



**REQUEST FOR PROPOSAL NO. 6100057115
NURSE PEER ASSISTANCE MONITORING PROGRAM**

TECHNICAL SUBMITTAL

I-1. STATEMENT OF THE PROJECT.

- A. Objective.** The Commonwealth of Pennsylvania (Commonwealth), Department of State (Department), Bureau of Professional and Occupational Affairs (BPOA), requires the services of a contractor who is qualified, experienced, credible, unbiased and able to administer all aspects of a peer monitoring program (“Program”) to Pennsylvania licensed nurses, licensed dietitian-nutritionists, temporary practice permit holders or licensure candidates. This program will assist in the fulfillment of the BPOA’s mandate to protect the health and safety of the citizens of the Commonwealth from licensees who are unable to practice their licensed profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment.

The Pennsylvania State Board of Nursing (Board) has the statutory authority to discipline any Pennsylvania licensed nurse or licensed dietitian-nutritionist when the licensee is unable to practice nursing with reasonable skill and safety to patients by reason of mental or physical impairment. BPOA, through the Professional Health Monitoring Programs’ (PHMP) Voluntary Recovery Program (VRP) and Disciplinary Monitoring Unit (DMU), operates a monitoring program for licensed health care professionals suffering from a physical or mental impairment and drug and/or alcohol addiction.

The primary responsibility of the PHMP is to protect the citizens of the Commonwealth from unsafe practice by impaired Commonwealth-licensed practitioners. This responsibility is fulfilled through the identification and referral to appropriate treatment of such licensed professionals, and the case management and monitoring of their progress in recovery. While in the PHMP, participants must submit to random drug testing; abstain from the use of prohibited substances; comply with the recommendations made by their PHMP-approved treatment provider(s); submit to monitoring of their practice by a workplace monitor; actively attend support group meetings recommended by the PHMP approved evaluator/treatment provider; and abide by all other terms and conditions of the program and the licensing Board’s consent agreement and order.

The Contractor will coordinate with PHMP to facilitate its goals and will assist participants in adhering to the requirements of PHMP in addition to the contractor’s peer assistance program requirements.

Offeror Response

B. Definitions. Throughout this RFP, the below terms are defined as follows:

1. **Bureau of Professional and Occupational Affairs (BPOA)** – the Bureau within the Department that provides administrative, logistical, and legal support services to professional and occupational licensing boards and commissions.
2. **Department of State (DOS)** – the department within the Commonwealth of Pennsylvania issuing this RFP.
3. **Licensee** – an individual who has been issued a nursing or dietitian-nutritionist license by the State Board of Nursing.
4. **Participant** – an individual who has been enrolled in PHMP. This may be a nurse licensee, dietitian-nutritionist license, a temporary practice permit holder or a licensure candidate for a nursing license, dietitian-nutritionist license or temporary practice permit.
5. **Licensure candidate** – an individual who has submitted an application to the Board.
6. **Peer assistance program** – a program whereby members of a particular profession suffering from a physical or mental impairment, such as substance abuse or dependency, which may interfere with their job performance can obtain assistance, support, monitoring, prevention and intervention services from members of their own profession.
7. **Professional Health Monitoring Program (PHMP)** – a division of BPOA that provides a method by which professionals suffering from a physical or mental impairment, such as substance abuse or dependency, may be directed to appropriate treatment and receive monitoring to ensure that they can safely practice their licensed profession. PHMP is comprised of the Voluntary Recovery Program and the Disciplinary Monitoring Unit.
8. **Program** – the nurse peer assistance program that the Department expects to procure through this Request for Proposal.
9. **Voluntary Recovery Program (VRP)** – a voluntary, alternative to discipline program offered to eligible PA licensed health care professionals suspected of suffering from mental or physical impairment.
10. **Disciplinary Monitoring Unit (DMU)** – a program responsible for monitoring PA licensed professionals suffering from mental or physical impairments whose licenses have been formally disciplined by the PA licensing boards.
11. **Self-referral** – an individual who voluntarily contacts a program for the purpose of obtaining available services.

12. **State Board of Nursing (Board)** - the statutorily-created board charged with the duty to establish and enforce rules and regulations for the licensure and practice of professional and practical nursing and dietitian-nutritionist in the Commonwealth and provide for the examination of all licensure candidates. The Board issues licenses for professional nursing, practical nursing, and dietitian-nutritionist to persons meeting the established qualifications for licensure. The Board protects the health, safety and welfare of the public from fraudulent, incompetent, unsafe and unethical practitioners by imposing appropriate discipline.

C. Nature and Scope of the Project. The Department, through this RFP, is seeking proposals from contractors who are qualified to provide peer assistance services to impaired healthcare professionals. This RFP is in relation to the licensees under the State Board of Nursing. The contractor shall recognize its joint interests with BPOA in protecting the citizens of the Commonwealth from licensees who are unable to practice the profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment. The vendor must provide and operate a program that effectively ensures the protection of the public from unsafe nursing practice, offers impaired professionals the best opportunity for sustained recovery, manages a comprehensive recovery monitoring service, and provides applicants and licensees with peer support and advocacy services.

1. The contractor will administer a voluntary program whereby it will monitor or intervene with nurses and dietitians in Pennsylvania who, by reason of mental or physical illness, use of alcohol, drugs, narcotics, chemicals, or other type of material, are allegedly unable to practice their profession with reasonable skill and attention to the safety of patients, with the goal of getting the licensee into treatment and monitoring his/her recovery.
2. The contractor shall work in conjunction with PHMP and the Board to provide a peer assistance program for participants who are suffering from physical or mental impairment, such as substance abuse or dependency, which may interfere with their job performance. The contractor will also act as a liaison with community resources, maintain confidentiality and appropriately use constructive confrontation by colleagues.
3. The contractor is required to perform direct case management or review of all Nurse Board cases, both VRP and DMU in concert with PHMP.
4. The contractor will monitor all cases referred by PHMP according to the requirements of the Board's consent agreement and order. The following services shall be provided by the contractor in cases jointly monitored by the contractor and PHMP:
 - a. Assist in maintaining the monitoring agreement, in concert with PHMP;
 - b. Arrange for workplace monitoring;
 - c. Clinical case conferences;
 - d. Case review which includes reviewing the following reports:

- i. Evaluation and therapy/treatment reports;
 - ii. Workplace monitor reports;
 - iii. Meeting attendance reports; and
 - iv. Medical reports obtained from licensed health care practitioners who are prescribing controlled substances, mood-altering drugs, or caution legend (prescription) drugs to participants for an illness or medical condition .
 - e. Confront participants with regard to compliance issues;
 - f. Meet with participants as needed to resolve compliance or recovery issues;
 - g. Meet with PHMP representatives to review case files;
 - h. Provide quarterly written reports to PHMP on participant's status based on recovery documentation; and
 - i. Provide immediate notification to PHMP when the contractor has obtained information indicating a participant may have violated his/her consent agreement and order.
5. No individual will be enrolled in PHMP's VRP unless or until he/she had been provisionally enrolled by PHMP and has executed a Consent Agreement and Order with the Pennsylvania State Board of Nursing.
6. The contractor shall agree that PHMP is responsible for determining the actions to be taken in cases whereby evidence exists that a licensee has violated his/her consent agreement and order.

Offeror Response

I-2. QUALIFICATIONS.

- A. Contractor Qualifications.** The contractor must have specialized knowledge and experience in providing peer assistance and monitoring services to health care professionals. The contractor must also have a working knowledge of the Professional Nursing Law, 63 P.S. §§ 211 - 225.5, and the Practical Nursing Law, 63 P.S. §§ 651 - 667.8.

Offeror Response

- B. Contractor Staff Qualifications.** Describe in narrative form the number of executive and professional personnel who will be engaged in the work and indicate where these personnel will be physically located during the time they are engaged in the Project. For key personnel, program director, case managers include the employee's name, and through a resume or similar document, the Project personnel's education and any experience in peer monitoring. For the professionally licensed staff, the contractor shall indicate the license number and state of issuance. Indicate the responsibilities each individual will have in this Project and how long each has been with your company. At a minimum, contractor's proposed staff shall include at least one individual with:

1. An active Pennsylvania nursing license; and
2. A bachelor's degree (Master's degree preferred) in chemical dependency, sociology, social welfare, psychology, pharmacy, nursing, or a related field; and who shall be credentialed in addiction counseling.

Offeror Response

- C. Prior Experience.** Include experience in peer monitoring program to licensed health care professionals. Experience shown should be work done by individuals who will be assigned to this project as well as that of your company. Studies or projects referred to must be identified and the name of the customer shown, including the name, address, and telephone number of the responsible official of the customer, company, or agency who may be contacted.

Offeror Response

- D. Services Available.** List all available services that are offered to the participants enrolled in your organization's programs and the cost to the participants for those services. Use **Appendix A** to list all available services that are offered to the participant. If there is a range of costs for a service, please provide the breakdown of the costs.

Offeror Response

- E. Subcontractors.** Provide a subcontracting plan for all subcontractors, including small diverse business and small business subcontractors, who will be assigned to the Project. The selected Offeror is prohibited from subcontracting or outsourcing any part of this Project without the express written approval from the Commonwealth. Upon award of the contract resulting from this RFP, subcontractors included in the proposal submission are deemed approved. For each position included in your subcontracting plan provide:

1. Name of subcontractor;
2. Primary contact name and email;
3. Address of subcontractor;
4. Description of services to be performed;
5. Number of employees by job category assigned to this project; and
6. Resumes (if appropriate and available).

Offeror Response

- F. **Cost Submittal.** Contractors shall complete and submit **Attachment A**, Cost Submittal. No assumptions or modifications are acceptable.

Offeror Response

- G. **Contractor Statistics.** To assist the Commonwealth in evaluating the scope of services offered and the volume of individuals receiving services from the contractor, the contractor shall provide the requested statistical information on **Appendix C**.

Offeror Response

- I-3. **TRAINING.** If appropriate, indicate recommended training of agency personnel. Include agency personnel to be trained, the number to be trained, duration of the program, place of training, curricula, training materials to be used, number and frequency of sessions, and number and level of instructors.

Offeror Response

- I-4. **FINANCIAL CAPABILITY.** Describe your company's financial stability and economic capability to perform the contract requirements. The Commonwealth reserves the right to request additional information to evaluate an Offeror's financial capability.

Offeror Response

I-5. **REQUIREMENTS.**

- A. **Estimated Number of Participants the Contractor will be responsible for monitoring in concert with PHMP.** During the last five-year contract period, PHMP had approximately 750 – 900 open files on participants or potential participants whose evaluation and/or monitoring will likely be referred to the vendor awarded the contract. The contractor will be responsible for evaluating and monitoring additional participants as they are referred to PHMP throughout the contract term. The number of participants will fluctuate throughout the contract term as existing participants are released from monitoring and new participants become enrolled in the program.

1. Based on prior experience, BPOA estimates that PHMP will be referring approximately 60 - 80 individuals per month to the contractor for evaluation and/or monitoring. However, this is only an estimate. Participation in the program is optional on the part of the individual. BPOA cannot guarantee a fixed minimum or maximum number of referrals due to the fluctuation in referrals made to PHMP caused by factors beyond BPOA's control.

2. BPOA estimates that approximately 70 percent of the individuals referred to PHMP will agree to cooperate and will submit to a PHMP-approved evaluation to determine whether or not they are eligible for enrollment in the program. In PHMP's experience, an average of 40 percent of those who choose to cooperate with PHMP will be assessed with an impairment making them eligible for enrollment in the program.

Offeror Response

B. Closing Participants Files.

1. The contractor shall not close an individual's file during the evaluation phase of a PHMP referred case until such time that PHMP determines whether the individual requires monitoring and PHMP has the information necessary to initiate the monitoring of the case.
2. Should the contractor choose to close a participant's file that is being jointly monitored by the contractor and PHMP prior to PHMP closing the participant's PHMP file, the contractor shall do the following prior to closing the participant's file:
 - a. Provide both PHMP and the participant with no less than three weeks' written notification of the contractor's plan to close the participant's file and the specific reason(s) for the file closure; and
 - b. Provide PHMP with a complete electronic copy of the participant's contractor file upon notification of the decision to close the participant's file.

Offeror Response

C. Special Populations/Case Types.

1. The contractor shall specifically describe any current policies of the contractor's program related to case types/special populations of nurses or dietitians whereby the contractor will not monitor when referred by PHMP to be monitored by the contractor in conjunction with PHMP.
2. The contractor shall specifically identify any circumstances that would lead to the contractor discontinuing monitoring of a nurse or dietitian case being monitored in conjunction with PHMP prior to the Nurse Board issuing a Final Order that either dismisses and/or terminates the licensee's PHMP participation.

Offeror Response

- D. Emergency Preparedness.** To support continuity of operations during an emergency, including a pandemic, the Commonwealth needs a strategy for maintaining operations for an extended period of time. One part of this strategy is to ensure that essential contracts that provide critical business services to the Commonwealth have planned for such an emergency and put contingencies in place to provide needed goods and services.

1. Describe how you anticipate such a crisis will impact your operations.
2. Describe your emergency response continuity of operations plan. Please attach a copy of your plan, or at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness:
 - a. Employee training (describe your organization's training plan, and how frequently your plan will be shared with employees);
 - b. Identified essential business functions and key employees (within your organization) necessary to carry them out;
 - c. Contingency plans for:
 - i. How your organization will handle staffing issues when a portion of key employees are incapacitated due to illness; and
 - ii. How employees in your organization will carry out the essential functions if contagion control measures prevent them from coming to the primary workplace.
 - d. How your organization will communicate with staff and suppliers when primary communications systems are overloaded or otherwise fail, including key contacts, chain of communications (including suppliers), etc.; and
 - e. How and when your emergency plan will be tested, and if the plan will be tested by a third-party.

Offeror Response

- E. Confidentiality, Privacy, and Compliance.** The Offeror will comply with all applicable laws or regulations to the use and disclosure of information, including information that constitutes Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA). It is understood that **Appendix B**, Commonwealth of Pennsylvania Business Associate Agreement (BAA), HIPAA Compliance, is only applicable if and to the extent indicated in the Contract.

Offeror Response

- I-6. TASKS AND SERVICES.** Describe in narrative form your technical plan for accomplishing the work using the task descriptions set forth below as your reference point. Modifications of the task descriptions are permitted; however, reasons for changes should be fully explained. Indicate the number of person hours allocated to each task. Include a Program Evaluation and Review Technique (PERT) or similar type display, time related, showing each event. If more than one approach is apparent, comment on why you chose this approach. All references to the term "days" within this section shall mean business days.

Offeror Response

- A. Tasks.**

1. PHMP will notify the contractor of each participant who must be evaluated and enrolled in the program for monitoring. The contractor shall perform all tasks and services necessary for enrolling participants in the monitoring program, including, but not necessarily limited to:
 - a. Interview individuals to discuss their understanding of the referral;
 - b. Obtain detailed history from individuals of their substance use/abuse and drug and alcohol and/or mental health treatment and medical history;
 - c. Assess willingness to cooperate with evaluation and treatment recommendations;
 - d. Educate individuals on the benefits of cooperating with the contractor's program and PHMP, and, if eligible, enrolling in the program;
 - e. Arrange evaluations by providers approved by the contractor's program and/or PHMP;
 - f. Review assessment results;
 - g. Discuss assessment results and make recommendations to licensees and PHMP;
 - h. Notify PHMP of the individual's willingness to comply with recommendations;
 - i. Assure participants comply with all practice restrictions while seeking enrollment in the program;
 - j. Execute monitoring agreements for nurses or dietitians willing to enroll; and
 - k. Conduct face-to-face interviews with participants.

Offeror Response

2. The contractor shall establish a toll-free telephone number through which each participant will be able to contact the contractor. The toll-free number shall be operational upon the effective date of the contract and be accessible to the public 24 hours a day, seven days a week. The contractor shall have staff available to answer the toll-free telephone number weekdays from 8:00 AM to 5:00 PM Eastern Standard Time, excluding holidays recognized by the Commonwealth of Pennsylvania. During all other hours, the contractor shall have a confidential answering machine available for callers. In the event that a participant must leave a message, the contractor shall return the call within 24 hours or on the next business day. Where a message raises the possibility of harm or risk to the public, the telephone call shall be returned immediately and PHMP shall be notified as soon as possible. If a call of this nature is received after business hours, it shall be returned within one hour on the next business day. The contractor shall keep a log of all calls that includes the nature of the call, the response time and the resolution.

Offeror Response

3. The contractor shall establish a list of providers to refer licensees to for assessment and treatment. This list shall be available for use upon the effective date of the contract. All evaluators and treatment providers should be verified as professionally capable of diagnosing both chemical dependency/abuse and mental health impairments, or of recognizing the need for and arranging additional assessment to rule out either of these impairments if necessary. All providers must

incorporate a support group requirement as a primary element of treatment and require ongoing active and consistent involvement in those programs in the continuing care plan.

- a. The contractor shall use individuals and/or facilities to assess and/or provide treatment services to individuals referred by PHMP with the following qualifications:
 - i. Licensed physician with verified training and experience in the diagnosis and treatment of addiction; or
 - ii. Licensed psychologist with training and experience in the diagnosis and treatment of addiction; or
 - iii. An individual, or a staff member of a facility, licensed by the Division of Drug and Alcohol Program Licensure, Bureau of Community Program Licensure and Certification, Department of Drug and Alcohol Programs; or in the case of co-occurring diagnoses, the Office of Mental Health and Substance Abuse Services, Department of Public Welfare.
 - iv. Under no circumstance shall the assessment and/or treatment be performed by the following:
 1. An employee or board member of the Contractor;
 2. A provider with a contractual relationship with the Contractor;
 3. A provider with a business relationship with an employee of the Contractor; or
 4. A provider whose family member is an employee of the Contractor.

Offeror Response

4. The Contractor shall attempt to develop a statewide network of peer monitors in an effort to assign each participant enrolled in the program to a peer assistance monitor, preferably who is a licensed PA nurse. Peer assistance monitors should possess a thorough knowledge of addiction and be familiar with PHMP.

Offeror Response

5. The contractor shall execute monitoring agreements with participants who are under a consent agreement and order to be monitored by PHMP. The vendor's monitoring agreements shall include comparable terms and conditions to the Board's consent agreements and orders. A sample Consent Agreement and Order is attached hereto as **Exhibit A**. BPOA's VRP Terms and Conditions are attached hereto as **Attachment C**. Should the Board's requirements for monitoring impaired licensees change, the contractor shall adjust the monitoring agreement accordingly. As part of its proposal, the contractor shall include a sample monitoring agreement.

Offeror Response

6. The contractor shall monitor the participant's compliance with the terms and conditions of his/her consent agreement and order, in concert with PHMP, including but not limited to:
 - a. Compliance with all recommendations made by their approved evaluator/treatment provider;
 - b. Attendance at the recommended number of support group meetings;
 - c. Adherence with all abstention guidelines;
 - d. Compliance with workplace monitoring requirements; and
 - e. Compliance with drug testing requirements as directed by PHMP.

Offeror Response

7. The contractor will assist PHMP in coordinating return to licensed practice of participants enrolled in the program, including ensuring appropriate workplace monitoring of the participant's practice and compliance with the Board stipulated practice restrictions. The contractor shall agree a participant is not to return to licensed practice until PHMP provides written permission to the participant.

Offeror Response

8. Upon reasonable notice from DOS, the contractor shall meet face-to-face with PHMP and/or other DOS staff to resolve any issues which may arise. Telephone conference calls or virtual meetings, however, may be used at DOS's discretion.

Offeror Response

9. The contractor shall direct all individuals participating in the program to attend a professional support group if such a group exists in their geographical area (within 50 miles of the participant's residence). The contractor shall attempt to establish professional support groups in or near PA cities in which no current group is available.

Offeror Response

10. The contractor shall monitor, in conjunction with the PHMP, each participant's compliance with every provision of the VRP terms and conditions (**Attachment C**) for participation and the Consent Agreement and Order (**Exhibit A**).

Offeror Response

11. The contractor shall immediately notify PHMP, by email within one business day of all individuals refusing to enroll in the program or licensees suspected of violating their Consent Agreement and Order.

Offeror Response

12. The contractor shall provide to PHMP, by email within one business day any documented evidence indicating a possible violation of the Consent Agreement and Order.

Offeror Response

13. During the term of the contract, the contractor shall make required staff available to discuss cases with investigators or prosecutors to assist in the preparation and prosecution of cases and to give testimony in person in administrative or court proceedings regarding alleged violations of the Consent Agreement and Order. When requested by the Commonwealth to provide testimony in person, travel will be reimbursed in accordance with current Commonwealth Travel Policy, most recent version of Management Directive No. 230.10 which can be accessed at the following website:

<http://www.oa.state.pa.us/oac/cwp/view.asp?a=12&q+121208>

or

<http://www.state.pa.us/papower/search/Search.asp?qu=230.10>

Offeror Response

14. Within one business day of contact, the contractor shall provide individuals and facilities who suspect a nurse or dietitian is impaired with guidance in confronting the licensee and information on the mandatory reporting requirements.

Offeror Response

15. The contractor shall contact individuals who are suspected of having an impairment by telephone within one business day and in writing within five business days and provide them with information regarding the program and a referral to an approved treatment provider.

Offeror Response

16. Pursuant to Section 14.1 (f) of The Professional Nursing Law or Section 16.2 of the Practical Nurse Law, the contractor shall direct hospitals or health care facilities, peers or colleagues to make a report to BPOA in all cases whereby the facility has a mandatory reporting obligation. In cases where the contractor has evidence that a facility has failed to fulfill their mandatory reporting obligation to BPOA, the contractor shall submit to PHMP a written report identifying the name of the licensee suspected of being impaired and the name and address of the facility failing to report the nurse to BPOA within five business days of becoming aware of this occurrence.

Offeror Response

17. The contractor shall submit a written report to the PHMP within one business day of intervening in the case of, or receiving a report based on evidence that a nurse may be suffering from a physical or mental impairment, such as substance abuse or dependency, for which the nurse is not receiving treatment; provided that the nurse has given consent for such a report to be released to the PHMP. The report shall include the name and license/permit of the nurse suspected of being impaired and a summary of the events precipitating the report.

Offeror Response

18. Individuals not known to PHMP and or DOS may request peer assistance from the contractor. The contractor may provide services to these individuals but is not required to notify PHMP except as set forth below. Please note that the contractor will not be compensated by the Commonwealth for providing services to individuals not known to PHMP.

In the following instances, the contractor shall inform the individual in writing that disclosure to PHMP is a condition of participation in the contractor's program and shall thereafter refer the licensee to PHMP. Such circumstances would include, but not limited to:

- a. Individual has been charged with misdemeanor or felony level criminal charges;
- b. Individual is diagnosed as having a severe personality disorder;
- c. Individual is diagnosed with severe mental illness and appears to be impaired;
- d. Individual refuses to participate in recovery plan/monitoring agreement;
- e. Individual elects to withdraw from participation before the agreement ends;
- f. Individual leaves the Commonwealth without sufficient notification to the contractor --- known or probable relapse;
- g. Individual relapses and is unable/unwilling to participate in recovery plan/monitoring agreement recommendations;
- h. Individual's license has been disciplined in another jurisdiction; and
- i. Individuals who indicate to the Program that they may have violated the Nursing Act.

Offeror Response

19. Upon request, the contractor shall provide PHMP with a statistical report of the number of individuals enrolled in the Program including those not known to PHMP. A sample statistical report format is attached hereto as **Exhibit B**.

Offeror Response

B. Administrative Services.

1. The contractor shall initiate and maintain a complete file, in either paper or electronic format, on all individuals referred to the program and will retain copies

of all correspondence received or sent to the individual and correspondence received relating to the case. For individuals referred to the contractor's program by PHMP, the contractor shall retain the file for no less than three years from notification by PHMP of the termination from PHMP, or longer when requested by PHMP. The contractor shall develop a method to permanently retain summary information listed below, in either paper or electronic format, for a period of 20 years:

- a. Name;
- b. Social security number and license number(s);
- c. Date of initial contact;
- d. Reason for the referral, including the referral source(s);
- e. Diagnosis;
- f. Evaluator(s) and treatment provider(s);
- g. Date individual's participation in the contractor's program was terminated;
- h. Reason file was closed by the contractor;
- i. A brief summary of the individual's compliance with the recommendations of the contractor and/or the terms of their compliance with the contractor's monitoring agreement.

Offeror Response

2. Disposal of records after the record retention period must be accomplished in a confidential manner.

Offeror Response

3. The contractor shall not, without the written permission of PHMP, release or disclose any information provided to the contractor by PHMP. This includes, but is not limited to, complaint information (e.g., release complainant name and/or allegation), drug screening results, drugs PHMP screens for, or information pertaining to any investigation by BPOA. In its proposal, the contractor shall provide an explanation of its confidentiality policy and security measures.

Offeror Response

4. The Contractor shall maintain a database capable of tracking the items noted in the attached sample report and shall provide PHMP with a statistical report containing the items identified on the sample statistical report attached as **Exhibit B**.

Offeror Response

5. The contractor shall require participants to provide periodic status updates to the contractor. If the contractor requires participants submit written status reports, the contractor shall provide PHMP with copies of a participant's reports, if requested by PHMP.

Offeror Response

6. The contractor shall provide quarterly progress reports in the required format for all participants enrolled in the PHMP to PHMP. Upon request from PHMP, the contractor may be required to provide copies of the participant monthly status reports noted in Section I-5. B-4 above. PHMP may specifically request reports on a more frequent basis as needed. A sample quarterly progress report format is attached hereto as **Exhibit C**.

Offeror Response

7. The contractor shall, at the end of the contracting period or upon termination of the contract by either party, ensure that the records on file for each individual referred to the program be transferred to the new contractor/vendor in a timely fashion to ensure no interruption in services for and the monitoring of the individuals in the program.

Offeror Response

C. PHMP Functions.

1. Whenever BPOA and the contractor determine that an individual may be eligible for the PHMP's VRP, is progressing satisfactorily in the program, and poses no danger, BPOA will recommend that the Board defer public disciplinary action at that time, provided that the individual signs the Consent Agreement and Order and the contractor meets the reporting requirements.
2. If BPOA and PHMP determine that there is a problem other than, or in addition to, impairment; that the individual is not progressing satisfactorily in the program; or that the individual poses a danger, it may decide that the individual is ineligible for PHMP or may recommend disciplinary action. Whenever BPOA makes a determination that such action is required, PHMP will so notify the vendor as soon as reasonably practicable. While the individual may choose to continue with the peer assistance in this instance, the individual will no longer be included in the PHMP.
3. Whenever BPOA has reason to believe that a nurse under investigation by BPOA may be suffering from a physical or mental impairment, such as substance abuse or dependency, the PHMP will, as part of the investigation, promptly contact the contractor to ascertain whether the nurse is involved in the program.
4. Whenever PHMP determines that the contractor is involved in a case under investigation by BPOA, PHMP will request a status report from the contractor and will review the case. BPOA will continue to investigate activities with respect to nurses under investigation.

Offeror Response

I-7. REPORTS AND PROJECT CONTROL.

- A. Status Report.** An annual statistical report covering activities, problems and recommendations should be submitted to PHMP. This report should be keyed to the work plan the Offeror developed in its proposal, as amended or approved by the Issuing Office.

Offeror Response

- B. Problem Identification Report.** An “as required” report, identifying problem areas. The report should describe the problem and its impact on the overall project and on each affected task. It should list possible courses of action with advantages and disadvantages of each, and include Offeror recommendations with supporting rationale; and

Offeror Response

- C. Final Participation Report.** The Contractor shall submit a program final participant statistical report to PHMP. The selected Contractor shall work with PHMP to develop the format of this reporting.

Offeror Response

- D. Ad Hoc Reporting.** The selected Contractor shall work with PHMP to provide ad hoc reports to PHMP upon request.

Offeror Response

I-8. OBJECTIONS AND ADDITIONS TO STANDARD CONTRACT TERMS AND CONDITIONS.

The Offeror will identify which, if any, of the terms and conditions contained in the **Buyer Attachments (Attachment B)** section that it would like to negotiate and what additional terms and conditions the Offeror would like to add to the standard contract terms and conditions. The Offeror’s failure to make a submission under this paragraph will result in its waiving its right to do so later, but the Issuing Office may consider late objections and requests for additions if to do so, in the Issuing Office’s sole discretion, would be in the best interest of the Commonwealth. The Issuing Office may, in its sole discretion, accept or reject any requested changes to the standard contract terms and conditions. The Offeror shall not request changes to the other provisions of the RFP, nor shall the Offeror request to completely substitute its own terms and conditions for this RFP. All terms and conditions must appear in one integrated contract. The Issuing Office will not accept references to the Offeror’s, or any other, online guides or online terms and conditions contained in any proposal.

Regardless of any objections set out in its proposal, the Offeror must submit its proposal, including the cost proposal (**Attachment A**), on the basis of the terms and conditions set out in the **Terms and Conditions (Attachment B)** contained in the **Buyer Attachment** section. The Issuing Office will reject any proposal that is conditioned on the negotiation of the terms and conditions set out in the **Terms and Conditions** contained in the **Buyer Attachment** section or to other provisions of the RFP.

Offeror Response