



RFP, 22MCO598
Response to Questions
September 28, 2022

Gentlemen/Ladies:

This document contains questions submitted by prospective bidders and responses to those questions.

1. Please confirm the proposal deadline and opening date is actually Monday October 17, 2022, not Thursday?
Confirmed. The deadline and opening date is Monday October 17, 2022.
2. Will the County kindly consider allowing vendors to submit proposals via email in lieu of the hard copies and USB drive detailed in the RFP? Given pandemic-related logistics and supply chain challenges, increased materials costs and a shared desire to minimize environmental impact, emailed proposals are becoming more and more common.
No
3. Will the County provide a way for vendors to remotely/virtually attend the proposal opening on October 17?
No
4. What is the estimated total monthly quantity of specimens the County anticipates sending to the lab?
1,200
5. What are the addresses for all locations from which specimens will need to be picked up?
215 W. Industrial, Midland, TX 79701 (1 location only)
6. What is the estimated monthly quantity of specimens the County anticipates sending to the lab from each location above?
1,200
7. What is the average positivity rate of the specimens? That is, out of all specimens screened, what percentage screen positive for at least one substance?
17%
8. What is the average number of analytes confirmed per sample?
Five
9. Does the County wish to supply a standard pricing form or for vendors to present pricing in their own format?
Present pricing in the vendor's format

10. Regarding: "Vendor must be able to integrate with the Hamer eCMS software system (Hamer Enterprises) utilized by Adult Probation and the Midland County Drug Court.

Can the County kindly elaborate on the integration requirements between the Vendor and Hamer eCMS? Please be as detailed as possible. For example, file formats used, data dictionaries, integration/file transfer protocols (e.g., FTP/sFTP, SOAP), any fees, etc.

Hamer eCMS recommends a real-time integration using JSON APIs using HTTP requests (POST/GET) with header authorization. eCMS is to initiate the push and pull of information. Information that would be exchanged would include the Donor Unique ID Number within eCMS, Unique ID Number within the vendor's system, Donor's Name, Donor's DOB, Donor's gender, Donor's supervising officer, any vendor information required for specific panel testing and or pricing as well as detailed testing results.

11. How is the random selection process conducted currently?

Individuals call a phone number or go to a website operated by the current UA vendor. They enter their assigned PIN number and they are told if they need to report for a UA on that day or not. The current UA vendor provides the system for this.

Probationers are also notified by text message from the current UA vendor's software based on their UA frequency.

Individuals are set to various random testing rates/protocols or to manual (on demand by staff) within the current UA vendor's software system. This is based on their supervision intensity, program type, or the judge's directive.

12. How are clients/donors/participants currently notified of the need to test?

They can be notified by their caseworker or the judge at any time. But typically, they are notified based on random scheduling. The current UA vendor provides the system for this. Individuals call a phone number or go to a website operated by the current UA vendor. They enter their assigned PIN and are told if they need to report for a UA on that day or not.

Probationers are also notified by text message from the current UA vendor's software based on their UA frequency.

Individuals are set to various random testing rates/protocols or to manual (on demand by staff) within the current UA vendor's software system. This is based on their supervision intensity, program type, or the judge's directive.

13. Please confirm that County staff will perform all specimen collections and that the vendor is not being asked to supply any collection personnel, staff, or collection sites.

Confirmed.

Confirm the vendor need only "provide all necessary sample collection and transportation supplies.

Confirmed

14. Regarding, "For all positive immunoassay screens, conduct a second laboratory immunoassay screen with a new aliquot of the specimen prior to reporting the positive specimen.
Will the County reconsider this requirement to instead allow for a single initial screen with confirmation testing upon request? Information to substantiate this request follows.
Conducting a second immunoassay screen on all positive immunoassay screens, even using a new aliquot of the specimen is not supported by CAP-FDT, APPA, or even SAMHSA guidance. And it is more important than ever for agencies like the County to make the most of finite resources and shrinking budgets.
Standard practice in toxicology, especially in legally defensible drug testing, is to perform two tests, distinct from one another, on separate portions of the sample. The first test is considered a presumptive screen that qualitatively identifies compounds at the drug class level. If the sample is found to be a presumptive positive, to be considered a legally defensible positive result, a confirmation test must be performed using a physical chemical method distinctly different from the screening method that is more sensitive and more specific, to definitively identify the drugs or metabolites and provide a quantitative value.
It is important to note that many laboratories require presumptive positive specimens to undergo confirmation testing if any formal legal action is anticipated and before any expert testimony can be provided.
In sum, a "re-screen" approach is not in step with modern toxicology standards or guidelines and does not offer additional legal defensibility. The County need only request confirmation testing when a donor denies use or for evidentiary purposes. And, only confirmed positive results (LC/MS/MS or GC/MS) are legally defensible.
No.
15. How many "re-screens" (a second immunoassay screen on a positive immunoassay screen result) are currently performed, on average?
Our positive rate is approximately 17%.
What is the positivity rate for "re-screens"? That is, of these "second laboratory immunoassay screens," what percentage test positive for at least one substance that did not produce a presumptive positive result from the first immunoassay screen test?
We are not told whether or not the initial or re-screen was positive or negative. Both tests must be positive for the sample to be reported back to us as positive. If the initial screen is negative, a re-screen is not conducted. We do not have information on how many initial screens were positive but the re-screens were negative. That would be reported to us as a negative result.
16. Regarding, "Vendor must have the ability to provide legal affidavits and/or expert testimony upon request."
a. Approximately how many instances of testimony have been required in the past year?
None.
b. Approximately how many legal affidavits have been required in the past year?
None.
c. Will the county accept telephonic testimony for expert witnesses? Increasingly, courts, judges and prosecutors across the country are allowing testimony to be provided remotely.
That will be up to the presiding judge in the case. None have been required in the past year.
17. Who is/are the current provider/s of these services?
Averhealth LLC.
18. What is the current pricing?
\$7.95 per initial screen.

19. Is the current contract available? If so, how many interested vendors obtain a copy?
Prior to 9/1/22 we were utilizing the State of TX DIR Contract with Averhealth, LLC; I do not know how many interested vendors have obtained a copy as that contract is on the DIR website.
Attached is our current agreement with Averhealth, LLC.
20. Can the County clarify how many 1-year renewals are possible on the resulting contract?
There is not a number of renewals possible right now; as long as the vendor and Midland County have a good standing business relationship and any increase requests are reasonable and approved by both parties
21. What is the anticipated award date for this contract?
October 24, 2022
22. What is the anticipated start date for this contract?
Anywhere between November 1 – December 1, 2022
23. Who is the incumbent provider for this bid?
Averhealth LLC.
24. What is the County currently paying for the requested lab services?
\$7.95 per initial screen sample
25. Can the County define the most utilized 5-panel lab screen?
Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)
Cannabinoids (THC)
Benzodiazepines
Amphetamines (amphetamines, ecstasy, methamphetamines)
Cocaine
Plus ETG
26. What are the anticipated volumes for the 5-panel lab screen?
1,200 per month.
27. What is the County's current positivity rate?
17%
28. Can the County clarify the divisions and/or departments that may utilize this contract?
Midland County Adult Felony Drug Court (includes DWI Court and Transitional Treatment Court),
Midland CSCD (Adult Probation).
Midland Veterans Court
Possibly Midland County Pretrial Bonding
29. Is the County interested in receiving pricing for instant devices as an initial screen method?
Yes. However, not for the initial screen, but for use when the lab is closed or for off-site collection.
30. Can the County clarify whether they require Vendors to the CAP or CLIA accreditation or if they require both?
Both.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereinafter referred to as "MOU"), effective as of this 1st day of September 2022 and entered into by and between **Midland Judicial District CSCD** (hereinafter referred to as "the CSCD") and **Avertest, LLC d/b/a Averhealth** (hereinafter referred to as "Provider"), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

SECTION I. PURPOSE AND SCOPE

- 1.01 The purpose of this MOU is to provide Measurement-based Systematic monitoring services for clients supervised by the CSCD . The services shall foster coordination of care and supervision and help clients abstain from substance use and achieve stability within the community.
- 1.02 The MOU, as referred to herein, shall mean this document executed by the CSCD and Provider, and shall include the Terms and Conditions set forth herein, Attachments A and B described in Sections II and IV and attached hereto, and any supplemental agreement or modification entered into between the CSCD and Provider, in writing and signed by each Party, after the date of this MOU.
- 1.03 This MOU constitutes the entire agreement between the parties and supersedes all prior agreements, written or verbal, between the CSCD and Provider with respect to the subject matter hereof. No statements, promises or agreements whatsoever, in writing or verbal, in conflict with the terms of the MOU have been made by the CSCD or Provider which in any way modify, vary, alter, enlarge or invalidate any of the provisions and obligations herein stated. This MOU may be amended and modified only in writing signed by both the CSCD and Provider.

SECTION II. ROLES AND RESPONSIBILITIES

- 2.01 The CSCD shall refer clients for Measurement-based Systematic Monitoring by entering relevant client information into Aversys.
- 2.02 Provider shall provide services as specified in Attachment A, "Scope of Services", attached hereto and incorporated by reference into this MOU.

SECTION III. TERM

- 3.01 The term of this MOU shall begin as of the date indicated above and shall terminate ninety (90) days thereafter, unless terminated earlier in accordance with this MOU.
- 3.02 This MOU shall automatically renew for ninety (90) day terms unless a party notifies the other in writing of its intention to not renew this MOU, at least thirty (30) days prior to the expiration of said term.
- 3.03 In the event of dissatisfaction among the parties, the Provider and the CSCD shall meet to develop a plan to cure the source of the dissatisfaction. Should the Provider and CSCD develop a mutual plan, this MOU shall remain in effect, but and in no case shall either party terminate this MOU until at least thirty (30) days following the meeting.

- 3.04 This MOU is contingent upon the CSCD receiving the necessary funding to cover the obligations of the CSCD. In the event that such funding is not received or appropriated, the obligations of the CSCD under the MOU shall cease, and each party shall be released from further performance under the MOU without any liability to the other party.

SECTION IV. COMPENSATION

- 4.01 Provider proposes to furnish all labor, materials and supplies in accordance with the conditions of this MOU necessary to complete the work as defined in Attachment A at the rates set forth in Attachment B, "Service Fees", attached hereto and incorporated herein. There are no minimum or maximum compensation levels for services under this MOU.
- 4.02 Provider shall in a reasonable, prompt, and timely fashion submit properly itemized invoice(s) for services performed for which expenses incurred under this MOU are payable by the CSCD. The CSCD shall pay Provider within thirty (30) days after receipt of such properly itemized invoice(s) where payment is incurred by and owed by the CSCD.

SECTION V. GENERAL PROVISIONS

- 5.01 Independent Provider. The parties agree that Provider is an independent provider and is in no way an employee or agent of the CSCD. As such, Provider is not entitled to workers' compensation or any benefit of employment by the CSCD. The CSCD shall have no control over the performance of this MOU by the Provider or Provider's employees, except to specify the results to be achieved. Provider acknowledges that it is not insured in any manner by the CSCD for any loss of any kind whatsoever. Provider has no authority, express or implied, to bind or obligate the CSCD in any way.
- 5.02 Necessary Documentation. Provider certifies that it will furnish the CSCD, if requested, any and all documentation, certification, authorization, license, permit, or registration required by applicable federal, state and local laws, rules, regulations or ordinances. Provider further certifies that it is now and will remain in good standing with such governmental agencies and that it is now and will maintain its license, permit, registration, authorization, or certification, as applicable, in force during the term of this MOU.
- 5.03 Confidentiality.
- 5.03.1 The obligations of this section shall survive the termination of this MOU and shall be applicable to the full extent permissible under statutes governing access to public records. Provider understands that the information provided to it or obtained from the CSCD during the performance of its services is confidential and may not, without prior written consent of the CSCD, be disclosed to any person without receiving permission from the CSCD except to employees or agents of Provider who have a need to know in order to provide the services. Further, Provider's work product generated during the performance of this MOU is confidential to the CSCD. Confidential information shall not include information, that: (a) was known by Provider or the CSCD at the time it was received; (b) is, as of the time of its disclosure or thereafter becomes, part of the public domain through a source other than Provider or the CSCD; (c) is made known to Provider or the CSCD by a third person who to the knowledge of the Provider or the CSCD does not impose any obligation of confidence

on Provider or the CSCD with respect to such information; (d) is required to be disclosed pursuant to governmental authority, law, regulation, duly authorized subpoena or CSCD order whereupon Provider or the CSCD shall provide notice to the other party prior to such disclosure; or (e) information that is independently developed by Provider or the CSCD without references to the confidential information.

5.03.2 Provider acknowledges that it is a Qualified Service Organization as defined by 42 C.F.R. Part 2 and that: (i) in receiving, storing and processing, or otherwise dealing with any information from the CSCD about clients, it is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; (ii) any client information it receives from the CSCD that is protected by 42 C.F.R. Part 2 is subject to protections that prohibit the Provider from disclosing such information to agents or subcontractors without the specific written consent of the client; and (iii) if necessary, will resist in judicial proceedings any efforts to obtain access to client information except as otherwise permitted by 42 C.F.R. Part 2.

5.03.3 Provider acknowledges that : (i) in receiving, storing and processing, or otherwise dealing with any information from the CSCD about clients, it is fully bound by the provisions of the federal regulations governing Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164; (ii) any client information it receives from the CSCD that is protected by 45 C.F.R. Parts 160 and 164 is subject to protections that prohibit the Provider from disclosing such information to agents or subcontractors without the specific written consent of the client; and (iii) if necessary, will resist in judicial proceedings any efforts to obtain access to client information except as otherwise permitted by 45 C.F.R Parts 160 and 164.

5.03.4 Provider shall not, under any circumstances, release information provided to it by, or on behalf of, the CSCD that is required to be kept confidential by the CSCD except as contemplated by Section 5.03.1(d), above.

5.04 Records; Audit. Provider shall maintain books, records, documents and other evidence directly pertinent to performance of services under this MOU. Provider shall make such materials available, at its offices at all reasonable times during the MOU period and for a period of three (3) years from the date of final payment under this MOU, for inspection by the CSCD or any other authorized representative of the CSCD. Copies thereof, if requested, shall be furnished at no cost to the CSCD.

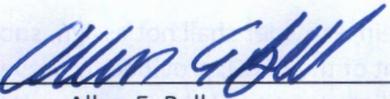
5.05 Insurance. Provider agrees to obtain and keep in force during its acts under this MOU a comprehensive general liability insurance policy in the minimum amount of \$1,000,000 and \$1,000,000/personal injury and a professional liability insurance in the minimum amount of \$1,000,000, which shall name and protect Provider; Provider's officers, agents, and employees; the CSCD; and the officers, agents, and employees of the CSCD from and against all claims, losses, actions, and judgments for damages or injury to persons or property arising out of or in connection with the acts or omissions of Provider. Certificates of Insurance, naming the CSCD as an "additional insured," showing such coverage then in force (but not less than the amount shown above) shall be filed with the CSCD within thirty (30) days of this Agreement.

- 5.06 Indemnification. Provider agrees to indemnify, defend, and hold harmless the CSCD, and its directors, officers, agents, officials, representatives, and employees from and against any and all demands, claims, losses, actions, causes of action, judgments and liens arising out of or in connection with the acts and/or any performances, omissions, activities, or breach of Provider or any of its officers, agents, employees or subcontractors. Such indemnity shall include attorney's fees and all costs and other expenses arising therefrom or incurred in connection therewith and shall not be limited by reason of the enumeration of any insurance coverage required herein. The Provider shall be relieved of its indemnification obligation to the extent any injury, damage, death or loss is attributable to the acts or omissions of the CSCD.
- 5.07 Non-discrimination. Provider and its officers, agents, employees, and subcontractors shall not discriminate against any employee or applicant for employment to be employed in the performance of this MOU, with respect to her or his hire, tenure, terms, conditions, or privileges of employment, or any matter directly or indirectly related to employment, because of her or his race, sex, religion, color, national origin, ancestry, age, disability, or United States military service veteran status.
- 5.08 Conflict of Interest. Provider certifies and warrants to the CSCD that neither it nor any of its officers, agents, employees, or subcontractors who will participate in the performance of any services required by this MOU has or will have any conflict of interest, direct or indirect, with the CSCD.
- 5.09 Force Majeure. In the event that either party is unable to perform any of its obligations under this MOU – or to enjoy any of its benefits – because of fire, explosion, power blackout, natural disaster, strike, embargo, labor disputes, war, terrorism, riots, acts of God, acts or decrees of governmental bodies or other causes beyond such party's reasonable control (hereinafter referred to as Force Majeure Event), the party who has been so affected shall immediately give notice to the other and shall take commercially reasonable actions to resume performance. Upon receipt of such notice, all obligations under this MOU shall immediately be suspended except for payment obligations with respect to service already provided. If the period of nonperformance exceeds sixty (60) days from the receipt of the Force Majeure Event, the party whose ability to perform has not been so affected may, by giving written notice, terminate this MOU.
- 5.10 Applicable Laws; Forum.
- 5.10.1 Provider agrees to comply with all applicable federal, state and local laws, rules, regulations or ordinances, and all provisions required thereby to be included in this MOU are hereby incorporated by reference. This includes, but is not limited to, the Federal Civil Rights Act of 1964 and, if applicable, the Drug-Free Workplace Act of 1988. The enactment of any state or federal statute or the promulgation of regulations thereunder after execution of this MOU shall be reviewed by the CSCD and Provider to determine whether the provisions of the MOU require formal modification.
- 5.10.2 This MOU shall be construed in accordance with the laws of the state where services are provided. Venue for any dispute arising under this MOU shall be in state and county where the CSCD is located.

- 5.11 Severability. If any provision of this MOU is held to be invalid, illegal, or unenforceable by a court of competent jurisdiction, the provision shall be stricken, and all other provisions of this MOU which can operate independently of such stricken provisions shall continue in full force and effect.
- 5.12 Successors and Assigns. Except as otherwise provided herein, Provider shall not assign, sublet or transfer its interest in this MOU without the written consent of the CSCD; provided, however, the Provider may freely assign this MOU to a subsidiary or affiliated entity of the Provider. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the CSCD or the Provider.
- 5.13 Authority to Bind Provider. Notwithstanding anything in this MOU to the contrary, the signatory for Provider represents that he/she has been duly authorized to execute agreements on behalf of Provider and has obtained all necessary or applicable approval to make this MOU fully binding upon Provider when his/her signature is affixed and accepted by the CSCD.
- 5.14 Debarment and Suspension
- 5.14.1 Provider certifies, by entering into this MOU, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from or ineligible for participation in any Federal assistance program by any Federal Court, or by any state or local Court, County or political subdivision. The term "principal" for purposes of this MOU means an officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of Provider.
- 5.14.2 Provider shall not subcontract with any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in any Federal assistance programs by any Federal Court, or by any state or local Court, County or political subdivision.
- 5.15 Compliance With E-Verify Program. Provider shall enroll in and verify the work eligibility status of all newly hired employees of Provider through the E-Verify Program ("Program"). Provider is not required to verify the work eligibility status of all newly hired employees through the Program if the Program no longer exists. Provider shall not knowingly employ or contract with an unauthorized alien or retain an employee or contract with a person that Provider subsequently learns is an unauthorized alien.
- 5.16 Signature. Signatures may be executed in counterparts and by facsimile or electronic form.
- 5.17 Survival. Notwithstanding any other provision of this MOU, the provisions of paragraph 5.04 "Records" of this MOU shall survive the expiration, cancellation or termination of this MOU.
- 5.18 Mutual Drafting. The CSCD and Provider agree that this MOU has been mutually drafted and authored by the CSCD and the Provider and that it shall not be construed against any one party.

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the dates subscribed on the next page.

MIDLAND JUDICIAL DISTRICT CSCD

By: 
Name: Allen E. Bell
Title: Midland CSCD Agency Director

AVERTEST, LLC D/B/A AVERHEALTH

By: 
Name: Jason Herzog
Title: Chief Executive Officer

ATTACHMENT A – SCOPE OF SERVICES

1. **Information Management System (IMS):** Provider will provide the CSCD with access to a secure, web-based HIPAA compliant IMS, that at a minimum allows the CSCD to:
 - a. Enroll clients in the alcohol and drug testing program;
 - b. Enter custom test panels specific to each client;
 - c. Order unscheduled tests for an individual client;
 - d. Enter excused test periods for an individual client;
 - e. Inactivate or activate clients;
 - f. Track and review client test history;
 - g. Enter specific client co-pay amounts;
 - h. Designate vouchers for specific clients; and
 - i. Track applicable client payments.

The IMS shall include a dashboard view specific to each case manager that:

- a. Provides the supervising case manager quick access to each client;
 - b. Provides a consolidated summary of all activity related to each client;
 - c. Illustrates if a client is scheduled to test;
 - d. Shows if a client has called the client notification system or not; and
 - e. Provides a summary of recent positives, no shows, and other non-negative test results.
2. **Automated Random Selection Calendar:** Provider will provide, support and maintain a secure automated random selection testing calendar that is configurable to CSCD specified parameters and provides the ability to:
 - a. Create default parameters that specify testing frequency and test panels, among other attributes;
 - b. Schedule clients on an individual or group basis;
 - c. Conduct testing services on any day of the year, including weekends and holidays;
 - d. View past and future testing events via the IMS; and
 - e. Manually order a one-time or unscheduled test for individual clients via the IMS.
 3. **Client Notification:** Provider will provide, support, and maintain a client notification system that notifies clients of the need to test. The client notification system must:
 - a. Create a unique personal identification number (PIN) for each client;
 - b. Record time, date and phone number of when clients call;
 - c. At a minimum provide English and Spanish language options;
 - d. Calculate a call-in compliance score for each client;
 - e. Report if a client fails to contact the notification system;
 - f. Allow the supervising case manager to post custom text-to-speech messages for an individual client or group of clients;
 - g. Provide capacity adequate to efficiently handle the number of calls received during peak call-in times; and
 - h. Provide participants with text message and mobile application (when functionality is available) options over a call-in option.

4. **Supplies & Transportation:** The Provider shall provide all necessary sample collection and transportation supplies and courier pick-up within 24 hours of notification for specimens collected by the CSCD.
5. **Laboratory Testing:** The Provider shall:
- Operate a laboratory that is certified by the County of Health and Human Services (DHHS), Clinical Laboratory Improvements Act (CLIA) and the College of American Pathologists – Forensic Drug Testing (CAP-FDT);
 - Conduct a laboratory immunoassay screen on all samples (instant test devices are not permitted);
 - All positive immunoassay screens must be run a second time with a new aliquot of the specimen prior to reporting the positive specimen;
 - Report the screen results by the completion of the next business day following specimen collection (e.g., screen results for samples collected and shipped on Monday shall be reported on Tuesday.);
 - Conduct confirmation via GC/MS or LC-MS/MS as requested by the CSCD;
 - Retain negative specimens for five (5) business days;
 - Store non-negative samples in secure, frozen store for sixty (60) days;
 - Test assays at the cut-off levels listed in Table 1 below; and

Table 1

Assay	Specimen	Screen Cut-off	Confirmation Cut-off
Amphetamines	Urine	1000 ng/mL	100 ng/mL
MDA	Urine	N/A	50 ng/mL
MDEA	Urine	N/A	50 ng/mL
MDMA	Urine	N/A	50 ng/mL
Methamphetamine	Urine	N/A	100 ng/mL
Phentermine	Urine	N/A	50 ng/mL
Cannabinoids	Urine	20 ng/mL	5 ng/mL
Cocaine	Urine	300 ng/mL	50 ng/mL
Opiates	Urine	300 ng/mL	N/A
Heroin (6-MAM)	Urine	N/A	5 ng/mL
Codeine	Urine	N/A	50 ng/mL
Hydrocodone	Urine	N/A	50 ng/mL
Hydromorphone	Urine	N/A	50 ng/mL
Morphine	Urine	N/A	50 ng/mL
Oxycodone	Urine	N/A	50 ng/mL
Oxymorphone	Urine	N/A	50 ng/mL
PCP	Urine	25 ng/mL	12 ng/mL
Barbiturates	Urine	200 ng/mL	N/A
Butobarbital	Urine	N/A	100 ng/mL
Butalbital	Urine	N/A	100 ng/mL
Pentobarbital	Urine	N/A	100 ng/mL
Secobarbital	Urine	N/A	100 ng/mL
Benzodiazepines	Urine	200 ng/mL	N/A
Alprazolam	Urine	N/A	50 ng/mL
Clonazepam	Urine	N/A	50 ng/mL
Diazepam	Urine	N/A	50 ng/mL
Flunitrazepam	Urine	N/A	50 ng/mL
Flurazepam	Urine	N/A	50 ng/mL
Hydroxyalprazolam	Urine	N/A	50 ng/mL

Lorazepam	Urine	N/A	50 ng/mL
Midazolam	Urine	N/A	50 ng/mL
Nordiazepam	Urine	N/A	50 ng/mL
Oxazepam	Urine	N/A	50 ng/mL
Temazepam	Urine	N/A	50 ng/mL
Meperidine	Urine	200 ng/mL	N/A
Sufentanil	Urine	N/A	1 ng/mL
Meperidine	Urine	N/A	50 ng/mL
Normeperidine	Urine	N/A	50 ng/mL
Naloxone	Urine	N/A	50 ng/mL
Naltrexone	Urine	N/A	50 ng/mL
Methadone	Urine	300 ng/mL	25 ng/mL
EDDP	Urine	N/A	25 ng/mL
Methamphetamines	Urine	500 ng/mL	100 ng/mL
Ecstasy	Urine	500 ng/mL	100 ng/mL
Propoxyphene	Urine	300 ng/mL	25 ng/mL
Norpropoxyphene	Urine	N/A	25 ng/mL
EtG	Urine	500 ng/mL	300 ng/mL
EtS	Urine	N/A	100 ng/mL
Buprenorphine	Urine	5 ng/mL	5 ng/mL
Norbuprenorphine	Urine	N/A	50 ng/mL
SOMA	Urine	100 ng/mL	N/A
Carisoprodol	Urine	N/A	50 ng/mL
Meprobamate	Urine	N/A	50 ng/mL
Fentanyl	Urine	2 ng/mL	1 ng/mL
Norfentanyl	Urine	N/A	1 ng/mL
Acetyl Fentanyl	Urine	N/A	1 ng/mL
Acryl Fentanyl	Urine	N/A	1 ng/mL
Alfentanil	Urine	N/A	1 ng/mL
Benzyl Carfentanil	Urine	N/A	1 ng/mL
beta-Hydroxy Fentanyl	Urine	N/A	1 ng/mL
Butyryl Fentanyl	Urine	N/A	1 ng/mL
Carfentanil	Urine	N/A	1 ng/mL
Cyclopropyl Fentanyl	Urine	N/A	1 ng/mL
Fluorobutyryl Fentanyl	Urine	N/A	1 ng/mL
Furanyl Fentanyl	Urine	N/A	1 ng/mL
Methoxyacetyl Fentanyl	Urine	N/A	1 ng/mL
Methylfentanyl	Urine	N/A	1 ng/mL
Thienyl Fentanyl	Urine	N/A	1 ng/mL
Sufentanil	Urine	N/A	1 ng/mL
Gabapentin	Urine	1.5ng/mL	100 ng/mL
Ketamine	Urine	100 ng/mL	50 ng/mL
Kratom	Urine	N/A	N/A
Mitragynin 1	Urine	N/A	5 ng/mL
7 Hydroxymitragynine 1	Urine	N/A	5 ng/mL
Tramadol	Urine	200 ng/mL	50 ng/mL
Zolpidem	Urine	20 ng/mL	10 ng/mL
Amphetamines <i>Methamphetamines & Ecstasy</i>	Hair	500 pg/mG	500 pg/mG
Cocaine	Hair	500 pg/mG	500 pg/mG
Opiates	Hair	200 pg/mG	200 pg/mG

<i>Codeine, Morphine, 6-MAM, Oxycodone, Hydrocodone, Hydromorphone</i>			
PCP	Hair	300pg/mG	300pg/mG
Cannabinoids	Hair	1pg/mG	0.1pg/mG
Amphetamines	Oral Fluid	50 ng/mL	20 ng/mL
Methamphetamine	Oral Fluid	N/A	20 ng/mL
MDA	Oral Fluid	N/A	20 ng/mL
MDMA	Oral Fluid	N/A	20 ng/mL
Benzodiazepines	Oral Fluid	20 ng/mL	N/A
Alprazolam	Oral Fluid	N/A	1 ng/mL
Diazepam	Oral Fluid	N/A	1 ng/mL
Nordiazepam	Oral Fluid	N/A	2 ng/mL
Lorazepam	Oral Fluid	N/A	1 ng/mL
Oxacepam	Oral Fluid	N/A	1 ng/mL
Temazepam	Oral Fluid	N/A	1 ng/mL
Clonazepam	Oral Fluid	N/A	1 ng/mL
Buprenorphine	Oral Fluid	5 ng/mL	1 ng/mL
Cocaine	Oral Fluid	20 ng/mL, 30 ng/mL DDS	2 ng/mL
Benzoylecgonine	Oral Fluid	N/A	2 ng/mL
Cannabinoids	Oral Fluid	4 ng/mL, 25 ng/mL DDS	2 ng/mL
Opiates	Oral Fluid	40 ng/mL	N/A
Codeine	Oral Fluid	N/A	1 ng/mL
Morphine	Oral Fluid	N/A	1 ng/mL
Hydrocodone	Oral Fluid	N/A	1 ng/mL
Norhydrocodone	Oral Fluid	N/A	1 ng/mL
Hydromorphone	Oral Fluid	N/A	1 ng/mL
Oxycodone	Oral Fluid	N/A	1 ng/mL
Oxymorphone	Oral Fluid	N/A	1 ng/mL
Norcodeine	Oral Fluid	N/A	1 ng/mL
Noroxycodone	Oral Fluid	N/A	1 ng/mL
Dihydrocodeine	Oral Fluid	N/A	1 ng/mL
Methadone	Oral Fluid	50 ng/mL	5 ng/mL
Methamphetamines	Oral Fluid	50 ng/mL	20 ng/mL
PCP	Oral Fluid	10 ng/mL	1 ng/mL
Breath Alcohol Test	Breath	0.00	0.00

pg/mG = picogram per milligram of hair
ng/mL = nanogram per milliliter of urine

- i. Conduct specimen validity testing via creatinine testing on all samples and specific gravity, PH, oxidants when needed.
6. **Electronic Chain of Custody:** The IMS shall generate a legally defensible electronic chain of custody that fully integrates client demographic data (name, gender, age, case manager, etc.) and tracks the specimen during all phases of the testing process.
7. **Results Reporting:** The Provider shall report all test results and related information via the IMS. Specifically, the Provider shall:

- a. Report test results for urine and oral fluid on the next business day. Test results for hair and bloods specimens shall be reported within five business days;
 - b. Segment results and test data by supervising case manager;
 - c. Conduct data analysis on specimen results to discern new use from residual use;
 - d. Assist with results interpretation; and
 - e. Provide consultation and results interpretation in-person and/or via teleconference on an as needed basis.
8. **Information Reporting:** The IMS shall provide the CSCD with program analytics that aid the CSCD in data analysis and report generating functions. Reports shall be sortable by supervising officer and at a minimum shall include:
- a. Detailed and summary results;
 - b. Individual test reports;
 - c. Client test history;
 - d. An overview all testing activities; and
 - e. Detailed views of the historic and future testing calendars, among others.
9. **Primary Contact:** Provider will designate a primary contact. Such contact may be changed from time to time as communicated by Provider.
10. **Expert Testimony:** Provider shall provide legal affidavits and/or expert testimony upon request. The CSCD will work with Provider to provide as much advance notice as possible for expert testimony needs.
11. **Newsletter:** Provider shall provide a free electronic newsletter, published monthly that covers topics in the criminal justice and public safety markets, including topics on emerging trends in the manufacturing and abuse of designer drugs and research and reporting on issues related to substance abuse.
12. **Training & Orientation Sessions:** Provider will conduct training and orientation sessions for judges, attorneys, and CSCD staff with respect to alcohol and drug testing process. Provider will work with the CSCD to mutually schedule the training and orientation sessions.
13. **Monthly Account Summary:** Provider will track testing fees and client co-pays to provide a monthly account summary and invoice within ten (10) calendar days following the completion of a month.

SERVICE FEES

Service	Price per Unit of Service
Standard Panel comprised of any of five (5) of the following assays plus ETG or other Specialty Assay: Amphetamines (amphetamines, ecstasy, methamphetamines), barbiturates, benzodiazepines, cannabinoids (THC), cocaine, ecstasy, methadone, methamphetamine, opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone), PCP, and propoxyphene	\$7.95 / panel* *The above pricing is based on estimated volume of 1,100 samples per month. If volume is less, pricing may be increased. The above pricing applies to the initial year of service. Each subsequent year of service will see a price increase of 3%.
Standard Drug Add-on List: Amphetamines (amphetamines, ecstasy, methamphetamines), barbiturates, benzodiazepines, cannabinoids (THC), cocaine, ecstasy, methadone, methamphetamine, opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone), PCP, and propoxyphene	\$ 0.50 / test
Specialty Drug Add-on List: Buprenorphine, Carisoprodol, ETG, Fentanyl, Heroin, Ketamine, LSD, Meperidine, Tramadol, or Zolpidem	\$2.50 / test
Gabapentin Add-on	\$5.00 / test
Synthetic Cannabinoids Urine Analysis	\$25.00 / test
Synthetic Stimulants Urine Analysis (Bath Salts)	\$35.00 / test
Standard Oral Fluid Panel (Benz, Coc, Meth, Opiates, & THC)	\$19.50 / panel
Oral Fluid Add-ons (buprenorphine, methadone, oxycodone, and tramadol)	\$2.50 / panel
Hair Test	\$85.00 / panel
Transdermal	\$100.00 / panel
Standard Confirmation Test	\$19.95 / test
Expert Witness Testimony	\$750.00 per 2-day session
Litigation Packet	\$150.00 / packet
Case Management System	Included, No Charge
Random Selection	Included, No Charge
Client Notification System	Included, No Charge
Video Testimony	Included, No Charge
Training & Consultation Sessions	Included, No Charge
Participation in County Staffing Sessions	Included, No Charge