Cordant
Health Solutions®

TECHNICAL PROPOSAL

Response to Request for Proposal

State of Indiana, Department of Administration/
Department of Child Services for
Drug Testing Services and Supplies
RFP #21-2133

Due:

September 10, 2020, 3:00 p.m. Eastern

Submitted by:

Cordant Health Solutions
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Technical Proposal Responses

RFP 21-2133 - ATTACHMENT F - TECHNICAL PROPOSAL

Respondent: | Technical Resource Management, LLC dba Cordant Health Solutions

Instructions:

Request for Proposal (RFP) 21-2133 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract among other respondents in a formal evaluation process. Please be aware that the evaluation of your organization's proposal will be completed by a team of State of Indiana employees and your organization's score will be reflective of that evaluation. The evaluation of a proposal is based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the scope of work detailed in the RFP document and supplemental attachments.

Please review the requirements in Attachment D – Scope of Work carefully. Please describe your relevant experience and explain how you propose to perform the work. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors' activities.

Please use the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal's responsiveness. Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments.

1   **Sections 1, 2, and 3 – Introduction, Background and Objectives, & Drug Testing Vision**

Provide an overview of your company, your experience, and your understanding of the information in Sections 1, 2, and 3. Explain your understanding of the programs and responsibilities outlined in Sections 1, 2, and 3 and provide a high level introduction to your relevant experience. Describe how your company and proposal adhere to DCS' Practice Model and Drug Testing Vision. Describe in detail how you meet each of the Respondent Minimum Requirements listed in Section 2.3.

Cordant Overview

Cordant Health Solutions, herein referred to as "Cordant," has a long, successful, 33-year history of providing quality toxicology services. Our founding laboratory in Tacoma, WA began operating in 1987. Our Flagstaff, AZ laboratory was founded in 1995. In 2012, after combining operations with several additional labs, Cordant was formed as a specialized toxicology healthcare services provider unlike any in the market. Each of Cordant's labs were selected to be part of Cordant because of their unique service offerings, specialties, market focus and certifications, including CAP-FDT, CAP-LAP, SAMHSA and CLIA, along with a shared focus on accuracy, efficiency and cost containment.

Cordant is now a national healthcare company with annual sales of over $107 million. See Cordant's national footprint below. We have a wide range of public and private sector clients and test more than 5 million specimens per year, including over 10,000 specimens per day from government agencies throughout the country.

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Figure 1: *Cordant's National Footprint*
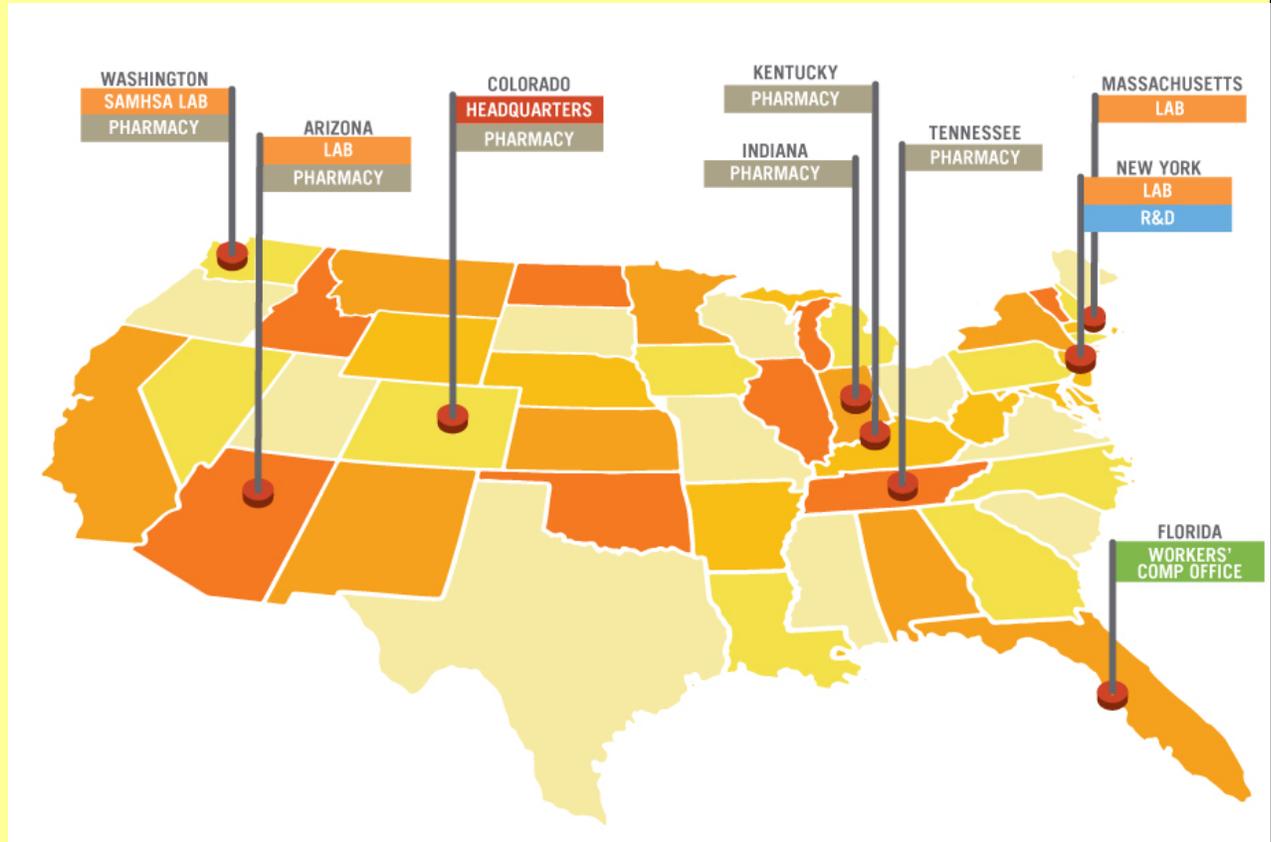
Please see https://cordantsolutions.com/the-company/ for a timeline of our expanded capabilities and growth.

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The Cordant Difference

Cordant offers laboratory testing, pharmacy services, and adherence monitoring tools that provide **actionable insights** to help **improve outcomes** and **more effectively manage** substance use disorder, mental health and criminal justice programs.
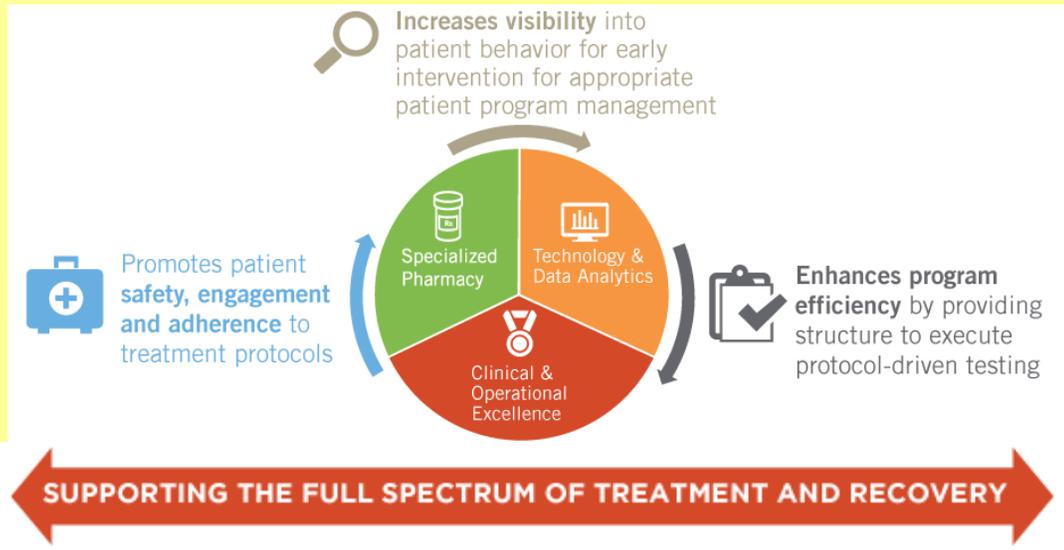
Cordant's solutions are designed specifically for the behavioral health spectrum of care, from the initial referral from the criminal justice system or clinicians through all levels of treatment for substance use disorder and co-occurring mental health conditions.

Our solutions support evidence-based treatment recommendations and transform often fragmented treatment protocols into a more effective recovery program, which saves you and your staff time while helping to facilitate better outcomes.

Cordant Experience

Cordant has a significant amount of experience managing both local and state government contracts of all sizes. As noted above, we test over 10,000 specimens per day from criminal justice agencies throughout the country**.** An entire Business Unit is devoted to serving government agencies, social services agencies and affiliated treatment programs. These customers comprise a significant percentage of our clients. Our focus on serving government agencies is unparalleled.

Cordant's government customers include municipal, county and state judicial departments, specifically, child protective services, juvenile justice groups, drug courts, probation departments, parole departments, community corrections and pre-trial services. Due to our long history of working with agencies similar to the DCS, we understand the specific challenges you face and have developed solutions to improve outcomes in this sensitive population. We have tremendous experience in assisting programs like the DCS in the identification of safety threats, strengths, protective capacities and needs of the family.

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Figure 2: *Illustration of Cordant Client Locations*

Number of Clients
- 1 – 50
- 50 – 100
- 100 – 200
- 200 – 300
- 300+
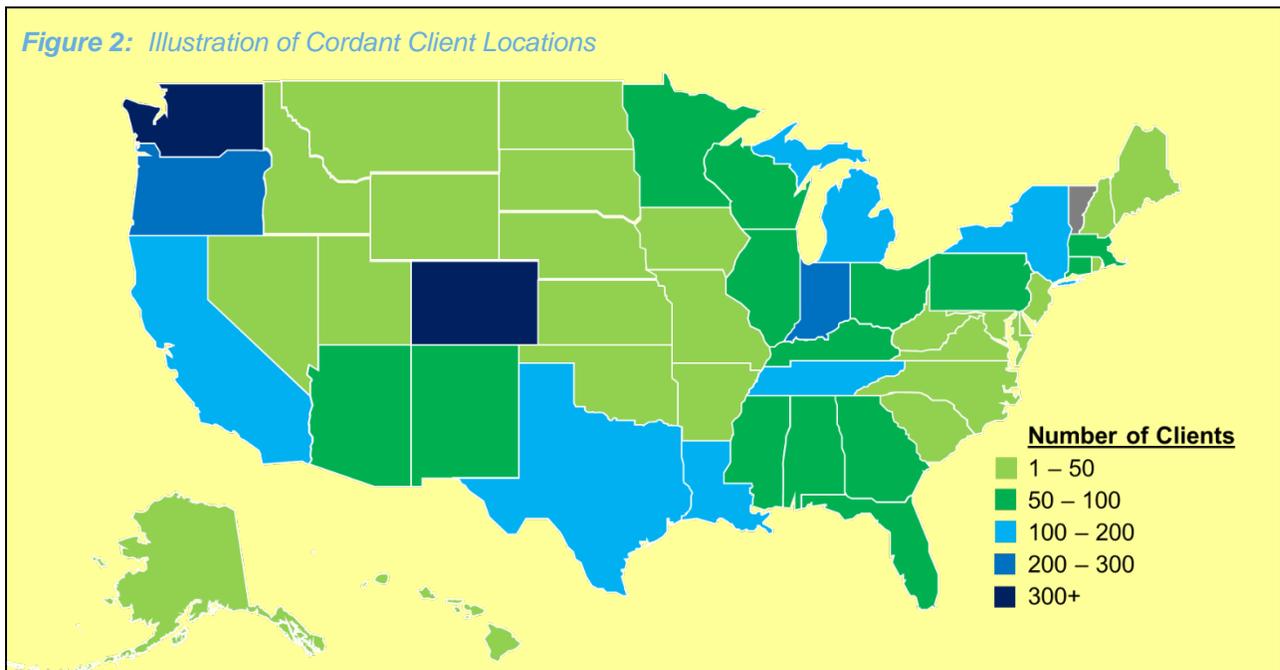
As illustrated above, Cordant has an impressive client list that includes significant experience throughout the country. Our experience is further evidenced by the partial list of current customers below, some of whom have been with Cordant since 2001.

- **Government Agencies in Arizona** – Nearly 7,500 specimens per month.
- **Government Agencies in the Pacific Northwest** – 60,000 samples per month from government agencies and addiction treatment providers in Washington and Oregon.
- **Probation and Health & Human Services Departments in California** – Nearly 13,000 specimens per month.
- **Criminal Justice Agencies in Colorado** – Over 100,000 specimens per month.
- **Michigan Governmental Clients** – Over 15,000 drug screens per month from local government/ court collection sites, with an additional 5,000 sent directly to us from local agencies.
- **Indiana Criminal Justice Agencies** – Over 15,000 specimens a month.
- **Illinois Criminal Justice, Social Service and Treatment Agencies** – 6,000 samples are tested per month from government and treatment agencies in the state.
- **New Mexico Criminal Justice and Youth and Family Services** –10,000 samples a month.
- **Texas Criminal Justice Agencies** – 20,000 samples a month.

Indiana Experience
Cordant is committed to serving the State of Indiana and its agencies. Cordant has been serving multiple government agencies in the state of Indiana since 2013 including probation, community corrections, drug courts, etc. Counties we currently serve include Allen, Blackford, Brown, Clay, Daviess, Dearborn, Dekalb, Delaware, Floyd, Hamilton, Hendricks, Jackson/Jennings, Knox, Kosciusko, La Porte, Lagrange, Madison, Marshall, Martin, Miami, Monroe, Montgomery, Noble, Owen, Perry, Pike, Pulaski, Putnam, Rush, Shelby, Spencer, Starke, Steuben, Switzerland, Union, Vigo, Wabash, Washington, Wells and Whitley. Nearly all

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of our Indiana government customers are utilizing our Sentry program, with full randomization and drug monitoring. Cordant provides laboratory testing of more than 15,000 specimens a month for our Indiana government clients. We provide laboratory services to many abstinence-based treatment providers, medication assisted treatment providers, pain management doctors, and hospitals.

In addition to providing laboratory services to agencies and organizations throughout the State, Cordant has an extensive pharmacy presence (located in Avon, Indiana) that specializes in safely and securely dispensing medications used for the treatment of opioid use and mental health disorders and chronic pain management. Cordant's unique high touch pharmacy services came to Indiana in late 2016 to serve at risk populations across the state. Over the last 3 years, our programs have demonstrated the ability to reduce the amount of pain medication being prescribed throughout Indiana's communities. The introduction of our MAT pharmacy program in 2019 has improved access to MAT medications like buprenorphine across the state.

Today, Cordant serves thousands of patients suffering from opioid use disorder in Indiana through our pharmacy services. Our stigma free and convenient service removes the common barriers that many of these patients experience in simply trying to get their prescribed MAT medication filled by retail pharmacies. The improved patient experience helps to better patient retention rates and leads to better outcomes such as reduced return to use rates. The impact that our services are having on patients is evidenced in the anonymous patient survey results below. Patients expressed their challenges with traditional retail pharmacies as addiction patients and then spoke to their experience with Cordant.

Figure 3: Indiana Pharmacy Patient Survey Results

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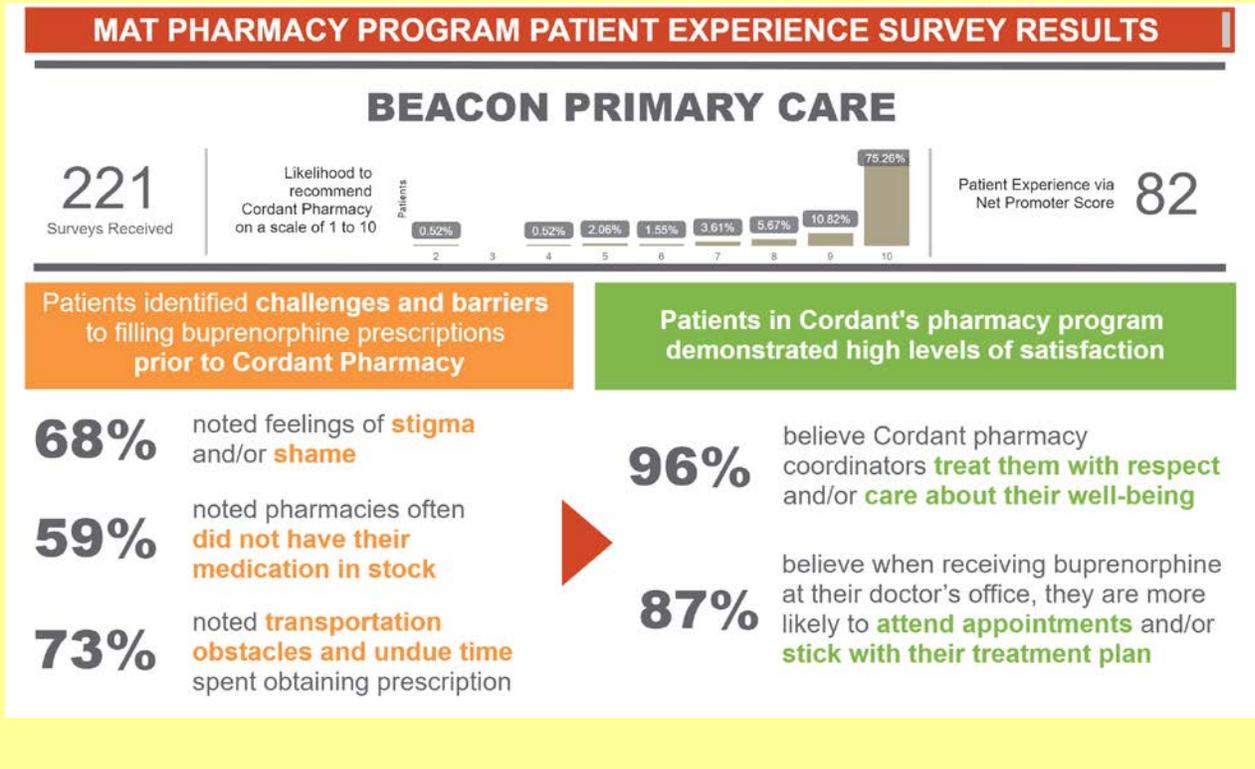
Cordant's Indiana pharmacy employs six people, including a pharmacist and five pharmacy techs. We also employ five additional pharmacy coordinators who work with our clients from Gary to Indianapolis, to Evansville and Jeffersonville. Cordant's pharmacy currently services approximately 150 individual prescribers on a monthly basis with our specialized services.

Many of the providers we work with use Cordant for both pharmacy and lab services, giving them better insight into patient behavior and population trends within their community. Cordant is also the only laboratory or pharmacy that is recognized as a **preferred business partner** with the Indiana Hospital Association (see letter in **Appendix A**). This is a recognition we received based on the unique services and high service levels we provide to the hospital in the state of Indiana.

Commitment to Expand Cordant's Physical Presence in Indiana

As noted in the section above, Cordant already has a significant presence in Indiana. If Cordant is selected as the provider for DCS, we intend to expand our national footprint and open a CLIA certified laboratory in Indianapolis. Having a lab located in the State, dedicated to serving the DCS' needs, will ensure that you are getting test results as quickly as possible. We are confident our team has the expertise and demonstrable experience to construct a high throughput, high quality lab that will be specialized to serve the needs of the DCS. **Opening a local laboratory is a substantial undertaking, and we hope this illustrates the strength of Cordant's commitment to serving the DCS within its defined service parameters**.

Commitment to the DCS Practice Model

Cordant and the DCS are fully aligned in our core values and principles. We both highly value the importance of respect, empathy, responsibility, accountability, professionalism and continuous improvement. We understand the importance of the services you provide and your vision that Indiana's children live in safe, healthy and supportive families and communities. We also value and strive for trust- based relationships, collaborating with our partners in the mutual goals of successful treatment and improved outcomes within the communities we serve.

Cordant is fully committed to incorporating all facets of your practice model, TEAPI, during implementation and throughout our relationship. We plan to use these skills to strengthen and solidify our collaborative partnership with the DCS. See specific examples below:

- **Teaming, to coordinate groups with the intent to achieve a common goal.** Cordant Sentry™ supports HIPAA compliant information sharing between agencies and treatment providers.
- **Engaging, to establish relationships in meaningful ways** for the purpose of sustaining work that is to be accomplished together. Cordant is fully committed to regular communication with both the DCS and our statewide collections team.
- **Assessing, to evaluate situations or events** to determine resources for the agreed upon goals for your agency. Cordant's array of reporting options will help the DCS identify non-compliant and high-risk clients. In addition to timely test results, we can provide the DCS with user-friendly reports that highlight participants at risk, along with email notifications of non-compliance through Sentry. In addition to monitoring the DCS program participants, Cordant will use a range of communication methods and metrics to monitor collection site performance, including logging all issues and faults for samples received at our lab.
- **Planning, to prepare an effective implementation process** that will put in place team driven decisions that support the agency's mission, including using tools to evaluate effectiveness of these implementations. Cordant's implementation plan and metrics

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(described in response to **Question 11** and **Question 12**, respectively) illustrate our commitment to a smooth implementation of services and regular monitoring after implementation.

- **And finally Intervening,** to identify and intercede to alter the course of events that would be viewed by the DCS as a risk to your mission. As noted above, our risk reports and email alerts can help the DCS make timely decisions on potential interventions. Sentry also offers a Compliance Report -- a patient-specific log that reflects compliance with the call-in requirements, whether they provided specimens when required, and whether any positive results were obtained from the drug test. This report also provides a compliance score for various time periods. In addition to helping the DCS monitor its participants, we will be performing regular monitoring of our services and our compliance with the DCS Performance Measures and will take immediate action if there are any issues identified.

Understanding of Scope Requirements

Cordant considers testing for drugs of abuse, including alcohol, a vital and objective tool for officers and caseworkers to use in the monitoring, evaluation, treatment, and rehabilitation of clients. We take the stance that not just the test itself, but the entire process must be completely reliable and legally defensible with the best science behind it - people's livelihoods and families often depend on it. Part of our mission is to support your efforts in helping clients change their behavior and become productive members of the community. Our tools help your officers hold clients accountable to the drug testing requirements of your program and provide timely information so that quick interventions can be done when potential negative behaviors are present. We have a deep understanding and appreciation for the needs of criminal justice agencies. We know that officers, case managers, and administrators need information in a timely fashion to take appropriate actions regarding public safety. That's why we created SENTRY™, an industry leading online substance abuse management system that integrates randomization, notification, compliance monitoring, and reporting, and which is designed to support evidence-based practices. Results are sent in real time, meaning officers and case workers can see them as soon as they are posted by our scientists.

Cordant has earned an exceptional reputation from government agencies as a world-class drug abuse, clinical, and toxicological analysis service provider. Our reputation for integrity, honesty, quality and service is evidenced by our hard-earned credentials and surrounds every single test. As the preferred choice for many government agencies across the country, we process over 5 million specimens per year for more than 1,000 customers.

Cordant has completed a thorough review of the scope requirements and spent considerable time analyzing and planning for all elements required for full implementation of services. Further, we have fully examined and evaluated the investment that will be required to ensure Cordant can offer the State a solution that will exceed your expectations. We will offer a statewide program, serving all 92 counties, that includes the following key components:

- **Cordant's Referral Management Program** - is a key differentiator in our offering! This high-touch program, managed by a team of experienced coordinators, will ensure that all referrals for services are handled quickly and efficiently and engagement with DCS clients is conducted in a respectful and encouraging way.
- **Comprehensive Laboratory Testing Services** - including screening and confirmation tests in oral fluid, urine, hair and blood specimens. All supplies necessary to conduct testing and ship specimens to our laboratory will be included as part of our comprehensive offering. Our

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team of highly qualified toxicologists will support the litigation support needs of the State, including court appearances.

- **Cordant Sentry™** - our proprietary web-based software provides many features that fit exactly with the needs of the State: randomization, test result reporting, no-show reporting, connection with collection sites, and *many more* important features that have shown to *improve outcomes* in many government programs across the country.
- **Specimen Collection Network** - that includes brick and mortar collection sites throughout the State and a team of mobile collectors to meet the needs of in-home and emergency collections.
- **Robust Training Plan** - that ensures that all DCS workers are properly trained on the program of a new provider.

Cordant's approach to the scope of work is detailed in the pages that follow. We are confident that you will agree that Cordant's solution is the optimal approach to drug testing services for the Indiana DCS.

Minimum Requirements

1. Experience With Child Welfare Agencies

Cordant has a deep appreciation for the needs of child protection agencies. We understand the importance of drug and alcohol testing when parents or primary caregivers are suspected of drug or alcohol abuse. Substance abuse by parents and/or other family members is one of the main contributing factors that can put child safety at risk. Cordant is constantly working to develop and streamline our services to support a reliable substance use monitoring program that is designed to improve outcomes. We know that officers, case managers, and administrators need accurate, legally defensible results, and results must be provided in a timely manner so that DCS case workers can take appropriate actions regarding child safety. Our solutions are focused on the needs of government agencies similar to the DCS. For example, Cordant SENTRY™, an industry leading online substance abuse management system, was developed to integrate randomization, notification, compliance monitoring, and reporting, and is designed to support evidence-based practices. Results are sent in real time, meaning the DCS case workers can see them as soon as they are posted by our scientists.

Cordant's services help promote child safety by ensuring the DCS case managers have the tools and information they need, available in a timely manner. Timely test results and notifications of missed tests support quick interventions, which can be critical when a child's safety is potentially at risk. It is also important that the DCS can test for a wide variety of substances, as substance abuse is not limited to the drugs in a standard five or seven drug panel. Cordant offers a comprehensive test menu, along with the ability to customize testing as appropriate for individual participants. Further, Cordant has developed several unique reporting tools that can provide valuable risk assessments for program participants, which could have a significant impact on the DCS program success, as these reporting tools can help identify which caregivers may be at increased risk for negative outcomes. In addition, Cordant's experience across all aspects of the treatment continuum has exposed us to best practice standards utilized by agencies nationwide, which we can use to collaborate with and potentially help improve the DCS drug testing program.

Client engagement is a key factor for success when clients are being monitored for substance abuse in a child protective setting. If Cordant's tools are fully utilized (including all features of

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Sentry), the information that is available to DCS workers helps improve client engagement, which ultimately impacts child safety and unification of families.

Two illustrations of Cordant's experience with child protective agencies are provided below:

- **Washington Department of Children Youth & Families** –Cordant has been the drug testing service provider for this agency since 2010. We provide drug testing services and supplies for DCYF offices throughout Washington state, including subcontracting of specimen collection services. Specimen collection services are provided by Cordant owned and operated Patient Service Centers, plus a network of over 100 subcontractors. Nearly 4,000 samples per month are collected and tested by Cordant via urine, oral fluid and hair matrices- all of which are processed through screening and confirmatory tests. Cordant created an electronic referral form that social workers fill out and use to order tests for clients. The referral form allows the social workers to order specimen collection at any of the collection sites within Cordant's network. The network of collection sites spans statewide, including sites nationwide for clients to use when traveling out of state. When there are no existing collection sites, Cordant will conduct a search for new providers in order to subcontract services. All sites agree to follow DCYF collection protocols requiring observed collections. Cordant's network of collection sites is accessible to the social workers through the Cordant Collection Site Database, which for ease of use is also linked to the Referral form. Currently, Cordant's trademarked drug testing management system, Sentry, is being utilized in a pilot program for oral fluid collection. The Sentry/oral fluid collection pilot gives social workers the ability to complete oral fluid sample collections for their client in-office and without needing a collection site. Originally, the pilot was a means to address the limited number of collection sites in remote areas but has since gained momentum in the wake of COVID-19. The pilot is currently being expanded to alleviate interruptions caused by shutdowns, business closures or reduced hours/services. In addition, we continue to manage collection sites to ensure availability of testing locations.

  Client trainings were completed in-person and via webinar prior to the pandemic, with webinars utilized 100% post-pandemic. Training topics have included Sentry, the oral fluid collection process, chain of custody, and oral fluid toxicology testing considerations.

  Cordant provides DCYF with litigation support services, including litigation packets, affidavits, in-person and telephonic testimony, letters of interpretation. A dedicated legal support team handles these requests through the subpoena process, via a designated email address.

- **Santa Clara County Social Services Agency** – Cordant has been serving the County of Santa Clara since 2010, processing approximately 850 samples per month (urine and oral fluid). Similar to the DCS, the majority of the participants in the Santa Clara SSA programs are parents or caregivers to minors and must undergo drug testing in order to maintain parental or visitation rights. Historically, Santa Clara was 98% urine drug testing. Through this pandemic Cordant has worked closely with the County to convert their testing sample type to now almost exclusively oral fluid at 90%. We are committed to the success of our partner's during these impactful transitions. We have worked extensively with social workers and collection sites by offering multiple trainings across the County to ensure the success of their program. Additionally, Cordant toxicologists work arm in arm with Santa Clara staff in result interpretation to ensure the County has the most complete and accurate training available on oral fluid test result interpretation. Cordant works closely with five contracted collection sites and we also locate collection facilities outside of the County for patients who reside or travel outside of the county. The social workers for the County use our proprietary

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web-based software, Cordant Sentry. Key features used by the County include the interactive voice response system (IVR), for test notification, and the randomization feature.

In addition to the specific government client examples listed above, Cordant's Referral Management Team has 6+ years' experience managing a referral process for a variety of clients. Cordant's Referral Management Program is a key differentiator in our services. Please see our response to **Question 2** for additional information.

2. *Experience providing drug testing with principles of trauma-informed care.*
Beyond our commitment to excellence and providing the best solutions available, we are driven by a higher purpose at Cordant Health Solutions—to make a difference in the lives of those we serve, especially those affected by addiction. Our experience with providing services that are consistent with the principles of trauma-informed care are focused on the areas in which we provide direct patient care: specimen collection services and our integrated Pharmacy services. However, we acknowledge that for a trauma-informed approach to be successful, a commitment to the entire organizational culture is necessary. The success of these efforts is demonstrated by the improved outcomes of the populations we serve.

All of Cordant's staff are trained to ensure a stigma free and supportive experience for the client populations we serve. Cordant's organizational culture emphasizes understanding, respect, empathy and professionalism. This commitment extends to all of our services, from specimen collections, drug testing, billing, client services and pharmacy. We can demonstrate this dedication through our expansive medication assisted treatment and pharmacy programs experience. Cordant's buprenorphine and pain management pharmacy programs serve thousands of patients in the State of Indiana alone, with additional dedicated pharmacy services across the country. We offer more than services – our programs were designed to help patients reshape their lives. These services center on patients suffering from stigma in the community, health care system and even felt in the traditional retail pharmacies. Offering a solution with appreciation, acceptance and tolerance provides a safe environment for individuals to be compliant with their programs and seek a healthier and productive life.

Cordant's documented studies within our current customer base show ***improved client engagement and safety***, leading to ***overall improved outcomes***. One recent study of a stigma free buprenorphine distribution client showed a 52% higher client retention rate for their programs and a 43% decrease in emergency room visits. Adherence to a treatment plan impacts outcomes; improved outcomes impact families.

In a recent patient survey of our pharmacy patients, 96% believed Cordant Pharmacy Coordinators treated them with respect and/or cared about their well-being. While this survey represents our medication assisted treatment and pain management pharmacy populations, the commitment across our entire organizational structure exists. A few specific patient quotes from this survey are noted below:

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> **"I cant tell you what it means to me to have someone care that much for a stranger. Thank you."-INDIANA**
>
> **"Words cannot express how much I love it. Thank you for all you do for us patients without judging. Being so personable and kind. Always welcoming with a smile. I wish my other doctors offices had Cordant in it"- WASHINGTON**
>
> **"I feel the doctor, staff and pharmacy truly care about my recovery and they treat me like a normal person. I truly appreciate their kindness and warmth"- WASHINGTON**

Creating a safe environment for collection services is especially important. It is necessary to treat all clients as individuals, not as a number, and without labeling. Procedures in health care requiring disrobing can easily promote traumatization, so it is paramount to be respectful and build trust by clearly explaining the collection process to them, while giving them the opportunity to provide feedback about their experience with the collection event. We have demonstrated in our service offerings that providing clients with empathetic and stigma free experiences and providing them with the tools they need to achieve their goals increases program adherence, encourages successful treatment and supports improved outcomes in the communities we serve.

Please view this short testimonial video to hear directly from some of the customers and clients we have had the great opportunity to serve. https://www.youtube.com/watch?v=6-gKi7GWY0c.

3. *Laboratory Certifications*

Unlike any other laboratory that may be proposing services to Indiana DCS, Cordant Health Solutions can provide testing services for all matrices (urine, oral fluid, hair and blood) within our own network of laboratories. Subcontracted reference laboratories will not be needed. Having the ability to test all four required sample types within one organization provides several advantages. Keeping all testing "in-house" allows for aligned services in product ordering, client services, result interpretation, technical support and billing invoicing, among others. The DCS will no longer have to waste critical time working with different laboratories to achieve the same goals. Further, laboratories that require send out testing to third party laboratories have delayed turnaround time in resulting, as well as higher costs to the DCS. Finally, testing for all four matrices means we have direct oversight and visibility into the quality of the work at our laboratories, and we can speak with confidence to the veracity of our results.

Maintaining our certifications is of the highest priority at Cordant. *Cordant confirms that our laboratories meet the minimum requirements, as all Cordant laboratory locations are CLIA certified*. But our commitment to certification extends much further than this. All of our laboratories maintain multiple national certifications that confirm our qualifications to perform the tests required by the DCS. Cordant's laboratories have CLIA, CAP, CAP-FDT, DEA and SAMHSA certification, and we are one of only a handful of providers that hold all of these certifications. In addition, our laboratories have many state specific certifications. Cordant laboratories are all held to the highest standards according to our accreditations, with no exceptions. Our laboratory certifications are discussed below:

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Flagstaff Laboratory

Our Flagstaff laboratory holds accreditation from the College of American Pathologists for Forensic Drug Testing (CAP-FDT) and licensure from Clinical Laboratory Improvement Amendments (CLIA) in Toxicology, along with licenses and permits from states where additional licensing is mandated, including Texas, California, Pennsylvania, New York Department of Health, Florida and Maryland.

Our Flagstaff laboratory has continuously maintained its CAP-FDT accreditation since first becoming accredited in September 2000. At the Flagstaff lab, all testing is performed according to CAP-FDT guidelines and under CAP-FDT regulated conditions. A CAP-FDT forensic certification is noteworthy because it demonstrates the laboratory must meet and maintain certain performance standards in order to be certified. The forensic certification includes very specific guidelines, procedures, chain of custody requirements, extensive validations and certification standards to support legally defensible testing that is above and beyond the traditional CAP accreditation. It is critical that any accredited laboratory be able to demonstrate that *all testing* is performed under the regulated conditions required by their clients. All confirmed test results are approved by highly trained and qualified certifying scientists, and results are legally defensible in a court of law.

Long Island Laboratory

Cordant's Long Island lab is accredited by the College of American Pathologists (CAP). State specific licenses include the New York Department of Health/CLIA, Maryland, Oklahoma, Pennsylvania, Florida, California, New Jersey, Rhode Island and Texas.

Tacoma Laboratory

Cordant's Tacoma lab is certified by the US Department of Health & Human Services (SAMHSA), accredited by the College of American Pathologists (CAP) and is CLIA licensed in Washington (called "MTS License"). Our Tacoma lab has maintained its SAMHSA accreditation since 2009 and complies with all requisite regulations for this agency, including training, testing, facility, and quality assurance. Our Tacoma lab also holds a number of state-specific licenses, including New York Department of Health, New Jersey, California, Maryland, Pennsylvania and Rhode Island. Our Tacoma laboratory is one of a very few select laboratories that holds an out-of-state California Methadone license.

Proposed Indianapolis Laboratory

As noted above, Cordant plans to open a laboratory in Indianapolis if we are awarded the subject contract for laboratory services. At a minimum, our Indianapolis lab will achieve a CLIA certification, as well as any State certification requirements for any clients that we may serve from this location. Because timely, accurate results are critical to the State, we are confident our team has the expertise and demonstrable experience to construct a high-throughput, high-quality lab to accommodate the needs of the DCS.

External Quality Control Programs

We also participate in rigorous external quality control programs with the College of American Pathology (CAP) for Drugs of Abuse Confirmations, Pain Management, Ethanol Biomarkers (EtG/EtS), and Adulteration, as well as proficiency testing with the American Association of Bioanalysts (AAB). Additionally, Cordant participates in proficiency testing for every drug and sample type we perform testing on, including urine, oral fluid, blood and hair, to ensure the highest quality standards for our clients and accrediting agencies. Participation in the voluntary proficiency program with CAP provides additional assurance of quality and accuracy. All tests

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are performed using rigorously validated methods, and accuracy is continuously monitored through the use of quality control samples.

Please visit https://cordantsolutions.com/ and scroll to the bottom of the page to see the certifications attained by each of our lab locations. Cordant's key laboratory certifications are provided in **Appendix B.**

Alignment with the DCS Drug Testing Vision

With our extensive experience in offering drug testing services in this population, we appreciate, support and applaud your drug testing vision. Substance abuse is a significant barrier to child protection, child safety, family preservation and family reunification. Drug and/or alcohol testing is an important component in helping to determine treatment needs, monitor compliance with court orders and to ensure children can remain in or return to their homes safely. We understand our role in providing drug testing is an important component in the identification of safety threats, strengths, protective capabilities and needs of a family.

There are several components necessary to achieve your program goals. High quality, accurate and legally defensible results are imperative. We know our role in delivering timely drug testing results within the DCS designated time frames is of upmost importance to the DCS. The timely results of substance abuse screens are critical to children and families, as the results may determine a child being removed or returned to their home. When a child's safety is threatened, a delayed drug test result could allow for further propagation of risk, that must be prevented.

An additional important component of your drug testing vision is to supply randomly administered drug testing supplies and services to the DCS drug testing population. We will work closely with the DCS to provide the collection of samples from clients who require immediate testing and for all clients on a randomized testing schedule. Randomization of drug testing schedules, as well as extensive drug testing menu capabilities are central components of testing. It is important a laboratory offers variability and flexibility in the randomization schedule for each client dependent upon risk and their individual program goals. Cordant's proprietary drug testing management solution, Sentry, provides highly customizable randomization to fit any testing schedule.

It is also important the testing panel selection is reflective of regional trends, an individual's previous drug preferences as well as a large range of illegal drugs, therapeutic drug painkillers, mental health medications and designer drugs. Cordant can meet and exceed the expectations of the DCS in adhering to these standards. Cordant provides drug testing of over 180 drugs and metabolites in four samples types; urine, oral fluid, hair and blood including over 60 mental health medications in both urine and oral fluid. Cordant prides itself on having the largest mental health medication test menu available in oral fluid in the industry.

Cordant will supply all testing materials, collection services and testing for drugs and alcohol. Legal defensibility, adherence to proper chain of custody practices and high throughput testing are fundamental pillars in our organization. We strongly and confidently stand behind our testimony capabilities and the accuracy and reliability of our test results. Cordant's offerings and practices fully align with the DCS's Drug Testing Vision and Practice Model.

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2 Section 4 – Testing Procedures

Describe your understanding of the information presented in Section 4. Describe your proposed drug testing procedures and how they align with the State's requirements, including reference to relevant experience where applicable.

Cordant's testing procedures and solutions are fully aligned with the scope of work requirements described in Section 4 of Attachment D, Scope of Work. Because of our long history of serving governmental agencies similar to the DCS, we have developed a range of user-friendly solutions that can accommodate each of the DCS requirements, as discussed below.

Randomization Procedures

The randomization requirements detailed in Section 4 of the Scope of Work will be accomplished through the use of Cordant Sentry™. Cordant Sentry provides robust randomization and call-in features that provide the optimal randomization solution for the DCS. Sentry allows for true randomization of complex drug test schedules and multiple panels and frequencies to customize a randomization schedule to fit different clients' needs. The schedule can be adjusted to include excused test periods (holidays), surprise testing and on-demand scheduling.

- Nearly 8,500 daily log-ins to the Sentry website
- 9,950 active users
- Approx. 53,000 daily phone calls into the Sentry phone lines
- Over 2,900 daily web check-ins
- Over 2 million tests administered yearly

Sentry's call-in (IVR) feature is integrated with the software's randomization feature, offering the DCS a truly integrated scheduling solution. Clients check-in every day and are only alerted of a required test on the same day the test is required, thus reducing advance notice. Compliance with the daily check-in requirement is tracked in real-time within Sentry, and can be viewed, sorted, and exported with only a few clicks.

Clients are assigned randomization schedules individually or in customized groups that are designed to be appropriate for the agency's program and testing requirements (e.g., Phase 1, Phase 2, Phase 3, or High Risk, Medium Risk, Low Risk, etc.). Randomization can be implemented for multiple periods (weekly, half-monthly, monthly, quarterly, half-yearly, yearly), with multiple testing times per period. Assigning randomization schedules at a group level allows the agency to efficiently manage randomization frequencies that are shared by many participants. However, all participants are still randomized individually. Even if there are 25 participants in the same group, those 25 participants will be randomized individually, and will not all be called to test on the same day, as would happen with a color line.

Testing dates are randomly and evenly distributed throughout weekly, monthly, quarterly or annual periods. Sentry also allows for a chance for an additional surprise test within a period to further limit predictability. Sentry provides mathematical randomization so as not to establish a pattern for frequency or timing of the testing.

The goal of randomized drug testing is not to "catch" a client. Rather, randomization should have both a deterrent and a therapeutic effect, helping to break the cycle of substance abuse and reduce risks to child safety. Once clients know they can't get away with using, they start to focus on recovery.

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Current approaches to randomization, such as "color lines," suffer from notable pitfalls. These approaches:

- Are not truly random;
- Establish predictable patterns;
- Have a predictable frequency;
- Result in an uneven number of clients per day;
- See the same clients come in together regularly;
- Promote unscheduled testing and added expenses; and
- Fail to capture identifying information about who called in and who didn't.

Sentry's randomization and scheduling features include:

- Multiple period intervals: weekly, half-monthly, monthly, quarterly, half-yearly, yearly;
- Ability to choose times per period;
- Customized IVR call-in times and days;
- Ability to specify between 5% - 30% chance for additional surprise testing (virtually eliminating predictability);
- Ability to block out dates specified as organization holidays or specific client "excused testing days" when Sentry can be "turned off" for selecting clients to test;
- Gender specific holidays can be selected for same sex collections on a specific day; and
- Weighs days for heavier or lighter selection process of client testing at the organizational/office level for better staffing management.

Key Sentry Features:

- **Randomization schedules** - Can be created at the individual participant level, if desired, so that the testing panel can be tailored to the specific participant.

- **Drug panel options** - A more comprehensive panel can be scheduled on a different frequency (e.g., monthly) so that the agency can periodically reviewing for potential use of other drugs.

As illustrated below, Sentry allows for randomization of complex drug test schedules and multiple panels and frequencies to customize a randomization schedule to fit not only the agency's needs, but individualized to the specific client to support their treatment and supervision plan. This true randomization feature is configured by a mathematical algorithm and improves the effectiveness of drug testing dollars. It eliminates over-testing and frees up caseworker time that can then be allocated toward higher priority activities. Prevention of non-scheduled testing improves the impact of testing and the effectiveness of budget dollars spent on testing by not allowing clients to test on days they are not selected. On demand testing allows case workers to test whenever needed for a higher level of compliance.

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Figure 4: *Randomization Screens from Cordant Sentry*[TM]

Cordant's Referral Management Program (CRMP)

Cordant has extensive experience managing referral programs for many clients over the last 6 years. CRMP consists of a ***proprietary connectivity product*** that manages the flow of referrals based on your requirements and a ***referral management team*** that engages with participants, referral sources and collection agencies. Today we actively manage 10,000-13,000 referrals at any one time. That includes receiving 3,000-4,000 new referrals each month. CRMP is run by a Board-Certified Registered Nurse that has been with the program since inception and was instrumental in the design of the program and the connectivity product. She brings a clinical element to this automated process.

The Cordant Referral Management System (CRMS) is proprietary to Cordant and has been developed specifically to manage referrals, capturing pertinent data with extensive reporting capabilities and dashboards to manage referral progress. Our IT division developed the scope of the product, wrote the code for the product and maintains any technical changes and upgrades for the product. Having control over our CRMS enables us to quickly and efficiently

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make changes, as needed, and ensures that any downtime is minimized. The CRMS can be customized to handle different types of referrals and manages those referrals based on the individual requirements of each customer. Additionally, the CRMS is connected with Cordant's other data management systems (laboratory management system, Sentry, billing system, etc.) to ensure a smooth and efficient process data transfer process. CRMS can provide insight to the referral team and to DCS as to the status of each referral at each critical point and create an engagement action item based on the status that includes documentation of action taken, ultimately reporting back to DCS on the status.

The CRMS was developed to easily handle referral data either electronically, via spread sheet, or manually. Cordant assumes that the DCS will prefer to send referrals electronically. During implementation, our IT team will be actively involved in the planning meetings to ensure that all interface requirements are appropriately identified, planned for, and implemented on our agreed upon schedule. We will also structure our process to handle manual referrals, if needed, which can be communicated via e-mail, fax, etc.

Referral Types
Cordant has thoroughly reviewed and analyzed the information provided throughout the RFP process. Based on our understanding of the requirements, we anticipate receiving the following types of referrals for drug testing:

- Referral for a one-time drug test to be collected at a subcontracted collection site
- Referral for a one-time drug test to be collected by a mobile collector (in-home collection)
- Referral for a *random* drug testing schedule to be collected at a subcontracted collection site
- Referral for a *random* drug testing scheduled to be collected by a mobile collector (in-home collection)
- Referral for an emergency collection

Referral Workflow
Each referral type will likely require a slightly different workflow. CRMS will be customized so that the tasks that are required for each referral type are appropriate. During the implementation phase of the project, Cordant will work closely with DCS to ensure that the design of our program aligns with DCS expectations. While we can make changes to the process even after go-live, we will work to create the proper program design from the start to ensure a smooth transition of services from your current provider(s).

Below is an <u>example</u> workflow for a referral for random drug testing to be completed at a contracted collection site (actual workflow would be determined during implementation):

- **Initial receipt of random drug testing referral**
  - Create testing schedule/frequencies in Cordant Sentry (this task will be automated with an interface between CRMS and Sentry). As noted above, Sentry will be utilized for randomization. Getting a DCS client properly set-up in Sentry will be part of the referral management process.
  - Initial contact with client is attempted via all methods that may be applicable for that client: phone, e-mail, text (depending on information provided in referral).
  - Send letter to client with information required to begin testing, including the Phone System Instruction Sheet and a listing of available collection sites in their area. While the Scope of Work requires that this letter be sent within three (3) days of receiving the

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referral, we will build our requirements so that this letter gets sent with in the first 2 days.

- **Follow-up**
  - Each day of the "referral holding period," our referral management team will check the status of the Client's first test in Sentry.
    - *Important Highlight:* As soon as a collection site prints a Chain of Custody form in Sentry, a Pending Test is created and is immediately visible to our referral management team and to the DCS worker.
  - If a test has not yet been provided, our team will attempt to engage with the DCS client again.

> *The **referral holding period** is defined in the Scope of Work as the 7-day period from the receipt of the referral until the Clients first test.*

- **Engagement with DCS Client**
  - Cordant's referral management team uses a concierge care model developed and perfected over the last 6 years that provides IN DCS with the high touch process needed to provide timely and ongoing client engagement and to provide timely updates to DCS concerning completed collections, reported results and any barriers, so that appropriate next steps can be taken.
  - The referral management team will attempt contact with the DCS client every day during the 7-day referral holding period, unless they report for their initial test earlier.
  - We will use all methods provided to try to make contact with the client (phone, text, email). Based on our experience, we know that many people prefer text messages for communication. To the extent possible, we will try to utilize this communication method. However, we will use whatever communication methods that are possible on a client-by-client basis.

- **Reporting to DCS**
  - We will report to the DCS worker who initiated the referral (via email) as soon as the client completes their first test.
  - If the Client does not report for a test within the 7-day referral holding period, our report to the DCS worker will include detail on all attempts made during the referral period.

A visual example of the referral workflow described is presented below:

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Figure 5: *Referral Workflow*

Indiana DCS Randomization Referral Workflow
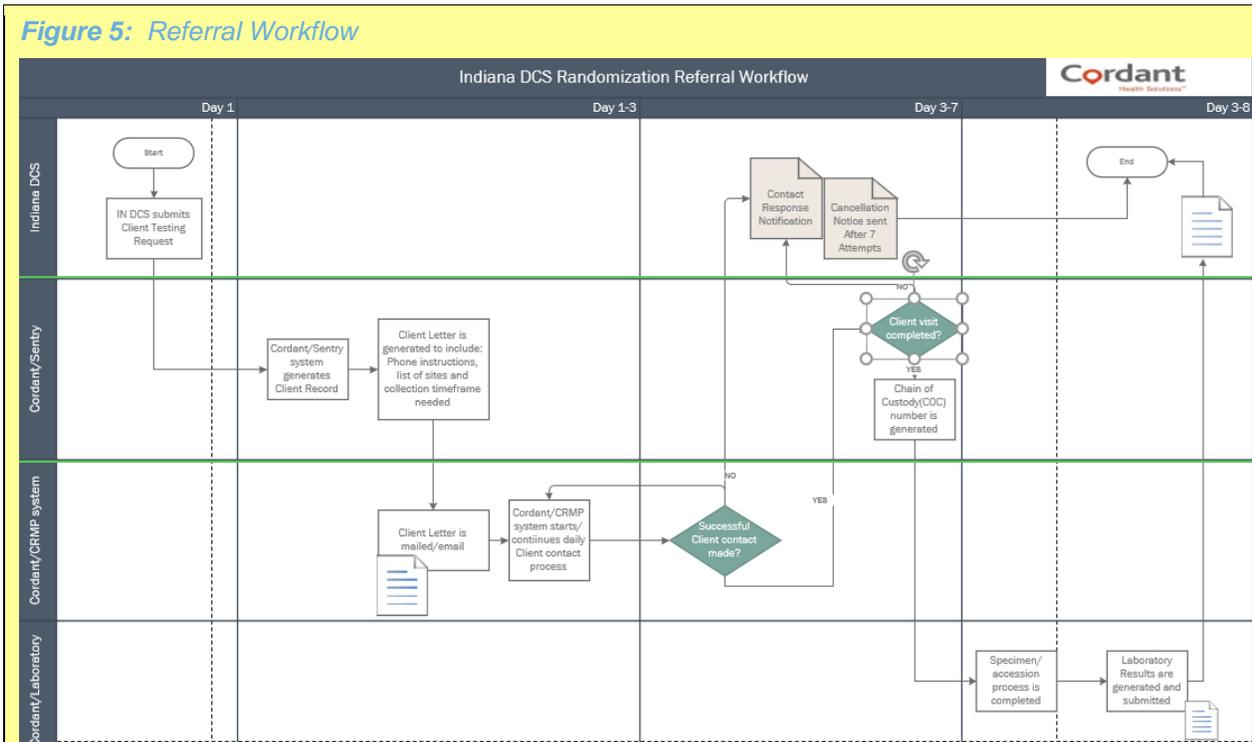
Cordant's Management of the Referral Process

CRMS allows for real time status tracking throughout the lifecycle of the referral, allowing us to ensure that all referrals are progressing through the customized workflow within the required timeframes. Our automated technology allows for first contact to begin as referrals are uploaded either electronically or manually. The data is instantly accessible through our portal for Cordant's team to begin the patient engagement process.

The Referral Management team uses a customized suite of Task Management tools developed to ensure compliance with the DCS scope of work. Our Daily Task Calendar, as an example, gives visibility to leadership of the type of work a team member is assigned and the number of assigned tasks per team member. This allows leadership to remain nimble, adjusting on the fly and assuring our team can stay on track in meeting crucial deadlines of a client's testing schedule. See the example of the Daily Task Calendar pictured below. The tasks themselves are listed on the left side and can be customized specific to the project that person is working on. The numbers in the date boxes represent the daily tasks schedules for that individual for that day. This is a critical management tool for workload balancing, as new referrals are created daily.

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Figure 6: *Example of Daily Task Calendar*
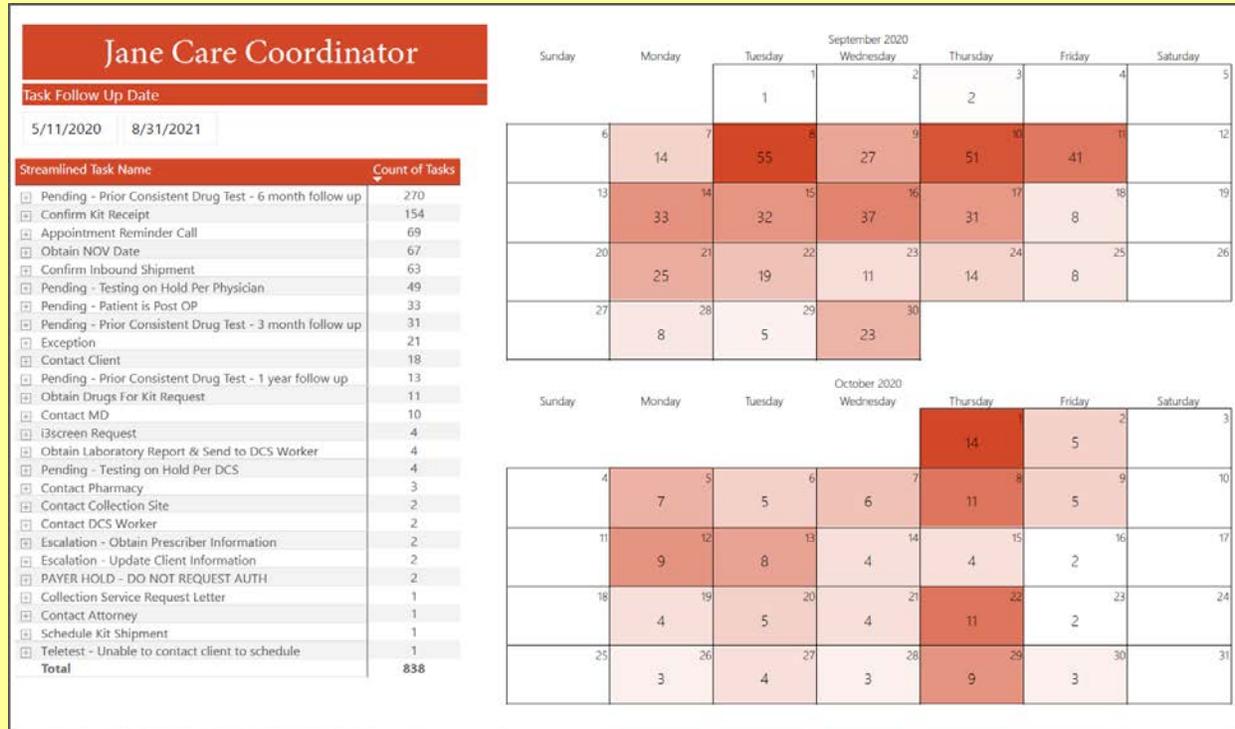
Additionally, Cordant monitors the referral lifecycle using our Patient Engagement Dashboard (an example is shown below). Each milestone is tracked daily, enabling management to quickly drill down to any 'red-flag' cases (outliers) that may need immediate attention.

Figure 7: *Example of Patient Engagement Dashboard*

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Referral Data Management

Per our review of the sample contract, Cordant understands that the services performed under this contract must be properly authorized. Authorization is evidenced by a referral. As part of our referral management process, Cordant will ensure that we have all of the following data points linked throughout our systems for every test performed. Linking these data points together ensures that all testing performed is indeed evidenced by a referral.

- Referral ID
- Individual DCS Client ID
- Cordant Accession Number

We will work with the DCS to identify situations where a test may be sent to the lab prior to the actual referral form being completed (e.g., for emergency collections, it is reasonable to assume that the referral may not be made by the DCS worker until after the collection actually occurs). Since our CRMS is linked to our laboratory information system, we will be able to easily identify test results that do not have a referral form. We will then follow-up with DCS to ensure that a referral form is sent.

As mentioned above, Cordant will work closely with the DCS in the design of the referral management process. We can customize our referral management process to ensure it meets the expectations of the DCS. For example, if emergency collections are the only example of a test that may need to get performed without first receiving a referral form, we can design our process to meet that expectation.

Referral Reporting

Once the client has appeared for their initial test and their random testing schedule begins, DCS workers will be notified via an alert in Sentry of any subsequent missed calls or missed tests. These alerts allow DCS case workers to engage with the client quickly to get them back on track with their random testing requirements.

From the Patient Engagement Dashboard, we can create a number of custom reports that exceed the requirements noted in Section 14. Reporting options may include the following examples:

- An overall view of all referrals at any point in time,
- A drilled down view of one referral
- We can offer a DCS agent view based on assigned clients as well. The data field can include, but is not limited to: Number of engagement efforts, type of engagement, days to respond for each client or a group of clients, number of referrals that expired each day, week and month.

We can measure any data field that is entered into CRMS. This makes ad-hoc reporting very simple.

Phone/Web Test Notification

Once a client completes their initial test on the random drug testing referral, the client will begin calling into the Sentry phone system to check to see if it is their day to test. Supervision levels impact outcomes. A daily call in/reporting system that allows a participant to find out if it is their day to

> *"Limiting the time delay between notification of an impending drug or alcohol test and collection of the test specimen is essential."*
> - NADCP Best Practice Standards, Volume II
>
> **Key Sentry Feature:** Clients check-in every day and are only alerted of a required test on the same day the test is required.

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test provides the officer or case worker an additional point of contact, adding structure and accountability to the participant's routine.

Clients check-in every day and are only alerted of a required test on the same day the test is required, thus reducing advance notice. Compliance with the daily check-in requirement is tracked in real-time within Sentry, and can be viewed, sorted, and exported with only a few clicks, as illustrated below.

Figure 8: IVR Call Log Screen in Sentry

The completion of a required call and appearing for a required test can be additional program elements for offering incentives and encouragement as a participant works towards changing their behavior and getting on a road to recovery.

There are two ways clients can complete their daily check-in requirement: by phone and by web.

- **Phone** - Participants call *a local phone number* to hear if it is their day to test. The interactive voice response (IVR) system documents the date, time, the caller ID (CID) number, and the CID name used by client when calling into the system to check if it is their day to test.
- **Web** - Web-based check-in can also be enabled, e.g., for hearing impaired clients, as an alternative to phone check-in. The web-based check-in system is illustrated below.

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Figure 9: *Web-Based Check-In Screens in Sentry*
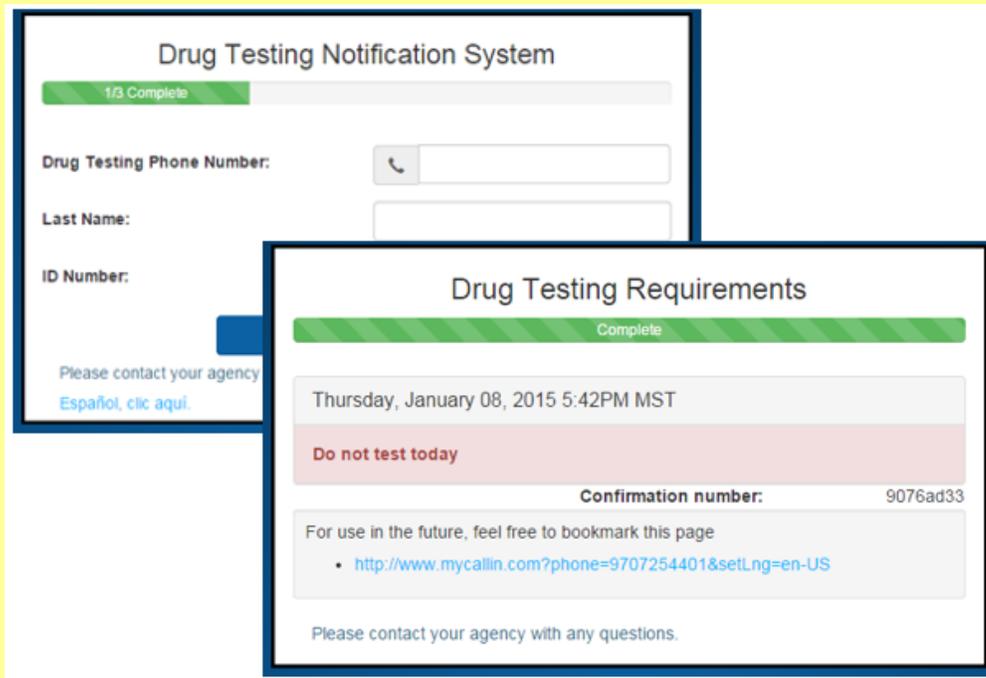
Testing Guidelines

Testing in Four Matrices

Cordant Health Solutions provides the widest array of toxicology services available in the government, criminal justice and treatment market, with the ability to test four matrices (oral fluid, urine, blood and hair). Having the ability to test all four of the required sample types within one organization provides several advantages. Foremost, the ability to test all four sample types will give the DCS the best picture of the entire gamut of the drug use/abuse cycle within a family dynamic. As noted below, each sample type has benefits in the results received, and each can tell a different story in the entire monitoring process.

- Are you trying to capture very recent new use, perhaps in the last hour? Oral fluid would be most appropriate.
- Are you trying to understand on-going drug use? Urine, with its slightly longer detection window, would be appropriate.
- Are you trying to appreciate a family's lifestyle choice, or home exposure environment? A hair follicle test with its 90-day detection window would be appropriate.

There are multiple ways to monitor a participant's drug use choices. Each of these specimen types has its own advantages and limitations. Implementing a protocol using the array of specimen types at the right time in the treatment and monitoring plan can provide a broader view of your participant's drug history and use. Having the ability to test the four sample types together within a family's treatment goal program can greatly improve outcomes and further encourage accountability. Due to these capabilities, Cordant is ideally suited for testing this population. Our expert toxicologists and board-certified forensic toxicologists can provide insight to the DCS on all of these sample types and interpret how they all fit together in this larger context. Additional considerations for using one organization for these services include

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aligned support services for the DCS, quicker turnaround time on results and lower costs. Keeping all testing "in-house" allows for aligned services in product ordering, client services, result interpretation, technical support and billing invoicing, among others. The DCS will no longer have to waste critical time working with different laboratories to achieve the same goals. Further, laboratories that require send-out testing to third party laboratories have delayed turnaround times for resulting, as well as higher cost to the DCS.

Cordant is committed to working with the DCS to provide guidance, training and interpretation for each sample type, so the DCS is getting the best information and tools possible to enhance their skill set. Information on the advantages of each of these matrices is provided below.

Urine Testing
Urinalysis testing is the ideal matrix for testing drugs of abuse and is the most commonly used method in toxicology – and for good reason:

- **Plentiful data.** The long history of urinalysis means data on its application is abundant.
- **Lower cost.** Urine drug testing is more cost efficient than other matrices.
- **Largest testing menu offered.** Over 160 drugs and their metabolites.
- **Flexibility.** Testing can be conducted in a variety of ways to provide the information a client needs – instant results and full lab-based testing can all provide an in-depth look at recent drug use. Additionally, tests are available when adulteration is a concern.
- **Generous detection window.** Clients get a view of substances that have passed through a patient's system in the past two-to-five days, depending on the substance.
- **Parent drug and metabolite detection.** Urinalysis can detect high concentrations of parent drugs and their metabolites. Metabolite detection helps eliminate confusion over which substances have been consumed. The assurance that metabolites are present ensures the individual ingested the drug and did not attempt subversion.

Please see **Appendix C** for a list of screening and confirmation tests and cutoff levels available in urine.

Oral Fluid Testing
Oral fluid analysis is as accurate and sensitive as urine testing and is quickly becoming the preferred matrix of many drug testing clients. It is the ideal matrix for populations prone to adulteration.

- **Observed collections**. Oral fluid is an observed collection every time, negating the need for dedicated restroom facilities and same sex collectors. This allows for a less invasive experience for the donor.
- **No adulteration**. Because oral fluid collection can be observed without infringing on personal privacy, sample adulteration is almost impossible. Unlike urine, oral fluid cannot be substituted with other liquids.
- **Compliance**. In studies performed in tests for illicit drugs and noncompliant prescription medication rates, the positivity rate for observed oral fluid collection is greater than that for unobserved urine collection.
- **Not subject to dilution affects.** Oral fluid is not subject to dilution effects in the event someone attempted subversion by ingesting large volumes of liquids in order to obtain a negative result on their drug test.

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- **Shy bladder, youth services, transgender populations.** Oral fluid is a great alternative for populations where urine is not a feasible or reasonable matrix choice.
- **Large testing menu.** Cordant has one of the largest oral fluid testing menus that exists on the market, which almost completely mimics our enormous urine drug testing offering. Cordant has the largest oral fluid mental health test offering that exists, including anti-anxiety medications, antipsychotics, antiepileptics and antidepressants.
- **Testing protocol randomizer.** Oral fluid is a great alternate matrix to randomize into an individual's drug testing protocol to capture information that might be missed with urine alone, due to urine's potential for adulteration.
- **Recent drug use.** Oral fluid testing provides information regarding very recent use of a drug. Oral fluid is a direct filtrate of the blood and as a result reflects the concentration of the drug in the blood, as compared to urine, which is a matrix reservoir.

Please see **Appendix C** for a list of standard screening and confirmation tests and cutoff levels available in oral fluid.

Hair Testing

Hair is the ideal matrix to determine an individual's lifestyle choice, and for baseline testing.

- **Longest detection window.** Hair testing has the longest detection window of 90 days. It provides a 90 day look the person's drug use.
- **Baseline testing.** Hair as a matrix could provide very useful information during an intake process. Individuals may not know, remember or may intentionally omit drug use upon intake to a program. Hair testing provides an accurate representation of a person's true lifestyle choices.
- **Noninvasive observed collection.** This matrix also does not require special facilities or same sex collections and is an observed collection every time.
- **Not prone to adulteration.** Like oral fluid, this matrix is almost impossible to adulterate.
- **Stable specimen.** Hair is considered a very stable specimen and can be stored for long periods of time. The drugs and metabolites do not degrade and the matrix itself will not degrade, allowing for future additional testing if needed.

Please see **Appendix C** for additional information on hair testing, including the drugs available for testing. Hair testing is performed at Cordant's New York laboratory.

Blood Testing

Blood analysis provides a snapshot of drugs present in blood at the time it is drawn. Blood analysis is an important tool to assess not only whether the participant is taking medications, but also whether they are taking the prescribed doses. Blood is the ideal matrix for therapeutic drug monitoring.

- **Dosing compliance.** Blood is the preferred specimen type to assess compliance with a dosing regimen. It is the only matrix that has well defined and reviewed pharmacokinetic steady state drug concentration ranges.
- **Assessing steady state.** Quantitative results correlate to the dose of a drug taken when a patient is in a steady state
- **Assessing impairment.** With the exception of ethanol breath analysis, blood is the only matrix that can assess an individual's impairment from drugs.

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- **Recent drug use.** The detection window is approximately one to 36 hours, depending on the drug.
- **Impossible to adulterate.** Sample tampering or adulteration is virtually impossible.

Cordant can perform testing on both whole blood samples and serum. Direct quantitation is only available for whole blood samples. Screens and confirmations are available for serum samples. See **Appendix C** for additional information on blood testing, including the drugs available for testing. Blood testing is performed at Cordant's New York laboratory.

Figure 10: A Quick Matrix Comparison

Sample Type	Detection Window	Clinical Use
URINE	12 hours to 6 days	• Water soluble metabolites • Most widely used, but easiest to "beat" • Used for routine drug monitoring
BLOOD	Up to 3 days	• Parent drug • Best method for measuring pharmacologically active drugs • Provides interpretive information about drug dosing and tolerance • Ideally suited for periodically checking steady-state drug concentrations • Best for interpretation of impairment
ORAL FLUID	Up to 3 days	• Parent drug • Difficult to adulterate • Ideal for drug monitoring in chronic opioid treatment • Noninvasive
HAIR	7 days to 3 months	• Best for detection of heavy long term use • Useful tool for on-boarding new patients because of its detection of past use of illicit drugs and prescription medications

Collection of Specimens

Cordant understands that all urine drug tests will be initially collected using monitored sample collection methods. Cordant's monitored sample collection procedure includes the following key steps:

- Blue septic agent is utilized before every monitored collection to discourage sample tampering.
- Identity of the participant is confirmed through a picture ID or a photo that is available to a collector/collection site within Sentry™.
- The collection process is explained to the client.
- Client is asked to remove coats/jackets, purses, etc. Client is also asked to remove contents from pockets. All personal items are to remain outside of the collection restroom.
- Client is instructed to wash their hands thoroughly before providing the sample.
- While client is providing the sample, the collector stands outside of the door to listen for any potential improprieties during the collection process. (*Important note:* the collector is not observing the client urinating into the specimen container.)

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- The client is instructed not to run any water or flush the toilet until the specimen is handed off to the collector in the restroom before exiting.
- The sample is to remain in clear sight of both the client and the collector, at all times until the chain of custody is completed, then the sample is sealed and packaged for delivery to the lab.
- The collector must monitor and record the specimen temperature on the chain of custody. Samples should fall between 90-100 degrees Fahrenheit.
- Collector inspects the sample for unusual color, odor, foreign objects or signs of adulteration.

Cordant further understands that if a donor submits a sample that is positive or has been determined to be adulterated or substituted with no legitimate medical explanation, subsequent tests are to be _observed collections_. Observed collections will be performed by a collector of the same gender of the participant. The DCS case worker can easily communicate both the need for observed collections, and any special instructions for the collector can be provided through the "Notes to Collector" feature within Sentry. See example screen shots noted below.

Figure 11: Sentry Screen Shot Where Collector Can Indicate Observed Collections Are Required.
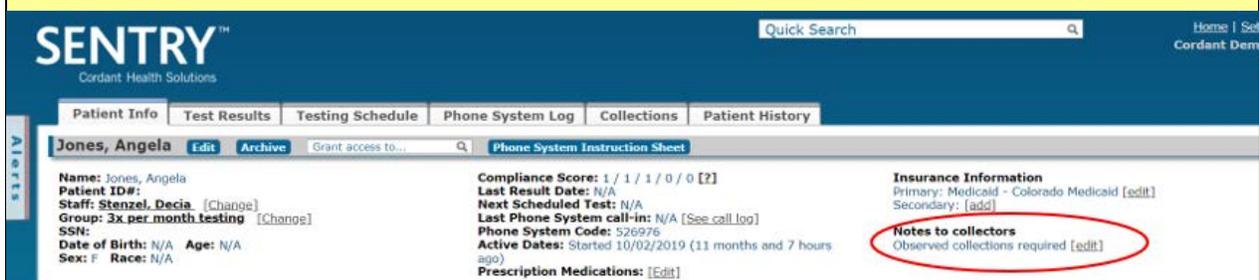
Figure 12: Sentry Collection Screen As Seen By Collector.
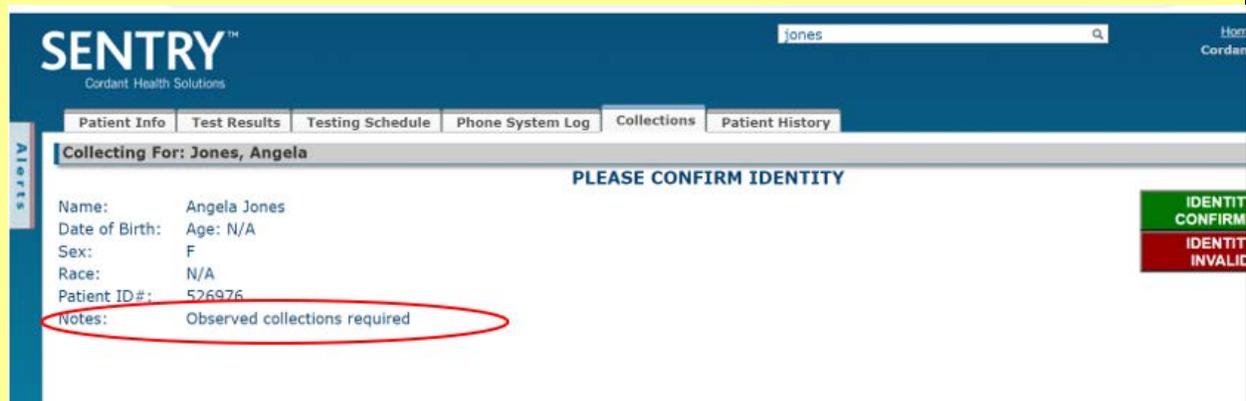
As part of our contracting process with third-party collection sites, Cordant will ensure that all required DCS procedures are incorporated into the agreements. Additionally, Cordant will prepare materials and perform training with all sites. Regular monitoring will also occur to ensure subcontracted collection sites are performing procedures in accordance with requirements. See our response to **Question 4** for additional information on the monitoring and auditing procedures that will be performed.

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For all four sample types (urine, oral fluid, hair, and blood), Cordant maintains detailed written collection procedures. During the implementation of services, Cordant will review these written procedures with the DCS and make any changes necessary to ensure that the procedures align exactly with DCS goals and objectives. Further, Cordant will ensure that DCS workers and all collection providers and team members are properly trained on the approved collection procedures for all matrices.

Supplies

Cordant will provide all supplies necessary for the DCS testing program. Please see response to **Question 3 below** for additional details of all supplies that will be provided.

Confirmation Testing

Cordant understands that all positive screening results, whether lab-based positives or instant device positives, will be confirmed. Please see our response to **Question 6** for additional information on Cordant's confirmation procedures and technology utilized.

Emergency Testing

Cordant will be utilizing our mobile collection team to perform emergency collections. We will coordinate with DCS to set up after hours communication. Once notified of the need for an emergency collection, our coordinator will disperse the nearest member of our mobile collection team to perform the collection. Our mobile collectors will be located throughout the state, and thus able to reach any location needed within an hour to perform the emergency collection. See response to **Question 4, Collection Management** for additional information on our overall approach to managing the DCS collection requirements.

In-home Testing

Cordant understands that there may be some participants that will be unable to get to a collection site due to mobility or transportation issues. Based on the information provided in the drug testing referral, Cordant will utilize our mobile collection team to perform collections that are requested to be in-home collections. Cordant plans on employing a team of approx. 35 people to cover the in-home and emergency collection needs throughout the state. See **Question 4, Collection Management** for additional information on our overall approach to managing the DCS collection requirements.

For all collections that are performed in a participant's home, Cordant's collectors will record notes within Sentry for the following:

- Behavioral and physical conditions of the client
- The cooperation level of the client
- Denial of admission into the house (if applicable)
- Condition of the home

As soon as these notes are recorded in Sentry, the DCS worker will have immediate access to these notes, as seen in the example screen shots below.

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Figure 13: *Sentry Collection Notes Feature*

In addition to the collection notes feature noted above, collectors will also have the ability to record a Violation Report for any sort of deception or adulteration attempt during the collection process.

Testing for Adulteration

Cordant follows a strict protocol to detect specimen validity, tampering and/or adulteration. The initial inspection step is to identify potential tampering of the sample after it was sealed at collection. Upon receiving a specimen, the sealed bag containing the specimen and requisition form is opened and inspected to ensure the sample was still sealed and COC in intact. The number on the bottle is compared to the number on the requisition and the specimen tamper seal is inspected for tears or perforations. If the seal is broken, misapplied, or missing, the sample is placed into a locked cabinet and the client is notified of the flaw. We require either a written request to continue testing with the knowledge that results cannot be used for punitive action, or instruction to destroy sample as a recollection will take place.

If intact, the process moves forward to the manual validity check to identify attempts to tamper during the collection process. This includes a visual inspection for unusual color, physical characteristics, odors, and excess foaming or lack of foaming during manual agitation. Additionally, every specimen received to the lab undergoes a basic adulteration check during the screening process on the immunoassay instrumentation. Any specimen abnormalities or unusual instrument responses are reported on the final test result report for that sample. If an abnormality is identified in the initial basic adulteration checks, an extended and more specific adulteration panel can be performed, as is described below.

All aliquoting from the original specimen bottles (initial drug tests, specimen validity, and confirmation) occurs in the limited access, secure specimen processing area. The specimen bottle never leaves this area.

Adulterant & Creatinine Testing

Deliberate efforts to mask drug use are not uncommon, so we employ a variety of analytical and subjective tools to assess specimen integrity. If specimen abnormalities are identified by the basic adulteration/validity check and/or creatinine test, an Extended Adulteration Panel that tests pH, specific gravity, surfactants, uric acid and oxidants can then be performed. Cordant employs a general oxidant validity immunoassay test that includes testing for the most common oxidants on the market including; Nitrite (KLEAR), Chromate (Urine Luck), Iodine, Bleach and Horse Radish Peroxidase/H_2O_2 (Stealth). This comprehensive panel provides additionally useful testing above and beyond Nitrite testing alone. We offer this panel to the DCS, however, if a standalone Nitrite panel is preferred, this can be performed. The table

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below provides ranges for pH, specific gravity and oxidant levels that are considered normal per our regulatory body guidance

Figure 14: Extended Adulteration Panel

Test	Normal	Adulterant	Possible Product
pH by meter	4.5 – 8.9	Strong Base or Acid	Oven Cleaner
Specific Gravity (4-place)	1.0030 – 1.0200	Most Additives	Salt, Sugar
Oxidants	<50 ug/mL	Glutaraldehyde, Pyridinium Chloride, Chromate, Bleach, Soap	Stealth, Urine Luck

Every urine specimen is tested for creatinine. Creatinine is a chemical waste molecule generated from muscle metabolism through the kidneys. It is produced at a constant rate for every individual and is not affected by normal diet or physical activity. A person with a higher creatinine level is more dehydrated, while a person with a low creatinine is more hydrated. The creatinine level provides critical information on potential specimen dilution and provides a warning against possible false negative drug test results. Specimen dilution is caused by an individual consuming an inordinate amount of fluid (primarily water) prior to testing, to dilute the concentration of any drug that is present to below the drug test cutoff level. Dilution can also occur by adding some liquid after collection. Specimen dilution is the most common method used to avert a positive drug test result. It is critical to test for and report creatinine on every sample. A creatinine level less than 20.0 mg/dL is reported as a diluted specimen.

Substitution criteria are met when an individual adds some other liquid to their sample, resulting in a creatinine value of less than 5 mg/dL and a specific gravity level <1.0010 or ≥1.0200. These levels are outside the normal range for urine. All samples achieving a creatinine level of 5 mg/dL or lower are ran for specific gravity by refractometer. Should a client request, specific gravity can be ran on all samples with creatinine <20 mg/dL by immunoassay, and if determined outside the allowed range will procced to an additional specific gravity test by refractometer.

Cordant can perform an additional test to help detect substitution with non-urine or artificial urine (synthetic urine) products. Uric acid is created in the body by metabolic breakdown of purine nucleotides. Uric acid is present in all human urine, even dilute samples, and is generally not included in the formulation of synthetic urine substitutes or other frequently substituted liquids (juice, colored water, sports drinks, etc.). The absence of this compound in a donor sample indicates substitution, even when all other specimen validity tests appear normal.

Specimen Validity Criteria
- Dilute: A specimen with a creatinine level between 5 mg/dL and 20 mg/dL will be determined a dilute sample;
- Unable to Test: A specimen with a high particulate matter such as excessive blood or mucus;
- Substituted: A specimen with a creatinine level of <5 mg/dL AND a specific gravity level <1.0010 or >1.0200;
- Abnormal: A specimen which has an abnormal pH or contains Oxidants.

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> While our laboratories have the ability and experience to test for a variety of adulterants, we also provide guidance and training to our customers on how to interpret drug test results to detect tampering and attempted adulteration. Please see the recorded webinar on our website at http://cordantsolutions.com/cordant-videos/.

3   Section 5 – Supplies and Attachment L – Proposed Cutoff Levels

Describe your understanding of the information presented in Section 5. Describe your proposed drug testing supplies and how they align with the State's requirements, including reference to relevant experience where applicable. Please provide a completed Attachment L: Proposed Cutoff Levels indicating your proposed cutoff levels. If your proposed test supplies do not adhere to the targeted cutoff levels, describe how they will meet the State's needs, including reference to industry standards and/or other child welfare drug testing standards.   Describe how you will comply with the additional testing requirements, including listing any applicable additional test types you are able to provide.

Collection/Testing Supplies

Cordant provides all supplies necessary to collect, seal and transport specimens to our laboratory for testing. Testing supplies will be aligned with FDA minimum standards and reagents shall be FDA cleared. In cases where there is not an FDA approved test, clear documentation of the development of that test is maintained and inspected per our lab accreditation guidelines. Supplies will include:

- **Chain of Custody (COC) Forms:**
    - Paper for Sentry's printable COC form, which includes a built-in security seal;
    - Manual two-part full-page (duplicate) Chain of Custody (COC) forms, with pre-printed unique barcodes on the form and specimen security seal, can also be provided;
- **Specimen Bags:** Self-sealing specimen bags contain separate "pockets" for the specimen vial and Chain of Custody form. The specimen pocket contains an absorbent sheet that absorbs spillage;
- **Specimen Collection Materials for Laboratory Based Testing:**
    - **Urine Specimen Vials:** stronger, improved protection against leakage. We can provide both male and female (wide-opening) style urine collection kits. Vials include temperature strips for onsite verification of specimen temperature;
    - **Female Wands:** These optional devices provide for a more user-friendly female urine collection and are available for an additional fee;
    - **Oral Fluid Collection Vials:** Quantisal oral fluid collection devices from Immunalysis provide a simple, efficient and convenient specimen collection;
    - **Hair Collection Supplies:** Each kit contains the necessary collection and transport components to effectively collect, store and transport the hair specimen to our lab for analysis, including sample envelope, envelope seal, round foil cinching sheet and specimen transport bag;
    - **Blood Collection Supplies:** Whole blood collection supplies include blood collection set with tubing, vacutainer tube, disposable tourniquets, alcohol prep pad, adhesive bandages and IATA shipping boxes.
- **Shipping Supplies:** We provide all supplies necessary for next-day delivery to our lab, including shipping boxes/bags and pre-paid, pre-addressed labels.

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- **Oral Fluid and Urine Instant Test Devices:** See additional information on the instant test devices in the **Initial Testing** section below.

A standing order can be established so that supply shipments are sent to designated DCS locations, based on defined time intervals. For customers who want their supplies to be automatically replenished based on the volume of specimens we receive at the laboratory, we can enroll them in the auto-replenishment program, to ensure supplies are shipped to them on a routine basis. This will allow DCS employees to focus on other priorities. In addition to the auto-supply programs, supplemental orders can be placed as needed for unexpected testing events, immediate increases or decreases in volume, etc.

Drug Testing Panels

Cordant understands that the DCS wants to ensure that a range of substances are available for testing, including the full spectrum of substances that may be used or abused by parents or caregivers, and could potentially put child safety at risk. Our extensive test compendium is a key differentiator for Cordant – we offer the widest range of available tests among all of our competitors in the toxicology industry. Please see the Cordant Drug Reference Chart, provided in **Appendix C,** for a list of all drugs and matrices that we can offer the State.

Cordant confirms that we can provide test results for all the substances included in the 10-drug panel:

- Amphetamines
- Benzodiazepines
- Buprenorphine
- Cocaine
- Cannabinoids
- Fentanyl
- Methamphetamines
- Opiates
- Oxycodone
- Tramadol

For oral fluid, urine and hair, all of the above substances are available in screening tests and confirmation tests. Cordant will perform the testing in blood utilizing whole blood samples, for which only direct-to-confirmation tests are utilized. As such, DCS will receive results for all of the substances indicated above. Every blood toxicology result will be a confirmed quantitative result via LCMSMS.

Panel Flexibility

Cordant can create any number of panels that are needed to meet the needs of the DCS. We understand that testing options need to be customizable at the individual level as well as at the group level. Panels can also be easily and quickly reconfigured for new emerging drugs, regional trends and individual program needs.

During the implementation process, Cordant works closely with our clients to establish the appropriate panel configurations. These panels are then input into Sentry and are available for case workers to choose from. Sentry users can access the different tests/panels, standard and customized, that fit differing needs, risk levels and trends. At the same time, Sentry can limit test/panel options to those pre-established and authorized by the customer.

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Establishing appropriate panels is a key part of the implementation process and can result in **significant cost savings** for the DCS going forward. By limiting test/panel options to only those that are pre-authorized by the DCS, unauthorized and unnecessary testing can be eliminated. For example, this approach prevents situations where a costly, comprehensive panel is ordered for a compliant, low-risk individual without proper justification. Sentry allows for easy monitoring and insight into the appropriateness of test panels. Further, Cordant will provide regular reporting on positivity rates and ordering patterns so that the DCS can evaluate whether unnecessary ordering is occurring. Cordant will work closely with DCS to ensure that you have the information available to make decisions and ensure that your budget dollars are spent wisely.

Complex drug test schedules, multiple panels and frequencies can be altered, as needed. The DCS can establish randomization schedules that not only support its program goals, but are *individualized for specific participants, consistent with their treatment and supervision plans*. Examples of potential randomization schedules are provided below:

- Create two schedules to vary the testing panel:
    - Utilize a 1 time per week schedule using a standard panel.
    - Utilize a 1 time per quarter schedule using a comprehensive panel.
- Vary the matrix that is used, to add another level of unpredictability into the program:
    - Schedule urine testing two times per month and oral fluid testing two times per month.
- Schedule future one-time tests on dates that the case manager knows can be dates the client struggles within their sobriety (birthdays, death of a loved one, etc.).

Cordant highly values the voice of our customers. We actively monitor the governmental communities and drug testing industries, including data analytics research for new drug trends, extensive literature review and customer feedback on the national level, as well as the specific client's geographical region. Our highly trained research and development team is always working to adapt and create new solutions to meet ever-changing needs and trends.

Our scientists have the expertise and resources to meet any toxicology testing need. Client feedback drives the vast majority of our operational enhancements, such as the development and expansion of our test catalog. Our customers depend on our expertise to address their specific concerns. Cordant's responsibility in the industry includes providing services that continually adapt to the ever-changing needs of our clients -- from a technical as well as a workflow perspective. Collaborating with our customers on matters such as testing protocols, aberrant behavior identification, test panel selection, sample tampering detection and interpreting test results and regional drug trends is part of the normal course of business for Cordant.

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Initial Testing

Instant Devices

We plan to offer the DCS the industry-leading instant test cups and dips developed by Premier Biotech. Established in 2009, Premier Biotech's staff includes industry experts with decades of experience in drug testing and toxicology. As a USA-based manufacturer, Premier's focus is on high quality products, innovation, and providing an exceptional customer experience. Premier's Research and Development team is continuously working to improve and deliver the highest standards in accuracy, sensitivity, specificity, ease of use, etc. Premier's product portfolio is completely customizable and includes the ability to test for specialty drugs including K2/Spice, Tramadol, Fentanyl, Cotinine (Nicotine), EDDP, Alcohol and more. Please see **Appendix D** for additional information on Premier's Bio-Cup, Bio-Dip and Instant Oral tests.

Popular Premier Products include:

- OralTox (Oral Fluid)
- Premier Bio-Dips
- Premier Bio-Cups
- UTox

Premier has developed configurations that test for the most current drugs of abuse, as well as tests targeted to America's prescription drug epidemic and rise in synthetic opioids. Premier has many years of experience working with state organizations and developing custom solutions based on specific needs.

Instant Device Cutoffs

Premier Bio-Dip and Bio-Cup devices can meet all of the target urine screening cut offs requested by the DCS with two exceptions. The urine device cut off for Fentanyl is 10 ng/mL and for Tramadol 100 ng/mL. The target oral fluid instant device cut offs available by Premier for the requested 10-panel by the DCS are;

- Amphetamine   50 ng/mL
- Benzodiazepines   10 ng/mL
- Buprenorphine   5 ng/mL
- Cocaine   20 ng/mL
- Cannabinoids   40 ng/mL
- Fentanyl   10 ng/mL
- Methamphetamine   50 ng/mL
- Opiates   40 ng/mL
- Oxycodone   20 ng/mL
- Tramadol   30 ng/mL

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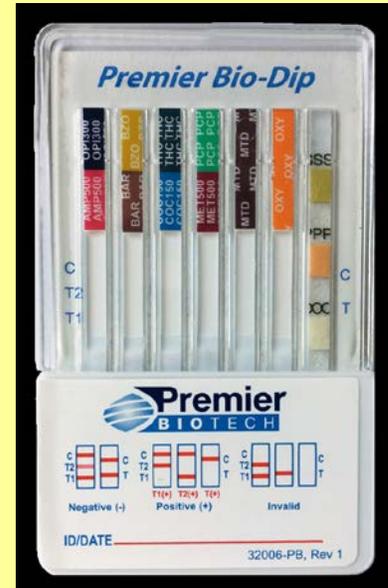
Premier Product Advantages
Premier Bio Dip/Dip is 510(k) cleared, OTC and CLIA Waived. The device was tested in a clinical method comparison where the urine sample was read by Premier Bio Cup / Dip and then sent to a laboratory for confirmation. The results of these studies are detailed in the product insert under Performance Characteristics/Accuracy Results. Please see **Appendix D** for additional information.

Please note that Premier's OralTox test is the only instant oral fluid test device that is FDA-cleared for up to eight drugs (Amphetamine, Cocaine, Methamphetamine, Methadone, Opiates, Oxycodone, Phencyclidine and Marijuana). Additional panels for up to 12 drugs are available including Barbiturates, Buprenorphine, Benzodiazepines, Cotinine, Fentanyl, Spice (K2), Ketamine and Tramadol.

Many multi-drug test strips will detect five different drugs on the same strip (i.e. THC, cocaine, opiates, meth and PCP), however, these devices contain only one quality control indicator line, not five indicators to assess each of the five drugs individually. Unlike many competitor products, the Premier products test only one drug per strip and each strip has an **individual control indicator.** Testing one drug per strip offers the following advantages:

- Better sensitivity because multiple drug conjugates are not on one strip.
- Ease of use/easier identification of drugs: Clearer results, more intense (darker) result provides for easier interpretation of test.
- Certain drugs cannot be on the same strip, allowing for customization and innovative development of new tests.
- One drug per strip yields faster results.
- One control line for each drug strip to ensure that each strip is functioning properly.

Laboratory Based Screening
Please refer to **Question 6, Laboratory Analysis** for a description of our screen testing methodology.

Confirmation Testing

Confirmation Testing Methodology
Please refer to **Question 6**, **Laboratory Analysis** for a description of our confirmation testing methodology.

D vs. L Testing for Methamphetamine Positives
Cordant can perform isometric analysis with the ratio for d and L isomers on confirmed methamphetamine positives, upon request. Amphetamine and Methamphetamine confirmations resulted as positive will be distinguished from each other as two separate variables with their independent concentrations quantitated separately on the final report. Screening presumptive results are performed on the entire Amphetamine drug class.

Lab Based Screening and Confirmation Cutoffs
Please see **Attachment L** for Cordant's proposed screening and confirmation cutoffs.

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Additional Testing

Cordant can perform the testing for the additional substances noted in the scope of work: Alcohol, Methadone, and Phencyclidine.

Extensive Test Compendium

Cordant provides the widest array of toxicology services available in the criminal justice and treatment market, with the ability to test four matrices (urine, oral fluid, blood and hair) for all common drugs of abuse as well as specialty and designer drugs, including synthetic cannabinoids, Spice/K2, synthetic stimulants, Bath Salts and hallucinogens. Our extensive test compendium is a key differentiator for Cordant – we offer the widest range of available tests among all of our competitors in the toxicology industry. Please see the Cordant Drug Reference Chart, provided in **Appendix C**, for a list of all tested drugs and matrices that we can offer the DCS.

Testing for adherence to a client's treatment plan

Solutions:
- Testing available for over 160 prescribed drugs and drugs of abuse
- Testing for 60+ Commonly Prescribed Mental Health Meds
- 100x Lower Cutoff for Buprenorphine in oral fluid

Medication Adherence Testing

In the document recently released by the National Council on Behavioral Health Medication Matters – Causes and Solutions to Medication Non-Adherence, it is estimated that up to 50% of prescribed medications are not taken. Whether the medications relate to chronic health conditions, mental health disorders, or substance use disorders, medication non-adherence accounts for a significant amount of treatment failures. Drug testing for adherence to prescribed medications, which may also include testing for the absence of other harmful substances, is a common testing scenario for governmental agencies, including public health departments, hospitals and clinics, community mental health providers, etc. Cordant has solutions designed specifically for the following medication monitoring testing scenarios:

- Monitoring for adherence to prescribed mental health medications
- Monitoring for adherence to medications used to treat substance use disorder
- Monitoring for adherence to medications used to treat chronic pain

Psychotropic medications have produced life-changing benefits for millions with mental and substance use disorders, greatly reducing the global disease burden over the past 70 years. Evidence for the effectiveness of these medications is extensive and incontrovertible. But, as noted by former Surgeon General C. Everett Koop, "Medications only work in patients who take them."

Medication Matters – Causes and Solutions to Medication Non-Adherence September 2018

Cordant can test for 60+ of the most commonly prescribed mental health medications. Having the ability to test for adherence to prescribed medications could greatly assist the DCS case workers with assessing any clients with a co-occurring mental health diagnosis. Further, testing for mental health medication adherence supports child safety, as non-adherence to mental health drugs can often lead to increased substance abuse in clients who try to self-medicate.

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4   Section 6 – Collection Management

Describe your understanding of the information presented in Section 6. Describe your proposed drug testing collection management procedures and how they align with the State's requirements, including reference to relevant experience where applicable. Provide detail on your proposed collection sites per table 6, including rationale for the number and location of site(s) proposed for each DCS Region. Provide detail on your proposed toll-free number.

Experience Providing Specimen Collection Services

Cordant has tremendous experience providing specimen collection services. We can provide collection services through third-party collection sites, our own Patient Service Centers (PSCs), or by employing Laboratory Collection Specialists (LCSs) that perform the collection functions at our client's location(s). Cordant has 4 PSCs and over 350 third-party collection sites nationwide currently in use.

Our Field Operations management team will support the DCS. This management team has a significant amount of experience along with the skill and ability to address the challenges that can often arise with specimen collection. The DCS will be provided with direct contact information for the Field Operations management team so that any questions or issues can be resolved quickly.

Cordant employs nearly 200 Laboratory Collection Specialists (LCSs) nationwide. We have an efficient and streamlined system for hiring, training and placing professional staff who are not only qualified, but who also represent the local community that they serve. Although placing LCSs in rural areas or with limited hours may present challenges, we are accustomed to these staffing challenges and we have the resources and experience to effectively overcome them. We are committed to exploring every possible option to meet our client's needs, including the use of mobile collection teams and/or our flexible oral fluid video collection process.

All of Cordant's collection staff meet or exceed national certification standards as required by National Institute of Drug Abuse/Substance Abuse and Mental Health Services Administration (NIDA/SAMHSA). We understand that a quality drug test begins by following all steps necessary to perform a proper specimen collection and completion of the chain of custody form. All Cordant LCSs are trained on industry standard methods of specimen collection and handling procedures, including Cordant's collection protocols and any special protocols required by the customer.

Since our collection and lab services are tightly integrated, we are equipped to resolve any collection errors quickly. Errors are recorded and reported on the test result, which can then be reviewed with collection staff to prevent future errors. We run collection error reports regularly and review with the LCSs the collection issues and proper collection protocol.

All LCS employees receive continuous, on-going training and education, and they are encouraged to participate in bi-weekly team meetings with their Field Supervisor. To ensure the LCSs remain well trained, the supervisor will visit several times per year or as needed. We notify our customers of these visits and clients are welcome to take part in reviewing Cordant's processes and procedures.

Collection Services Offered by Cordant

Through Cordant-operated Patient Service Centers, local LCS or mobile collection teams, our flexible video-observed oral fluid collection option and our extensive collection site partnerships, **Cordant can deliver collection services throughout the State.** The ideal approach to

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providing collection services throughout the state will involve several of the approaches listed below.

- **WBE Subcontractor –** Our WBE subcontractor, WorkComp Management Services, Inc. (WCMS) has a significant collection network throughout Indiana that will be available to provide collection services to DCS clients. WCMS is an Indiana based S-Corporation independently owned and operated with 23 years of experience providing occupational and medical services. WCMS is a Women's Business Enterprise certified by the IDOA. WCMS provides walk in clinic testing, as well as mobile drug and DNA testing and collection services. In Indiana, WCMS works with 8 school systems to provide on-site testing of students utilizing a customized drug and nicotine test and they also provide clinic and on-site drug and alcohol testing for State of Indiana DCS through the current vendor. They have been assisting the current vendor with drug screening services since 2015. Prior to 2015, WCMS worked directly with the State of Indiana DCS, assisting with statewide collection services since 2003.

- **Additional Third-Party Collection Sites** – In addition to the network of collection sites that is available through our subcontract with WCMS, Cordant will identify and contract with additional collection sites to ensure that DCS clients have adequate options in all Regions and all Counties throughout the State. With other clients for whom we provide similar services, we have had a tremendous amount of success with contracting with the following types of organizations: occupational health clinics, urgent care clinics, treatment providers, and third-party administrators. We will partner with DCS to identify substance use treatment providers that are currently serving DCS Clients; contracting with organizations that are currently serving DCS clients provides another opportunity for successfully meeting their drug testing requirements. In our experience, a client that can receive their treatment services and provide their required drug test at the same site has shown to *improve compliance*.

- **Patient Service Centers (PSCs)** – Collection locations that are maintained and operated by Cordant for specific clients/groups of clients. Cordant currently has four PSCs operating in select markets nationwide, and we are open to adding additional PSCs for the DCS if the volume and location of participants supports this approach.

- **Cordant Laboratory Collection Specialists (LCS)** – Cordant LCS staff can be placed at DCS office locations or court facilities. If we are awarded the contract, we will work with DCS to identify potential DCS offices that could allow our LCSs to perform collections onsite. For DCS clients that need to meet with the case workers, having the option to also provide a specimen at the same location can be a great option for clients and could potentially improve overall compliance with drug testing requirements.

  We have the resources to quickly identify and hire local LCS staff. Our field operations team has considerable experience staffing our collection locations and will proactively begin recruiting for additional LCS team members upon award. Our recruiting and hiring process is a well-oiled, streamlined machine that encompasses hiring, training and placing of professional staff who are not only qualified, but who represent the community they serve. As evidence of our recruiting savvy, please note that collector positions are typically filled in as little as 10 days of opening the position. Cordant is 41% quicker than the health care industry average in filling vacant positions.

- **Mobile collection teams** – Cordant understands that there may be some participants that will be unable to get to a collection site due to mobility or transportation issues. We will work

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with the DCS to define the parameters for acceptable distance to collection sites, and if the participant lives and works outside of the acceptable distance parameters, or is unable to get to a collection site (home-bound), the mobile collection team(s) will be engaged.
Cordant can use an internal or external mobile collection team to meet the needs of the DCS program participants in rural areas. Mobile collection is often the best choice to accommodate rural, home bound and emergency collection needs. We have the option to use Cordant's mobile collection team, or contract with mobile collection providers that we have successfully partnered with on past projects.

- **Video observed oral fluid collections** – Oral fluid collections can be observed by a remote LCS, offering an innovative approach for rural and home-bound participants and emergency collections. This is a live video collection where the test vial and swab are **on screen** for the entire collection process, including the placement of the tamper seal, bagging of the specimen and preparation for shipment in a provided pre-paid mailing kit. If the vial leaves the screen, the process is restarted with the second test kit provided. If it leaves the screen with the second test, it will be considered a failed test. Both test kits are returned to the lab, whether they are used or not, to ensure the donor does not have additional kits on hand. There is a tremendous amount of flexibility available with this approach, and we will be pleased to customize the process to meet the needs of the DCS.

Cordant's Approach to Third-Party Collection Site Management

Identifying Collection Subcontractors
Cordant plans to contract with WorkComp Management Services as our primary collection site subcontractor. WorkComp has 60+ collection locations across the State, and their experience includes work with the IN DCS under previous contracts. We have also provided a list of collection sites that have agreed to contract with Cordant for the DCS contract. We recognize that additional sites are needed, and Cordant's staff will ensure that all required collection sites are identified and will initiate subcontract agreements prior to commencing services in each region.

Selecting Collection Subcontractors
When selecting subcontractors to partner with, commitment and communication are key. Selected subcontractors are required to sign a contract stating they will follow our defined processes and utilize Sentry per our provided training. We require that they are committed to clear communication with us around any issues that may arise in the course of testing your client population. We also ensure they have knowledge of your client population in advance of any contract being signed. The collection site location is also important. As noted above, we will work closely with the DCS to ensure the location of the collection subcontractors are appropriate for your client population's needs. Hours and days of operation for the facility may also be important in the selection process.

Collection Site Contracting
Cordant will provide trained, experienced Field Operations Managers and a Director to manage the contracts and services with the selected subcontractors. After collection site vendors are chosen, we will execute collection site agreements. We will ensure that agreements with local collection sites include any DCS requirements that should be addressed. Following contract signing, Cordant intends to work closely with the DCS to ensure your requirements are addressed in our collection site agreements, for example, cultural sensitivity requirements,

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collection procedures, chain of custody requirements, etc. We are happy to have the DCS review our subcontractor agreement template to ensure that it covers all required elements.

Cordant will also ensure the DCS employment-related requirements are included in our contracts with collection sites. Compliance with laws and background checks for collection site staff are common requirements that we can add to our collection site contracts. Other common requirements include collection procedures and billing procedures. We foresee that our agreements with local collection sites will include specific DCS requirements that should be addressed, which can also be added to our collection site agreement as an Exhibit.

Collection Site Implementation
Cordant has significant experience identifying and implementing collection site agreements. The DCS can be confident in a smooth implementation of services. Cordant follows a thorough implementation process, for which the high-level process is briefly outlined below:

- Collection site is vetted and approval for use is obtained from the DCS.
- Collection contracts are obtained, as described above.
- Account set-up procedures are performed, ensuring that the collection site has the appropriate access in Sentry to perform the requested procedures.
- Training is performed to ensure the collection site performs all services in accordance with Cordant's and the DCS' expectations.

Collection Site Billing and Reporting Procedures
Cordant's contracts with collection site subcontractors will be based on a fee for service pricing structure. As part of our contracts with the various collection sites, Cordant will receive and pay for all collection site services. Similar to the drug testing services performed by Cordant, the DCS will be billed for both collection services and testing services for a single sample collected and tested.

Cordant has access to a tremendous amount of information that can be reported to DCS, as needed. Cordant will ensure that the structure of the DCS accounts is established in a manner that supports reporting to the DCS at a consolidated statewide level, a regional level, an individual office level, and on a collection site by collection site basis. As part of the implementation process, we will review collection specific reporting information that is needed. We will then establish reporting requirements with our subcontracted collection sites, as needed. However, much of the information that will be needed by the DCS will be supported by Cordant's robust reporting features. See our response to **Question 7** for additional information on the robust reporting options available at Cordant.

Evaluating Subcontractor Performance
Cordant's Field Operations Manager checks in periodically with collection sites to review DCS protocols and requirements. Random audits are completed to ensure the protocols and requirements are being followed. We communicate with our subcontractors often so concerns can be addressed promptly. We monitor for trends noted at the laboratory such as improper packaging or chain of custody issues. When issues are identified, we take immediate action in the form of retraining. We also take very seriously any concerns identified by a client and quickly implement a plan for improvement and prevention. If we have repeated concerns or unresolved issues with a specific subcontractor, we discontinue services and seek a replacement.

One of the most important factors in evaluating collection subcontractor performance in a criminal justice program is their compliance with the vitally important chain of custody procedures. Upon

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receipt of every specimen at Cordant's Laboratory, we record any potential error or fault with the specimen. Such errors or faults include, but are not limited to, the following:

- No collector signature on COC
- No donor signature on COC
- No donor initials on the security seal
- No seal over specimen lid
- Duplicate COC
- COC signature/donor name mismatch

Cordant calculates an error rate for the site by calculating the total number of errors divided by the total number of collections performed in the same time period. Cordant then benchmarks this error rate against other collection sites in the State. If a site has an unacceptable error rate, Cordant will contact the site to discuss the errors and perform retraining. While this reporting is typically provided to the individual site, Cordant can provide error reporting to the DCS as well.

Collection Site Training
Cordant plans to train subcontractors as needed using our standard in-person or webinar-based training. We can incorporate any additional training topics that may be required by the DCS. We work closely with the collection sites on chain of custody procedures, specimen pickup schedules, and the use of Cordant Sentry™ to assist with collection documentation. We have a dedicated collection site manager and account managers to support our subcontractors through initial training as well as training any new staff they may hire.

Please note that Cordant's Client Services and Sentry Implementation and Support teams are dedicated, full time, to supporting Sentry for Cordant's clients. These support teams also provide support for Cordant's collection site subcontractors. Cordant also has after-hours support for customers to report Sentry outages, in the unlikely event that an outage occurs. The Sentry Implementation and Support Team performs the necessary account setups and any required Sentry updates for subcontractors. The Sentry Team also provides logins to Cordant's electronic systems for obtaining test results and electronic invoices and sets up Sentry usage for subcontractors.

If a vendor has difficulty or is unsure of how to service a specific participant, Cordant will provide guidance on the situation in accordance with the DCS's requirements. Cordant's Field Operations Manager also checks in periodically with collection sites to review DCS protocols and requirements. Random audits are completed to ensure the protocols and requirements are being followed.

Proposed Collection Sites
Please see **Appendix E** for a list of subcontracted collection sites that Cordant plans to utilize. Please also note that *additional collection sites* will continue to be identified and services implemented if we are awarded the contract. Cordant will ensure that each Region and County in the State has appropriate collection coverage to ensure that DCS Clients have convenient choices to help ensure their successful adherence to testing requirements. As mentioned above, Cordant will also work with the DCS to identify potential DCS locations where Cordant LCSs can facilitate onsite collections.

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Cordant's Approach to Meeting DCS Requirements

As we have communicated throughout our proposal, Cordant understands the important role that drug testing plays in the achievement of DCS's mission and vision. It is one of our guiding principles as an organization to treat Client's with empathy, respect and professionalism always. It is important to us to provide an environment free from Stigma with a clear expectation of Trauma Informed Care. We know well that the Client's experience with specimen collection can impact their compliance with drug testing requirements. *Our goal is to provide every opportunity possible for a Client to be successful with meeting their drug testing requirements.* For us to accomplish this goal, there are several factors that we have built into our overall collection management process.

First, a DCS Client needs to have many location options for providing a sample on the day they are required to test. Utilizing our proprietary system, Sentry™, a client can appear at any approved collection site in the State on the day that they are required to test. If a Client is limited to a single collection site, the chances for that client to be non-compliant are much higher, especially in situations where the approved collection site is not in close proximity to their normal daily activities. As noted above, Cordant will be providing an extensive collection network throughout the State, using a combination of third-party sites, a mobile collection team, and video-observed oral fluid collections.

Second, a DCS client needs the confidence and reassurance that they will experience a consistent collection process regardless of the location that they choose. Lastly, the collection process needs to be designed to ensure that any collector can complete the process with no errors. The information below provides additional information on several of these key factors.

Training for All Individuals Involved in Collection Process

Cordant has an extensive training curriculum for our employees and contractors involved with specimen collection. Cordant employees are required to complete all trainings. For our subcontracted collection sites, Cordant will review this training curriculum with the designated representative at each site to determine what training topics may not otherwise be included in their own employee training requirements. Because our desire is for all DCS clients to have the same collection experience regardless of the site they choose, we will ensure our contracted collection sites undergo the appropriate training sessions. Our comprehensive training sessions include the following topics:

- HIPAA Privacy and Security Rules;
- Medicare Compliance for Clinical Laboratories;
- OSHA Bloodborne Pathogens;
- OSHA Fire Safety;
- Observed Collection Training;
- Observed Urine Collection Video;
- Legally Defensible Specimen Collection;
- Manipulation;
- Cordant Health Solutions Overview;
- Customer Service;
- Harassment Prevention Training;

- How to Fill Out a Chain of Custody Form (electronic and manual);
- Same Gender Observed Collection Procedure;
- Oral Fluid Collection Procedure;
- How to Appropriately Package and Ship a Specimen;
- Incident Report Training;
- How to Support/Manage an Uncomfortable/Unwilling Patient;
- Utilizing a Trauma-Informed Approach in Specimen Collections

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In addition to the training that is normally covered by Cordant (listed above), we will work closely with DCS staff to ensure that all required policies/procedures that are specific to your needs are incorporated into our training curriculum. Understanding the specific training requirements for the DCS will be one of the items that we cover during the implementation process in our planning meetings. An electronic collection training manual will be provided to all collection sites, with a copy provided to the DCS.

Patient Orientation

Prior to each collection being performed, we recommend presenting a Collection Procedure Acknowledgment Form to the Client. The purpose of this form is to ensure that the Client understands the collection process. This form communicates the expectations for the Client during to process and also informs the Client of the expectations they should have of the collection staff. If desired by DCS, we can add signature lines to this form to be completed by both the DCS client and the collector prior to the collection. See example of this Acknowledgement Form in **Appendix F.** Cordant will work closely with DCS during the implementation to ensure that this Acknowledgement Form includes all expectations that DCS and Cordant believe are needed.

Utilization of Cordant Sentry™ in Collection Process

Cordant's proprietary system, Sentry, is an integral part of the services we provide and contains some vitally important features for the collection process.

- **Identity Verification -** Sentry requires proper identification of the client before the collection process can be initiated. Client photos can be uploaded to Sentry to allow collection staff to positively identify clients, even if the client forgot their ID. The DCS case worker can also add collection notes for any special circumstances, which can greatly facilitate communication between agency staff and collection site staff regarding any such circumstances. For example, proper communication of potentially culturally sensitive issues is important and can facilitate the delivery of quality services to diverse populations. Please see the screen shot below for an example of the initial collection screen, which shows an example of a client photo and collection notes that can be shared between agency and collection site staff.

Figure 15: Sentry Identity Verification Screen

- **Collections Restricted to Scheduled Testing** - Using the standard "collection site" role with Sentry, collections can only be performed if a test is scheduled with Sentry. This is an important feature when a referral is required before services can be delivered. Please see additional information on the referral process in our response to **Question 2.**

- **Printable Chain of Custody Form -** Sentry offers the next generation in specimen collection by use of an electronic Chain of Custody (COC) and test requisition form within the

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application. This provides quality assurance within the specimen collection process by eliminating illegible handwriting and the input of incorrect information by the collector, saves time from handwriting, and reduces invalid chain of custodies in court.

Sentry pre-populates all donor demographic information, the date and the time of collection into the Chain of Custody form. All that needs to be entered on the Sentry Chain of Custody form is the donor and collector signatures, if the specimen temperature is within the normal range (if a urine specimen), and that it was visually observed, if required. The security seal also needs to be initialed and dated by the donor once it has been placed on the specimen vial. This provides for a faster collection process and a form that is legible and complete, which all support a legally defensible collection.

The Sentry application allows the COC form to be printed with any basic printer (using 20# paper with built in security seals that we provide). The Sentry COC form will print complete donor demographics including donor or case ID#, selected panel, bar code, time stamp and date on all appropriate areas of the COC for legal defensibility.

Figure 16: *Sentry Electronic Chain of Custody Form*

Technical Support

Cordant provides a significant amount of technical and administrative support services to our clients. Our Client Services team is available Monday through Friday from 5:30 am to 5:00 pm Pacific Time at 800-348-4422 and will be available to all DCS local offices and Probation Departments throughout the State. Cordant will ensure the DCS receives the highest level of support throughout the contract period. Descriptions of services provided are summarized below.

- **Client Support** – Along with accurate, quality laboratory tests in industry leading turnaround times, Cordant offers a stellar customer service experience. Our Client Services team is highly trained and ready to assist with logistics, result interpretations, IT support, supplies, account set up, additional test requests and more. When the DCS calls, they WILL get a live person that can help, or ensure they get to the right person that can. Our Client Services team answers more than 1,000 calls per week with very little wait times – 99% of our calls are

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answered in under 30 seconds. Our *24/7 Toxicology Hotline* is staffed by four board certified toxicologists and 12 additional toxicologists that have specialized training in drug result interpretation. You can be assured that the service the DCS receives from Cordant Health Solutions cannot be matched by any other provider in the market. Cordant recently initiated a customer survey that included questions about the customer's experience with Cordant and our Client Services team. Based on these recent survey results, 93% of respondents are satisfied or very satisfied with the service provided by Cordant.

Cordant's Client Services representatives are trained by our scientists, toxicologists and laboratory leaders, with a specific focus on the current drug testing trends and products most relevant to the criminal justice and treatment community. This team is uniquely qualified and capable of handling a wide variety of result interpretation questions, including how to address false positives and the potential causes, such as legitimately prescribed medications and other substances. Client Services is your first stop for all service inquiries. This team responds to a number of questions and requests, including:

- Resending results;
- Questions about pricing and the client's account;
- Supply ordering;
- Cross referencing a person's prescription medications to their results;
- Questions about detection windows and drug interactions;
- Simple interpretations and understanding unusual test results – the Client Services team will be your connection to a scientific staff member for more difficult questions;
- Questions about our drug testing management software, Cordant Sentry; and
- Client Services is the DCS' go-to team to be connected to any of our other departments, including Account Management, Billing Management and our scientific team.

Our Client Services team is available Monday through Friday from 5:30 am to 5:00 pm Pacific Time at 800-348-4422.

- **Dedicated Account Management** – The Account Manager is part of the service team during implementation and will be intimately involved and familiar with the services being provided throughout the contract term. Cordant will assign an Account Manager that is *100% dedicated to the services provided to DCS*. During the implementation and transition process, the Account Manager will maintain frequent contact with the DCS to ensure services are successfully rolled out and administered. The Account Manager will also develop an annual monitoring plan that includes regular contact and in-person meetings with the DCS, and will review the DCS accounts regularly, monitoring services and performance, and addressing any matters that may arise. The Account Manager is also tasked with representing Cordant at contract meetings and will have the authority to present information to the DCS, such as outcomes, reports, invoices, etc. The Account Manager will work with appropriate internal teams to ensure all of the following occur as required:

  - Monthly performance measure reporting is completed and delivered to DCS
  - Monthly reporting and monitoring of the subcontracted collection sites
  - Deploying the Regional Leads when re-training is necessary with subcontracted collection sites.

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- Assisting with the managing of the scheduling of the mobile collection team and working with Field Operations Management to ensure that all mobile and emergency collection services are being delivered in accordance with DCS requirements

Should there be any change in our Account Management assignments or personnel, we will notify the DCS immediately of such changes and ensure that any new personnel assigned to this key role will be promptly brought up to speed on all services and contractual requirements. This effort will also include transition meetings so that any "hand off" of activities and responsibilities are accomplished with minimal disruption.

- **Litigation and Testimony Support Services** – Cordant's toxicology results are legally defensible, and we are committed to providing the legal support that our customers require. Cordant is well versed in meeting the needs of customers who require legally defensible drug testing. Our scientists, directors and technical staff members can provide expert testimony on behalf of the DCS if needed to defend the veracity of our procedures and the accuracy and reliability of our test results. Our procedures and practices comply with and exceed industry standards as evidenced by our extensive accreditations. We can provide litigation packets, affidavits, deposition, documentation, virtual or live testimony and other administrative and court action support, as required. We follow all HIPAA requirements for the release of documents or experts for testimony. Our team has provided hundreds of testimonies nationwide, and Cordant's experts have never been rejected as expert witnesses. See **Question 5** for additional details on our litigation support services.

- **Billing** - Cordant's billing teams are structured in a way that addresses the unique needs of our clients and their patients. For patients whose drug testing services are billed directly to their insurance, we have a team that is dedicated to this segment. For clients that we bill directly for services, as is the case with most government agencies, we have a billing team dedicated to this client base. We understand that different clients can have different billing requirements. As such, our teams are trained to handle the needs specific to these segments, to ensure that we are delivering the highest level of service possible.

- **Information Technology** - Cordant employs a team of Information Technology professionals to provide both internal and direct client support (this function is not outsourced). Our Information Technology team works closely with clients to provide direct interfaces with various case management systems, and for implementation of our results portal and Cordant Sentry™. With nearly 8,500 daily log-ins per day into Sentry, our proprietary web-based drug testing management system, we are fully staffed and prepared to support our customers with questions that arise. Our Sentry Support team and our IT team work together to ensure all questions or issues are addressed in a timely manner.

- **Contract Management** - Amanda Gibbs, Vice President and General Manager - Behavioral Health Business Unit, is the primary contact for all contract related matters. In addition, we have several teams that assist in contract matters, including the proposal team, legal team, and compliance team. All teams have significant experience in the industry and are positioned to ensure our contractual obligations are met.

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5   Section 7 – Staffing Requirements

Describe how you will meet the staffing requirements detailed in Section 7, including at minimum a draft staffing plan and resumes (or job descriptions if personnel have not yet been identified) for all staff positions (including but not limited to the Medical Review Officer (MRO)). Describe how you will provide training for staff per Sections 7.1 and 7.4. Outline your plan to meet the court services requirements per Section 7.3.

Staffing Plan – Proposed Staffing for Collection Staff

Staffing Levels at Subcontracted Collection Sites

As part of our identification and contracting process with third-party collection sites, all collection sites will be required to maintain one female and one male collector during their established collection hours. We will have a defined communication process where collection sites will be required to report to Cordant if the minimum staffing levels are not going to be met. If we identify that a subcontractor is not staffing appropriately, we will require them to meet the standards, or we will seek out additional collection sites to meet the needs of DCS.

See additional discussion of our approach to management of subcontracted collection sites in **Question 4.**

Staffing Plan for Mobile Collection Team

To meet the in-home and emergency collection needs of DCS, Cordant will be hiring a team of 33 mobile collectors throughout the state of IN. Our mobile team will be comprised of both male and female staff to ensure the ability to perform same sex observed collections when required. We will have team members located in all Regions of the State and we will adjust staffing levels based on the volume of in-home collections in each area. For purposes of developing a proposed staffing plan, Cordant utilized the following assumptions:

1. Based on the information provided in the Cost Proposal, Cordant understands that the annual estimates for in-home collections and emergency collections are:

    - In-home collections: 30,300
    - Emergency collections: 1,500

2. Using these estimates, Cordant calculated an estimated monthly and daily collection estimate.

3. Using the county by county population data for the State of Indiana, Cordant allocated the number of collections per day to each county and region based on the relative population size of each county/region.

4. Cordant then estimated the number of collectors needed based on the allocated daily volume. *Please note* that these LCS estimates are not full-time equivalents. Cordant anticipates that the hours needed for the LCSs in each region will be based on the number of collections. For the regions where only one LCS is anticipated, we will carefully schedule the in-home collections and utilize the team in neighboring regions to ensure we meet all same-sex collector requirements.

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After applying the above assumptions, our initial estimate of our mobile collection team will be allocated as follows:

Figure 17: *Estimated Mobile Collection Team Staffing*

Region	LCS Per Region
1	2
2	2
3	2
4	2
5	2
6	2
7	2
8	1
9	2
10	3
11	2
12	1
13	2
14	2
15	1
16	2
17	1
18	2
Total	**33**

Cordant is happy to provide further details on our analysis of the mobile collection team, upon request. Further, we are happy demonstrate the unique scheduling features that we will utilize within Sentry that will allow us to provide services at our prices quoted in the Cost Proposal, even in rural areas. If selected for award, we will work closely with the DCS to ensure that our allocation of the LCS team is indeed in line with the needs of each Region. We will make adjustments accordingly.

In addition to the team of LCSs, we will have *two Regional Leads* that will be physically located in the State and will be direct support and oversight to our LCS team. Our regional leads will be responsible for monitoring the staffing level provided by our subcontractors as well. This will include ensuring that all subcontractor provide adequate staffing to perform same sex observed collections when required. The Regional Lead will have the following responsibilities (this is not intended to be an all-inclusive list):

- Oversight of mobile collection team
- Fills in for LCSs in the event of sick time or PTO
- Visits and trains subcontracted collection sites, as needed
- Performs other subcontracted collection site monitoring duties, as directed.

Within our Field Operations team, our reporting structure is as follows:

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Figure 18: *Field Operations Reporting Structure*

```
                    ┌─────────────────────┐
                    │ Vice President of    │
                    │ Field Operations     │
                    └─────────────────────┘
                              │
                    ┌─────────────────────┐
                    │ Field Operations     │
                    │ Managers             │
                    └─────────────────────┘
                              │
                    ┌─────────────────────┐
                    │ Regional Leads       │
                    │ (DCS Dedicated)      │
                    └─────────────────────┘
                              │
                    ┌─────────────────────┐
                    │ Laboratory           │
                    │ Collection           │
                    │ Specialists          │
                    │ (DCS Dedicated)      │
                    └─────────────────────┘
```

As noted above, the LCSs and Regional Leads will be 100% dedicated to servicing Indiana DCS and will <u>not</u> be involved in serving any other Cordant Client. The Indiana DCS field team will then be supported by their Field Operations Manager and the Vice President of Field Operations. The Vice President of Field Operations has ultimate oversight responsibility of this team.

Dedicated Account Manager
As detailed in our response to **Question 4 – Technical Support**, there are *many* support teams throughout Cordant that will be actively involved in providing world-class services to Indian DCS. While our support teams assist with many of our clients, we plan to devote an Account Management to servicing <u>only </u>Indiana DCS. Please see our detailed description of the Account Manager's role in **Question 4**.

Trauma Informed Care
Cordant understands the importance of a trauma informed approach in avoiding re-traumatization, promoting resilience and preventing the development of trauma related disorders. Our expansive medication assisted treatment experience and pharmacy programs have guided our interactions with clients. All Cordant staff are trained to ensure a stigma free and supportive experience for the client populations we serve. We have built into our organizational culture an emphasis on understanding, respect, empathy and professionalism. Creating a safe environment for collection services are especially important. While we understand that Trauma Informed Care requires an overall paradigm shift in how individuals are served and how care is provided, a defined and documented training program is necessary to ensure continued growth. Through a 1-hour PowerPoint training course, employees review relevant material based on SAMHSA guidelines prior to interacting with clients. This training includes:

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- What is Trauma
- 10 categories of ACEs
- Impact of Trauma
- Core Principles of Trauma-Informed Care
- Practicing Trauma-Informed Care
- Challenges/ Effective Methods of Implementation
- Practical guidance on implementing a trauma-informed approach in the specimen collection process

All direct and subcontracted employees participating in the collection of specimens on behalf of the DCS will be required to undergo the training and complete a quiz with a minimum 80% score. We will monitor to ensure any new staff members complete this training, and that it is retaken annually. In addition, our Field Operations staff will include ongoing follow up with our subcontractor's collection site programs to ensure they are following the principles of a trauma informed approach during the collection process. We would be happy to discuss this training plan for the DCS's approval.

Medical Review Officer (MRO) Services
When child safety is at stake, getting your test result questions answered in a timely fashion is of the utmost importance. Cordant understands that providing test result interpretation is a vitally important service and we take this responsibility very seriously. So seriously in fact, that we created a **24/7 Toxicology Hotline** that is staffed by our board-certified toxicologists and other experienced certified scientists that have specialized training in drug result interpretation. You can be assured that the service the DCS receives from Cordant Health Solutions cannot be matched by any other provider in the market. Please see the summaries/bios of our board-certified toxicologists below. ***Our highly trained and experienced toxicologists have a specific skill set that surpasses the generalized toxicology training received by an MRO.*** Our Laboratory and Technical Directors, Doctoral level Toxicologists, Board Certified toxicologists, and other scientists are available to assist with any questions and can offer expert consultation and interpretation assistance. We believe this team can fully accommodate the consultation needs of the DCS. Cordant is committed to ensuring the DCS and its programs receive top notch client service and support, including answering your difficult drug testing questions in a timely manner.

In the event that a Medical Review Officer needs to be involved, Cordant has many MRO's that we work with. During implementation, we will review the potential MRO needs with DCS and identify the specific MROs that we will utilize for services. We generally work with *i3screen* when an MRO review of test results is required. Please see the description of *i3screen* below.

Please note that Cordant does not have an MRO on staff due to the fact that we are a SAMHSA certified lab and perform laboratory services under the requirements for federal workplace drug testing. According to SAMHSA regulations, the MRO utilized in federally regulated workplace drug testing programs cannot be an employee of the laboratory or participate in any contractual or financial relationship with the laboratory which would create a conflict of interest or bias as to reporting of results.

i3screen
Our MRO subcontractor, i3screen, is available to provide MRO services for the DCS. In 2008, i3screen was born with the promise of connecting solutions, services and providers together on

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a single enterprise-level platform, becoming the first ecosystem dedicated to occupational health screening program management. A decade later, i3screen's web-based delivery and breakthrough software solutions, coupled with pioneering knowledge and ongoing innovation, continue to lead the market in making occupational health screening management easier. i3screen was created by the industry leaders that designed the first point-of-care medical device and screening network. With over 300 years' combined industry experience and knowledge, the i3 team has been on the edge of screening innovation ever since. The company is adept at managing both DOT and non-DOT drug testing programs, with an experienced team of MRO doctors that average 15+ years of experience delivering medical review, forensic documentation, and policy and process compliance services along with a variety of connectivity solutions that have the ability to integrate with any platform. i3screen can assist with complete Medical Review Officer (MRO) services, providing access to a far-reaching and highly qualified team of medical doctors certified by the American Association of Medical Review Officers (AAMRO) and the Medical Review Officer Certification Council (MROCC), with extensive experience in the review of DOT and Non-DOT drug tests. i3screen processes results for several state contracts as well as numerous city and local government agencies and contractors, with clients that include Child Protective, Departments of Transportation and Health and Human Services.

Court Services

Cordant is well versed in meeting the needs of customers who require legally defensible drug testing. Our procedures and practices comply with and exceed industry standards as evidenced by our extensive accreditations. We can provide deposition, documentation, testimony and other administrative and court action support, as required. Our scientists, directors and technical staff members can provide expert testimony on behalf of the DCS, if needed to defend the veracity of our procedures and the accuracy and reliability of our test results.

All requests for testimony or litigation support require a subpoena/court order, or waiver, and two (2) weeks prior notice. We follow all HIPAA requirements for the release of documents or experts for testimony.

We are committed to providing the legal support that our customers require, and our aim is to achieve an appropriate balance between in-person court appearances and the other legal support services that we can provide, given that significant time and expense is incurred with each in-person court appearance.

Our preference is to provide testimony telephonically, via video/web-conference (e.g. Skype), or through sworn affidavit. Increasingly, and in the midst of the COVID-19 pandemic, courts, judges and prosecutors across the country are allowing testimony to be provided remotely. Remote testimony can even be provided with a notary present. We encourage our customers to consider all of Cordant's legal support services, including litigation packets, sworn affidavits and telephonic/video-conference testimony. In fact, our experience shows that a vast majority of requests for testimony can be satisfied with written documentation such as an Affidavit of Certifying Scientist or a Litigation Packet.

Legal support required from toxicology laboratories has evolved over the past few years. Requirements for testimony, whether in-person or telephonic, have largely been replaced by Affidavits of the Certifying Scientist. These documents are sent via encrypted email to Cordant's clients and the applicable courts with very simple, direct investigative demand letters allowing for disclosure of protected health information. Our laboratories have designated legal support sites

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to ensure a timely and correct response. Cordant can put the courts in touch with experts for interpretive assistance, in advance of testimony, using the same demand.

Affidavits of the Certifying Scientist save time and money by providing legal support without all the procedural requirements, such as the need for the judge and the courts to subpoena the expert, arrange for testimony, waiting for the court date, etc. Cordant's Affidavits of Certifying Scientist are signed/notarized, can be produced in 24-48 hours and include:

- General certification;
- Quality assurance (QA) practices;
- Results report;
- Chain of Custody form;
- Analytical attestation and methods used by the Certifying Scientist;
- Applicable business records; and
- Encrypted email delivery.

Cordant's Litigation Packets include additional records, certifications, discussions, and attestations. Litigation Packets require seven (7) calendar days to deliver via FedEx from the time we receive a request. A sample Affidavit of Certifying Scientist and Litigation Packet can be provided upon request.

Cordant has carefully evaluated the litigation support needs that were included in the Scope of Work. We have summarized those needs below:

- Cordant will support 200 court appearances per year. As noted above, we believe that a large majority of these court appearances will be telephonic or video appearances. For purposes of the pricing assumptions used in our Cost Proposal, we have assumed that 20% of these court appearances will be individual in-person appearances and the remaining will be telephonic or video appearances.
- Based on our extensive experience serving governmental entities and meeting the litigation support needs of those agencies, it is common to receive a subpoena, but then not have to testify. We acknowledge that the State estimates that there will be 1,600 subpoenas received that do result in testimony.
- Cordant confirms that we will be able to provide an estimate of 3,600 requests for certified records annually. As noted above, we have two documents that are fulfill requests for certified records: an Affidavit of Certifying Scientist and a Litigation Packet. For purposes of the pricing assumptions used in our Cost Proposal, we have assumed that 50% of the requests will be for an Affidavit of Certifying Scientist and 50% of the requests will be for a Litigation Packet.

Legal Support Experience
Cordant's test results have been accepted as evidence in multiple jurisdictions across the country. While the outcome of the various court proceedings is ultimately the responsibility of the lawyers, we can state that our confirmed results have never failed to be accepted as evidence, and our senior toxicologists have never failed to be qualified as expert witnesses.

Cordant's senior toxicologists listed below will be the individuals providing expert witness testimony on behalf of the DCS. These individuals have in-depth knowledge of not only the laboratory processes but are also experts in the field of forensic toxicology. Additionally, we

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have experienced employees at all laboratory locations that are dedicated to assisting our clients with their legal support needs. Cordant's Expert Witness team includes the following:

- Richard Stripp, Ph.D., Chief Scientific & Technical Officer
- Damon Borg, Ph.D., F-ABFT Northeast Laboratory Director
- Aaron Brown, Ph.D., Flagstaff Laboratory Director
- Irene Shu, PhD, DABCC (CC, TC), F-ABFT – Tacoma Laboratory Director
- Cynthia Whiteman, M.S., D-ABFT-FT – Scientific & Operations Development Director

Please see the bios provided under Toxicology Certification below for more information on our professional toxicologists.

Training for DCS Workers

Cordant offers a range of training topics to ensure DCS staff members are fully trained and up to date in all key areas, including:

- Cordant Sentry™ Training
- General Toxicology Training & Trends
- Specimen Collection Training

Cordant understands the importance of DCS staff training for implementation of our statewide services. Implementing a statewide program for the DCS will take a commitment to dedicated and specialized trainings to reach the entire state as well as to ensure the trainings are catered to the trainee for efficient use of training time. A key consideration for our training program is to understand the audience requiring the training. All of our trainings can be customized to suit the participant's specific needs, access levels and user groups. For example, a team of attorneys that works with DCS cases may need a separate training from the DCS case workers. Another example might be a social worker level 1 training vs a level 2 or 3 training. Another important consideration is being thoughtful of time. It is often necessary to schedule multiple trainings, even within the same user groups, to accommodate varying work schedules and coverage. Cordant will provide web-based and recorded trainings, at no additional cost to the State, to ensure all groups, users and staff are experts in using the tools necessary to achieve the DCS's vision and goals.

An equally important aspect in training for the State is continued competency and turn over/ onboarding training. Training our partners is a Cordant expertise. We are committed to the ongoing success of your program. It is necessary to acknowledge that turnover of DCS staff will occur. Initial onboarding training programs will consist of introductory topics such as sample collection, Sentry portal test ordering and results reporting, result interpretation and much more that will be catered to the onboarded staff member's required skill set. See below for the example range of training topics provided to the DCS. These recordings are available 24/7 to the DCS staff on our website, in addition to our training materials and quick guides that can be easily printed or saved for review. Our goal is to provide easily accessible training to new staff as well as current. Continued competency can also be maintained within the DCS by including these recorded and web-based programs as part of the required training materials for DCS staff. Our board-certified and highly experienced toxicologists produce the materials themselves and perform personalized group trainings, when requested, so a detailed Q&A session can be conducted at the end for your staff. Please see the information provided below available on

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Cordant's website, our Drug Information Resource Library, and our YouTube channel for the wide range of webinar trainings that we currently have available.

Cordant Sentry™ Training

Cordant will provide training for our online drug testing management application, Cordant Sentry™. This is a hands-on technical training offering a full in-depth understanding of how scheduling, reporting and other key Sentry features work. A training manual is provided that includes navigation of the basic functions, along with screenshots. The training is typically provided via live webinars using Zoom, and there is a question and answer period after the training.

Throughout the contract period, Cordant will continue to work with any DCS staff that require additional training. We can also create 1-2 page "quick reference guides" that describe how to complete specific processes in Sentry. We have created many quick reference guides for our customers to assist them with using the program in a manner that supports their specific workflows.

General Toxicology Training & Trends

In addition to performing training on Cordant Sentry™, we can provide DCS staff with many other training opportunities. DCS staff will receive initial client set up trainings to include Sentry training, requisitions, collections (if applicable) and basic toxicology training and results interpretation. Ongoing training via live web conference is included at no additional charge. Additionally, in person trainings may be conducted on an agreed-upon basis. We will work with the DCS to schedule ongoing training as needed. We also provide customized trainings for our clients to address specific needs. Topics covered during training include, but are not limited to:

- Laboratory accreditation;
- Contract panel and testing options;
- Chain of Custody layout and procedure for completing;
- Specimen collection protocol including preparation of samples for pick-up and shipping;
- Screen and confirmation testing;
- Specimen validity - substitution, dilution, and adulteration; how people can attempt to beat a drug test;
- THC creatinine ratio - determines new versus old use of marijuana;
- Drug detection times;
- Current regional, state specific or client specific drug trends;
- New drugs of abuse trends;
- Differences between types of testing, i.e., ethanol versus EtG and oral fluid versus urine;
- Review of common test results and result interpretation;
- Common drug testing myths and truths; and
- Sentry features.

In addition to the training described above, Cordant PhD's and Board-Certified Toxicologists conduct periodic educational webinars accessible to the public. Invitations to these webinars are sent via email and all past webinars can be accessed on the Cordant Health Solutions website. To receive these invitations or to access past webinars, please visit http://cordantsolutions.com/cordant-videos/ and provide your email address. Additionally, a wealth of information is available to DCS staff from our Drug Resource Library at

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http://cordantsolutions.com/drug-education-resource-library/. Content includes, but is not limited to, common training topics, drug fact sheets and excerpts on new and emerging drug trends. Cordant also has a YouTube channel where a number of informative videos are posted, located at: https://www.youtube.com/channel/UCvgOEn8FmTk-DahO4bN9Vrg

Please see examples of our informative webinar trainings below.

Figure 19: *Sample Training Materials*

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Specimen Collection Training

Cordant offers DCS in-depth training for specimen collections. Cordant will provide specimen collection training for all four testing matrices. Since DCS workers will be conducting oral fluid collections, in addition to the collection sites, Cordant will focus heavily on training and preparing DCS staff for oral fluid collection, test ordering and result interpretation.

These trainings will instruct DCS staff through the specimen requisition, test ordering and chain of custody process, conducting the collections, and proper packaging and shipping to the laboratory. Specimen collection is one of the most important steps in toxicology testing. There will always be an emphasis on proper collection while maintaining legal defensibility and chain of custody. Our training includes sample chain of custody forms, specimen collection kits and transportation supplies.

Cordant will work with DCS to determine the frequency needed for specimen collection training.

Toxicologist Certifications

Cordant employs multiple Board-Certified toxicologists through the American Board of Forensic Toxicology. Each laboratory is staffed with a full-time certified toxicologist. Additionally, these 4 Board-Certified Forensic Toxicologists are all available to the DCS through our 24/7 Toxicology Hotline. Our Laboratory and Technical Directors, Doctoral level Toxicologists, Board Certified toxicologists, and other scientists are available to assist with any questions and can offer expert consultation and interpretation assistance.

Richard Stripp, Ph.D., Chief Scientific & Technical Officer

As Cordant's Chief Scientific & Technical Officer, Dr. Stripp provides leadership to all Cordant laboratories. Dr. Richard Stripp is an internationally recognized forensic toxicologist with over 37

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years of experience. He currently serves as a tenured faculty member of the City University of New York. He has coordinated and taught in the toxicology program in the Forensic Science Department at the John Jay College of Criminal Justice for over 18 years. He has authored dozens of peer reviewed journal articles related to toxicology and drug testing. Dr. Stripp has served as a qualified expert in thousands of forensic toxicology cases both nationally and internationally. He has testified and provided expert options for various legal and medical entities including the United States Army, Navy, and Air Force. Dr.Stripp is qualified as an expert toxicologist nationwide at local state and federal court systems. He is widely considered the foremost expert in drug testing utilizing alternative matrices such as oral fluid and hair and he has developed cutting edge methodologies in this area. Prior to joining Cordant, Dr. Stripp founded the American Forensic Toxicology services in New York, served for the Department of Homeland Security (formally DOE) and worked for the Office of the Chief Medical Examiner for the City of New York.

Damon Borg, Ph.D., F-ABFT, Northeast Laboratory Director
Dr. Damon Borg currently serves as the Northeast Laboratory Director at Cordant Health Solutions, overseeing the quality and scientific affairs of our NY and MA laboratories. Dr. Borg also serves as Director of Research & Development at Cordant, where his team develops and carries out clinical trials to support and validate new drug testing methodologies. Dr. Borg is board certified by The American Board of Forensic Toxicology and is a member of numerous professional organizations including the Society of Forensic Toxicology, The International Association of Forensic Toxicologists, and the Society of Hair Testing. He is also a visiting professor of forensic and clinical toxicology at the City University of New York.

Aaron Brown, Ph.D., Flagstaff Laboratory Director
Dr. Brown is responsible for the entire analytical process, reviews all of the pertinent data, including the Chain of Custody and is in the best position to testify on all aspects of testing including interpretation of results. Dr. Brown was previously the Technical Group Lead (2014-2020), this involved direct oversight of the entire confirmations process, from sample preparation to the interpretation of analytical results. Dr. Brown is also involved in the development, validation, review, approval, and improvement of current and new confirmation methods. Additional responsibilities include review of standard operating procedures and standard work. Dr. Brown has received training in all areas of the laboratory giving him in depth knowledge of the entire testing process.

Dr. Brown is Board Certified by the National Registry in Clinical Chemistry as a Toxicological Chemist. He also holds a Certificate of Qualification in Clinical and Forensic Toxicology from the New York State Department of Health. He has a BS in Chemistry from Southern Illinois University, and a MS in Chemistry and a Ph.D. in Analytical Chemistry both from the University of Memphis. Dr. Brown is also certified as a College of American Pathologists (CAP) inspection team member. He has also been a member of relevant professional organizations, including but not limited to: the American Association for Clinical Chemistry (AACC), the American Society for Mass Spectrometry (ASMS) , and the Society of Forensic Toxicologists (SOFT).

Dr. Brown has been invited to conduct presentations and speak about forensic testing in California and Arizona, as well as presenting research at international, national and local conferences. Dr. Brown has authored or coauthored five peer reviewed articles and has been included on numerous abstracts and technical documents. Dr. Brown has provided expert witness testimony for cases in Arizona, California, Colorado, Florida, Georgia, Kansas, Indiana, Michigan, Nevada, New Mexico, Ohio, Oregon, Pennsylvania, Texas, and Wisconsin.

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Irene Shu, PhD, DABCC (CC, TC), F-ABFT – Tacoma Laboratory Director
Dr. Shu has significant experience in clinical chemistry and clinical/forensic toxicology. Her experience includes overseeing, developing, evaluating, validating and implementing various clinical tests of biological matrices (such as hair, fingernail, umbilical cord, meconium, breast milk, urine, and blood) with methodologies including various immuno-chemical assays, ELISA, LC-MS/MS, GC-MS, ICP-MS, and CE. Her expertise includes maintaining and improving laboratory quality management systems, and interpreting and troubleshooting test results for clients in toxicology, clinical and special chemistry disciplines. Dr. Shu has a Ph.D. and an M.S. in Chemistry from the University of Washington and a B.S. in Chemistry from National Tsing Hua University in Japan. She completed her post-doctoral fellowship at the Houston Methodist Hospital in Texas.

Cynthia Whiteman, M.S., D-ABFT-FT – Scientific & Operations Development Director
Cynthia Whiteman, MS, D-ABFT-FT is currently the Scientific and Operations Development Director for the Behavioral Health Business Unit. This includes daily interaction with clients and co-workers across scientific and operational teams to determine industry needs, and to provide technical assistance and training on all aspects of current and developing toxicology.

Cynthia earned her bachelor's degree in Forensic Chemistry (2005) from Northern Arizona University and her master's degree in Forensic Toxicology (2010) from the University of Florida. She has over 15 years of experience in the drug testing industry, specializing in all aspects of forensic and clinical drug testing and result interpretation across multiple matrices, laboratory quality assurance and compliance, operational excellence, laboratory management, and court testimony. Ms. Whiteman is a Board-Certified Diplomat Forensic Toxicologist through the American Board of Forensic Toxicology. She has also been a College of American Pathologists Forensic Drug Testing (CAP-FDT) Inspector since 2007. She has extensive knowledge of both CAP accreditation and permitting through the New York Department of Health. Cynthia is a member of the Society of Forensic Toxicologists (SOFT).

She has been actively involved in community outreach, law enforcement and both local and state's courts drug education and has been accepted onto record as an expert witness in urine, oral fluids and hair follicle drug testing and interpretation in Arizona, California, Colorado, New Mexico, Texas, Utah, New York and Hawaii.

6   Section 8 – Laboratory Analysis

Describe your understanding of the information presented in Section 8. Describe your proposed laboratory analysis procedures and how they align with the State's requirements, including reference to relevant experience where applicable.

Laboratory Testing Methodologies
Standard practice in toxicology, especially in legally defensible drug testing, is the practice of performing two tests, distinct from one another on separate portions of the sample. This first test is considered a presumptive screen that identifies compounds at the drug class level, is qualitative, and does not require significant sample preparation. If the sample is found to be a presumptive positive, a second portion of the sample is then prepared and ran on a more specific and sensitive technology that definitively identifies the drug or metabolite present and provides a quantitative value.

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Once a sample is received into our laboratory, it is initially inspected for evidence of tampering, and that proper chain of custody has been maintained. Samples found to be acceptable will begin their journey on the testing process.

Initial Lab Screens
Cordant's Screening Methodologies include:
- EMIT (Enzyme-Multiplied Immunoassay Technique)
- ELISA (Enzyme-Linked Immunosorbent Assay)

Cordant utilizes EMIT (Enzyme-Multiplied Immunoassay Technique) and ELISA (Enzyme-Linked Immunosorbent Assay) methods. Immunoassay is a biochemical test that identifies the presence of a substance by drug class using an antigen to antibody reaction. The antigen is the drug of interest. The specialized antibodies are designed to identify and bind with the specific drug class based on the drug's chemical structure. This allows for rapid, cost efficient, selective testing of several analytes simultaneously to identify negative from positive drug classes. The EIA screens used by Cordant are selected for their ability to detect drugs of a specific class with a high degree of reliability. Initial specimen screening is performed on an Olympus Chemistry Analyzer using the immunoassay reagent best suited to the drug of abuse being tested. All methods have been independently and extensively validated by our laboratory. Validity testing is based on the College of American Pathologists and New York Department of Health guidelines, the best protection against dilution, adulteration, or substitution. Quality control criteria is met in accordance with CAP-FDT, CLIA and the New York Department of Health program guidelines.

Confirmation Testing
Cordant's Confirmation Methodologies include:
- Liquid Chromatographic/Tandem Mass Spectrometric (LC-MS/MS)
- Gas Chromatography – Flame Ionization Detector (GCFID)

For a result to be legally defensible it must be both screened and confirmed positive by a second aliquot on a separate testing methodology. The confirmatory test must use a physical chemical method distinctly different from the screening method, that is more sensitive and specific compared to screening methods. Cordant uses Liquid Chromatographic/Tandem Mass Spectrometric (LC-MS/MS) methods to perform legally defensible confirmation tests. Gas Chromatography – Flame Ionization Detector (GCFID) is used for ethanol confirmations.

LC-MS/MS is considered the "platinum standard" in the drug testing community. The dual mass-spectrometer of the LC-MS/MS provides for more specific and more sensitive analyses. This allows us to better distinguish the analyte in question from interfering substances such as adulterants or a similar drug, while also allowing measurement of the drug at much lower concentrations, making LC-MS/MS analyses less susceptible to dilution efforts by the donor. LC-MS/MS will detect compounds at one-hundredth the concentration than can be achieved with its predecessor, GC/MS (picograms/mL vs nanograms/mL). There are two technologies applied with LC-MS/MS: (1) the liquid chromatography, which utilizes the chemistry of the drug against the chemistry of a separation column to differentiate the compound of interest, and (2) the tandem mass spectrometer that bombards the molecules themselves to calculate what we call the mass fragmentation ratio. Chromatography is a process of separating and isolating the various drug components in a sample. All chromatographic procedures require a stationary (fixed) phase and a mobile (moving) phase for separation, and a detection method for identifying any drugs present. As mentioned above, each drug, whether illicit or prescribed, has its own distinct mass fragmentation ratio that is often called it's "chemical fingerprint". No two drugs

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have this same fingerprint, allowing for the definitive confirmation of each drug separately. For each drug, certain fragments are chosen and monitored. Of each of those fragments, expected responses must be achieved perfectly to accept the result. These quality assurance criteria contain peak symmetry, ion ratios and drug peak retention times. Additionally, alongside every sample, a set of purchased and validated known compound commercial standards are ran to ensure correct identification of drug. Finally, every method is validated at its earliest phases of research and annually thereafter for potential drugs that might cause misidentification because of similar molecular makeup or are in such high abundance that there is potential for interference. For example, our confirmation tests can distinguish between the following opiates and opioids, definitively, within the same sample: Codeine, Hydrocodone, Hydromorphone, Morphine, Methadone, Fentanyl, Heroin (6-Acetylmorphine), Oxycodone and Buprenorphine.

When drugs are broken down by this process, you find that no two molecules break down in the same pattern. Utilizing these sciences and strict forensic guidelines definitively confirms the presence of the drug and completely eliminates the opportunity for false identification. LC-MS/MS achieves improved:

- **Specificity:** ability to discern and isolate a specific drug from possible interfering substances;
- **Sensitivity:** ability to detect drugs at very low levels, even with interfering adulterants and substances present; and
- **Linearity:** ability to directly analyze drug concentrations over a wider range, especially at very high concentrations, allowing for faster turn-around-time in reporting to clients.

Quantitative results in the ng/mL concentration range are readily achievable using LC-MS/MS. Our LC-MS/MS methodologies meet or exceed Kelly-Frye standards for test results entered into evidence. Nationally recognized toxicology laboratories have embraced and successfully implemented LC-MS/MS analyses for forensic, general and clinical toxicology, as well as the highly specialized and demanding analyses of drugs in alternative matrices like hair, saliva, and sweat. These alternative matrices require greater sensitivity than GC/MS can provide. All confirmed test results are approved by certifying scientists, and results are legally defensible in a court of law.

All methods have been independently and extensively validated by our laboratory. Quality control criteria is met in accordance with CAP-FDT, CLIA and the New York Department of Health program guidelines.

Chain of Custody
Cordant will ensure integrity of each specimen tested and the respective test results. Receiving, transfer, and handling of all specimens by laboratory personnel shall be fully documented using the proper chain of custody required by our accrediting agencies and the DCS. See response to **Question 8** for a detailed description of Cordant's chain of custody procedures.

Maintenance of Samples
Negative specimens are stored at room temperature for seven (7) days. Positive specimens that require long-term storage are stored in a secure walk-in freezer at minus 20° Celsius. Positive confirmation samples will be stored 365 days. Per the DCS requirements, invalid samples will be stored for two (2) years. A retention time extension may be requested based upon need. Confirmations will be completed on negative samples if requested.

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Our laboratory area, where all specimens are tested and stored, is separate from the rest of our facility. All specimens are securely contained within the laboratory area. Physical access to the lab and test equipment is restricted by an electronic security system, with access granted only to appropriate individuals. We limit physical access to our business information and technology systems to the individuals that need access.

All aliquoting from the original specimen bottles (initial drug tests, specimen validity, and confirmation) occurs in the limited access, secure specimen processing area. The specimen bottle never leaves this area.

We dispose of all samples in accordance with Federal, State and Local regulations governing such disposal. Samples that have reached their "out date" are run through an industrial grinder where the liquid is separated from the plastic. The plastic is sent to the local landfill and the liquid into the sewer. Storage boxes are scanned before disposal to ensure no pending samples are destroyed. Once this quality assurance step is completed, samples are discarded. Logs, external or within the LIMS, document custody and date of destruction.

7   Section 9 – Results Notification

Describe your understanding of the information presented in Section 9. Describe your proposed results notification procedures and how they align with the State's requirements, including reference to relevant experience where applicable.

Describe how you will meet or exceed the notification requirements listed in Section 9, including your ability to provide drug testing services, access courier services, and if possible, deliver results on weekends and holidays.

Cordant understands and confirms that test results will be communicated to a DCS electronic database and we will make results available through an online portal. Additional information on our test result reporting options are included below. Please see **Appendix H** for several sample result reports.

Methods for Results Reporting
Cordant can provide results via various methods, including:

- Secure fax;
- Direct interface with the client's case management systems;
- Secure online web portal – HIPAA compliant web-based results portal that is connected to our Laboratory Information Management System (LIMS); and
- Sentry, Cordant's proprietary drug testing management system.

Secure Fax
We currently transmit results to many of our customers via secure fax. With the secure fax method, our system batches results. Hence, many results are sent in the same time frame, instead of being sent individually. As test results are completed, these faxes are sent every 30 or 60 minutes.

Direct Interface
Similar to the DCS, many of our customers have their own database and software to manage cases in the criminal justice system and treatment centers. In order to provide more value and

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seamless integration, Sentry or our Laboratory Information Management System (LIMS) may be interfaced with case management and Electronic Medical Record (EMR) platforms to transmit case information between systems and eliminate manual data entry in both systems.

Cordant has provided many different types of interfacing to our customers based on the specific needs of the agency or treatment providers. We currently support over 100 live interfaces throughout the Cordant enterprise, from "homegrown" agency systems to third party platforms such as PCMS Probation Case Management System, Corrisoft (previously PBS' Informer), and Isampson.net to name a few, ranging from results-only to bi-directional referral/order/demographic/result interfaces. Data may be exchanged in both directions, to our lab for drug testing case management, and into the DCS' system. Violation/exception/error reports generated by Sentry may also be sent to the DCS' systems.

See additional information on our approach to data integration in our response to **Question 9**.
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Secure Online Web Portal
Cordant can provide results through a secure online web portal. Our portal is HIPAA compliant and is connected to our Laboratory Information Management System (LIMS) for quick delivery of results. Every department or division has their own account number assigned, and account numbers can be assigned for specific programs and locations as well. Data is only available to authorized users for each account, per the client's instructions. Portal users are required to have a unique log-in and password to access any information. The client has the additional option to receive real time emails alerting them to new results available for viewing within the secured web portal.

Sentry
With Sentry's real-time results, officers, case managers and administrators do not have to wait until the end of the day to receive test results. Sentry is integrated with our Laboratory Information Management System (LIMS) to report drug test results in real-time to authorized users. Sentry is a role-based system that can be customized to allow users access to tasks and events within as designated by the client's administrators. *Additionally, it can allow for the exchange of protected information and results between agencies, treatment programs, case managers, etc.* This is useful for agencies and programs working together on an individual's treatment goals or case management to eliminate unnecessary additional testing and additional paperwork burden. *As required in the Statement of Work, treatment providers for substance use treatment services will be granted to access to Sentry so that they can access test results for the individual participants that they are treating.* These powerful information sharing capabilities enable our clients to leverage evidence-based practices, ensure accountability and customize treatment approaches, with a solution that has a track record of helping to revolutionize drug testing and sobriety monitoring programs. In addition, alerts for abnormal results can be emailed to the case manager and the treatment provider (if applicable), so that quick action can be taken.

Cordant Sentry™ provides many data management features that assist governmental agencies with maintaining records associated with their drug testing program. A key feature is the management of drug testing results associated with a single participant in a program. Sentry makes it easy for the DCS to access all results for an individual program participant. All results are stored together (including the signed chain of custody forms) and can easily be sorted, as shown in the example below:

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Figure 20: *Individual Participant Test Result Page*

From the above pictured results page, the DCS can sort the results by any of the Blue Bar headings. Clicking on the accession # hyperlink or the COC # hyperlink takes you to the Final Test Result Report or the signed chain of custody form, respectively. Additionally, the caseworker can download results into a PDF format (including the signed Chain of Custody Forms) which can be easily printed or emailed as appropriate. Results for all participants in a program can also be quickly downloaded using other Sentry reports.

If Sentry's randomization features are utilized, all of the data related to the randomization features is stored within a participant's "file" in Sentry, including missed tests, testing schedules, call-in log, compliance scores, etc.

While Sentry is not intended to be a complete case management system for a governmental agency, it is intended to **save time and money** for the agency' drug testing program. The data management features are just one aspect of the system that can provide significant efficiencies to the DCS' drug testing program.

Test Result Reporting Turnaround Times

Cordant understands that officers, case managers, and administrators need information in a timely fashion to take appropriate actions regarding child safety, and with regard to a participant's treatment and rehabilitation. That's why we created SENTRY™, an industry leading online substance abuse management system that integrates randomization, notification, compliance monitoring, and reporting, and is designed to support evidence-based practices. **Results are sent in real time,** meaning case workers can see results as soon as they are posted by our scientists. We pride ourselves on providing quality test results in some of the quickest turnaround times in the industry.

Indiana DCS Result Reporting Requirements
The timeliness of test results is critical to the DCS, as the results may determine a child being removed from or returned to their home. Per the Scope of Work, we understand that the DCS is requesting results to be delivered within the following turnaround time expectations:

- Negative results should be reported within 24 hours of the sample being picked up from the collection location by the courier;
- Positive results should be reported within 72 hours of the sample being picked up from the collection location by the courier.

If Cordant is selected for the contract, we are committed to meeting the Indiana DCS result reporting requirements listed above. The key to reporting results in accordance with the above expectations is to get the samples to their testing location as quickly as possible. As described in our response to **Question 1** herein, Cordant Health Solutions is committed to expanding our

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existing presence in Indiana and will be opening a CLIA certified laboratory in Indianapolis. Once operational, all urine and oral fluid screening tests will be performed at Cordant's Indianapolis lab, ensuring that negative results are reported within the above stated expectations.

All samples with a screen positive result will then be sent via Fed-Ex overnight to our Flagstaff CAP-FDT laboratory to undergo confirmatory testing. The specimens from Indianapolis will be flagged through our internal prioritization routing process so the confirmation testing will begin as soon as they are received.

Please note that there will be positive urine and oral fluid samples that will fall outside of the 72-hour reporting requirement for circumstances that are directly related to the sample itself due to legitimate testing reasons and outside of Cordant's control. The two most common situations that could delay the reporting of a positive sample outside of the 72-hour reporting requirement is (1) multiple positives, and (2) the concentration of the positive substance is high enough to require the sample to be diluted and rerun (sometimes multiple times) so that a valid quantitative result can be reported. On a monthly basis, Cordant will provide summarized and detailed reports for any samples that were reported outside of the 72-hour reporting requirement.

While the testing for hair and blood specimens are minor in comparison to urine and oral fluid, the testing methodologies are also different, requiring longer turnaround times for results. Please note that hair testing will be reported in 5 – 7 days of receipt at the laboratory and blood testing will be reported with 48 – 72 hours of receipt at the laboratory.

As mentioned, Cordant will be opening a CLIA laboratory in the Indianapolis area to ensure the best turnaround time to the State for oral fluid and urine samples. Implementation of the statewide contract will require phased roll outs by county. If an interim plan for specimen testing is required, as we prepare the Indianapolis laboratory, samples will be sent overnight to our Flagstaff laboratory. We currently serve many Indiana clients in this location. To date, Indiana clients on average receive up to 99% of negative screened samples in under 24 hours from receipt to the lab, with up to 94% of positive confirmations released in less than 48 hours of receipt. Since the DCS's samples will be prioritized, we expect these already impressive turnaround time metrics to be greatly improved. We have the capacity within this location to fully serve the needs of the DCS as we phase in our full Indiana laboratory service offering. We are confident the DCS will find our services satisfactory and anticipate these turnaround time measures to exceed the State's expectations as we move forward with the Indiana laboratory location.

No Show Reporting

No-Show reporting is accomplished via Cordant Sentry™. Sentry not only offers real-time alerts on the user's dashboard (homepage) in the web interface of Sentry (see example presented in **Figure 21** below), but also allows caseworkers to receive email alerts on missed calls, missed tests, and abnormal/normal drug test results. With the ability to receive alerts of non-compliant clients, the caseworker can *intervene quickly* at the start of their day.

Sentry generates a no-show report *shortly after midnight* for tests that were scheduled the previous day, but no collection was performed. In addition to the Missed Test Alerts available to a caseworker, there is also a Missed Test reporting option that allows a caseworker to quickly see all tests missed by clients in their caseload over a selected period of time.

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Figure 21: *Real Time Alerts on Sentry User Dashboard, Alerts Tab*
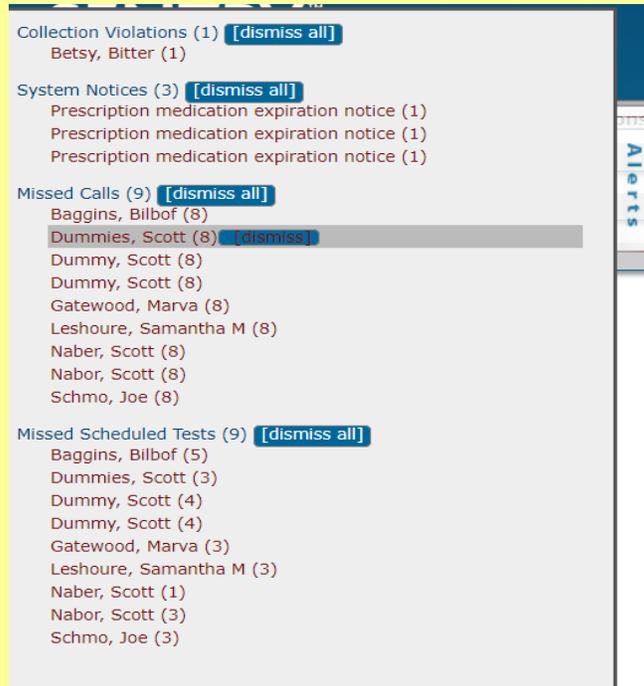
Access to Services on Weekends and Holidays

Collection services are available after hours and on weekends for emergency collections, per the requirements of the scope of work. Additionally, we can work with the DCS to schedule our mobile collection team to perform collections on weekends, if needed. Cordant will work with DCS during our implementation planning meetings to understand weekend collection needs so that we can hire and schedule our team accordingly.

For collections that are performed on weekends, having our collectors utilize an instant device will likely be advantageous. Results of the instant test can be entered into Sentry by the collector and as soon as those results are entered, they are available to the DCS worker to view. Presumptive positives can then be sent to the lab for confirmation.

Courier services may also be available on weekends. During our implementation planning meetings, we will discuss the need for weekend courier pick-ups so that we can design our courier network and pick-up schedule accordingly.

8   **Sections 10, 11, and 12 – Chain-of-Custody, Courier Services, & Interpretation and Accessibility Requirements**

Describe how you shall ensure chain-of-custody procedures are maintained and comply with DCS procedures and State and federal law per Section 10.

Describe how you will meet the courier services requirements per Section 11, including but not limited to coordinating all courier services to transport all specimens, test results, and testing materials to and from any location/collections site within the State.

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Describe how you will meet or exceed the interpretation and accessibility requirements detailed in Section 12.

Chain of Custody Procedures

In order to maintain legal defensibility, the external and internal chain of custody process is paramount. Cordant's chain of custody process is designed to properly document all of the steps involved in specimen collection, transfer, receipt, handling and disposal. Please note that a key feature of Cordant Sentry™ is the printable chain of custody and test requisition form within the application. This provides quality assurance for the specimen collection process by eliminating illegible handwriting and the input of incorrect information by the collector, saves time from handwriting, and reduces invalid chain of custodies in court.

Cordant follows all appropriate guidelines that ensure legal defensibility of the chain of custody documentation, in accordance with our various certification requirements. Legal defensibility is maintained by the proper identification of the specimen donor, and through the use of external (prior to specimen's arrival in the laboratory) and internal (within the laboratory environment) chain of custody documentation. Our COC process is designed to properly identify the donor and document specimen collection, specimen transfer, specimen receipt at the laboratory, subsequent handling within the laboratory, secured storage, and final disposal. Documentation of the COC process is divided into two distinct domains:

- External COC-specimen collection and transport; and
- Internal COC-specimen receipt, handling, analysis, storage and disposal.

Both processes are detailed below.

External Chain of Custody

Donor identification requires a photo ID or identification by a case worker or officer who knows the donor. Once positive donor ID is established, it is documented on the Test Request & Chain of Custody form, the official external COC document.

For convenience, forensic COC and test request documents are integrated into the same form. Each collection event has a unique number assignment for proper cross-referencing with the Test Request & Chain of Custody document, specimen and for tracking within the laboratory. Every collection event and thus sample has a unique identifier that is not shared or used again.

Every sample is sealed with a tamper evident seal that both labels the sample for association to the form, as well as provides assurance of tamper evidence when received at the lab. This seal is labeled by the donor with initials and date to acknowledge this was indeed their sample and sealed in their presence.

Once the collection has occurred and the Test Request & Chain of Custody form is completed, this form along with the specimen is placed in its own tamper evident package for transfer to our laboratory.

Once received to the laboratory, the specimen is inspected and the signed Test Request & Chain of Custody form is scanned at the laboratory and can be available to the DCS in Cordant Sentry™.

Internal Chain of Custody

Internal chain of custody begins with the physical receipt of the specimen at our lab. Once the specimen/ arrives and is brought into the secure laboratory, a continuous record of all process or

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storage steps that the specimen or aliquots of the specimen are involved in begins. This record includes the assignment of a unique identifier (accession number), date/time stamps as well as the initials of the person performing the process or placing/ removing the specimen from storage. The chain of custody ends when the specimen and its aliquots are finally destroyed. This COC record can be produced upon request for litigation or audit.

The following examinations are made in order to assess the integrity of each and every specimen that arrives at our lab:

- Specimen bag is inspected to ensure it is still sealed;
- The specimen bag is then opened, and the specimen seal and Test Request & Chain of Custody forms are reconciled to determine if the information on the specimen container matches the information on the COC form;
- The specimen container is inspected to determine if the tamper-evident seal (which is placed over the top of the cap after collection has taken place) is intact;
- If the seal is broken, misapplied, or missing, the sample is placed into a locked cabinet and the client is notified of the flaw. We require either a written request to continue testing with the knowledge that results cannot be used for punitive action, or instruction to destroy sample as a recollection will take place;
- The results of this initial examination are documented on the form for deficiencies or problems and become part of the specimen narrative in the Laboratory Information Management System (LIMS);
- Subsequently, a second examination of the specimen and form occurs. This examination is limited to reconciling the information provided on the COC. This final exam consists of the following observations:
  - Agreement between specimen identification (seal number) and the COC number on the form;
  - Insufficient specimen volume exists for the tests requested;
  - Collector and donor signatures and dates, donor initials and date on the specimen seal; and
  - The date and time for the collection and standard test request specifications noting any unusual test requests (i.e. exceptions to the donor-specific test panel).

Chain of custody records extensively record every "touch" throughout the entire process from receiving, handling, testing, storage and disposal. The records resulting from the execution of the internal COC process include both electronic (LIMS based) and hardcopy formats. Electronic data includes: specific test requests, encoded deficiencies regarding the external COC process, reference to specific Cordant staff who handled the specimen, each date and time the specimen was handled, and the staff member who ordered the testing. Hardcopy records include reference to: the laboratory staff that "received" and opened the specimen, the laboratory staff who actually opened the specimen container, the laboratory staff that placed the LIMS generated barcode on the specimen container and specimen test tube, and the laboratory staff who actually returned the specimen container to secure storage. All of this information and documentation is made available to authorized individuals only.

In order to document and communicate particular defects and/or deficiencies upon receiving a sample to the lab, unique comment codes are added to the sample to be reflected on the final report as well as on the statistical reports generated to identify problems that may require

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remedial training. Additionally, these metrics are monitored within the monthly quality metrics program by the laboratory to asses continued performance and asses effectiveness of intervention(s).

The following faults are allowed for testing but are prominently displayed on the final report:

- The specimen is received sealed in the specimen bag but there is no identifying factors on seal on the sample container itself. This fault will be notated that the specimen was identified based on the chain of custody form only and legal defensibility is compromised;
- The samples chain of custody form is missing or unreadable and the sample is identified by the donor initials on the specimen only;
- No donor initials on the specimen seal;
- No donor signature on the chain of custody;
- No collector signature on the chain of custody;
- No tamper evident seal on the sample container;
- The tamper evident seal is not intact, is broken or torn;
- Mismatched donor name or signature on form from specimen name/initials on sample;
- Collection date issues- this can occur when the collection date is entered as either a future date or a date older than 90 days;
- No collection date on chain of custody or incomplete or mismatched dates between collection date, donor signature date, or collector signature date;
- Donor name illegible; and
- Requested by name illegible.

The following faults are allowed for testing but are communicated to the collection staff and/or client, to be instructive rather than forensic issues:

- Specimen lid was not secured, and sample leaked;
- Minimal sample was submitted for testing;
- Defective client or chain of custody barcode;
- Client account number manually changed on form;
- Chain of Custody received was wet;
- Seal was placed incorrectly over specimen lid; and
- Specimen container crushed/courier accident.

There is a specific set of criteria met that will deem a sample as rejected for testing. The referring DCS office will be notified of any specimen without a valid chain of custody. If any of the following conditions exist, the specimen is accessioned, assigned a rejection receiving code and rejected for testing. In the event the DCS would like a rejected specimen ran, written authorization is required and a reportable comment referring to the condition of the sample upon receipt is notated on the final report. This testing, if requested, would be for informational purposes only and will not be legally defensible.

- The specimen is received with a mismatched chain of custody number and seal number.
- The specimen is received with a sample seal number or chain of custody number that already exists in the laboratory information system, indicating a duplicate chain of custody.
- The specimen bottle has leaked in transit and thus there is insufficient sample to test.

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- There is an unclear test request on the chain of custody form. This could be from when the wrong sample type testing is selected, i.e. if a urine sample is sent in with an oral fluid panel selected for testing or when no testing is selected on the form, for examples;
- The specimen has an unusual physical characteristic, unsuitable for testing. This could be an overly bloody specimen, a specimen not consistent with human urine or a foreign object located within.
- A specimen that is flagged in the system as requiring specific additional authorization for testing.

Figure 22: *Sample Chain of Custody Fault Report*

If intact, the process moves forward to the manual validity check to identify attempts to tamper during the collection process. This includes a visual inspection for unusual color, physical characteristics, odors, and excess foaming or lack of foaming during manual agitation. Additionally, every specimen received to the lab undergoes a basic adulteration check during the screening process on the immunoassay instrumentation. Any specimen abnormalities or unusual instrument responses are reported on the final test result report for that sample. If an abnormality is identified in the initial basic adulteration checks, an extended and more specific adulteration panel can be performed, as is described in our response to **Question 6.**

Documentation of our testing, including analytical and pre-analytical chains of custody, has been submitted and accepted as valid evidence in numerous jurisdictions throughout the country. This COC record can be produced upon request for litigation or audit but is not typically provided with each test result. Chain of custody faults and/or failures are noted on every specimen final

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result report if they occur. A statement will also be included attesting that the seal and specimen was inspected and intact when received to the lab.

A copy of the completed Chain of Custody form can be made available in Cordant Sentry to authorized individuals.

Courier Services

Cordant uses FedEx and laboratory couriers to transport specimens to our laboratories for testing. All specimens are shipped in compliance with Federal and State regulations, and are usually processed immediately upon receipt into the lab.

We will work with the DCS and the collections team to ensure specimens are picked up at the appropriate frequency from designated locations. Specimens are transported to our laboratory via overnight service. Cordant will provide pre-paid, pre-addressed shipping labels. We have been using FedEx and our laboratory couriers for many years and have received consistently excellent, on-time service from them.

We have the flexibility to work with a variety of couriers to cover different regions and populations. Depending on each client's needs, volume and geography, Cordant may elect utilize FedEx, UPS, The United States Postal Service, local Contract Couriers or various combinations to transport specimens by road or air. We have extensive experience setting up transport networks across small and large regions. For the DCS, we will work to understand each location's requirements and ensure that all facilities have a reliable, safe method of transporting specimens to our lab.

Interpretation & Accessibility Requirements

Cordant will ensure that all collection sites and all mobile collectors are aware of our interpretation subcontractor, CulturaLink. CulturaLink is an IDOA certified MBE and WBE. The firm is based in Georgia and has many years experience providing a range of translation services, including over the phone interpretation (OPI), or interpretation via a video platform. CulturaLink partners with healthcare organizations to improve patient-centered care, providing hundreds of healthcare providers with 24/7 translation and interpretation in more than 200 languages.

CulturaLink's video interpreting is a robust, reliable, and high-quality solution. Installation on any computer is easy and user friendly. Non-English speaking, as well as Deaf or Hearing-Impaired patients can be assisted using remote video. Clients can connect virtually anywhere on a device with an internet connection and a web camera.

CulturaLink interpreters are tested for proficiency in active languages and are trained in the art of interpreting. Training is provided on the art of medical interpreting (the role of the interpreter, ethics, basic conversation skills), medical terminology and advanced medical interpreting. Courses also include information on HIPPA, blood-borne pathogens and how to work in a healthcare setting. CulturaLink interpreters receive ongoing education and are held to the National Code of Ethics for Interpreters in Health Care.

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9   **Section 13 – Data and Data Security**

Explain how you will meet or exceed the data and data security requirements described in Section 13. Describe how your systems and information will interface with DCS designated database using File Transfer Protocol (FTP).

Cordant is fully compliant with the HIPAA Standards for Privacy, Electronic Transactions and Security (including the HITECH Act and the Omnibus Rule of 2013) and will meet DCS specified security requirements. We have worked with many state, regulatory, hospital systems and payors that require security assessments and questionnaires to be completed and provided. Cordant will meet any data security requirements set forth by State of Indiana and DCS, as well as provide any required documentation. The integration and data provided to and received from DCS will fall under these security guidelines, additional details around security are found in section 2.3.10 of **Attachment G - Business Proposal.**

Cordant has provided many different types of interfacing to our customers based on the specific needs of the agency or treatment providers. We currently support over 100 live interfaces throughout the Cordant enterprise, from "homegrown" agency systems to third party platforms such as PCMS Probation Case Management System, Corrisoft (previously PBS' Informer), and Isampson.net to name a few, ranging from results-only to bi-directional referral/order/demographic/result interfaces. Data may be exchanged in both directions, to our lab for drug testing case management, and into the DCS' system. Violation/exception/error reports generated by Sentry may be sent to the DCS' systems.

Cordant will develop integration with DCS based on provided specifications or collaboratively developed specifications. Data and documents required by DCS as outlined in section 13 (probation referral, chain of custody, collection notes, notification details, test results, missed test(s) and Client Referral) will be aggregated from the maintaining systems and provided back to DCS as designated in the specifications. This aggregated data will be sent to DCS via FTP. In addition to data sent to DCS, a completed probation referral will be sent to Cordant for case management via FTP. The development and integrity of the interface will follow guidelines outlined by SAFER. Cordant will work along with DCS to complete the associated worksheets and checklist noted in 'System Interfaces'. The guidelines follow our already established interface process as noted below:

During implementation, the interface between Cordant and DCS systems will be run as an independent project. Cordant's Senior Director of Client & Sales Technology will be the project manager for the interface. During the process, Cordant will manage the project by scheduling and running a weekly interface project call, following up on outstanding tasks, provide weekly notes and status updates on the project. Additionally, Cordant will provide a test plan and incorporate client specific scenarios into this plan. Depending on the specific requirements, a results interface is typically completed within 30 – 60 days. Timelines will be agreed upon with DCS to account for all requirements and DCS allotted resources.

Below is an overview of the interface set up process:

1. **Kick-off Call** – Discuss at high level what we would like to accomplish, key contacts, general timelines, scope and specifications. This is to formally kick off the project and establish a weekly call through completion of the project. Follow-up from each call will include attendees, status updates, outstanding tasks and call notes.

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2. **Scope/Specifications** - Cordant and DCS will review existing specifications provided by DCS or collaboratively developed specifications. In addition, the technical components of the data elements and exchange, scoping will include a full review of procedures and workflows to account for needed elements of the integration.

3. **Connectivity** – Establish connectivity, either TCP/IP, FTP, SFTP, SHFTP or TCP/IP and ACK. In the case of DCS, information will be exchanged via FTP. Two separate environments will be established and maintained through the life of the interface, a TEST environment and PRODUCTION/LIVE environment.

4. **Connectivity Testing** - Testing to validate the connectivity is in place and operational.

5. **Development** – Both sides will develop to agreed-upon specifications. The specifications for development will include all file types to be exchanged, data structure, test code requirements (Local, LOINC etc), frequency of data exchange, start/stop procedure, compendiums and any additional items identified during the review process.

6. **Validation Testing** – An agreed upon test plan is followed, validating everything is working as expected with the interface. Cordant has established minimum requirements for testing and will provide the initial test plan, any additional scenarios identified by DCS will be added. Cordant will also create a bug list that may be shared will DCS to track, document and validate found issues are addressed and resolved prior to go-live.

7. **Sign-off** – Results from validation testing are provided to our laboratory director and appropriate client contact for sign-off. This validation step is in place to verify all results are posting in receiving system as expected. In addition to the results we will ask that DCS also validate all addition documents provide via the interface post as expected.

8. **Go-Live Plan** – Arrangements are made to bring the interface live. This includes designating a Go-Live date, reviewing post go-live support contacts and procedures. Once the Interface is live in the production environments it is monitored closely by the project team for a period of 2-3 weeks.

9. **Post Go-Live Monitoring and Support** – The interface will be monitored and supported by the Interface Team were appropriate escalation points are in place. Cordant will implement automated monitoring where Email and SMS messages are dispatched to our technical staff by a separate monitoring system in the event of the failure of a transfer job to trigger, to connect to remote servers, or to complete any part of its duties. This monitoring extends to all data processing, pre-and post-transfer. Cordant will provide DCS the interface team email address that is continuously monitored and support line to call in case any issues arise with the interface. If any issues are found by either DCS or Cordant, they will be reported to either party, documented, corrected and a new use case will be created as needed for future testing.

10. **Post Go-Live Changes** - In the event that there are system changes or requested changes from either DCS or Cordant, said changes will be communicated and properly tested prior to implementing. This may include enhancement requests, bug fixes or upgrades to systems that may impact the interface.

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10 Section 14 – Reports

Outline how you will meet or exceed all reporting requirements as listed in Section 14. Describe your plan for providing required reports, including draft/sample reports where applicable.

Cordant delivers actionable information to our clients to help improve the outcomes in their programs. Cordant will provide monthly reports that include information on the following items:

- Number of tests completed in total
- Number of tests completed by matrix (urine, oral fluid, hair and blood)
- A breakdown of the substances tested, quantities of test of each substance, and the overall numbers and % of positive screening tests and positive confirmation tests
- Number of clients referred to testing
- Number of individuals tested, including totals by location (DCS office, clinic location, in client's home)
- A breakdown of collection issues that may have resulted in a chain-of-custody issue or an invalid specimen.

In addition to meeting the reporting requirements of the DCS indicated in the items above, Cordant has many other reporting options that the DCS will find valuable:

- Cordant's Data Analytics
- Billing System Reports
- Statistical Reports from LIMS
- Reporting Capabilities of Cordant Sentry™

Cordant's Data Analytics
Our analytics team provides routine and ad hoc reports to trend our customers' drug testing data, detail positivity rates, stratify unexpected results, summarize testing frequency, etc., as well as highlight potentially aberrant behaviors for individual participants. By providing comprehensive analytics at both the population and donor level, our customers gain increased visibility into overall drug use trends in their program, as well as insight into who is at greatest risk for poor outcomes based on drug testing information. Cordant's clinical reporting tools provide valuable and objective understanding of prior drug use that promotes quicker interventions and ultimately improves outcomes. Additionally, the County can utilize our extensive data analytics capabilities to communicate the successes of their programs. The data is delivered through various reporting tools, including the:

- **Clinical Metrics Review** – This report can be provided on a monthly or quarterly basis and can provide the DCS with population level insights, at a glance:
  - Number of samples tested;
  - Number of participants tested;
  - Average tests per participant;
  - Ordering patterns, demonstrating what tests are being ordered most frequently, along with corresponding positivity rates;
  - Overall positivity rates with breakdown of what drugs are most frequently testing positive; and
  - Test matrix utilization.

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The Clinical Metrics Review can help identify drug use trends across participants in a given program. It also provides an understanding of drug testing currently utilized, highlighting which drug classes are tested for most frequently, yet rarely or never testing positive, etc. It can help inform data-driven testing panel changes based on the positivity rates observed.

- **Frequency Report** – This report can be provided on a weekly or monthly basis and can provide a quick overview of how often participants are being tested and how long ago each participant's last test was within a given time period. The Frequency Report can help identify potential under- and over- utilization of drug testing by highlighting participants that have not been tested recently, as well as highlighting participants that have been tested extensively in a given time period, all within a simple report.

- **Results Management Report** – This report builds upon the information provided in the Frequency Report. It can be provided on a weekly or monthly basis and can provide the County with important insights, drilled down to the participant level, at a glance:

  - Number of samples tested for each participant during the report period;
  - The matrix utilized;
  - The number of days since the last test was performed on the participant; and
  - Screening test and confirmation test insights from the most recent test result in the report period.

Based on the results of a participant's most recent test, the report provides a high, medium, or low risk assessment, flagging participants that had unexpected or illicit drug test results. The report illustrated below is an example of this routine report that can be provided to the County. The Results Management Report helps stratify participant risk based on objective drug test data. It helps to consolidate and simplify the many individual drug test results received for all participants in a given program into a single display. By calling attention to the participants demonstrating unexpected drug testing results, this report helps enable earlier detection for appropriate participant intervention.

Billing System Reports

There are several standard invoice reports that can be provided to a client upon request:

- **Invoice summary sheets** – the County can see their volume of billed charges month over month and review for budgeting purposes.
- **Invoice reports** - matches tests to the monthly charges billed.
- **Ordered test report** - shows each test code ordered for each patient.
- **Payment reports** - show the client's payment history.

Clients can obtain their invoices in excel and PDF via the online portal.

Statistical Reports from our Laboratory Information System

We have robust reporting capabilities that can provide additional useful information on not only your testing population but also on panel ordering/usage at both the screening and confirmation level, positivity and negativity rates, adulteration and dilution abnormalities, potential collection faults that could potentially jeopardize legal defensibility and even collection issues that could hinder or prolong the testing process and turnaround time. These additional metrics can be especially useful to the State. Panel and test ordering at both the screening and confirmation level will provide information that the correct panels are being utilized and which are the most

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commonly performed confirmations therefore providing insight into cost containment, among other things. Positivity rates can direct the DCS into regional drug use trends. On the reverse, negativity rates can inform the State if panel choices and test ordering need to be reassessed for regional trends and cost. Adulteration and dilution rates can identify trends in certain populations to draw attention for intervention. Finally, collection faults can provide increased cost and lack of efficiencies in the testing process as well as provide challenges to legal defensibility. Being able to identify decreased performance allows for rapid intervention with the collector or collection site. These reports can be provided at the client level, agency level, testing group level, collection site or region level and on a monthly, quarterly or annual basis. The DCS dedicated account manager will be reviewing these metrics for swift communication to the State for any perceived trends.

Reporting Capabilities from Cordant Sentry^{TM}
In addition to its test result reporting capabilities, Sentry provides organizational level reporting in multiple formats to include:

- Random selection reports:
    - Who is testing;
    - How many males;
    - How many females;
- Missed test reports (see sample below);
- Missed call reports (see sample below);
- Full history of laboratory testing; and
- Highlighted abnormal and issue test results.

Cordant and Sentry provide robust reporting capabilities from the Administration level, to the Agency user level, to the Donor level.

- Administrative level:
    - Statistical, correlation, and trend reports for decision making for program evaluation and budgetary decisions;
- Agency user level:
    - Caseload reports on entire caseloads or group reporting at the group level;
- Donor level:
    - Detailed donor reports for monitoring sobriety and compliance for court/hearing appearances;
    - Complete donor drug testing and reporting history which includes compliance scores in one easy report;
    - Audit logs showing all activity on the donor's case;
    - Urinalysis, saliva, and hair test reports; and
    - Donor accountability reports.

lable complete client drug testing and reporting history, at the organization/agency level, by group/officer/case manager and for individual clients. Results can be exported in various formats, including CSV, PDF, XLS.

Cordant would be happy to provide examples of any of the reports listed throughout this section, upon request.

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> ## Performance Measure Reporting
> Please see response to **Question 12** for information on monthly reports of adherence to performance measures.

11 Section 15 – Implementation and Transition Requirements

Explain how you will meet all implementation and transition requirements described in Section 15. Explain your organization's plan to support the State's phased implementation process in which services are implemented separately by region during the implementation period. Provide a draft implementation workplan and explain how you will ensure timely implementation and readiness to begin operations.

Cordant has a significant amount of experience providing drug testing and collection services to agencies throughout the country. We take particular care with the delicate task of change management, including transitioning services from one vendor to another.

Initial Planning Meetings

Cordant's proposed implementation process will begin with a series of planning meetings, designed to define all requirements and details of the DCS drug testing program and timelines for implementation and transition. While many of the State's requirements are listed within the Scope of Work, there will be details that still need to be identified and documented. A few examples are below (this is not intended on being an all-inclusive list):

- **Referral Process** - As mentioned in our discussion of Cordant's Referral Management Program in response to **Question 2,** Cordant will customize our system to properly reflect the various referrals for services that we will be receiving, the tasks associated with those referrals that will be worked by our team, and the resulting reporting requirements back to the State for this process. We will also work with the State to have a clear understanding of the number of referrals to be received so that we can add staff to our existing team, if necessary. Once the design of the DCS's referral program is defined, our team will make all appropriate adjustments to our system, our processes, and training of our Referral Management team to ensure that they are ready for processing on the day of the first Go-Live.

- **Collections -** Cordant understands clearly the requirements for specimen collection. However, during this portion of our planning meetings, we will not only review the detailed requirements, but we will demonstrate the Sentry capabilities that will be utilized during the collection process. Examples of the topics that will be covered include:

  - Collection notes made by a DCS worker to be viewed by a collector
  - Collection notes made by a collector to be viewed by a DCS worker
  - Overall collection process and how DCS workers can use the information (pending tests, no show repots, etc.)
  - Process for requesting an emergency collection
  - Expected collection volumes on a region by region basis
  - Review of collection locations throughout the State

  Additionally, we will work with the State to ensure that our subcontracts include all required elements that must be present (e.g., insurance requirements, background checks, etc.). As noted in our Collection Management discussion in our response to **Question 4,** our subcontracts are very detailed and will include all requirements of the DCS program.

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- **Electronic Transfer of Information/Interface Details** - It will be important for the IT teams for both Cordant and the State to begin discussions of the data interchange needs as soon as possible after contract signing. We have a specific implementation process that is followed for all interfaces and we will want our teams to begin that process as soon as possible. See additional information on this process in our response to **Question 9**.

- **Training** - The goal of this discussion topic is to define the factors required for a comprehensive training program to the DCS. In a State-wide roll out of services there will be a number of skill-based level training variations. Once these skill sets are identified discussions will occur for which DCS staff need to be trained, how the groups will be subdivided into separate trainings and how to best implement these trainings in a time frame acceptable to the State. Training to the DCS is of great importance to accommodate a smooth transition of services and to establish a solid knowledge base, not only the tools they will need to be successful but also to the resources at their disposal for continued success.

- **Defining Timing and Order of Regional Implementations** – Implementation of a contract of this nature requires a phased roll out where services are implemented separately by region during the mutually defined period. We foresee that Cordant and the DCS will create a mutually agreeable schedule for implementation of each of the Regions. We understand that implementing a new provider's program is a significant undertaking and the implementation will need to be managed very closely. Defining a realistic schedule will be a key element to the implementation. See additional information below regarding communication and reporting during implementation and the sample implementation approach for each region.

Implementation Team

The Cordant implementation team will be comprised on many people, each with specific areas of expertise. Contact information for the below individuals will be provided to the DCS during our initial planning meetings.

- **Amanda Gibbs, Vice President and General Manager, Behavioral Health –** Ms. Gibbs will have oversight of all aspects of the implementation project, ensuring that all implementation team members are engaged, as needed, that appropriate resources are allocated to the project, and that implementation tasks are being completed within the agreed upon time frames.

- **Dedicated Account Manager (TBD)** – As noted in our response to **Question 4,** we will be assigning a dedicated Account Manager to Indiana DCS. The Account Manager will be involved in the entire implementation process and will take lead on setting meeting times, ensuring that all implementation communication and reporting is submitted to the DCS in a timely manner, and will escalate an potential issues that need to be addressed to Ms. Gibbs.

- **Kathleen Davison, Vice President of Field Operations –** Ms. Davison is responsible for Cordant's teams that manage our specimen collection processes. As such, Ms. Davison will ensure proper resource allocation to ensure all collection contracts are identified and contracts completed. She was also be responsible for the hiring, recruiting onboarding and training of our mobile collection team. Training sessions for the mobile collection team and the subcontracted collection sites will happen on a region by region basis.

- **Erin Castillo, Senior Director of Client & Sales Technology –** Ms. Castillo will take the lead role for all IT and interface related needs. Please see details of the interface process included in

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our response to **Question 9.** Ms. Castillo will ensure that all appropriate Cordant IT team members are involved in the project, as necessary.

- **Chris Stephens, Associate Vice President of Client Services –** Mr. Stephens is responsible for our Client Services Team, our Sentry Implementation Team and our Logistics Team. Mr. Stephens will play an integral part in all aspects of the Account Set-up Process.

- **Joette Gittens, RN, Senior Director of Operations, Cordant Referral Management Program –** Ms. Gittens is will be the point person on designing and customizing our referral management program to the specific needs of DCS. Our referral management team reports up through Joette. As such, she will also be responsible for managing the allocation of resources for the DCS project.

- **Cynthia Whiteman, M.S., D-ABFT-FT, Scientific and Operations Development Director**- Ms. Whiteman will be responsible for leading technical training on our toxicology services and result interpretation. As a board-certified forensic toxicologist, she will ensure all trainings are structured to the needs of the individual skill sets required and provide ongoing technical support throughout the implementation.

Communication and Reporting During Implementation

Cordant and the DCS will determine a communication plan that will be utilized throughout the implementation period. The communication plan will include the deliverables that are expected, the required timeframes for each deliverable, the team members responsible for each of deliverable, the frequency of implementation update meetings, etc. The communication plan will be carefully monitored and managed by the Dedicated Account Manager and any potential issues that could impact the progress of implementation will be immediately brought to the attention of Ms. Gibbs and the designated state level contact for DCS. As noted in the section below, we will maintain a detailed implementation workplan for every Region. Reporting progress on the regional level work plans will be also included on our communication plan.

Phased Implementation at the Regional Level

A sample regional level implementation plan is provided below that we will adjust and finalize during our initial planning meetings. Cordant has included many of the categories that will be completed during each Region's implementation for your initial review during this proposal process, but this is not intended to be an all-inclusive list. A more detailed plan will be developed and mutually agreed upon prior to the implementation of the first region. We will maintain a separate implementation workplan for each Region. We have made a preliminary assumption that each Region will take about 30 days to complete all implementation steps, but this timeline will be adjusted, as necessary, during our initial planning meetings. Please also note that we can have more than one Regional implementation concurrently.

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Figure 23: *Sample 30 Day Implementation Timeline*

Task	Week 1		Week 2		Week 3		Week 4		Go Live	Ongoing
Implementation & Transition Meeting	■	■								
Account Set-Up in all Cordant systems begins	■	■	■	■						
Recruiting, hiring and onboarding for the mobile collection team	■	■	■	■						
Review/approve collection site coverage for the Region	■	■								
Revising/Finalizing Contract and Collection Procedures with Subcontracted Sites			■	■	■	■				
Set up specimen pickup frequencies for all collection locations in the Region				■	■	■				
Supply Shipments to all DCS offices and collection locations						■				
Training for DCS workers re: Results Report, using Sentry, Drug Testing Topics, litigation support services, etc.						■	■	■		
Collection Site and Mobile Collector Training						■	■	■		
Readiness Assessment – Go/No GO decision								■		
Launch Services									♦	
Ongoing Account Monitoring										■

After implementation of services for each Region, routine questions should be addressed to Cordant's Client Services team. The DCS can contact client services for questions about results interpretation/clarification, copies of result reports, additional tests needed on a specimen, confirm a test, retest a specimen, order more supplies (COC forms, male/female cups, shipping supplies, etc.), schedule on-call pickups, questions about Cordant Sentry™, or to speak to a supervisor regarding your account. If you are not sure who to contact regarding the question you have, please call Client Services and they will direct you to the appropriate person or department. Any questions or issues related to collection services should be addressed to the assigned Account Manager.

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> As part of our implementation process, we will prepare a Contact Sheet that identifies that appropriate Cordant team members, the reasons those team members should be contacted, and their contact information. This contact sheet will then be provided to all DCS staff during training so that all staff know how to get their questions or issues addressed quickly.
>
> *End of Contract Transition Requirements and Responsibilities*
> Cordant acknowledges and confirms the requirements and responsibilities outlined in the scope of work related to end of contract transition.

12 Sections 16, 17, and 18 – Billing and Invoicing, Performance Measures, and Corrective Action and Payment Withholds

Acknowledge and agree to the payment methodology as described in Section 16, the performance measures and methodology listed in Section 17, and the corrective action information outlined in Section 18, citing past relevant experience as applicable.

In your response, explain how you will meet or exceed all listed performance measures in Section 17 and your plan to avoid corrective action throughout the life of the Contract. Provide a list of any corrective actions and/or payment withholds that you have been subject to in the last five years.

> ## Billing & Invoicing
> Cordant acknowledges and agrees to the payment methodology outlined in Section 16 of the Scope of Work. Cordant is committed to a smooth, accurate and transparent billing process for the DCS. This will be accomplished through the following:
>
> - **Accurate Invoice Data** – Our Laboratory Information Management System is interfaced with our billing system to ensure that the testing billed to a customer is based on the testing performed in the laboratory. Once testing is completed on a sample and the result has been reported, the transaction will be communicated from our LIMS to our Billing system for inclusion on the invoice. (*Important note:* testing charges are not billed to a customer until the result has been reported to the customer. As such, there may be cross-over at the end of the month for samples that were received on the last day of the month. These samples would not be reported until the first of the next month.)
>
> - **Standard Billing Terms** – Invoices are sent to our customers on a monthly basis and our standard payment terms are Net 30.
>
> - **Online Access to Invoices** - Paper invoices can be mailed to customers. However, **we have a robust client billing portal that we recommend all clients utilize.** Our client billing portal allows designated personnel to view, download and pay current and previous invoices. Features of the billing center include:
>
>   - Ability to review current and prior month invoices in PDF or Excel formats;
>   - Online payment options;
>   - E-mail notifications when an invoice is issued;
>   - E-mail notice of billing errors occurring on accession claims (only applicable if we are billing third-parties for testing);
>   - Methods to contact Cordant and solve any billing errors; and

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- Client Administrator controls, giving DCS administrators the ability to add, modify and de-activate Billing Center user accounts.

- **Variety of Invoice Setup Options** - There are many invoice setup options that can be implemented, depending on the program's needs, the laboratory doing the work, and the type of account. Please see **Appendix G** for a description of our invoice format and fields, along with a sample invoice. Please note that the testing fees and collection fees will be on the same invoice.

- **Third-Party Billing Capabilities** – For DCS participants that are also required to undergo substance use treatment, Cordant may be able to bill public and private insurance if the information necessary to bill is provided at the time of service. Medical necessity is a key criteria for successful third-party billing. We follow Medicare and Medicaid billing guidelines as well as published payer billing policies. Our staff includes certified coders, and we continuously monitor CMS and AMA coding guidelines along with industry standards. Cordant can help the DCS control their drug testing budget expenditures through third party billing, when applicable. Prior to implementation of our services, Cordant will obtain additional information about the substance use treatment requirements for DCS participants and will work with the DCS to determine if billing medically necessary drug testing to third-party payers is an option.

Performance Measures

Cordant acknowledges the performance measures listed in the Scope of Work. Additionally, we understand the monthly payment withhold and potential forfeiture of the withholding amount for performance measures that are not achieved.

Cordant is fully prepared to meet the performance measures at 99.5% or better. Additional information for each performance measure is included below.

- **Measure 1: Administered tests are viable for laboratory analysis**
  As discussed in detail in **Question 4 – Collection Management**, Cordant staff and subcontractors are trained to ensure collectors are following proper collection protocols, thus ensuring samples are viable for testing. Key points in this training relative to this item are:

  - Ensuring sufficient quantity is provided
  - Temperature checks at the time of collection
  - Monitoring for tampering during monitored collections by listening for inconsistent sounds during the collection.
  - Performing observed collections following guidelines.

  Once specimens are received at the laboratory, our laboratory staff record any sort of collection issue related to the sample, which would include anything that affects the viable of testing on the sample. See **Question 8** for additional information on the examples of issues that recorded in our system.

  Cordant will provide a monthly report to DCS which includes the appropriate reasons for why samples were not viable for testing. A summary report will be provided to the DCS, accompanied by the detail broken down by site and by region. We will also provide a summary of any intervention taken or planned to prevent identified concerns. Additionally,

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this same report will be part of our monthly monitoring activities for all subcontracted collection sites.

- **Measure 2: Samples for which we have direct responsibility will have valid chain-of - custody documentation in compliance with DCS policy and State and Federal law**
Similar to **Measure 1** above, Cordant staff and subcontractors are carefully trained on proper chain of custody procedures that must occur during the specimen collection process. Additionally, our monthly monitoring procedures include specific identification of subcontracted collection sites or individual mobile collectors that are having issues with chain of custody errors. Please see additional information in our response to **Question 4 – Collection Management**.

  When the specimen is received at the laboratory, our laboratory staff will record any issue with the chain of custody of the specimen. On a monthly basis, Cordant will provide a report to DCS that is specific to Chain of Custody errors.

- **Measure 3: Conduct engagement activities to contact clients to complete the initial test within a week of the receipt of the initial referral for random testing**
As detailed in **Question 2**, Cordant has a significant amount of experience in managing referrals. While we will work closely with DCS to design the referral management process to specific requirements of the DCS, Cordant has outlined an example process that demonstrates our understanding of this process. As detailed, Cordant will make daily contact with DCS clients during the 7-day referral holding period, or until the client appears for their initial test if sooner.   In addition to the individual reports that Cordant will provide to the individual DCS case workers, Cordant will provide monthly reports on all engagement activities related to this referral process.

  Once the client has appeared for their initial test and their random testing schedule begins, DCS workers will be notified via an alert in Sentry if a client misses any calls or tests. These alerts allow DCS case workers to *engage with the client quickly* to get them back on track with their random testing requirements.

- **Measure 4: Courier services will be provided withing 24 hours of request for pick up**
During the implementation planning meetings, Cordant will work with the DCS to determine an appropriate courier pick-up frequency for each DCS location based on the estimated volume of oral fluid collections at each location. For example, a location that collects 50+ specimens per week will clearly be set-up on a daily pick-up schedule. On the opposite end of the spectrum, if there is a location that only anticipates collecting 5 specimens per week, a courier pick-up schedule of one or two times per week would be appropriate. These pick-up schedules that are set up during implementation will be automatic and specific courier pick-up requests are not necessary. However, we understand that there may be situations where an additional pick-up may be needed. All courier pick-up requests should be made to our Client Services department. On-call pick-ups will be made to a local service provider or to Fedex for same day or next day pick- up. We will track all DCS courier pick-up requests and provide a monthly report that provides the date of the request and the completion of the pick-up.

- **Measure 5: Referring agencies will be notified of a negative test result within 24 hours of courier receipt of sample**

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As detailed in **Question 1** and further in **Question 7**, Cordant will be opening a CLIA certified lab in Indianapolis if we are awarded the contract. Cordant is committed to ensuring that the turn-around time requirements are met. We truly understand the stakes that are involved with our drug testing results and desire to provide the highest level of service possible for the DCS. See additional information in Measure 6 below for the reporting that we will provide to the DCS on a monthly basis.

- **Measure 6: Referring agencies will be notified of positive test results within 72 hours of courier receipt of sample**
  All samples that screen positive will be confirmed at our Flagstaff laboratory. Our confirmation process is structured to ensure reporting of results with the 72 hours of courier pick up time. We are happy to provide a live video tour of our laboratory to demonstrate our ability to meet this performance measure.

  Below is an example of an internal report that provides data on TAT expectations. This report will be provided to DCS on a monthly basis to document our compliance with Measure 5 and Measure 6. In addition, the report will detail all specimens that we note reported within the 72 hour requirements, along with applicable information related to the reason for the delayed turnaround time (for example, concentration of the drug in the sample required multiple confirmations in order to dilute the specimen and report a valid quantitative result).

Figure 24: Example of Turnaround Time Report

LIMSCust ID	Profile	Customer Name	Samples with 24 Hr TAT Expectations	Sample Reported Within 24 Hrs	Samples with 72 Hrs TAT Expectations	Samples Reported Within 72 Hrs
3393	3393	Client Account A	10,000	10,000	1,000	998
4425	4425	Client Account B	2,000	2,000	500	499
		Total	12,000	12,000	1,500	1,497
		% of Total		100.0%		99.8%

- **Measure 7: "No show" alerts will be provided to referring worker within 24 hours of client's failure to show**
  As detailed in **Question 7 – Results Notification**, No-Show reporting is accomplished via Cordant Sentry™. Sentry generates a no-show report *shortly after midnight* for tests that were scheduled the previous day, but no collection was performed. Additionally, a caseworker will also receive alerts for missed calls and abnormal drug test results. With the ability to receive alerts of non-compliant clients, the caseworker can *intervene quickly* at the start of their day.

  In addition to the reporting available to an individual caseworker, Cordant will provide a monthly report of all no-show reports during the month.

- **Measure 8: All specimens will be tested for drugs in accordance with DCS procedures**
  Confirmed. Cordant has detailed and demonstrated throughout our proposal that we have the ability to meet the testing requirements for DCS. DCS testing will be set up in our lab system and in Cordant Sentry with only the designated requested panels of the DCS. This will eliminate the possibility for either under or over testing of samples as well as ensuring testing panels are in accordance with the State requirements. During implementation, Cordant will work with the DCS to define any additional specific items to be tracked and reported for this performance measure. As noted in **Question 10**, Cordant has robust

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reporting capabilities, including a monthly statistical report that will provide a breakdown of testing ordered and testing completed on a substance by substance basis, along with the screening and confirmation positivity rates associated with that testing.

- **Measure 9: Supplies will be provided to the DCS offices upon 72 hours of request**
  As noted in **Question 3,** Cordant has several options available to ensure that the DCS has supplies needed:

  - A standing order can be established so that automatic shipments are sent to designated locations, based on usage estimates. For example, if a DCS typically utilizes 100 oral fluid collection devices, we can set a standing order for 100 collection devices per month to ensure that the supply is automatically replenished without the need to place an order.
  - We have an auto-replenishment program, which is based on the number of samples received at the laboratory. For example, once we receive 80 oral fluid specimens at the laboratory, we will automatically place an order for 100 devices to be sent to the DCS location.

  Both of the above options help ensure that the DCS locations do not run out of supplies needed. For the occasion where an additional order needs to be placed (outside of one of the ordering mechanisms noted above) supplies will be sent via 2nd day delivery from the day the order is made. We will provide a monthly report including dates of all orders and the corresponding dates of delivery to the DCS offices to assure this measure is met.

- **Measure 10**: **Collection staffing levels will be maintained according to the DCS approved staffing plan**
  As stated in our collection site staffing plan, Cordant tracks the number of specimens collected by subcontracted site as well as the number of specimens collected individually by our direct staff. This information will be used to ensure we are staffing adequately in each region based on the volume of testing being conducted and per the staffing requirements of the DCS. Cordant will provide the DCS with a monthly report detailing our direct staff levels as well as our subcontracted staffing levels. Subcontractor staffing levels are monitored by our Collections management team. If at any time our staffing expectations are not met, remedial discussions will occur. If these discussions do not show adequate improvement, new subcontractors will be contracted per the approval of the DCS. Our staffing summary will include:

  - Total number of collections per site and/or staff member. Total collection metrics per region will also be provided.
  - Total staffing hours per site. This metric will also reflect gender specific staffing levels, i.e. one female and one male. This will also be provided by region.

  If any gaps in coverage are identified, we will take action to ensure adequate staffing is provided. Any changes to our staffing plan will be communicated to DCS for approval.

Corrective Action

Cordant is committed to meeting the performance measures outlined in the Scope of Work. Throughout our proposal, we have described in detail our approach to meeting the requirements. Additionally, the information above provides details on the specific performance measures, our plan for meeting them, and the reporting of information that we will provide to the State. We have demonstrated our ability to consistently meet these performance

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measures, and as such, do not anticipate needing to engage in any Corrective Action Plans. However, in the unlikely event that a Corrective Action Plan is necessary, the information below describes our process.

Cordant employs a strict Quality Assurance program that incorporates extensive metrics review and ongoing quality evaluations included within every step of the process; pre-analytical, analytical and post-analytical. It is our goal to ensure we are accountable for delivering the services as defined and agreed upon per out contract with the DCS. Cordant understands it is the intent of the DCS to remedy any non-performance of the above-mentioned measures through specific remedies including the potential requirement of Corrective Action Plans (CAP). Corrective and Preventative Action plans (CAPAs) are imbedded throughout our entire quality system. CAPA is a process which investigates and solves problems, identifies causes, takes corrective action and prevents recurrence of the root cause, with the ultimate goal being to never reproduce the problem again. Here at Cordant we use the Plan, Do, Check, Act (PDCA) method. The initial communication or alert initiates the CAPA event. When the problem is identified a root cause analysis is immediately performed to define the problem or non-conformance. The problem and root cause are analyzed and assessed for impact. The next step is to research a solution. The action plan is developed to correct the problem or prevent the occurrence. The solution, or corrective action must be challenged for effectiveness before complete implementation. Once this effectiveness is verified the action can be implemented and placed on continued monitoring for continued success. It is important to audit and document the CAPA actions to ensure total resolution of the problem or non-conformity.

If a Corrective Action is required by the state, Cordant will submit a CAP within 10 business days of the occurrence ore request. The CAP will address the causes of the deficiency, the impacts and the measures being taken and/or recommended to remedy the deficiency, and whether the solution is permanent or temporary. A schedule showing when the deficiency will be remedied will be included.

As mentioned, the State's dedicated account manager will schedule regular meetings to discuss performance. Cordant will provide metrics and documentation around each required measure to show satisfactory progress towards deliverables and performance.

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Appendix A – Letter from IN Hospital Assoc., Endorsed Business Partner Program

Endorsed Business Partner Program
of the Indiana Hospital Association

Dear IHA Member,

It is my pleasure to announce that the Indiana Hospital Association has established a relationship with Cordant Health Solutions™, a market-leading provider of solutions for the effective management of patients on controlled substances in the fight against the growing opioid epidemic. Cordant is now an Endorsed Business Partner with IHA.

As the opioid epidemic skyrockets, the solutions we choose affect not only individual patient care but also our broader communities. Cordant offers a continuum of services and support to help fight this epidemic. Cordant's full-service, high-touch pharmacy specializes in controlled substances. Its experienced pharmacy team will ensure that patients have access to the medications they need while also providing the highest level compliance program for health care providers. Cordant's pharmacy team works to understand patients' prescription histories, their drug testing results and their prescription drug monitoring data (INSPECT), and is always available for consultation. To combat the misuse and abuse of medications taken from home medicine cabinets, Cordant has also recently launched its own take-back program, which has already removed 45 pounds of unused or expired prescription drugs in its initial trial phase.

Cordant's approach to hospital laboratories is to complement rather than compete, offering additional services and providing back-end support to round out the hospital's laboratory offering. Cordant's toxicology laboratories are both CLIA and CAP certified, and it is one of only 31 laboratories certified by SAMHSA to perform federally mandated testing. Cordant also supplies training on new testing techniques as well as marketing support, which will minimize your investment as you increase the testing services you offer to your patients.

Through its testing innovations, experience in medication monitoring and emphasis on quality and accuracy, Cordant has proven its commitment to excellent customer service and improved patient outcomes. Please contact me if you would like more information about Cordant, or visit www.cordantsolutions.com for additional information.

Sincerely,

Brian C. Tabor
President

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Appendix B – Cordant Laboratory Certifications

Flagstaff CAP-FDT License

COLLEGE of AMERICAN PATHOLOGISTS

CAP ACCREDITED ✓
COLLEGE of AMERICAN PATHOLOGISTS

The College of American Pathologists
certifies that the laboratory named below

Cordant Health Solutions
Laboratory
Flagstaff, Arizona
Aaron W. Brown, PhD

CAP Number: 6913001
AU-ID: 1334964

has met all applicable standards for accreditation and is hereby accredited by the
College of American Pathologists' Forensic Drug Testing Accreditation Program.
Reinspection should occur prior to May 22, 2021 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership,
or location and assumes that all interim requirements are met.

Chair, Accreditation Committee

President, College of American Pathologists

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Flagstaff CLIA Certification

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
CORDANT HEALTH SOLUTIONS
1760 E ROUTE 66, SUITE 1
FLAGSTAFF, AZ 86004

CLIA ID NUMBER
03D0936918

EFFECTIVE DATE
06/18/2020

LABORATORY DIRECTOR

AARON BROWN Ph.D.

EXPIRATION DATE
06/17/2022

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

Karen W. Dyer
Karen W. Dyer, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

223   Certs2_062320

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
TOXICOLOGY (340)	01/14/2000		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

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Tacoma CLIA Certification

Washington State Department of Health
This organization

Cordant Health Solutions

is authorized by RCW 70.42 to have a

Medical Test Site Accredited License

Operated by **Regional Toxicology Services LLC**

CLIA # **50D0891660**

Located at   **2617 E L St Ste A
Tacoma, WA 98421-2205**

MTS (Category J

Secretary

Credential Number
MTSA.FS.00002777

Status	Effective Date	Expiration Date
ACTIVE	**07/01/2019**	**06/30/2021**

THIS LICENSE IS NON-TRANSFERABLE

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Tacoma SAMHSA Certification

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental
  Health Services Administration

Center for Mental Health Services
Center for Substance Abuse
  Prevention
Center for Substance Abuse
  Treatment
Rockville MD 20857

APR   **2** 2009

Daniel J. Baker, Ph.D.
STERLING Reference Laboratories
2617 East L Street
Tacoma, Washington 98421

Dear Dr. Baker:

I am pleased to inform you that STERLING Reference Laboratories, Tacoma, Washington, has successfully met all of the requirements for laboratory certification as specified in the Department of Health and Human Services' (HHS) Mandatory Guidelines for Federal Workplace Drug Testing Programs (69 FR 19644).

STERLING Reference Laboratories will be placed on the list of laboratories certified as eligible to bid on contracts to perform drug testing for Federal Drug-Free Workplace Programs. The list of laboratories certified by the Substance Abuse and Mental Health Services Administration on behalf of HHS will be sent to all Federal Agencies. Updates to this list will be published every month in the <u>Federal Register</u>, and made available to the general public upon request.

To maintain certification from HHS, STERLING Reference Laboratories must continue to meet all the requirements of the Federal Guidelines as specified in Subpart C--Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies. Maintenance of certification requires participation in a quarterly performance testing program plus periodic, on-site inspections (see § 3.2(b), 3.17, 3.18, 3.19 and 3.20).

The HHS laboratory standards for urine drug testing certification were designed to assure Federal Agencies and their employees that the laboratories and the scientific and methodological procedures used are of the highest quality. Your laboratory is to be congratulated for meeting all the requirements of the Department's program.

If you have any questions concerning the HHS National Laboratory Certification Program, please contact the Division of Workplace Programs at (240) 276-2600.

Sincerely,

Eric B. Broderick

Eric B. Broderick, D.D.S., M.P.H.
Acting Administrator
Assistant Surgeon General

Office of the Administrator – Office of Applied Studies – Office of Communications – Office of Policy, Planning and Budget – Office of Program Services

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Tacoma CAP Certification

COLLEGE of AMERICAN PATHOLOGISTS

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

The College of American Pathologists
certifies that the laboratory named below

**Regional Toxicology Services, LLC
d/b/a Cordant Health Solutions Laboratory
Tacoma, Washington
Bert Toivola, PhD**

CAP Number: 2472808
AU-ID: 1188686
CLIA Number: 50D0891660

has met all applicable standards for accreditation and is hereby accredited by the
College of American Pathologists' Laboratory Accreditation Program. Reinspection
should occur prior to June 15, 2020 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership,
or location and assumes that all interim requirements are met.

Chair, Accreditation Committee

President, College of American Pathologists

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Tacoma CAP Certification Continues Letter

COLLEGE of AMERICAN PATHOLOGISTS

CAP #: 2472808
AU ID: 1188686
May 6, 2020

Irene Shu, PhD, D(ABCC)
Regional Toxicology Services, LLC
d/b/a Cordant Health Solutions Laboratory
2617 East L Street
Tacoma, WA 98421

Dear Dr. Shu:

The College of American Pathologists (CAP) is closely monitoring the coronavirus (COVID-19) situation as it relates to upcoming inspections. We understand that the outbreak is impacting your laboratory operations and our inspector's ability to travel. The health and safety of you and your staff along with that of our inspection teams is of utmost importance to us during this time of uncertainty. As such, we may need to delay CAP inspections beyond your anniversary date.

Regional Toxicology Services, LLC d/b/a Cordant Health Solutions Laboratory, in Tacoma, Washington under the direction of Irene Shu, PhD, D(ABCC) is accredited by the CAP's Laboratory Accreditation Program. Accreditation is a continual process and a laboratory will **remain accredited** until otherwise notified. Accreditation does not terminate on the reinspection due date of the CAP Accreditation certificate.

The CAP will make every effort to have your inspection completed within the expected inspection window. We will contact you if COVID-19 affects the timeframe for your inspection. If your organization has measures in place that will inhibit an inspection team's access or you have any questions, please call 800-323-4040, option 1.

Sincerely,

CAP Accreditation Programs
College of American Pathologists

STILACCCOV

325 Waukegan Rd.
Northfield, IL 60093
800-323-4040 | cap.org

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Long Island CAP Certification

COLLEGE of AMERICAN PATHOLOGISTS

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

The College of American Pathologists
certifies that the laboratory named below

**American Forensic Toxicology Services
Laboratory
Huntington, New York
Damon Borg, PhD**

CAP Number: 8041457
AU-ID: 1646021
CLIA Number: 33D1103254

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to July 31, 2021 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Accreditation Committee

R. Bruce Williams, M.D, FCAP

President, College of American Pathologists

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Cordant
Health Solutions®

Long Island NY DOH CLIA Certification

New York State Department of Health

PFI: 8455   **Clinical Laboratory Permit**   CLIA: 33D1103254

American Forensic Toxicology Services LLC
789 Park Ave
Huntington NY 11743

Director: Owner:
Damon A. Borg, Ph.D.   Sterling Healthcare OPCO LLC

is hereby authorized to perform laboratory procedures at the above location in the following
categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This
permit shall become void upon a change in the director, owner or location of the laboratory,
and an application for a new permit shall be made to the Department.

Clinical Chemistry
(limited to urine specimen validity testing)
Toxicology
Clinical Toxicology-Comprehensive
Forensic Toxicology-Comprehensive

Renewal
Effective Date: July 1, 2020   Subject to Revocation
Expiration Date: June 30, 2021   Permit Not Transferable

POST CONSPICUOUSLY   Serial: LAP 127565

Response to Request for Proposal, State of Indiana, Department of Administration/
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Appendix C – Drug Reference Chart

DRUG CLASS AND DRUG	COMMON PRESCRIPTION BRAND AND NAME	DRUG(S) DETECTED	TESTING MODALITIES AVAILABLE			
			Urine	Oral Fluid	Hair	Blood
Alcohol and Alcohol Biomarkers						
Ethanol	N/A	Ethanol	x	x		screen only
Ethyl Glucuronide	N/A	Ethyl Glucuronide	x			
Ethyl Sulfate	N/A	Ethyl Sulfate	x	x		
Amphetamines/Stimulants						
Amphetamine/ Dextroamphetamine	Adderall, Benzedrine, Dexedrine, Dextrostat	Amphetamine	x	x	x	x
Methamphetamine	Desoxyn, Vick's Inhaler, Metabolite of Didrex	Methamphetamine, Amphetamine (metabolite)	x	x	x	x
Methamphetamine Stereoisomers	N/A	D-Methamphetamine, L-Methamphetamine	x	x		
Methylphenidate	Concerta, Focalin, Metadate, Methylin, Ritalin, Daytrana	Ritalinic Acid (metabolite), Methylphenidate	x	x		
Phentermine	Adipex-P, Lomaira	Phentermine	x			
Antianxiety/Benzodiazepines						
Alprazolam	Xanax	Alpha-Hydroxyalprazolam, Alprazolam	x	x	x	x
Chlordiazepoxide	Librium	Nordiazepam, Oxazepam	x	x	x	x
Clonazepam	Klonopin	7-Aminoclonazepam, Clonazepam	x	x	x	x
Clorazepate	Tranxene	Nordiazepam, Oxazepam	x	x	x	x
Diazepam	Valium	Nordiazepam, Temazepam, Oxazepam, Diazepam	x	x	x	x
Flurazepam	Dalmane, Dalmadorm	2-Hyrdoxyethylflurazepam	x			
Lorazepam	Ativan	Lorazepam	x	x	x	x
Midazolam	Versed	Alpha-Hydroxymidazolam	x			
Oxazepam	Serax	Oxazepam	x	x	x	x
Temazepam	Restoril	Temazepam, Oxazepam	x	x	x	x
Triazolam	Halcion	Alpha-Hydroxytriazolam	x			
Anticonvulsants/Antiepileptics						
Carbamazepine	Tegretol	Carbamazepine 10-Epoxide	x	x		
Ethosuximide	Zarontin	Ethosuximide	x	x		
Felbamate	Felbatol	Felbamate	x	x		

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DRUG CLASS AND DRUG	COMMON PRESCRIPTION BRAND AND NAME	DRUG(S) DETECTED	TESTING MODALITIES AVAILABLE			
			Urine	Oral Fluid	Hair	Blood
Gabapentin	Galise, Neurontin	Gabapentin	x	x		x
Lacosamide	Vimpat	Lacosamide	x	x		
Lamotrigine	Lamictal	Lamotrigine	x	x		
Levetiracetam	Keppra	Levetiracetam	x	x		
Oxcarbazepine	Trileptal	Oxcarbazepine	x	x		
Phenytoin	Dilantin	p-HPPH	x	x		
Pregabalin	Lyrica	Pregabalin	x	x		x
Primidone	Lepsiral, Mysoline	Primidone, Phenobarbital	x	x		
Retigabine	Potiga	Retigabine	x	x		
Rufinamide	Banzel	Rufinamide	x	x		
Tiagabine	Gabitril	Tiagabine	x	x		
Topiramate	Topamax	Topiramate	x	x		
Valproic Acid	Depakote	Valproic Acid	x			
Vigabatrin	Sabril	Vigabatrin	x			
Zonisamide	Zonegran	Zonisamide	x	x		
Antidepressants: TCAs						
Amitriptyline	Elavil	Amitriptyline	x	x		x
Clomipramine	Anafranil	Clomipramine	x			
Desipramine	Norpramin	Desipramine	x	x		x
Doxepin	Adapin, Sinequan, Zonalon	N-Desmethyldoxepin, Doxepin	x			
Imipramine	Tofranil	Imipramine	x	x		x
Mirtazapine	Remeron, Remeron SolTab	NDM-Mirtazapine, Mirtazapine	x			
Nortriptyline	Aventyl, Pamelor	Nortriptyline	x	x		x
Trimipramine	Surmontil	Trimipramine	x			
Antidepressants: Non-TCAs						
Bupropion	Wellbutrin, Zyban, Forfivo	Hydroxybupropion, Bupropion	x			
Citalopram/Escitalopram	Celexa, Lexapro	N-Desmethylcitalopram, Citalopram	x	x		
Desvenlafaxine	Pristiq	O-Desmethylvenlafaxine	x			
Duloxetine	Cymbalta	Duloxetine	x			
Fluoxetine	Prozac	Norfluoxetine, Fluoxetine	x	x		
Paroxetine	Paxil	Paroxetine	x	x		
Sertraline	Zoloft	Sertraline	x	x		
Trazodone	Desyrel	1,3-chlorophenylpiperazine, Trazodone	x			
Venlafaxine	Effexor	O-Desmethylvenlafaxine, Venlafaxine	x	x		
Antipsychotics						

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DRUG CLASS AND DRUG	COMMON PRESCRIPTION BRAND AND NAME	DRUG(S) DETECTED	TESTING MODALITIES AVAILABLE			
			Urine	Oral Fluid	Hair	Blood
Aripiprazole	Abilify	Dehydroaripiprazole, Aripiprazole	x	x		
Asenapine	Saphris, Saphris Black Cherry	Asenapine		x		
Brexpiprazole	Rexulti	Brexpiprazole		x		
Chlorpromazine	Thorazine	Chlorpromazine Sulfoxide, Chlorpromazine	x	x		
Clozapine	Clozaril	N-Desmethylclozapine, Clozapine	x	x		
Fluphenazine	Prolixin	Fluphenazine Sulfoxide, Fluphenazine	x	x		
Haloperidol	Haldol	Haloperidol	x	x		
Lurasidone	Latuda	5B/6B Hydroxy Lurasidone, Lurasidone	x	x		
Olanzapine	Zyprexa	N-desmethylolanzapine, Olanzapine	x	x		
Paliperidone	Invega	9-Hydroxyrisperidone	x	x		
Perphenazine	Trilafon	Perphenazine Sulfoxide, Perphenazine	x	x		
Quetiapine	Seroquel	7-Hydroxyquetiapine, Norquetiapine, Quetiapine	x	x		
Risperidone	Risperdal	9-Hydroxyrisperidone, Risperidone	x	x		
Ziprasidone	Geodon	S-Methyldihydroziprasidone, Ziprasidone	x	x		
Barbiturates						
Butalbital	Fioricet, Margesic	Butalbital	x	x	x	x
Phenobarbital	Luminal	Phenobarbital	x	x	x	x
Secobarbital	Seconal Sodium	Secobarbital	x	x	x	x
Opiates and Opioids						
Acetylfentanyl	N/A	Acetylfentanyl, Noracetylfentanyl	x			
Buprenorphine	Butrans, Suboxone	Buprenorphine, Norbuprenorphine	x	x		x
Codeine	Tylenol with codeine	Codeine, Morphine	x	x	x	x
Dextromethorphan	Robitussin, Dimetapp, Mucinex DM	Dextromethorphan, Dextrorphan	x	x		x
Fentanyl	Duragesic	Fentanyl, Norfentanyl	x	x	x	x
Hydrocodone	Norco, Vicodin, Lorcet, Lortab	Hydrocodone, Norhydrocodone, Hydromorphone	x	x	x	x

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DRUG CLASS AND DRUG	COMMON PRESCRIPTION BRAND AND NAME	DRUG(S) DETECTED	TESTING MODALITIES AVAILABLE			
			Urine	Oral Fluid	Hair	Blood
Hydromorphone	Exalgo ER, Diluaded	Hydromorphone	x	x	x	x
Levorphanol	Levo Dromoran	Dextrorphan/Levorphanol	x	x		x
Meperidine	Demerol	Meperidine, Normeperidine	x	x		x
Methadone	Dolophine	Methadone, EDDP	x	x	x	x
Morphine	Kadian, Embeda, MS Contin	Morphine	x	x	x	x
Naloxone	Narcan, Evzio	Naloxone	x	x		x
Naltrexone	Revia, Vivitrol	6-Beta Naltrexol, Naltrexone	x			
Oxycodone	Oxycontin, Oxycet, Percocet	Oxycodone, Oxymorphone, Noroxycodone	x	x	x	x
Oxymorphone	Opana	Oxymorphone	x	x	x	x
Pentazocine	Talwin	Pentazocine	x			
Propoxyphene	Darvon, Darvocet	Propoxyphene	x	x		x
Tapentadol	Nucynta	Tapentadol	x	x		x
Tramadol	Ultracet, Ultram	Tramadol	x	x		x
Pregnancy						
Human Growth Hormone	N/A	N/A	x			
Skeletal Muscle Relaxants						
Carisoprodol	Soma	Carisoprodol, Meprobamate	x	x		x
Cyclobenzaprine	Amrix, Flexeril	Cyclobenzaprine	x	x		x
General Anesthetics						
Ketamine	Ketalar	Norketamine, Ketamine	x	x		x
Illicits						
Cocaine	N/A	Benzoylecgonine, Cocaine	x	x	x	x
Ecstasy	N/A	MDMA, MDA	x	x	x	x
Heroin	N/A	6-Acetylmorphine	x	x	x	x
Marijuana	N/A	Delta-9-THC-COOH, THC	x	x	x	x
Phencyclidine (PCP)	N/A	Phencyclidine	x	x	x	x
Sedative Hypnotics						
Zolpidem	Ambien	Zolpidem	x	x		x
Zopiclone/Eszopiclone	Lunesta, Imovane	Zopiclone	x	x		
Alkaloids						
Kratom	N/A	7-Hydroxymitragynine, Mitragynine	x			
Synthetic Stimulants & Cathinones (Bath Salts)						
MDPV	N/A	MDPV	x	x		
Mephedrone	N/A	Mephedrone	x	x		
Methcathinone	N/A	Methcathinone	x			
DMAA	N/A	DMAA	x			
Alpha PVP	N/A	Alpha PVP	x	x		

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DRUG CLASS AND DRUG	COMMON PRESCRIPTION BRAND AND NAME	DRUG(S) DETECTED	TESTING MODALITIES AVAILABLE			
			Urine	Oral Fluid	Hair	Blood
Alpha PBP	N/A	Alpha PBP	x			
Butylone	N/A	Butylone	x	x		
Flephedrone	N/A	Flephedrone	x			
Methedrone	N/A	Methedrone	x	x		
Methylone	N/A	Methylone	x			
Naphyrone	N/A	Naphyrone	x	x		
Ethylone	N/A	Ethylone	x	x		
Modafinil	Provigil	Modafinil	x			
Nicotine						
Nicotine	N/A	Cotinine	x	x		
Synthetic Cannabinoids (Spice/K2)						
5-F-AB-PINACA N-4-OH Pentyl	N/A	5-F-AB-PINACA N-4-OH Pentyl	x			
5-Fluoro-PB-22-Carboxyindole	N/A	5-Fluoro-PB-22-Carboxyindole	x			
AB-FUBINACA M2	N/A	AB-FUBINACA M2	x			
AB-PINACA Pentanoic Acid	N/A	AB-PINACA Pentanoic Acid	x			
ADBICA N-Pentanoic Acid	N/A	ADBICA N-Pentanoic Acid	x			
ADBICA N5HP	N/A	ADBICA N5HP	x			
ADB-PINACA Pentanoic Acid	N/A	ADB-PINACA Pentanoic Acid	x			
AKB-48 N-Pentanoic Acid	N/A	AKB-48 N-Pentanoic Acid	x			
AM-2201 N-(4-hydroxypentyl)	N/A	AM-2201 N-(4-hydroxypentyl)	x			
AM-694 N-Pentanoic Acid	N/A	AM-694 N-Pentanoic Acid	x			
BB-22 3-Carboxyindole	N/A	BB-22 3-Carboxyindole	x			
JWH-007	N/A	JWH-007				
JWH-018 N-(5-hydroxypentyl)	N/A	JWH-018 N-(5-hydroxypentyl)	x			
JWH-018 N-pentanoic acid	N/A	JWH-018 N-pentanoic acid	x			
JWH-019 6-Hydroxyhexyl	N/A	JWH-019 6-Hydroxyhexyl	x			
JWH-072	N/A	JWH-072	x			
JWH-073 N-(4-hydroxybutyl)	N/A	JWH-073 N-(4-hydroxybutyl)	x			
JWH-073 N-butanoic acid	N/A	JWH-073 N-butanoic acid	x			
JWH-073 N-Propanoic Acid	N/A	JWH-073 N-Propanoic Acid	x			
JWH-081 5-Hydroxypentyl	N/A	JWH-081 5-Hydroxypentyl	x			
JWH-122 5-Hydroxypentyl	N/A	JWH-122 5-Hydroxypentyl	x			
JWH-200 5-Hydroxyindole	N/A	JWH-200 5-Hydroxyindole	x			
JWH-203 N-Pentanoic Acid	N/A	JWH-203 N-Pentanoic Acid	x			
JWH-210 5-Hydroxypentyl	N/A	JWH-210 5-Hydroxypentyl	x			
JWH-250 5-Hydroxypentyl	N/A	JWH-250 5-Hydroxypentyl	x			

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DRUG CLASS AND DRUG	COMMON PRESCRIPTION BRAND AND NAME	DRUG(S) DETECTED	TESTING MODALITIES AVAILABLE			
			Urine	Oral Fluid	Hair	Blood
JWH-398 N-Pentanoic Acid	N/A	JWH-398 N-Pentanoic Acid	x			
MAM2201 Pentanoic acid	N/A	MAM2201 Pentanoic acid	x			
PB-22 3-Carboxyindole	N/A	PB-22 3-Carboxyindole	x			
RCS-4 M10	N/A	RCS-4 M10	x			
RCS-4 N-5-Hydroxypentyl	N/A	RCS-4 N-5-Hydroxypentyl	x			
UR-144 Pentanoic acid	N/A	UR-144 Pentanoic acid	x			
UR-144 Pyrolysis	N/A	UR-144 Pyrolysis	x			
XLR-11 4-Hydroxypentyl	N/A	XLR-11 4-Hydroxypentyl	x			
XLR-11 6-Hydroxyindole	N/A	XLR-11 6-Hydroxyindole	x			
AB CHMINACA	N/A	AB CHMINACA	x			
MAB CHIMNACA	N/A	MAB CHIMNACA	x			
Validity Testing						
Surfactants	N/A	N/A	x			
pH	N/A	N/A	x			
Creatinine	N/A	N/A	x			
Specific Gravity	N/A	N/A	x			
Oxidants	N/A	N/A	x			

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Appendix D – Premier Product Information

Please see the Premier product information provided on the following pages.

Introducing
OralTox®

Save Time And Money By Switching To OralTox

In today's competitive hiring landscape, employers are competing to find reliable candidates fast while providing a safe, drug free workplace. As a result, more and more organizations are making the switch to rapid oral fluid drug screening.

Premier Biotech specializes in working with retail and staffing organizations to provide innovative solutions for pre-employment, post accident, reasonable cause, and random drug testing scenarios.

With the need for time sensitive and practical drug testing solutions, Premier Biotech's FDA 510(k) cleared OralTox offers an ideal solution. Rapid onsite drug testing with the ability to screen multiple people at once, in a fraction of the time with immediate, accurate results.

Gain A Competitive Hiring Advantage
- Immediate results expedite the hiring process
- Drug testing costs are significantly lower
- Only inconclusive (non-negative) results are sent to a lab for further testing, saving both time and money
- The only FDA-Cleared, rapid oral fluid drug test to include an assay for oxycodone
- OralTox can be paired with OT-Scan, Premier Biotech's automated drug screening and reporting mobile reader app

When compared to traditional laboratory collection testing, OralTox provides employers the ability to capitalize on the many benefits making the switch to rapid oral fluid testing provides. Faster testing for multiple drugs simultaneously, quicker hiring decisions providing a competitive recruitment advantage, and industry leading detection.

FDA 510(k) Cleared

OralTox® has 510(k) clearance for the following 8 drugs: Amphetamine, Cocaine, Marijuana, Methadone, Methamphetamine, Opiates, Oxycodone and Phencyclidine. (Additional panels available)

OralTox Advantages

- Quick results in minutes
- Collections can be observed from a safe (6'+) distance
- Prevents adulteration concerns
- Easy to administer and interpret
- Proven accuracy and reliability
- Patented design with one drug per strip
- Saturation indicator to ensure specimen collection complete
- Built in gravity feed for sample distribution
- Can be combined with OT-Scan, Premier Biotech's automated screening and reporting IOS app

To learn more about Premier Biotech's innovative oral fluid drug testing products and solutions for the workplace, including OralTox and OT-Scan, contact us at 888-686-9909 or via email: sales@premierbiotech.com

Premier Biotech — a leading provider of innovative drug testing products and solutions is proud to offer OralTox®, an FDA 510(k) cleared rapid oral fluid testing device. With a continued focus on offering safe and reliable solutions, OralTox delivers accurate and proven results while elevating workplace testing scenarios helping to get candidates to work faster.

Oral Fluid Testing Advantages

Oral fluid drug testing offers a minimally-invasive, 100% observed collection allowing employers to action immediately with results in just minutes. Using oral fluid, an employer can oversee the candidate as he or she collects their own oral fluid specimens anytime and anywhere thus reducing the likelihood of tampering or cheating the test. The flexibility oral fluid screening provides makes it an ideal solution for onsite drug testing at places of employment, hiring events, and job fairs.

• Expedited hiring with fast test results returned in just minutes
• Less invasive, easy-to-administer procedure that can be done anytime and anywhere
• Observed collection reduces the likelihood of tampering or cheating
• No secured restroom or gender specific requirements

Why OralTox?

Truly in a league of its own, the streamlined, patented design of OralTox stands out with all the bells and whistles helping to ensure the collection process is easy to administer while highly accurate. OralTox is FDA 510(k) cleared and the only rapid oral fluid device to contain an assay for Oxycodone. When confirmation testing is required (inconclusive results only), simply send the device to the confirmation laboratory. No second collection is required.

• FDA 510(k) cleared device for 8 drugs including, AMP, COC, MTD, MET, OPI, OXY, PCP, THC (Additional panels available)
• Proven accuracy and sensitivity backed by laboratory (LC-MS/MS) results
• Patented design with one drug per strip
• Built-in saturation indicator changes color when a sufficient sample has been collected
• Collector swab meets the International Standard Organization (ISO #10993-1) bio-compatibility standards

Designed For Speed And Reliability

Collection
The candidate inserts the OralTox collection swab in their mouth and swabs until the pad is fully saturated. The saturation indicator strip will appear once the proper specimen amount is collected thus removing guess work.

Test
With the OralTox device on a flat surface, the collector is inserted with the collection swab face down into the OralTox device. Press down and twist clockwise until the cap of the device is securely locked into place.


Results
Within minutes of activating the test, results can be read using the test and control lines on the OralTox strips. If the results are inconclusive, OralTox can be sent to a lab for confirmation testing without the need for a second sample.

Contact Premier Biotech today at 888-686-9909 for more information about OralTox and how it can help you create a safe, drug-free workplace.

WPS-1/20

Premier B I O T E C H

COMPONENTS AND TEST PREPARATION

The donor must avoid placing anything in their mouth for at least **10 minutes** prior to the collection. This includes, food, drink, gum and tobacco products.

- Collection Swab
- Locking Handle
- Indicator Window
- Saturation Indicator Strip
- Sponge

OralTox

SPECIMEN COLLECTION
1

Have the donor sweep inside of mouth (cheek, gums, and tongue) and then **hold the swab in mouth** until the color fills the indicator window of the collection swab.

Note: To ensure the test will run properly, it is important not to bite, suck, or chew on the sponge.

If after **7 minutes** the saturation indicator has not turned color, discard the device and repeat the test.

Remove swab from mouth when color fills the indicator window of the swab.
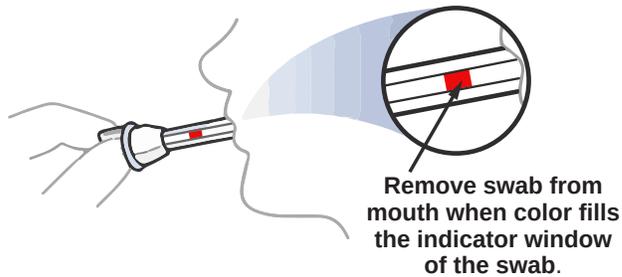
TEST ACTIVATION
2

With the test device positioned upright on a **FLAT SURFACE** (test device remains in this position until results are interpreted), the donor removes the collection swab from their mouth and hands it to the administrator. The administrator inserts the collection swab into the device sponge first, pushing and twisting down until the threaded handle locks in place.

TEST INTERPRETATION
3

Negative results can be read as soon as the test and control lines appear on any test strip **(often within 2 minutes)**.

2min **10**min

Presumptive Positive results are to be read at **10 minutes**. Interpret test as negative, presumptive positive, or invalid. Do not read test results after **20 minutes**. Follow your organizations established protocol for presumptive positive results. After the results have been interpreted, the OralTox device may be thrown in a regular trash receptacle.
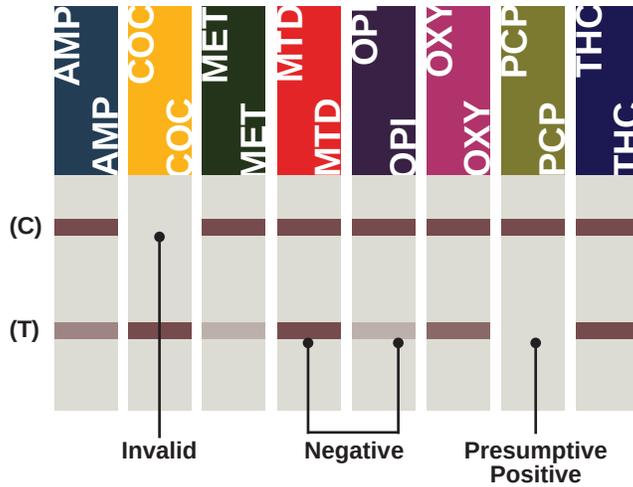
AMP	COC	MET	MTD	OPI	OXY	PCP	THC

(C)

(T)

Invalid   Negative   Presumptive Positive

The control line is the uppermost line appearing in each test area. Before reading the test result lines, verify that all control lines have formed. Results from any test without a top control line is **INVALID** and the test must be discarded.

Negative
A **NEGATIVE** result is indicated by two colored bands appearing on the membrane. One band appears in the control region (C), and another band appears in the test region (T). The intensity of the test lines may vary. Any line, without regard to intensity, color or size, is a line and indicates a negative result for that drug.

Presumptive Positive
A **PRESUMPTIVE POSITIVE** result is indicated when only one colored band appears in the control region (C), and no apparent colored band appearing in the test region (T).

AMP
*Amphetamine
50ng/mL

BAR
Barbiturates
50ng/mL

BUP
Buprenorphine
5ng/mL

BZO
Benzodiazepines
10ng/mL

COC
*Cocaine
20ng/mL

COT
Cotinine
30ng/mL

FYL
Fentanyl
10ng/mL

K2(Spice)
Synthetic Marijuana
30ng/mL

KET
Ketamine
30ng/mL

MET
*Methamphetamine
50ng/mL

MTD
*Methadone
30ng/mL

OPI
*Opiates
40ng/mL

OXY
*Oxycodone
20ng/mL

PCP
*Phencyclidine
10ng/mL

THC
*Marijuana
40ng/mL

TML
Tramadol
30ng/mL

*FDA 510(k) Cleared

PREMIER BIO-CUP PROCEDURE GUIDE

1 SPECIMEN COLLECTION

Begin by checking foil pouch to ensure that it has not been tampered with. Check the lot number and expiration date.

Next, remove cup from foil pouch and write the donors name on it.

Remove lid from cup and secure the sample by requesting the donor to void into the cup.

2 TEST ACTIVATION

Replace lid and tighten firmly to ensure urine will not leak. Peel off the privacy label allowing the test strips to be read.

At this time check the temperature strip to make sure the specimen is within normal range. **The temp should be within 90-100°F.**


Wait the full **5 minutes** for test lines to form before calling it a presumptive positive result. Results are stable up to **60 minutes**.
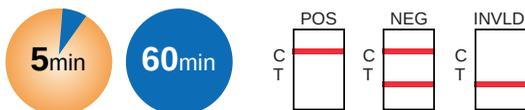
5min   **60**min

```
POS       NEG      INVLD
C         C        C
T         T        T
```

3 TEST INTERPRETATION

The **Control Line** is the uppermost line appearing in each test area. Before reading the test result lines, verify that all Control Lines have formed. Otherwise, the test is **Invalid** and the test results must not be used.

C

T

Negative   Presumptive   Invalid
Positive
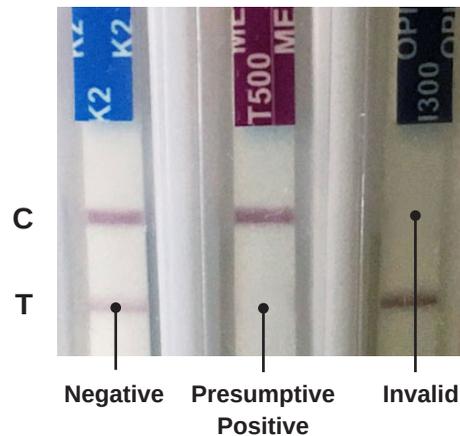
A **Negative** result is indicated by a reddish-purple Control Line and a second reddish-purple line appearing beneath for any particular drug. The intensity of the test lines may vary.

Important: Any line, without regard to intensity, color or size, is a line and indicates a negative result for that drug.

A **Presumptive Positive** result is indicated by a reddish-purple (top) Control Line with no second line appearing for any particular drug.

Adulteration Color Chart

TEST	ABNORMAL (LOW)	NORMAL			ABNORMAL (HIGH)
Specific Gravity(S)	1.000	1.005	1.015	1.025	>1.035
pH(P)	2.0 3.0	4.0	7.0	9.0	10.0
Oxidant(O)		Negative			Positive

Read Specimen Validity Test (SVT) results by comparing the color of the reagent pads to the corresponding color blocks on the color chart at 3 to 5 minutes. Position of SVT pads may vary based on the drug strip configuration.

Changing The Game In Drugs of Abuse Testing

Premier Biotech is changing the game in drugs of abuse testing. We have created an exclusive product portfolio that tests for the most relevant drugs of abuse including fentanyl, tramadol, buprenorphine, oxycodone, and more. Premier Bio-Cup and Dip products provide fast results in minutes, while utilizing the same immunoassay technology that laboratory screening instruments employ. Screens provide qualitative presumptive positive or negative results to help identify the presence of illicit substances. Premier Biotech's rapid urine cup and dip products provide an ideal solution for correctional, workplace, health & human services and clinical based testing programs.

Premier Bio-Cup And Dip Features & Benefits

• Proven Accuracy, Sensitivity, Specificity
• Easy To Read/Interpret
• Customized Panels Test For Relevant Drugs of Abuse
• CLIA-Waived Drug Test Strips Available
• Hermetically Sealed And Flood Proof Strips
• Stable Results Up To 60 Minutes, Even While Submerged In The Sample (Dips)
• Ability To Test For Specialty Drugs: K2/Spice, Tramadol, Fentanyl, Gabapentin, Kratom, EtG, And More
• Aggressive Cut-off Levels Available
• Fast, Accurate Results
• Multi/Single Dip Options Available

Evolving Testing Capabilities And Options

Premier Biotech recognizes that our customer needs vary based on their industry, and drug abuse trends differ throughout each state and region. We look to continually bring new development in drug testing to market, ensuring rapid product customization including options for drug panels at various cut-off levels. Our goal is to provide customers with a solution to identify the presence of drugs that are not detected in most rapid panels. Our innovative configurations can also include EtG and 6-AM. Premier Biotech was the first company to deliver EtG in a multi-panel cup configuration. EtG provides detection 5-7 times longer than traditional alcohol testing. Previously, heroin could only be tested for using the standard opiate strip. Due to this, there was no way to differentiate heroin use from other opiates including, hydrocodone (Vicodin), codeine (Tylenol 3), or morphine outside of confirmation testing at a laboratory, until now. Due to the high potential of abuse, testing for heroin by adding 6-Acetylmorphine (6-AM) will be a beneficial addition to most testing panels.

6AM
6-Acetylmorphine
*10 ng/mL
ALC
Alcohol
*.02% BAC
AMP
Amphetamines
*300 ng/mL
500 ng/mL
*1,000 ng/mL
BAR
Barbiturates
*200 ng/mL
300 ng/mL
BUP
Buprenorphine
*5 ng/mL
10 ng/mL
BZO
Benzodiazepines
*200 ng/mL
300 ng/mL
COC
Cocaine
150 ng/mL
*300 ng/mL
COT
Cotinine
*200 ng/mL
EtG
Ethyl Glucuronide
*500 ng/mL
EDDP
Methadone Metabolite
100 ng/mL
FYL
Fentanyl
*10 ng/mL
GAB
Gabapentin
*2000 ng/mL
K2(SPICE)
Synthetic Marijuana
*25 ng/mL
*50 ng/mL
K3(AB-PINACA)
Synthetic Marijuana
*10 ng/mL
KET
Ketamine
*100 ng/mL
KRA
Kratom
*150 ng/mL
MDMA
Ecstasy
500 ng/mL
MET
Methamphetamine
500 ng/mL
*1,000 ng/mL
MTD
Methadone
*200 ng/mL
300 ng/mlL
OPI 300
Opiates
*100 ng/mL
300 ng/mL
2000 ng/mL
OXY
Oxycodone
100 ng/mL
PCP
Phencyclidine
25 ng/mL
PPX
Propoxyphene
*300 ng/mL
TCA
Tricyclic Antidepressants
1,000 ng/mL
THC
Marijuana
*25 ng/mL
*40 ng/mL
50 ng/mL
TML
Tramadol
*100 ng/mL

*Forensic Use Only

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Appendix E – Potential Collection Sites

DCS Region	Counties	Name of Site	City	MBE/WBE	Contact Name/Email	Phone Number	Fax Number	Address
1	Lake	Work-Comp Management Group Controlled substance Manager	Highland	WBE	Akaufman@workcompms.com	219-838-8091	219-237-2274	8219 Kennedy Ave. Highland, IN 46322
		Work-Comp Management Group Franciscan Health	Hobart	WBE	Akaufman@workcompms.com	219-945-9530	219-945-9541	101 West 61st Ave, Hobart, IN 46342
		Work-Comp Management Group Franciscan Health	Munster	WBE	Akaufman@workcompms.com	219-836-4690	219-836-3609	7905 Calumet Ave, Munster IN 46321
		Work-Comp Management Group Franciscan Health	Crown Point	WBE	Akaufman@workcompms.com	219-662-5500	219-662-9684	12800 Mississippie Pkwy Ste A 204, Crown Point, IN 46307
		Work-Comp Management Group Franciscan Health	Hammond	WBE	Akaufman@workcompms.com	219-852-2472	n/a	5500 Hohman Ave, Ste 1D, Hammond, IN 46230
		Work-Comp Management Group A+B+O Lab & Paternity Service	Hammond	WBE	almirra abo.lab.service@gmail.com	219-226-3294	219-228-1558	837 169th St, Hammond, IN 46324
		Work-Comp WorkCare Occupational Health	Merrillville	WBE	Deborah D.kirk@workcareocchealth.com	219-769-4400	219-795-1419	1574 E 85th Ave Merrillville, IN 46410
		CHS Occupational Health	East Chicago		kevin.knaga@comhs.com	219-789-2371	219-392-7450	4320 Fir St, Ste 313, East Chicago, IN 46312
		CHS Occupational Health	Hobart		kevin.knaga@comhs.com	219-789-2371	219-947-6408	1354 South Lake Park Ave Hobart, IN 46342
		CHS Occupational Health	Munster		kevin.knaga@comhs.com	219-789-2371	219-703-6571	9200 Calumet Ave, Suite N-502 Munster, IN 46321
2	Benton, Jasper, LaPorte, Newton, Porter, Pulaski, Starke	Work-Comp Management Group Franciscan Health	Valparaiso	WBE	Akaufman@workcompms.com	219-464-7073	219-464-7543	2307 LaPorte Avenue Suite 8. Valparaiso, IN 46383
		Work-Comp Management Group Workforce Health	Valparaiso	WBE	Akaufman@workcompms.com	219-326-2664	219-326-2653	1251 Eastport Centre Dr. Valparaiso, IN 46383
		Work-Comp Management Group Franciscan Health	Portage	WBE	Akaufman@workcompms.com	219-764-8439	219-764-8463	3283 Willowcreek Road, Portage, IN 46368

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DCS Region	Counties	Name of Site	City	MBE/ WBE	Contact Name/Email	Phone Number	Fax Number	Address
		Work-Comp Management Group Workforce Health	Portage	WBE	Akaufman@workcompms.com	219-364-3550	219-364-3559	3283 Willowcreek Road Portage, IN 46368
		Work-Comp Management Group Workforce Health	Knox	WBE	Akaufman@workcompms.com	877-449-7473	765-449-8504	Address pending/opening in 6 months
		Work-Comp Management Group Fransciscan Health	Rensselear	WBE	Akaufman@workcompms.com	219-866-5141	219-866-0411	919 East Grace Street Rensselaer, IN 47978
		Work-Comp Management Group Fransciscan Health	Michigan City	WBE	Akaufman@workcompms.com	219-879-5400	219-879-5900	4111 Franklin St Michigan City, IN 46360
		Work-Comp Management Group Workforce Health	La Porte	WBE	Akaufman@workcompms.com	219-326-2664	219-326-2653	311 Boyd Blvd. La Porte, IN 46350
		CHS Occupational Health	Valparaiso		kevin.knaga@comhs.com	219-286-3830	219-703-6760	1051 Southpoint Circle, Suite A Valparaiso, IN 46385
3	Elkhart, Kosciusko, Marshall, St. Joseph	Work-Comp Management Group Community Occ Med	Elkhart	WBE	Akaufman@workcompms.com	574-389-1231	574-389-1232	22818 Old Us 20, Elkhart, IN 46516
		Work-Comp Management Group Medstat Urgent and Occ Health	Nappannee	WBE	Akaufman@workcompms.com	574-773-2509	574-773-2512	1001 North Main Street Suite One, Nappanee, IN 46550
		Work-Comp Management Group Medstat Urgent and Occ Health	Syracuse	WBE	Akaufman@workcompms.com	574-457-8282	574-457-8682	107 W Pickwick Dr suite a, Syracuse, IN 46567
		Work-Comp Management Group Medstat Urgent and Occ Health	Warsaw	WBE	Akaufman@workcompms.com	574-372-7637	574-372-7637	1500 Provident Dr, Warsaw, IN 46580
		Work-Comp Management Group Dot Stop Med	Plymouth	WBE	Akaufman@workcompms.com	866-368-7867	574-231-7397	2915 Gary Dr, Plymouth, IN 46563
		Work-Comp Management Group Any Lab Test Now	Mishawaka	WBE	Akaufman@workcompms.com	574-287-5041	574-968-0298	313 W University Dr, Mishawaka, IN 46545
4	Allen DeKalb, LaGrange, Noble, Stueben, Whitley	Work-Comp Management Group EMSI	Fort Wayne		Akaufman@workcompms.com	260-490-8322	260-489-2168	619 Airport North Office Park, Fort Wayne, Indiana, 46825

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DCS Region	Counties	Name of Site	City	MBE/ WBE	Contact Name/Email	Phone Number	Fax Number	Address
5	Carroll, Clinton, Fountain, Tippecanoe, Warren, White	Unity HealthCare	Lafayette	WBE	Tina Minier	765-446-5028	765-446-5321	1321 Unity Place, Suite A, Lafayette, IN 47905
		Work-Comp Management Group Ascen Med	Frankfort	WBE	Akaufman@workcompms.com	765-656-3900	765-656-3921	2485 E Wabash St, Frankfort, IN 46041
		Work-Comp Management Group Work Comp Management Services	Lafayette	WBE	Akaufman@workcompms.com	765-447-7473	765-449-8504	760 Park East Blvd Lafayette, IN 47905
		Work-Comp Management Group Fransican Working Well	Lafayette	WBE	Akaufman@workcompms.com	765-502-4190	765-502-4191	3218 Daugherty Drive Suite 140. Lafayette, IN 47909
		Work-Comp Managment Group Black Bird Clinical Services	Lafayette	WBE	Akaufman@workcompms.com	765-447-8700	765-447-8701	2 Executive Dr, Lafayette, IN 47905
		Med Express Urgent Care	Lafayette		Jaime Rocha jaime.rocha@medexpress.com	765-457-4370	765-457-4360	102 Sagamore Pkwy S, Lafayette, IN 47905
6	Cass, Fulton, Howard, Huntington, Miami, Wabash	Work-Comp Management Group Twin Rivers Medical Lab	Logansport	WBE	Joshua Zepeda armando58364@gmail.com	574-739-0004	574-739-0105	902 W Broadway. Logansport, IN 46947
		Work-Comp Management Group Woodlawn Medical Professionals	Rochester	WBE	Akaufman@workcompms.com	574-223-2020	574-223-9830	700 Main Street Rochester, Indiana 46975
		Work-Comp Management Group Med Express Urgent Care	Kokomo	WBE	Jaime Rocha jaime.rocha@medexpress.com	765-457-4370	765-457-4360	1010 South Reed Road Kokomo, IN
7	Adams, Blackford, Delaware, Grant, Jay, Randolph, Wells	MedExpress Urgent Care	Muncie		Jaime Rocha jaime.rocha@medexpress.com	765-457-4370	765-457-4360	1313 W McGalliard Rd, Muncie, IN 47303
		Work-Comp MGH Work Solutions	Marion		Stephanie King	765-660-7440	765-662-4715	119 S Washington St, Marion, IN 46952

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DCS Region	Counties	Name of Site	City	MBE/ WBE	Contact Name/Email	Phone Number	Fax Number	Address
		Work-Comp Management Group RediMed Bluffton	Bluffton	WBE	Jen McPhearson	260-479-3523		1980 N Main St, Bluffton, IN 46714
8	Cley, Parke, Sullivan, Vermillion, Vigo	Work-Comp Management Group Union Hospital Occ Med	Terre Haute	WBE	Akaufman@workcompms.com	812-238-7788	812-478-4178	1606 N. 7th Street Terre Haute, IN 47804
		Work-Comp Management Group Right Choice	Terre Haute	WBE	Tina Whittington	812-235-3153	812-235-4418	3205 S 3rd Pl, Terre Haute, IN 47802
9	Boone, Hendricks, Montgomery, Morgan, Putnam	Work-Comp Management Group Witham Occupational	Lebanon	WBE	Akaufman@workcompms.com	765-335-0123	765-335-0127	400 North Mount Zion Road Lebanon, 46052
		Work-Comp Management Group Any Lab Test Now	Avon	WBE	Akaufman@workcompms.com	317-268-3000	877-747-9033	7810 E US Hwy 36 Suite B, Avon, IN 46123
		Work-Comp Management Group Fransiscan Health	Crawfordsville	WBE	Akaufman@workcompms.com	765-362-2800	765-362-2802	1710 Lafayette Ave, Crawfordsville, IN 47933
		Work-Comp Management Group Fransiscan Health	Mooresveill	WBE	Akaufman@workcompms.com	317-834-5220	317-834-5229	Suite 180. Mooresville, IN 46158
		Work-Comp Management Group Atlas Physical and Drug Testing	Franklin	WBE	Akaufman@workcompms.com	317-560-5620	317-346-0797	1551 N. Main Street Franklin, Indiana 46131
		Work-Comp Management Group Acute Medical Care Inc.	Greencastle	WBE	Akaufman@workcompms.com	765-653-8453	765-653-8493	1145 Indianapolis Rd, Greencastle, IN 46135
		Work-Comp Management Group Putnam Occ. Health	Glandorf	WBE	Akaufman@workcompms.com	419-226-4400	419-226-4448	601 State Rte 224, Glandorf, OH 45848
10	Marion	Work-Comp Management Group Any Lab Test Now	Indianapolis	WBE	Akaufman@workcompms.com	317-268-3002	317-672-6710	911 N East St, Indianapolis, IN 46202
		Work-Comp Management Group Fran Health City Way	Indianapolis	WBE	Akaufman@workcompms.com	317-528-2489	317-528-3770	426 South Alabama Street Suite 100. Indianapolis, IN 46225
		Arcpoint Labs	Indianapolis		Kelli Kennedy	317-969-6926	317-982-7931	5035 W 71st St suite I, Indianapolis, IN 46268
		Together We Can Consulting, LLC	Indianapolis	MBE	Robin Eutz, PhD	317-523-8963	317-252-0637	555 North Tacoma Avenue, Indianapolis, IN 46220

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11	Hamilton,Hancock, Madison, Tipton	Work-Comp Management Group Any Lab Test Now	Carmel	WBE	Akaufman@workcompms.com	317-574-9500		13636 N Meridian St, Carmel, IN 46032
		Work-Comp Management Group Any Lab Test Now	Fishers	WBE	Akaufman@workcompms.com	317-288-5135	317-288-5037	7818 E 96th St, Fishers, IN 46037
		MedExpress	Anderson		Jaime Rocha jaime.rocha@medexpress.com	765-642-2602	765-642-2608	3800 S Scatterfield Rd, Anderson, IN 46013
		Work-Comp Management Group Ascension Elwood	Elwood	WBE	Akaufman@workcompms.com	765-552-4600	765-552-4775	1331 S A St, Elwood, IN 46036
12	Fayette,Franklin, Henry,Rush, Union, Wayne	Work-Comp Management Group Reid Health	Connersville	WBE	Akaufman@workcompms.com	765-825-5131	765-827-7726	1941 Virginia Avenue Connersville IN, 47331
		Work-Comp Management Group Henry Community Lab	New Castle	WBE	Akaufman@workcompms.com	765-521-0890	765-521-1246	16th Street, New Castle, IN 47362
		Work-Comp Management Group Reid Health	Richmond	WBE	Akaufman@workcompms.com	765-983-3000	765-983-3236	1100 Reid Pkwy, Richmond, IN 47374
13	Brown, Greene, Lawrence, Monroe, Owen	Work-Comp Management Group Right Choice DAT - Bloomington	Bloomington	WBE	Tina Whittingon tina@rightchoicedat.com	812-287-7933	812-287-8237	2536 W Industrial Park Dr #8, Bloomington, IN 47404
		Work-Comp Management Group IU Bloomington	Bloomington	WBE	Akaufman@workcompms.com	(812) 330-3688	812-330-3689	550 S Landmark Ave, Bloomington, IN 47403
		Work-Comp Management Group IU Bloomington West	Bloomington	WBE	Akaufman@workcompms.com	(812) 353-3443	812-353-3442	3443 W 3rd St, Bloomington, IN 47404
		Work-Comp Management Group MedExpress	Bloomington	WBE	Akaufman@workcompms.com	(812) 339-2305	812-339-2318	123 S Franklin Rd, Bloomington, IN 47404
14	Bartholomew, Jackson, Jennings, Johnson, Shelby	Work-Comp Management Group Promptmed	Columbus	WBE	Akaufman@workcompms.com	812-372-8883	812-376-5108	2502 25th St, Columbus, IN 47201
		Work-Comp Management Group CRH OHC	Columbus	WBE	Akaufman@workcompms.com	812-376-5328	812-376-5970	2400 17th St, Columbus, IN 47201
		Work-Comp Management Group Fransiscan Health	Greenwood	WBE	Akaufman@workcompms.com	317-528-8009	317-528-8012	747 E. County Line Road Greenwood, IN 46143

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		Work-Comp Management Group Franciscan Express Care	Greenwood	WBE	Akaufman@workcompms.com	317-528-2141	317-528-2232	1703 West Stones Crossing Road Suite 100. Greenwood, IN 46143
		Work-Comp Management Group JMH Immediate Care Occ. Health	Franklin	WBE	Akaufman@workcompms.com	317-346-2273	317-738-7850	2085 Acorn Blvd, Franklin, IN 46131
		Work-Comp Management Group MHP Priority Care	Shelbyville	WBE	Akaufman@workcompms.com	317-398-7644	317-398-1860	30 West Rampart, Suite 250 Shelbyville, IN 46176
15	Dearborn, Decatur, Jefferson, Ohio, Ripley, Switzerland	Work-Comp Management Group Highpoint Health	Lawrenceburg	WBE	Akaufman@workcompms.com	812-537-1010	812-537-1311	600 Wilson Creek Rd, Lawrenceburg, IN 47025
		Kings Daughters Health	Madison		Michelle Hill 812-801-0573	812-273-5372	812-273-5471	1373 East State Rd 62 Madison, IN 47250
		Work-Comp Management Group Margaret Mary Health Center	Osgood	WBE	Akaufman@workcompms.com	(812) 689-3424	812-933-5237	112 N Buckeye St, Osgood, IN 47037
16	Gibson, Knox, Pike, Posey, Vanderburgh, Warrick	Good Samaritan Hospital	Vincennes		Jon Wehrheim jfwehrheim@gshvin.org	812-882- 5220 X 3362	812-882-3364	406 N 1st St. Suite C Vincennes, IN 47591
		Work-Comp Management Group Advanced Specimen	Evansville	WBE	Akaufman@workcompms.com	812-962-0200	812-962-0204	2502 Waterbridge Way, Evansville, IN, 47710
17	Crawford, Davies, Dubois, Martin, Orange, Perry, Spencer	Work-Comp Management Group Memorial Health Washington	Jasper	WBE	Akaufman@workcompms.com	812-996-2345	812-996-0777	800 W 9th St, Jasper, IN 47546
		Work-Comp Management Group Memorial Health Employer Services	Jasper	WBE	Akaufman@workcompms.com	812-996-5750	812-996-5763	695 W 2nd St, Jasper, IN 47546

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DCS Region	Counties	Name of Site	City	MBE/ WBE	Contact Name/Email	Phone Number	Fax Number	Address
		Right Choice DAT	Crane		Tina tina@rightchoicedat.com	812-863-9000	812-863-9002	27579 SGM Gene Shaw Technology Dr, Crane, IN 47522
		Work-Comp Management Group Liberty Labs	Tell City	WBE	Akaufman@workcompms.com	812-548-0086	812-548-0089	929 12th St,, Tell City, IN 47586
		Work-Comp Management Group Springs Medical lab	Rockport	WBE	Akaufman@workcompms.com	812-649-2271	812-649-4867	559 Main St. #4 Rockport , In 47635
18	Clark, Floyd, Harrison, Scott, Washington	Work-Comp Management Group Business Health Plus	Clarksville	WBE	Akaufman@workcompms.com	812-282-4037	812-284-4038	4755 Hwy 31E Clarksville, IN 47129
		Work-Comp Management Group Norton Occ. Med New Albany	New Albany	WBE	Akaufman@workcompms.com	812-949-5749	812-949-5794	3605 Northgate Court, Suite 110 New Albany, IN 47150
		Work-Comp Management Group AAA Occupational Testing	Jeffersonville	WBE	Akaufman@workcompms.com	812-590-3251	812-590-3250	945 Wall St, Jeffersonville, IN 47130

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Appendix F – Patient Orientation Form

Cordant
Health Solutions®

Patient Orientation Form

Indiana DCS has requested that you provide a sample for drug testing.

Per the direction of DCS, todays sample will be provided in the following manner:

- ☐ Monitored Urine Specimen
- ☐ Observed Urine Specimen
- ☐ Observed Oral Fluid
- ☐ Blood
- ☐ Hair

Upon collection, your sample will be labeled with a chain of custody sticker and sent to Cordant HS for testing. The results will be provided to Indiana DCS.

☐ **Urine Sample**

1. Remove all unnecessary outer garments, remove all items from pockets and turn pockets inside out.
2. Personal belongings such as a purse or backpack are to remain secure outside of the collection area.
3. You will either select your collection device or it will be handed to you.
4. Wash and dry your hands with water only.
5. For Monitored collections, the collector will stand outside of the restroom or stall while you provide sufficient urine to fill the container. For observed collections, the collector must observe the urine leaving your body and filling the container. Once filled, hand the specimen cup to the collector.
6. The collector will observe the specimen for contamination or discoloration and read the temperature strip.
7. You will initial a chain of custody label.
8. You will sign and date the chain of custody form.
8. The sample will then be sealed with the chain of custody label and placed in a tamper evident bag in your presence.

☐ **Oral Fluid Sample**

1. The collector will visually inspect your mouth to ensure it is empty.
2. You will be asked to wait 10 minutes to allow for a clean specimen.
3. The collector will place the collection swab under your tongue.
4. Once the indicator turns blue, the collector will place the swab in the collection vial.
5. You will initial a chain of custody label.

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Cordant
Health Solutions®

6. You will sign and date the chain of custody form.

7. The sample will then be sealed with the chain of custody label and placed in a tamper evident bag in your presence.

☐ **Blood**

1. The collector will use an alcohol wipe to swab the site.

2. The collector will place a tourniquet on your upper arm.

3. The collector will feel for a vein, and when found, perform the blood draw.

4. You will initial a chain of custody label.

5. You will sign and date the chain of custody form.

6. The sample will then be sealed with the chain of custody label and placed in a tamper evident bag in your presence.

☐ **Hair**

1. The collector will clean scissors with an alcohol wipe.

2. The collector will visually inspect your head to ensure enough hair is present to provide a sample.

3. The collector will gather three locks of hair the diameter of a pencil.

4. The hair will be placed in a foil packet and folded.

5. The foil packet will be placed in an envelope.

6. You will initial a chain of custody label.

7. You will sign and date the chain of custody form.

8. The sample will then be sealed with the chain of custody label and placed in a tamper evident bag in your presence.

Review and sign

I acknowledge that the collector has reviewed the collection process with me and answered any questions regarding the process.

_____   _____

Signature   Date

_____

Signature of Guardian if donor is a minor

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Appendix G – Invoice Setup Options & Sample Invoice

Invoice Setup Options

There are many invoice setup options that can be implemented, depending on the client's needs, the laboratory doing the work, and the type of account. Below is a listing of the standard invoice fields offered, however, there are many different configurations that we can provide for the DCS.

Standard criminal justice (CJ) invoices may include a statement page showing outstanding balances from prior months. The statement page reflects the total amount due on the account for any open months.

Each CJ standard invoice contains a section that clearly defines:

- Client Account Number – Specific client account number assigned to each account
- Invoice No. - The specific invoice number
- Invoice Date – The invoice date
- Due Date – The date payment is due
- Statement Date – The date of the invoice/statement

The CJ standard invoice format includes columns for each item as follows:

- COLL RECEIVED – The date the specimen was collected
- RECD DATE – The date of the specimen was received at the laboratory
- COC – Change of Custody number
- Accession - Accession ID number
- DONOR NAME – The patient first and last name
- CASE NUMBER – Case number provided by client, if applicable
- DOB – Patient date of birth provided by client, if applicable
- SSN – Patient SSN provided by client, if applicable
- ORDER DATE – The date the testing on the specimen was ordered; matches to RECD DATE
- TEST CODE – Test code(s) ordered for each accession
- TEST DESCRIPTION – Test code description as defined by naming of each test setup by client services.
- AMOUNT – The amount charged per test code(s) per each accession ID. Positive figures are charges issued. Negative figures are credits issued.

A Test Utilization Summary is included at the end of the invoice that shows a recap of all tests ordered and billed for, along with pricing for each invoice.

Each invoice will present the "GRAY BOX" logic that will show:

- Balance Forward – Amounts unpaid that are due from prior months, if applicable
- Recent Payment – Total amount of payments made within the invoice month, if applicable

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- Recent Adjustments – Total amount of adjustments issued within the invoice month, if applicable
- Balance From this Invoice – Amount charged on that specific invoice
- Total Balance Due – Total amount due for all open invoice months
- Terms – Invoice payment terms in days agreed upon

Accounts can be invoiced individually, with multiple unique invoices, or as one master invoice with secondary accounts broken out to show detail per individual account. We will work closely with the DCS during implementation to properly set up the master and sub-accounts in our systems and mitigate the risk of billing errors. Most of our clients are set up with multiple sub-accounts, and we have extensive experience billing clients in this manner.

Please see the following pages for a sample Criminal Justice client invoice.

TECHNICAL RESOURCE MANAGEMENT LLC

PO BOX 17103

DENVER, CO 80217-0103

(855) 895-8090

* * STATEMENT * *

Client No.: **XX-1234**

Date: **04/30/2019**   **Page:** **1**

* * Balance Due * *   **$XXX.XX**

Account Number: XX-1234

Client Name

Client Address Line 1

Client Address Line 2

Amount Enclosed _____

Please detach and return this portion with your payment. Please make check payable to: TECHNICAL RESOURCE MANAGEMENT LLC

DATE	DUE DATE	DESCRIPTION	ORIGINAL AMOUNT	BALANCE
Previous Balances				
03/31/2019	04/302019	XX-1234033119	$336.90	$0.00
Please refer to the original invoice on the date listed for further patient detail, or contact the billing department to provide you with an additional copy of the original invoice.				
				$0.00

CURRENT DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
$XXX.XX	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Cordant Health Solutions

Account Number: XX-1234 Client Name Client Address Line 1 Client Address Line 2	**Account No:** **XX-1234** **Invoice No.:** **XX-1234043019** **Invoice Date:** **04/30/2019** **Due Date:** **05/31/2019**	**Statement Date:** **04/30/2019** **Page:** **1**

COLL DATE	RECD DATE	COC	ACCESSION	DONOR NAME	CASE NUMBER	DOB	SSN	ORDER DATE	TEST CODE	TEST DESCRIPTION	AMOUNT
Current Invoice Details											
03/27/2019	04/01/2019	COC1245	FS123456789	DONOR NAME	85613040			04/01/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
03/29/2019	04/01/2019	COC1245	FS123456789	DONOR NAME	18JD66	09/20/2006		04/01/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
03/29/2019	04/01/2019	COC1245	FS123456789	DONOR NAME	19JD16	10/01/2004		04/01/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/01/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	85326371	11/01/1988		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
									2-7	COLLECTION/LAB RECEIPT D	$$
04/01/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	84437251			04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
									2-7	COLLECTION/LAB RECEIPT D	$$
04/01/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	75779581	09/07/1993		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
									2-7	COLLECTION/LAB RECEIPT D	$$
04/02/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	85658629	02/19/1964		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/02/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	57161133	05/31/1983		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/03/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	85035039	02/10/2000		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/03/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	19JD1	06/24/2002	650-24-4068	04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/03/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	84704087	07/13/1955		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/03/2019	04/08/2019	COC1245	FS123456789	DONOR NAME	85657878	08/23/2003		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/04/2019	04/08/2019	COC1245	FS123456789	DONOR NAME		04/30/2003		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/05/2019	04/08/2019	COC1245	FS123456789	DONOR NAME		01/19/2004		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/05/2019	04/08/2019	COC1245	FS123456789	DONOR NAME		04/11/2001		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/08/2019	04/10/2019	COC1245	FS123456789	DONOR NAME	59612179	05/23/1983		04/10/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/08/2019	04/08/2019	COC1245	FS123456789	DONOR NAME		09/07/2005		04/08/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
									2-3	COLLECTION DATE ISSUE	$$
04/08/2019	04/10/2019	E1315018	FS123456789	DONOR NAME	19JD15	07/28/2004		04/10/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/09/2019	04/15/2019	AK4092570	FS123456789	DONOR NAME	75950107	09/25/1996		04/15/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/09/2019	04/10/2019	AK4090E44	FS123456789	DONOR NAME	81694778			04/10/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/09/2019	04/10/2019	E1315022	FS123456789	DONOR NAME	19JD18	04/11/2001		04/10/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/11/2019	04/15/2019	E1314975	FS123456789	DONOR NAME	ML85250077	06/30/1961		04/15/2019	280	8 DRUGSCREEN*INCLUDE ET	$$
04/11/2019	04/15/2019	E1315099	FS123456789	DONOR NAME		12/18/1981		04/15/2019	280	8 DRUGSCREEN*INCLUDE ET	$$

Unresulted tests within the current month will appear on next month's statement.   **INVOICE TOTALS**   **$XXX.XX**

Cordant
Health Solutions™

Account Number: XX-1234 Client Name Client Address Line 1 Client Address Line 2	**Account No:** XX-1234 **Invoice No.:** XX-1234043019 **Invoice Date:** 04/30/2019 **Due Date:** 05/31/2019	**Statement Date:** 05/31/2019 **Page:** 2 **Balance Due:** $XXX.XX

TEST CODE	TEST DESCRIPTION	AMOUNT	COUNT
	************** **Test Utilization Summary** **************		
280	8 DRUGSCREEN*INCLUDE ETG*	XXX.XX	#
	NET NEW CHARGES	$XXX.XX	#

Balance Forward	$0.00
Recent Payments:	$0.00
Recent Adjustments:	$0.00
Balance from this Invoice:	$XXX.XX
Total Balance Due:	$XXX.XX
Terms: Net 30	

INVOICE TOTALS   **$XXX.XX**

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Appendix H – Test Result Reporting Examples

Sentry makes available complete client drug testing and reporting history, at the organization/agency level, by group/officer/case manager and for individual clients, as illustrated below. Results can be exported in various formats, including .csv and .pdf.

Sentry's Recent Results Report provides a summary of results during a designated time period, which can be downloaded into an Excel spreadsheet and sorted by donor. The screen shots below display several options available for result reporting. These flexible options allow case managers to get the test result information they need, quickly and efficiently.

Recent Results Reporting Options in Sentry

Response to Request for Proposal, State of Indiana, Department of Administration/
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Sample Test History Report for Officer/Case Manager Group

Sample Test History Report for an Individual Client

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Sample Flagstaff Reports with Positive Results

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Flagstaff Lab	Denver Lab	Long Island Lab	Tacoma Lab	Worcester Lab
1760 E Route 66	1701 Chambers Rd, Unit J	789 Park Avenue	2617 East L Street	415 Main Street, 4th Floor
Flagstaff, AZ 86004	Aurora, CO 80011	Huntington, NY 11743	Tacoma, WA 98421	Worcester, MA 01608
855-895-8090	855-895-8090	855-895-8090	855-895-8090	855-895-8090

Specimen Information

Donor Name:	Collected:	01/30/2019 12:11:00
Donor DOB:	Received:	02/01/2019 12:02:15
Accession:	Reported:	02/04/2019 13:44:15
COC:	Donor Other ID:	
Type (Matrix): Urine	Donor Case:	
Client Code:		
Client:		
Requested By:		

Testing Results

Test	Result	Outcome	Cutoff	Notes
Screening Tests by IA				
URINE: Meth/Amphetamines		negative	1000 ng/ml	
URINE: Benzodiazepines		negative	300 ng/ml	
URINE: Cocaine		negative	300 ng/ml	
URINE: Methadone		negative	300 ng/ml	
URINE: Opiates		negative	300 ng/ml	
URINE: THC		negative	50 ng/ml	
URINE: Oxycodone		negative	300 ng/ml	
URINE: Ethyl Glucuronide-ETG		negative	500 ng/ml	• ETG negative screen suggests alcohol was not consumed.
URINE: Buprenorphine/Suboxone		SEE BELOW	5 ng/ml	
URINE: Fentanyl		negative	2.0 ng/ml	
URINE: Soma/Carisoprodol		negative	100 ng/ml	
URINE: Gabapentin		negative	1000 ng/ml	
Confirmation Tests				
Buprenorphine/Suboxone by LC/MS/MS				
URINE: Buprenorphine	10.4 ng/ml	**POSITIVE	5 ng/ml	
URINE: Nor-Buprenorphine	54 ng/ml	**POSITIVE	5 ng/ml	
Specimen Validity Tests				
Specimen Validity Panel				
URINE: Creatinine	43.5 mg/dl		20 mg/dl	
URINE: Basic Adulteration Check		normal		• Specimen checked for unusual color, physical characteristics and abnormal instrument response.

Additional Comments

- Testing performed at Cordant Forensic Solutions, 1760 E Route 66, P.O. Box 70000, Flagstaff, AZ 86004.
- Tests performed under CAP-FDT certification.
- Specimen received sealed and intact unless otherwise noted.
- CLIA #03D0936918, CAP-FDT #6913001
- Report Released By: AAE - B.S., Certifying Scientist.

Tests were developed and performance characteristics determined by Cordant Health Solutions™. The laboratory is regulated under CLIA as qualified to perform high-complexity testing.

Bert Toivola

Bert Toivola, PhD, Scientific Director

*** END OF REPORT ***

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FINAL REPORT

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Department of Child Services for Drug Testing Services and Supplies
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Cordant
Health Solutions™

Flagstaff Lab	**Denver** Lab	**Long Island** Lab	**Tacoma** Lab	**Worcester** Lab
1760 E Route 66	1701 Chambers Rd, Unit J	789 Park Avenue	2617 East L Street	415 Main Street, 4th Floor
Flagstaff, AZ 86004	Aurora, CO 80011	Huntington, NY 11743	Tacoma, WA 98421	Worcester, MA 01608
855-895-8090	855-895-8090	855-895-8090	855-895-8090	855-895-8090

Specimen Information

Donor Name:	Collected:	01/30/2019 11:24:00
Donor DOB:	Received:	02/01/2019 12:02:50
Accession:	Reported:	02/04/2019 13:37:43
COC:	Donor Other ID:	
Type (Matrix): Urine	Donor Case:	
Client Code:		
Client:		
Requested By:		

Testing Results

Test	Result	Outcome	Cutoff	Notes
Chain of Custody Faults				
No Donor INITIALS on SEAL		*		
No Donor SIGNATURE on COC		*		
No COLLECTOR Signature on COC		*		
Screening Tests by IA				
URINE: Meth/Amphetamines		SEE BELOW	1000 ng/ml	
URINE: Benzodiazepines		negative	300 ng/ml	
URINE: Cocaine		negative	300 ng/ml	
URINE: Methadone		negative	300 ng/ml	
URINE: Opiates		negative	300 ng/ml	
URINE: THC		negative	50 ng/ml	
URINE: Oxycodone		negative	300 ng/ml	
URINE: Ethyl Glucuronide-ETG		negative	500 ng/ml	• ETG negative screen suggests alcohol was not consumed.
URINE: Buprenorphine/Suboxone		SEE BELOW	5 ng/ml	
URINE: Fentanyl		negative	2.0 ng/ml	
URINE: Soma/Carisoprodol		negative	100 ng/ml	
URINE: Gabapentin		negative	1000 ng/ml	
Confirmation Tests				
Meth/Amphetamine by LC/MS/MS				
URINE: Amphetamine	5510 ng/ml	**POSITIVE	500 ng/ml	
URINE: Methamphetamine	>40000 ng/ml	**POSITIVE	500 ng/ml	
Buprenorphine/Suboxone by LC/MS/MS				
URINE: Buprenorphine	464 ng/ml	**POSITIVE	5 ng/ml	
URINE: Nor-Buprenorphine	208 ng/ml	**POSITIVE	5 ng/ml	
Specimen Validity Tests				
Specimen Validity Panel				
URINE: Creatinine	139.1 mg/dl		20 mg/dl	
URINE: Basic Adulteration Check		normal		• Specimen checked for unusual color, physical characteristics and abnormal instrument response.

Additional Comments

• Testing performed at Cordant Forensic Solutions, 1760 E Route 66, P.O. Box 70000, Flagstaff, AZ 86004.

• Tests performed under CAP-FDT certification.

• Specimen received sealed and intact unless otherwise noted.

• CLIA #03D0936918, CAP-FDT #6913001

• Report Released By: AAE - B.S., Certifying Scientist.

Tests were developed and performance characteristics determined by Cordant Health Solutions™. The laboratory is regulated under CLIA as qualified to perform high-complexity testing.

Bert Toivola

Bert Toivola, PhD, Scientific Director

*** END OF REPORT ***

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Department of Child Services for Drug Testing Services and Supplies
RFP #21-2133

Cordant
Health Solutions™

Flagstaff Lab	**Denver** Lab	**Long Island** Lab	**Tacoma** Lab	**Worcester** Lab
1760 E Route 66	1701 Chambers Rd, Unit J	789 Park Avenue	2617 East L Street	415 Main Street, 4th Floor
Flagstaff, AZ 86004	Aurora, CO 80011	Huntington, NY 11743	Tacoma, WA 98421	Worcester, MA 01608
855-895-8090	855-895-8090	855-895-8090	855-895-8090	855-895-8090

Specimen Information

Donor Name: JOHN, DOE	Collected:	06/10/2019 15:30:00
Donor DOB: 01/01/1964	Received:	06/10/2019 14:41:48
Accession: 9T2000386	Reported:	06/10/2019 16:45:55
COC: FAKETEST1	Donor Other ID:	
Type (Matrix): Urine	Donor Case:	123456
Client Code: TRM		
Client: TRM, INC. NEW HIRE		
Requested By: PO SMITH		

Testing Results

Test	Result	Outcome	Cutoff	Notes
Screening Tests by IA				
URINE: Meth/Amphetamines		negative	1000 ng/ml	
URINE: Barbiturates		negative	300 ng/ml	
URINE: Benzodiazepines		negative	300 ng/ml	
URINE: Cocaine		negative	300 ng/ml	
URINE: Opiates		negative	300 ng/ml	
URINE: Propoxyphene		negative	300 ng/ml	
URINE: THC		SEE BELOW	50 ng/ml	
URINE: Ethyl Glucuronide-ETG		negative	500 ng/ml	• ETG negative screen suggests alcohol was not consumed.
Confirmation Tests				
THC by LC/MS/MS				
URINE: THC	55 ng/ml	**POSITIVE	15 ng/ml	• The THC/CREATININE ratio should decrease by half every 2 - 10 days if there has been no new use.
URINE: THC/CREAT RATIO		1.56		
Specimen Validity Tests				
Specimen Validity Panel				
URINE: Creatinine	35.2 mg/dl		20 mg/dl	
URINE: Basic Adulteration Check		normal		• Specimen checked for unusual color, physical characteristics and abnormal instrument response.

Additional Comments

- Testing performed at Cordant Forensic Solutions, 1760 E Route 66, P.O. Box 70000, Flagstaff, AZ 86004.
- Tests performed under CAP-FDT certification.
- Specimen received sealed and intact unless otherwise noted.
- Specimen placed in frozen storage for 12 months.
- CLIA #03D0936918, CAP-FDT #6913001
- Report Released By: AWB - Ph.D., Certifying Scientist.

Tests were developed and performance characteristics determined by Cordant Health Solutions™. The laboratory is regulated under CLIA as qualified to perform high-complexity testing.

Bert Toivola

Bert Toivola, PhD, Scientific Director

*** END OF REPORT ***

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