



STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

**REQUEST FOR PROPOSALS # 34401-00524
AMENDMENT # 8
FOR CLINICAL LABORATORY DRUG CONFIRMATION
TESTING SERVICES**

DATE: March 7, 2016

RFP # 34401-00524 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Confirmed
5. State Response to Written "Questions & Comments"		Confirmed
6. Response Deadline	2:00 p.m.	Confirmed
7. State Completion of Technical Response Evaluations		Confirmed
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	Confirmed
9. Negotiations (Optional)	4:30 p.m.	Confirmed
10. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	Confirmed
11. End of Open File Period	4:30 p.m.	Confirmed
12. State sends contract to Contractor for signature		Confirmed
13. Contractor Signature Deadline	2:00 p.m.	Confirmed

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT	STATE RESPONSE
1 What Laboratory are you currently working with?	Aegis
2 Who is your current Third Party Administrator?	Department of Intellectual and Developmental Disabilities results and administrative duties for the drug testing are handled by DIDD Human Resources.
3 What is your current pricing?	\$50.00 PER SCREENING plus additional \$5.00 for synthetic drugs
4 Please list your current collection sites.	Multiple Sites: East TN: Occupational Health Services, a division of Summit Medical Services Middle TN: Aegis & Middle TN Regional Offices West TN: Examination Management Services, Inc. (EMSI) 3233 Players Club Parkway, Memphis, TN 38125 & West TN Regional Offices
5 How many tests/cases were done in 2015? (goods/services on page 36).	Approximately 480
6 What is the Department of Intellectual and Development Disabilities average number of tests conducted annually? Please clarify based on reason for test (e.g., 100 pre-employment drug screens, 500 random drug screens, 5 reasonable suspicion drug screens, and 5 post-accident drug screens).	These statistics are no longer maintained by the Department of Intellectual and Developmental Disabilities.
7 Is alcohol testing conducted? If so, should fee be included in additional services price schedule?	No, alcohol testing is not part of this contract.
8 Please confirm if random selections are generated for drug screens and alcohol tests. If so, what is the frequency and percentage of employees selected.	Random selections are generated for drug screens monthly. A minimum of 10 employees are in the monthly pool.
9 What test types need to be performed onsite (e.g., random and reasonable suspicion)? Does onsite collections need to be performed after normal business hours? And finally, should mileage fee be included in additional services price schedule for onsite collection? I understand there is no compensation for travel expenses such as lodging and food.	Random and pre-employment tests should be done onsite. Depending on the timing of the occurrence, post- accident tests may be done onsite. Yes, after normal business hours are needed. A mileage fee should not be included in additional cost for onsite collection. All line items should be inclusive of mileage and related fees.
10 Regarding onsite collections, how many days in advance will vendor be notified of this need? In addition, for onsite shy bladder situations can fee be included in additional services price schedule?	Onsite collections are scheduled 5-7 days in advance. One hour for suspicion and post accidents. Yes, if specimen is not collected within 3 hours an additional fee may be included in a price schedule.

QUESTION / COMMENT	STATE RESPONSE
11 What is the Department of Intellectual and Development Disabilities positivity rate for last year?	Statewide, our records only reflect two positive tests.
12 Please confirm that all drug screens will be sent to SAMHSA Certified Lab for GC/MS confirmation.	Yes, the contractor is responsible for sending all drug screens to a SAMHSA Certified Lab for GC/MS confirmation.
<p>13 A 3.The Contractor shall be available to provide drug screenings to DIDD staff as requested by the State at the following locations.</p> <p>Question: The assumption is that DIDD staff will travel to the designated collection site for testing. Is that correct?</p> <p>Question: The assumption is that testing will be conducted during the business hours as established by each collection site. Is that correct?</p>	<p>Yes, for PRE-EMPLOYMENT, the staff will travel to the collection sites outlined in section A 3. In most cases, for RANDOM, the testing is done at the regional offices. For SUSPICION AND POST ACCIDENT, the testing and collection varies based on the situation and needs. The contractor should be prepared to travel to all sites listed in A 3.</p> <p>Yes, Pre-employment & Random are during normal business hours. Suspicion and Post Accident could occur after hours at all site locations listed in Section A3.</p>
<p>14 A.4. Testing. The Contractor shall provide drug testing in accordance with the requirements of the Tennessee Drug Free Workplace Act and 49 C. F. R. 40 at a Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory.</p> <p>a. The Contractor shall conduct employee drug testing in the following categories:</p> <p>(1) New job applicants testing,</p> <p>(2) Post-accidental testing,</p> <p>(3) Random testing of employees in positions determined to be safety-sensitive by DIDD,</p> <p>(4) Reasonable suspicion testing,</p> <p>(5) Return to duty testing; and</p> <p>(6) Follow-up testing.</p> <p>Question: What was the total testing for each of these categories in 2014 & 2015? Can you also share testing statistics by location (locations referenced in A.3.a.-d, page 32)?</p> <p>Question: The requirements of the Tennessee Drug Free Workplace Act are referenced throughout the RFP. Is the Department of Intellectual and Development Disabilities a certified Tennessee Drug Free Workplace?</p>	<p>These statistics are no longer maintained by the Department of Intellectual and Developmental Disabilities.</p> <p>No, the Department of Intellectual and Developmental Disabilities, is not a Drug Free Workplace under the Tennessee Drug Free Workplace Act; however, the Department of Intellectual and Developmental Disabilities does wish for the contractor to fulfill all requirements in the Tennessee Drug Free Workplace Act.</p>
15 A.5. The Contractor shall provide a standard five-panel drug screen for the following drugs:	The contract is being amended in Section A.5 to follow the Tennessee Drug Free Workplace

QUESTION / COMMENT	STATE RESPONSE
<p>a. THC - 50 NG/ML; 15 NG/ML b. Amphetamines – 1000 NG/ML; 500 NG/ML c. Cocaine d. Opiates e. Phencyclidine</p> <p>Question: The requirements of the Tennessee Drug Free Workplace Act are referenced throughout the RFP and it is stated that the Contractor shall provide drug testing in accordance with the requirements of the Tennessee Drug Free Workplace Act and 49 C.F.R. Part 40. The Tennessee Drug Free Workplace Act requires the following test levels at a minimum. Will the Department of Intellectual and Development Disabilities follow the levels are prescribed by the Tennessee Drug Free Workplace Act or will a special panel, as listed in the RFP, be required?</p> <p>1. Cut-off levels on initially screened specimens:</p> <p>Amphetamines500 ng/mL Marijuana (cannabinoids).....50 ng/mL Cocaine (benzoyllecgonine)150 ng/mL Opiates (codeine, morphine, heroin)....2,000 ng/mL PCP (phencyclidine).....25 ng/mL 6-Acetylmorphine (heroin).....10 ng/mL MDMA (ecstasy).....500 ng/mL</p> <p>2. Cut-off levels on confirmation specimens:</p> <p>Amphetamines.....250 ng/mL Marijuana (cannabinoids).....15 ng/mL Cocaine (benzoyllecgonine).....100 ng/mL Opiates (codeine, morphine, heroin)...2,000 ng/mL PCP (phencyclidine).....25 ng/mL 6-Acetylmorphine (heroin).....10 ng/mL MDMA (ecstasy).....250 ng/mL</p>	<p>Program and Act.</p>
<p>16 A 6. The Contractor shall add an optional drug screen for Oxycontin to the standard five panel drug screen described in section A.5. of this contract for a six panel drug screen upon request by the State.</p>	<p>The contract in section A 6 is being amended to reflect the changes in section A 5 and to allow for expanded opiate testing.</p> <p>The test for Oxycontin is required to be laboratory-based. Expanded opiate testing should be included</p>

QUESTION / COMMENT	STATE RESPONSE
<p>Question: Is this test required to be a laboratory-based test or can it be a rapid results test (quick test)? Can other opiates be included to the panel with the addition of Oxycontin as most laboratories conduct expanded opiate testing that includes more than this one drug? For example, Hydrocodone, Oxycodone, Hyrdomorphone, etc.</p>	<p>in this optional test.</p>
<p>17 A 7. The Contractor shall provide individual drug screens for cannabinoids (synthetic marijuana) and synthetic cathinones (often referred to as bath salts) upon request by the State. These drug screens are not included with the five panel or the six panel screens described in Sections A.5. and A.6. of this contract.</p> <p>Question: Is this test required to be a laboratory-based test or can it be a rapid results test (quick test)? If this is a laboratory based test, is the drug to be added to the standard five panel drug screen or completed as a standalone test?</p>	<p>The contract in section A 7 is being amended to reflect changes in section A 5.</p> <p>This is a standalone test and is required to be laboratory based.</p>
<p>18 A.8. The Contractor shall transport all specimens indicating a positive result on the initial drug screen to its lab within 24 hours of the positive screening for confirmation through Gas Chromatograph/Mass Spectrometer (GC/MS).</p> <p>Question:</p> <p>This process is handled by the laboratory and since laboratory-based testing is required under this RFP, all specimens will be sent to the laboratory after collection. The Contractor will not be handling a positive test prior to confirmation. The labeling of the transport containers is also dictated by whichever laboratory is used but all laboratories follow DOT protocol. Therefore, is this requirement relevant?</p>	<p>Yes</p>
<p>19 A 12. Routine negative test results must be available to the State by written notification or secure email by the following morning after shipment is received where appropriate. Both positive and negative written reports must be submitted by written notification or by secure email to the requesting field location within forty-eight (48) hours of the assay.</p> <p>Question:</p> <p>The timeline for reporting a positive (or even a negative) test result cannot be mandated if we</p>	<p>Yes, we understand that samples sent to the MRO will take longer because of the process.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>are required to follow the guidelines and regulations of Tennessee Drug Free Workplace Act and 49 C.F.R. Part 40. Both of these programs dictate the process to be followed by the laboratory and the MRO. For example, most laboratories require extra time (up to 5 days) to perform confirmation testing. The MRO is required to follow a process with the donor that can take time to insure the donor is given adequate time to produce prescription information. Therefore, is this requirement relevant and will it be removed?</p> <p>Below are the regulations from C.F.R. Part 40 that explain the process. Pertinent sections are highlighted.</p> <p>§ 40.131 How does the MRO or DER notify an employee of the verification process after receiving laboratory confirmed non-negative drug test results?</p> <p>(a) When, as the MRO, you receive a confirmed positive, adulterated, substituted, or invalid test result from the laboratory, you must contact the employee directly (i.e., actually talk to the employee), on a confidential basis, to determine whether the employee wants to discuss the test result. In making this contact, you must explain to the employee that, if he or she declines to discuss the result, you will verify the test as positive or as a refusal to test because of adulteration or substitution, as applicable.</p> <p>(b) As the MRO, staff under your personal supervision may conduct this initial contact for you.</p> <p>(1) This staff contact must be limited to scheduling the discussion between you and the employee and explaining the consequences of the employee's declining to speak with you (i.e., that the MRO will verify the test without input from the employee). If the employee declines to speak with you, the staff person must document the employee's decision, including the date and time.</p> <p>(2) A staff person must not gather any medical information or information concerning possible explanations for the test result.</p> <p>(3) A staff person may advise an employee to have medical information (e.g., prescriptions, information forming the basis of a legitimate medical explanation for a confirmed positive test result) ready to present at the interview with the MRO.</p>	

QUESTION / COMMENT	STATE RESPONSE
<p>(4) Since you are required to speak personally with the employee, face-to-face or on the phone, your staff must not inquire if the employee wishes to speak with you.</p> <p>(c) As the MRO, you or your staff must make reasonable efforts to reach the employee at the day and evening telephone numbers listed on the CCF. Reasonable efforts include, as a minimum, three attempts, spaced reasonably over a 24-hour period, to reach the employee at the day and evening telephone numbers listed on the CCF. If you or your staff cannot reach the employee directly after making these efforts, you or your staff must take the following steps:</p> <p>(1) Document the efforts you made to contact the employee, including dates and times. If both phone numbers are incorrect (e.g., disconnected, wrong number), you may take the actions listed in paragraph (c)(2) of this section without waiting the full 24-hour period.</p> <p>(2) Contact the DER, instructing the DER to contact the employee.</p> <p>(i) You must simply direct the DER to inform the employee to contact you.</p> <p>(ii) You must not inform the DER that the employee has a confirmed positive, adulterated, substituted, or invalid test result.</p> <p>(iii) You must document the dates and times of your attempts to contact the DER, and you must document the name of the DER you contacted and the date and time of the contact.</p> <p>(d) As the DER, you must attempt to contact the employee immediately, using procedures that protect, as much as possible, the confidentiality of the MRO's request that the employee contact the MRO. If you successfully contact the employee (i.e., actually talk to the employee), you must document the date and time of the contact, and inform the MRO. You must inform the employee that he or she should contact the MRO immediately. You must also inform the employee of the consequences of failing to contact the MRO within the next 72 hours (see §40.133(a)(2)).</p> <p>(1) As the DER, you must not inform anyone else working for the employer that you are seeking to contact the employee on behalf of the MRO.</p>	

QUESTION / COMMENT	STATE RESPONSE
<p>(2) If, as the DER, you have made all reasonable efforts to contact the employee but failed to do so, you may place the employee on temporary medically unqualified status or medical leave. Reasonable efforts include, as a minimum, three attempts, spaced reasonably over a 24-hour period, to reach the employee at the day and evening telephone numbers listed on the CCF.</p> <p>(i) As the DER, you must document the dates and times of these efforts.</p> <p>(ii) If, as the DER, you are unable to contact the employee within this 24-hour period, you must leave a message for the employee by any practicable means (e.g., voice mail, e-mail, letter) to contact the MRO and inform the MRO of the date and time of this attempted contact.</p> <p>[65 FR 79526, Dec. 19, 2000, as amended at 66 FR 41952, Aug. 9, 2001; 68 FR 31626, May 28, 2003; 69 FR 64867, Nov.9, 2004; 73 FR 35971, June 25, 2008]</p> <p>§ 40.133 Without interviewing the employee, under what circumstances may the MRO verify a test result as positive, or as a refusal to test because of adulteration or substitution, or as cancelled because the test was invalid?</p> <p>(a) As the MRO, you normally may verify a confirmed positive test (for any drug or drug metabolite, including opiates), or as a refusal to test because of adulteration or substitution, only after interviewing the employee as provided in §§40.135–40.145. However, there are three circumstances in which you may verify such a result without an interview:</p> <p>(1) You may verify a test result as a positive or refusal to test, as applicable, if the employee expressly declines the opportunity to discuss the test with you. You must maintain complete documentation of this occurrence, including notation of informing, or attempting to inform, the employee of the consequences of not exercising the option to speak with you.</p> <p>(2) You may verify a test result as a positive or refusal to test, as applicable, if the DER has successfully made and documented a contact with the employee and instructed the employee to contact you and more than 72 hours have passed since the time the DER contacted the employee.</p>	

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<p>(3) You may verify a test result as a positive or refusal to test, as applicable, if neither you nor the DER, after making and documenting all reasonable efforts, has been able to contact the employee within ten days of the date on which the MRO receives the confirmed test result from the laboratory.</p> <p>(b) As the MRO, you may verify an invalid test result as cancelled (with instructions to recollect immediately under direct observation) without interviewing the employee, as provided at § 40.159:</p> <p>(1) If the employee expressly declines the opportunity to discuss the test with you;</p> <p>(2) If the DER has successfully made and documented a contact with the employee and instructed the employee to contact you and more than 72 hours have passed since the time the DER contacted the employee; or</p> <p>(3) If neither you nor the DER, after making and documenting all reasonable efforts, has been able to contact the employee within ten days of the date on which you received the confirmed invalid test result from the laboratory.</p> <p>(c) As the MRO, after you verify a test result as a positive or as a refusal to test under this section, you must document the date and time and reason, following the instructions in § 40.163. For a cancelled test due to an invalid result under this section, you must follow the instructions in § 40.159(a)(5).</p> <p>(d) As the MRO, after you have verified a test result under this section and reported the result to the DER, you must allow the employee to present information to you within 60 days of the verification to document that serious illness, injury, or other circumstances unavoidably precluded contact with the MRO and/or DER in the times provided. On the basis of such information, you may reopen the verification, allowing the employee to present information concerning whether there is a legitimate medical explanation of the confirmed test result.</p> <p>[65 FR 79526, Dec. 19, 2000, as amended at 73 FR 35971, June 25, 2008]</p> <p>§ 40.135 What does the MRO tell the employee at the beginning of the verification interview?</p> <p>(a) As the MRO, you must tell the employee</p>	

QUESTION / COMMENT	STATE RESPONSE
<p>that the laboratory has determined that the employee's test result was positive, adulterated, substituted, or invalid, as applicable. You must also tell the employee of the drugs for which his or her specimen tested positive, or the basis for the finding of adulteration or substitution.</p> <p>(b) You must explain the verification interview process to the employee and inform the employee that your decision will be based on information the employee provides in the interview.</p> <p>(c) You must explain that, if further medical evaluation is needed for the verification process, the employee must comply with your request for this evaluation and that failure to do so is equivalent of expressly declining to discuss the test result.</p> <p>(d) As the MRO, you must warn an employee who has a confirmed positive, adulterated, substituted or invalid test that you are required to provide to third parties drug test result information and medical information affecting the performance of safety-sensitive duties that the employee gives you in the verification process without the employee's consent (see §40.327).</p> <p>(1) You must give this warning to the employee before obtaining any medical information as part of the verification process.</p> <p>(2) For purposes of this paragraph (d), medical information includes information on medications or other substances affecting the performance of safety-sensitive duties that the employee reports using or medical conditions the employee reports having.</p> <p>(3) For purposes of this paragraph (d), the persons to whom this information may be provided include the employer, a SAP evaluating the employee as part of the return to duty process (see §40.293(g)), DOT, another Federal safety agency (e.g., the NTSB), or any state safety agency as required by state law.</p> <p>(e) You must also advise the employee that, after informing any third party about any medication the employee is using pursuant to a legally valid prescription under the Controlled Substances Act, you will allow 5 days for the employee to have the prescribing physician contact you to determine if the medication can be changed to one that does</p>	

QUESTION / COMMENT	STATE RESPONSE
<p>not make the employee medically unqualified or does not pose a significant safety risk. If, as an MRO, you receive such information from the prescribing physician, you must transmit this information to any third part</p>	
<p>20 A 13. A drug screen profile of each test sample submitted to the clinical laboratory for analysis shall be prepared by the clinical laboratory, indicating either positive or negative results, and returned to the appropriate DIDD location contact. The laboratory profile shall contain the following:</p> <p>Question: Clinical laboratories, in accordance with the requirements of the Tennessee Drug Free Workplace Act and 49 C.F.R. Part 40, do not release positive test results to anyone other than a certified Medical Review Officer. These results are released to the appropriate DIDD contact only after the Medical Review Officer has either completed or attempted to complete (according to regulation) the donor interview process. Should this requirement be modified or removed?</p>	<p>A.13 of contract has been amended to include "... indicating either positive or negative results. Positive test results shall be released to the certified Medical Review Officer, as per the Tennessee Drug Free Workplace Act. These results are released to the appropriate DIDD contact only after the Medical Review Officer has either completed or attempted to complete (according to regulation) the donor interview process."</p>
<p>21 A 14. The Contractor shall include the following statement "Positive results are reported only after confirmation by Gas Chromatography/Mass Spectrometry" on all drug screen profiles.</p> <p>Question: This statement is not currently printed on drug test results due to the fact that that is a required step per regulation. Can this be assumed since this is required by both Tennessee Drug Free Workplace Act and 49 C.F.R. Part 40 and that is the testing process that is required to be followed under this proposal?</p>	<p>Yes. The Contractor shall follow regulations in all drug screen profiles as outlined in the Tennessee Drug Free Workplace Act and 49 CFR Part 40.</p>
<p>22 A 20. a) If reports, spreadsheets, or other documents, prepared by the Contractor, include Patient Health Information (PHI), the Contractor is required to use DIRECT Secure e-mail using a DIRECT accredited Health Information Service Provider (HISP) to transport those documents to the Procuring State Agency Staff.</p> <p>Question: What is DIRECT Secure e-mail? Is it a specific product? If not, do you have a list of accredited Health information Service Providers?</p>	<p>Direct Secure e-mail is a secure messaging technique that transports Health Information Exchange. Information is secure because it is encrypted until opened by the intended recipient. For more information visit:</p> <p>http://www.tn.gov/ehealth/section/direct-technology</p>

3. Delete RFP Attachment 6.6. Section A.5. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

The Contractor shall provide a standard drug screen in accordance with the Tennessee Drug Free Workplace Act or Programs. The unit cost per test shall include the cost of collection supplies.

4. Delete RFP Attachment 6.6. Section A.6. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

The Contractor shall add an optional drug screen for Oxycontin to the standard drug screen described in section A5 of this contract upon request by the State.

5. Delete RFP Attachment 6.6. Section A.7. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

The Contractor shall provide individual drug screens for cannabinoids (synthetic marijuana) and synthetic cathinones (often referred to as bath salts) upon request by the State. These screens are not included with the drug screens described in sections A5 and A6 of this contract.

6. Delete RFP Attachment 6.6. Section B. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

B. TERM OF CONTRACT:

This Contract shall be effective on June 1, 2016 ("Effective Date") and extend for a period of sixty (60) months after the Effective Date ("Term"). The State shall have no obligation for goods or services provided by the Contractor prior to the Effective Date.

7. Delete RFP Attachment 6.6. Section C.3. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

- a. The Contractor's compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A.
- b. The Contractor shall be compensated based upon the following payment methodology:

Goods or Services Description	Amount (per compensable increment)				
	06-01-2016 to 05-31-2017	06-01-2017 to 05-31-2018	06-01-2018 to 05-31-2019	06-01-2019 to 05-31-2020	06-01-2020 to 05-31-2021
	Standard Drug Screen with GC/MS Confirmation in accordance with the Tennessee Drug Free Workplace Act or Programs. Contract Sections A.2. and A.5.	\$ / screen	\$ / screen	\$ / screen	\$ / screen
Optional Drug Screen for Oxycontin with GC/MS Confirmation in accordance with the Tennessee	\$ / screen	\$ / screen	\$ / screen	\$ / screen	\$ / screen

Goods or Services Description	Amount (per compensable increment)				
	06-01-2016 to 05-31-2017	06-01-2017 to 05-31-2018	06-01-2018 to 05-31-2019	06-01-2019 to 05-31-2020	06-01-2020 to 05-31-2021
Drug Free Workplace Act or Programs. Contract Sections A.2. and A.6.					
Court Affidavit (each case). Contract Section A.10.c.	\$ / case	\$ / case	\$ / case	\$ / case	\$ / case
In Court Testimony (per hour). Contract Section A.10.b.	\$ / hour	\$ / hour	\$ / hour	\$ / hour	\$ / hour
Synthetic Cannabinoid Drug Screen. Contract Section A.7.	\$ / screen	\$ / screen	\$ / screen	\$ / screen	\$ / screen
Synthetic Cathinones Drug Screen. Contract Section A.7.	\$ / screen	\$ / screen	\$ / screen	\$ / screen	\$ / screen
Alternative Testing for extenuating medical conditions. Contract Section A.16.	\$ / test	\$ / test	\$ / test	\$ / test	\$ / test

- c. The Contractor shall not be compensated for travel time to the primary location of service provision.

8. Delete RFP Attachment 6.3. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

RFP ATTACHMENT 6.3.

COST PROPOSAL & SCORING GUIDE

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

ADDITIONAL REQUIREMENTS FOR COMPLETING PROPOSED COST (*I.E.*, MINIMUM AMOUNT, “BLANK” CELLS, *ETC.*)

NOTICE: The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), “The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.”

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual’s authority to legally bind the Respondent.

RESPONDENT SIGNATURE:								
PRINTED NAME & TITLE:								
DATE:								
RESPONDENT LEGAL ENTITY NAME:								
Cost Item Description	Proposed Cost					State Use ONLY		
	06-01-2016 to 05-31-2017	06-01-2017 to 05-31-2018	06-01-2018 to 05-31-2019	06-01-2019 to 05-31-2020	06-01-2020 to 05-31-2021	Sum	Evaluation Factor	Evaluation Cost (sum x factor)

RESPONDENT LEGAL ENTITY NAME:								
Cost Item Description	Proposed Cost					State Use ONLY		
	06-01-2016 to 05-31-2017	06-01-2017 to 05-31-2018	06-01-2018 to 05-31-2019	06-01-2019 to 05-31-2020	06-01-2020 to 05-31-2021	Sum	Evaluation Factor	Evaluation Cost (sum x factor)
Standard Drug Screen with GC/MS Confirmation in accordance with the Tennessee Drug Free Workplace Act or Programs. Contract Sections A.2. and A.5.	\$ / screen		90					
Optional Drug Screen for Oxycotin with GC/MS Confirmation in accordance with the Tennessee Drug Free Workplace Act or Programs. Contract Sections A.2. and A.6.	\$ / screen		1					
Court Affidavit (each case) Contract Section A.10.c.	\$ / case		1					
In Court Testimony (per hour) Contract Section A.10.b.	\$ / hour		1					
Synthetic Cannabinoid Drug Screen. Contract Section A.7.	\$ / screen		5					

RESPONDENT LEGAL ENTITY NAME:								
Cost Item Description	Proposed Cost					State Use ONLY		
	06-01-2016 to 05-31-2017	06-01-2017 to 05-31-2018	06-01-2018 to 05-31-2019	06-01-2019 to 05-31-2020	06-01-2020 to 05-31-2021	Sum	Evaluation Factor	Evaluation Cost (sum x factor)
Synthetic Cathinones Drug Screen. Contract Section A.7.	\$ / screen		5					
Alternative Testing for extenuating medical conditions. Contract Section A.16.	\$ / test		1					
TOTAL EVALUATION COST AMOUNT (sum of evaluation costs above):								
The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.								
$\frac{\text{lowest evaluation cost amount from all proposals}}{\text{evaluation cost amount being evaluated}}$						x 35 (maximum possible score)	= SCORE:	
State Use – Solicitation Coordinator Signature, Printed Name & Date:								

9. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.