of the entire COC process is divided into two distinct domains:

- External COC—the process involving specimen collection and transport
- Internal COC—the process involving specimen receipt, analysis, storage and disposal

External COC—The documentation associated with the external COC process starts with the information provided on the Test Request & Chain of Custody form. This form is filled-out at the time of specimen collection. For convenience, forensic COC and test request documents are integrated into the same form; and each form has a unique number assignment for proper cross-referencing with the sample. The required information on the Test request & Chain of Custody form is as follows:

Donor name or other donor identifier, donor signature and date, collection date and time, whether or not visual monitoring took place, signature (and date) of individual performing the collection, signature (and date) of Norchem individual receiving the sample, and whether or not the specimen container seal (as well as the specimen bag seal) was intact at time of receipt.

Once the collection has occurred and the Test Request & Chain of Custody form completed, this form along with the specimen are placed in tamper evident packaging for transfer to Norchem. Before Norchem receives the specimen, the specimen is in a state of transfer from the collection site to Norchem. Transfer mechanisms include the U.S. Mail and private courier services. Per the Federal Register (Section 40.25) these individuals are exempt from chain of custody documentation as the specimen is sealed in tamper evident material). Daily specimen receipt logbooks are maintained and represent the start of the documentation associated with internal COC records for these samples.

Internal chain of custody begins with the physical receipt of samples at Norchem. Courier logs are filled-out and shipping documents are archived daily. Once the samples have been brought to the secured area of the laboratory, it is unlocked and the following examinations are made in order to assess the integrity of each and every sample: Specimen bags are inspected to see if they are still sealed. Specimen bags are then opened so that individual specimen containers and their accompanying Test Request & Chain of Custody (COC) forms can be reconciled to see if the information on the specimen container matches the information on the COC form. Specimen containers are inspected to see if the tamper-evident seal (which is placed over the top of the cap after collection has taken place) is intact.

The results of this initial examination are documented in the form of deficiencies or problems and become part of the specimen narrative, which resides in the laboratory information management system (LIMS). Subsequently, a second examination occurs which is limited to reconciling information provided on the COC paper. This final exam consists of the following observations: agreement between donor name and any additional identification (i.e. social security number, case number, etc.) agreement between specimen identification and the unique COC number, if sufficient sample volume exists for the tests requested, signature and date of collector signature and date of donor, date and time entries for collection,

standard test request specifications noting any unusual test requests (i.e. exceptions to the client-specific test panel).

The records resulting from the execution of the internal COC process include both electronic (LIMS based) and hardcopy formats. Electronic data include specific test requests, encoded deficiencies regarding the external COC process, reference to specific Norchem staff who actually handled the specimens, the actual dates and times the specimen was handled, and the staff member who ordered the test. Hardcopy records include reference to individual staff who "received" and opened each specimen; who actually opened the specimen container; who placed the LIMS generated barcode on the specimen container and specimen test tube; and who actually returned the specimen container to sample storage.

Chain-of-Custody Error Reports

Norchem's practice of documenting chain-of-custody deficiencies allows for oversight of the collection process. Upon request of Peer Assistance Services, Norchem will generate reports that detail this information for particular collection sites. The information provided in this report can be used as an oversight tool as well as a training aid for the collection sites.

Collection Site Training

Upon request, Norchem will provide training to collection sites via written procedures and/or a step-by-step video that details a forensic drug test collection process.

Randomization

If desired, Norchem can provide IVR (Interactive Voice Response) randomization services that can be managed by PAS. Participant information will be entered into a database. Each participant will be assigned a unique ID number. A toll-free phone number will be provided for participants to call on a daily basis. Based on the frequency of testing required, a participant will hear a recording as to test requirements (i.e. "you are required to test today"). The Test Day program allows for great flexibility. Randomization requirements can be customized for each individual or groups of individuals. Virtually any random frequency can be assigned to individuals (monthly, weekly, 6 times per year, 5 times per month, etc.). Test Panels can be customized for each individual as well. Changes can be made quickly and easily via secure web-base access. This technology can be used effectively for the SBON Rule Out Risk Drug/Alcohol Monitoring Program.

Test results are also accessible through the Test Day program. Results will be transferred directly from the laboratory and will be stored in Test Day, so that a drug test report history is easily obtained for each participant. The test day program also generates compliance reports that enable case managers to know whether a participant is calling the system.

The case manger will sign into the system on the web using their personalized username and password. Each case manager will only have access to the clients that are assigned to them. The system also provides for "Supervisors" to log in and see all clients for all social workers in the system. Once logged on to the system, the case manager may add new referrals, edit existing clients, i.e. switch to another participant, adjust the randomization etc. The process for adding or editing a participant is simple and quick. The system also allows the case

manager to schedule a test outside of the randomization should they need to do this. Norchem will import initial donor information into the system.

When each participant is entered into the system, they will be automatically assigned a Donor ID number. This number is the way in which the system ties everything together, randomization, compliance reporting, result reporting. When the client calls the system, they will be prompted, in either Spanish or English, to enter their donor ID. The system will then tell the client whether or not they need to test that day based on that client's randomization. The system records that the client called, at what time, and from what number, for use in reporting compliance.

Result Report Distribution

PAS has access to all drug test results generated by Norchem via secure, password protected web access. Results can be viewed, sorted, and printed 24 hours a day, seven days a week. Levels of access can be achieved through sub-accounts. If appropriate, web result access can be provided to the Board for certain individuals. Results are generated in real time and transmitted directly to the web as testing is complete. In addition to web access, results can also be faxed as directed by PAS. All report mechanisms are HIPAA compliant.

Travel/Vacations

Norchem maintains a nationwide data base of qualified collection sites across the United States that may be utilized by participants that travel outside of Colorado. When traveling, the participant must obtain collection material from PAS in sufficient quantity to meet their randomization frequency.

Payment

Norchem will accept payment directly from the participant for drug testing services, or will bill the collection site. It is the responsibility of the collection site to collect payment for collection services.

Pricing Information

Extended Medical Professional Panel:

Alcohol (Ethanol), Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, PCP, Propoxyphene, THC, Tramadol, Pentazocine (Talwin), Meperidine, Oxycodone, Ketamine, & Butorphanol.....\$28.00

Panel Option #2

Alcohol (Ethanol), Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, Oxycodone, Propoxyphene, PCP, THC\$18.00

Panel Option #3

Alcohol (Ethanol), Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, Propoxyphene, PCP, THC\$14.00

Test Add-Ons

The following tests may be added to a panel above:

- ETG.....\$20.95
- Fentanyl\$15.00
- Soma\$15.00
- Sufentanil Screen\$150.00
- Confirmation..... \$250.00 (via reference lab)

All testing includes supplies, shipping, screen, adulteration screen, automatic confirmation of positives (via GC/MS or LC/MS/MS) with the exception of Sufentanil.

Relapse Protocol

In providing services to healthcare professionals and to assure public safety and provide a consistent response, PAS has developed a protocol for client relapse. Upon notification of a confirmed positive urine drug test result staff will:

- Contact the licensee
- Direct the participant to contact their employer/ supervisor immediately, inform them of the positive drug test result, and arrange to leave work.
- Staff will contact the employer/practice associate/ partner within one hour of contacting participant to verify the test results and the need for the participant to leave work
- Re-evaluate the participant, revise contract requirements as needed.
- Not allow the participant to resume practice until deemed able to do so with reasonable skill and safety. That decision may be made by staff in conjunction with the participant's primary therapist, a psychiatrist, an addictionologist, and/ or the respective Board.
- Notify the staff of the Board verbally within 24 hours and in writing within 48 hours.

PAS Urine Screening Standards have been designed to augment a licensee's rehabilitation contract. The Standards are Attachment 13. The Urine Screening Standards, while current, will require revision as a function of the enhanced proposal from Norchem Laboratories. The licensee, the treatment monitor and the collection agency must sign the form. While PAS refers licensees to collection facilities, the payment arrangements are the responsibility of the licensee.

All Norchem Laboratory UA reports are faxed directly on a dedicated phone line to Peer Assistance Services, Inc. PAS reports confirmed positive results to the staff of the Board within 24 hours verbally and within 48 hours in writing. PAS will respond by removing a nurse from practice, conducting a re-assessed, developing new recommendations to be implemented and return to practice is not permitted until clinically appropriate and with Board approval.

e. Counseling: *Awarded contractor must provide counseling with a therapist who meets Board approved criteria.*

Consistent with SBON Policy 20-18 the following criteria will be met for therapists and other professionals:

- Physician evaluators must be board certified in their specialty.
- 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.

Substance abuse and mental health providers are detailed elsewhere. Other personal problems are addressed using the assessment, referral and short term problem resolution process. PAS maintains access to multiple resources throughout the state. These include Employees Assistance Professionals Association, Colorado Chapter, vocational rehabilitation statewide offices, adolescent and child therapists, domestic violence offender treatment providers, Colorado Organization for Victim Assistance, websites, Consumer Credit Counseling, critical incident stress debriefing resources, senior resources and elder care, legal resources, Mile High United Way, parenting, and process addiction resources.

f. Participant Contracts: *Awarded contractor must place all recipients under a contractual agreement for completion of any planned treatment as identified in the evaluation.*

All licensees that meet the criteria are required to enter into a 3-5 year Rehabilitation Contract. The Dentist Rehabilitation Contract, referenced several times, is attached for review (Attachment 4). This document will be applicable to nurses with modifications to be made for practice settings.

g. Treatment Monitoring: *Awarded contractor must develop a monitoring contract for each recipient and report contract compliance and progress to the Board.*

Monitoring of compliance with all aspects of treatment is the hallmark of the program as it provides assurances for public protection. It is the practice of PAS to monitor, record and report all aspects of the Rehabilitation Contract for its current licensed dentists and pharmacists. This practice would apply to the nurse licensee.

The licensee's progress toward successful recovery can be measured in certain behavioral changes by using the following outcome criteria (when applicable):

The licensee will be able to:

- Abstain from mood altering substances.
- Define the disease of addiction/psychological dysfunction.
- Define the philosophy of relevant 12-step groups.
- Identify the support group to be attended and obtains a sponsor.
- Describe feelings associated with the addictive or dysfunctional behavior.

- Identify coping mechanisms and behavior strategies to use when confronted with the opportunity to return to the addictive behavior or psychiatric dysfunction.
- Identify relapse symptoms.

The licensee will be able to:

- Relate how addiction or psychiatric illness has affected her/his behavior and relationships.
- Communicate how life may be more manageable and less fearful without the addictive substance or behavior.
- Replace self-defeating behavior with active participation in therapy.
- Address issues related to family addictions and/or pain and stresses that influence behavior during the active addictive disease process.

The licensee will be able to:

- Verbalize decrease of anxiety, unhappiness, or mistrust.
- Express increased belief in the worth of self and others.
- Identify short-term goals and invests energy in their achievement.
- Verbalize increasing comfort with relationships.
- Verbalize acceptance of and compliance with medications.
- Understand purpose and side effects of medication regime.

Reports to the Board will be provided as detailed previously.

h. Coverage: *Awarded contractor must have services available to all licensees statewide and have program coverage 24 hours a day, 7 days a week.*

The regular office hours in the southeast Denver are 8:00 AM to 5:00 PM Monday through Friday. On call coverage is and will be provided during non-business hours, weekends, and holidays utilizing voice mail connected to a pager system. Program staff will share on call coverage. A caller to the toll-free or main office number is instructed to page the on-call staff person. All case managers would have a cell phone and the pager would share as the on-call schedule was rotated between them. A specific number for the Nursing Peer Health Assistance Program will be provided at the beginning of the recorded information and repeated for clarification. The agency toll-free number is well publicized and aids in facilitating statewide access to information and help. As appropriate an appointment is made with staff within two working days of the request, or, whenever possible, within 24 hours. Crisis information is made available to callers. Staff will follow-up to any crisis or urgent call during the next business day.

4.4. Compliance with Applicable Laws:

The contractor is to administer the program pursuant to, and demonstrate compliance with, all statutory and rule requirements as well as terms and conditions outlined in this RFP, the contract, and any other applicable laws including the Health Insurance Portability and Accountability Act (HIPAA) and federal confidentiality laws and regulations.

Peer Assistance Services, Inc. is compliant as a business associate with the HIPAA regulations currently. Although we conduct assessments, which are defined as PHI under the Regulations, currently our agency does not conduct electronic transactions. Because of the sensitive nature of the information that we gather and work with, we have worked on our HIPAA compliance

efforts for several years. Our specialized plan and training supports best practices in compliance, both with HIPAA and with the Federal mandate of 42 CFR, Part 2 and State of Colorado requirements.

All PAS staff has been trained on HIPAA compliance, including all the employees in outlying areas across the State. All new staff for the Nursing Peer Health Assistance Program would receive training upon hiring. Peer Assistance has defined permitted uses and disclosures of PHI and developed staff guidelines for those who may have access to that information. We have implemented administrative, technical and physical safeguards to protect PHI. Peer Assistance Services, Inc. is in compliance with the 2005 HIPAA Security Rule.

Given the current extensive use of technology to deliver our services across the state of Colorado, PAS is very mindful, as an organization, about the use of cell phones, email and other devices that may allow for inadvertent disclosure of PHI.

4.5 Confidentiality:

The contractor is to identify specific methods for providing and assuring confidentiality for participants. Identify specific procedures to be followed for maintaining confidentiality of active cases, access and control of computerized information, and storage of medical records. Attach documentation which demonstrates compliant with federal confidentiality requirements and HIPAA.

Records on participants are maintained by code number in a secured client database. A password is required to access the computer network and in turn electronic files. The agency server is kept behind a firewall and is not accessible via normal entry from the Internet. All client information on paper is maintained in a double lock system. All staff members sign a formal confidentiality agreement that specifies the requirements of confidentiality and the consequences for breach of same.

A secure document destruction service is used in lieu of throwing paper in the trash (contract with iron mountain), and that social security numbers are not kept in the database in case of a security breach. UA and BA results are faxed directly into the Information/Data Manager's office.

All confidential client information is maintained on a centralized database on a server at our South Parker Road office. Staff at other sites can access information using a terminal server which requires dual authentication for access.

Backup of electronic files; full backups of server is taken weekly with incremental backups taken nightly; can restore for individual days going back an entire quarter. We have a backup hard drive that is maintain off site on a weekly basis. Back-ups taken off site are restricted to limited authorized personnel.

Notices of confidentiality and releases of information that demonstrate compliance with HIPAA and 42 CFR Part 2 are attached (Attachments 3 and 5).

5.3.3—Management and Experience Component

Describe how your company will manage this project.

Indicate key personnel who will be assigned to the project and described their experience. Explain how you will ensure that equally qualified persons are assigned to the project if these individuals leave the project. The state expects that the awarded Offeror will continue to make the key project personnel available through the life of the contract as long as they remain in offeror's employ. The state reserves the right to approve any replacement personnel.

Peer Assistance Services manages all programs in a manner that is consistent with industry best practices and is compliant with all applicable laws. External program evaluations and the independent financial audit are mechanisms that allow funders to verify the quality of programming provided by PAS.

PAS has a comprehensive interview and selection process that is used to identify individuals who possess the knowledge, skills and abilities required by the position. PAS has comprehensive policies and procedures in place that reflect the standard of services expected by employees of the agency. Employee performance reviews are conducted at regular intervals.

PAS has identified a transition team which will consist of key personnel within the agency. The transition team will be responsible for program implementation until such time that a Program Director and case managers can be hired. After program staff is hired, the transition team will continue to provide oversight and support to the implementation of program services.

The transition team will consist of the following individuals. See section 4.1.b for additional detail.

Current Staff	Credentials	Title
Elizabeth M. Pace	MSM, RN, CEAP	Chief Executive Officer
Lee Ann Aden	MS, CPA	Finance & Operations Director
Jacqueline Westhoven	RN, CEAP, CARN	EAP and Peer Assistance Program Director
Donna Lindsey	RN, CARN, CEAP	Diversion (Pharmacist and Dentist) Program Director
Simon Bober	BA	Human Resources Director
Traci Huey		Data and information manager

Peer Assistance Services has the ability and capacity to expand its current office space by January 1, 2008, in order to facilitate the employment of program staff. Upon notice of the award, PAS would begin search for qualified personnel.

Describe your firm's experience with small projects. For the two most closely related projects; state the [actual audited savings and the time period over which it accrued; give examples of before-and-after pricing and indicate how long vendors honored the new pricing; describe in detail the role and level of state employee involvement during the contract period, including but

not limited to Governor's office personnel, cabinet-level personnel, central purchasing office manager(s) and buyers, IT personnel, accounting personnel].

Both the Pharmacists and Dental programs have been successfully managed since 1993. External evaluations conducted by Dr. Phoebe Barton, University of Colorado School of Medicine, have demonstrated contract compliance, program growth, customer satisfaction by program clients as well as by the regulatory Board.

5.3.4—Cost Component/Operational Budget

The Offeror shall provide an operational budget for year one in response to the Statement of Work Section 4.3.

4.3 Fees

Quote the total fees per year for providing all services described in this RFP. Allocated amount available to fund the 2008 program is dependent upon the actual revenues and the number of licensees in Colorado. Estimated amount can be derived from section 3.2 Overview. Payment will be disbursed monthly for the period January 1, 2008 through December 31, 2008. Any money received pursuant to a contract with the Board that is unspent by the Contractor as of December 31, 2008 shall be returned to the administering entity selected by the Board pursuant to the provisions of paragraphs 9 (b) if Subsection 12-38-131 for subsequent appropriation and disbursement.

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 licensed Colorado recipients.

Concisely and clearly describe your agency's ability to manage the ongoing costs associated with the ensuing contract. Include any information that may be used to supplement expenses of the Program above the amount provided by the fund. Include your budget for this program and detail the costs of your services per line item.

A one-year budget is provided for January 1 through December 31, 2008, and is consistent with available fees. The funds budgeted under this contract will be used 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 licensed Colorado recipients.

In order to design a program that will adequately provide the scope of services required to meet the needs of nurses in Colorado, it was determined that additional case management staff would be required in Denver and Grand Junction. The proposed level of staffing is possible because PAS has the ability to allocate overhead expenses across 20 contracts. In year one, PAS will supplement program funding in order to further the development of the programmatic infrastructure.

References

Please provide at least three (3) and no more than five (5) references that support the Offeror's proposal. Provide the principle contact and telephone number, as well as a brief description of work performed for each. Include the timeframe for work performed. The State reserves the right to include the State of Colorado and other states as additional references. The State also reserves the right, at its discretion, to contact any organization or individual that may have knowledge of the Offeror for the purpose of verifying the information provided by the Offeror. The State will check references only on the apparently successful Offeror as a method of determining responsibility; references will not be scored.

Reference Chart

Company Name	Contact	Telephone	Brief Description
Colorado Board of Dental Examiners, DORA	Mr. Maulid Miskell Program Director	303 894-7761	Peer Assistance Services, Inc. has been a contractor with the CDDE since 1993 providing the Dentist Peer Health Assistance Program
Colorado State Board of Pharmacy, DORA	Ms. Wendy Anderson Program Director	303 894-7754	Peer Assistance Services, Inc. has been a contractor with the SBOP since 1993 providing the Pharmacist and Pharmacy intern Peer Health Assistance Program
Office of Behavioral Health and Housing, DHHS	Ms. Janet Wood Director Behavioral Health Services	303-866-7486	Peer Assistance Services, Inc. has been a contractor with ADAD since 1984 providing workplace prevention and peer employee assistance programs
Colorado Department of Corrections	Mr. Joe Stommel Chief of Rehabilitation Services	719 583-5842	Peer Assistance Services, Inc. has contracted with the CDOC since 1998 providing the adult TASC (treatment accountability for safer communities programs) parolees with substance abuse and mental health problems.
Colorado Department of Regulatory Agencies	Ms. Rose McCool Director Division of Registrations	303 894-7690	PAS sends all CBDE and SBOP reports and evaluations to the Director for review