



Specimen Collections 2018 - 2023

**Contractor Transition
Communication
Project No. 050B740009**

**PROGRESSIVE
PHLEBOTOMY SERVICES, LLC**

EFFECTIVE MARCH 1, 2018

**Department of Budget and Management
Office of Personnel Services**



IMPLEMENTATION CONTACTS

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Note: All agency meetings and conference calls with Progressive Phlebotomy Services (PPS) are to include the Contract Manager for the Office of Personnel Services Division or an OPS Contract Manager designee.



INTRODUCTION

Since 1992, Progressive Phlebotomy Services, LLC has been performing a variety of mobile laboratory services to include urine specimen collections for the purposes of drug testing in the workplace.

Progressive Phlebotomy Services, LLC has agreed to the terms and conditions as outlined in Invitation for Bid (IFB), issued September 21, 2017 and shall perform the scope of work requirements as outlined in the IFB.

The IFB to include attachments may be found at the below referenced location:

<http://dbm.maryland.gov/proc-contracts/Pages/contract-library/Services/Specimen-Collections-2018.aspx>



TRANSITIONING OF ROLES FROM WHITE GLOVE TO PROGRESSIVE PHLEBOTOMY SERVICES

Q: What contractor will provide collection services after February 28, 2018?

A: Progressive Phlebotomy Services

Q: Will White Glove continue processing all collections completed through and including February 28, 2018?

A: Yes. All collections through and including February 28, 2018 will be completed and sent to the States Forensic Toxicology Drug Testing Laboratory (FTDTL).

Q: Will records continue to be maintained by White Glove Drug and Alcohol?

A: Yes. All records will be retained and maintained for a minimum of five years after the last payment is made.

Q: Will agencies receive invoices from White Glove Drug and Alcohol after February 28, 2018?

A: Yes, the Contractor shall provide all invoices and supporting documentation to the Contract Manager within 45 calendar days after contract expiration. Upon approval, White Glove will submit the invoices to the Agency Technical Representative (ATR).

WHAT'S NEW?

(additions are noted in **red**, with bold and italics)

2.3.4.1 Regular Collections

The ATR shall provide a written request (email preferred) to the Contractor with an approximate number of donors scheduled for Collection Occurrences, indicating a specific Collection Occurrence site and scheduled times, at least three Business Days prior to each Collection Occurrence. At the request of the ATR, the Contractor shall schedule Collection Occurrences up to six months in advance. The Contractor shall perform all requested Collection Occurrences within twenty calendar days of the request, unless the ATR authorizes otherwise.

For 4 hour block times, agencies may schedule a maximum of 25 applicants/employees for collections. For 8 hour block times, agencies may schedule a maximum of 50 applicants/employees for collections.

2.3.4.2 Additional Regular Collections (Unscheduled); Applicable to DPSCS only

The Collector will not be required to remain at the Collection Occurrence site for more than 30 minutes beyond the pre-scheduled time frame for the Collection Occurrence to conduct the additional unscheduled Collection Occurrences.

If the ATR provides at least 24 hours advance notice of the additional Collection Occurrences and the extended time frame, the Collector may be required to remain at the Collection Occurrence site up to 60 minutes to adhere to the additional unscheduled Collection Occurrences. (Amendment #1; dated October 27, 2017)

2.3.4.3.1 Donor No Show Fee

The Contractor is permitted to charge an amount equivalent to 50% of the firm fixed unit price for a four (4) hour block and eight (8) hour block time collection specified on the Contractor's Bid Sheet for each four (4) or eight (8) hour block times for a Collection Occurrence for which a collector travels to a Collection Occurrence site but performs no block time Collection Occurrences because the scheduled donor(s) fails to appear. The block time no-show fee does not apply if the ATR provides at least 24 hours advance notice of cancellation to the Contractor. The Collector must remain on site for 15 minutes after the first scheduled block time Collection Occurrence with no Collection Occurrence occurring before a no show fee may apply. (Amendment #1; dated October 27, 2017)



WHAT'S NEW? (cont.)

(additions are noted in red, with bold and italics)

2.3.4.3.2 Contractor No Show Fee

Agencies are permitted to deduct an amount equivalent to 50% of the firm fixed unit price for a four (4) hour block and eight (8) hour block time collection specified on the Contractor's Bid Sheet for each four (4) or eight (8) hour block times for which a Collector fails to appear or arrives 15 or more minutes late for the first block time Collection Occurrence. The Collector no-show fee does not apply if the Contractor provides at least 24 hours advance notice of cancellation via email to each ATR who had block time Collection Occurrences scheduled during the cancelled Collection Occurrence. (Amendment #1; dated October 27, 2017)


2.3.4.9 Collections Scheduling

The ATR shall ensure that the collections scheduling form clearly identifies a regular individual collection or a block collection to include specifically the number of applicants/employees.

There shall be no charge applied by the Contractor or the State if the event is cancelled with less than 24 hours due to inclement weather, and the scheduled agency is also closed. There shall also be no charge applied by the Contractor or the State if the event is cancelled with less than 24 hours due to inclement weather within a specific region, and the scheduled agency within that specific region is also closed. However, if the State is granted Liberal Leave, the Contractor remains expected to provide the Collection Occurrence. (Amendment #1; dated October 27, 2017)



COLLECTION SCHEDULING



**STATE OF MARYLAND
SPECIMEN COLLECTION REQUEST FORM**

Request RCVD: (scheduler) internal use

| Agency Name: <input type="text"/> | | Agency Code: <input type="text"/> |
|---|--|---|
| Collection Site Name: <input type="text"/> | | Site Code: <input type="text"/> |
| Collection Site Address: <input type="text"/> | | |
| Preferred Date | Preferred Time | Number of Employees |
| Only select Regular or Block Time Collections NOT both | | |
| <input type="checkbox"/> 1st option <input type="text"/> (DATE) | <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="text"/> (TIME) | Regular Collections: (estimated) <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-9 <input type="checkbox"/> 10+ Block Time Collections: <input type="checkbox"/> 4 hours (25 max EMPLOYEES) QTY: <input type="text"/> <input type="checkbox"/> 8 hours (50 max EMPLOYEES) QTY: <input type="text"/> <input type="checkbox"/> DPSCS (additional 60 minutes) QTY: <input type="text"/> <div style="background-color: black; color: white; padding: 2px; font-size: small;"> additional 60 minutes/REQUIRES 24-hour notice cancellations must be provided 24-hours of confirmed schedule date </div> |
| <input type="checkbox"/> 2nd option <input type="text"/> (DATE) | <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="text"/> (TIME) | |

| | |
|---------------------------------------|--------------------------------------|
| ATR: <input type="text"/> | DATE SUBMITTED: <input type="text"/> |
| EMAIL: <input type="text"/> | PHONE: <input type="text"/> |
| ATR'S SIGNATURE: <input type="text"/> | FAX: <input type="text"/> |

Progressive Phlebotomy Services, LLC
Monday – Friday (8am to 5pm)

Contact: Dominique Purvis
 Office: (240) 825-3133 Fax: (800) 943-2987
 Email: scheduling@prophhs.com
 After Hours/Emergency: (240) 204-8177

Do Not Record In This Box: (internal use only)

Schedule Confirmation:

Date:

Time:

SCHEDULER SIGNATURE:

- Complete Agency Name, Agency Code, Collection Site Name, Site Code & Site Address;
- Specify your Preferred Date for both your 1st option and second option (where applicable);
- Specify your preferred time to correspond to the preferred dates;
- Select from either the Regular Collections option, or the Block Time Collections option;
 - Do not select from both categories.
- Complete all contact ATR information.
- Email completed form to scheduling@prophhs.com or fax form to (800)943-2987;
- You may also choose to call the automated State of Maryland designated phone line at **(240)204-8177**. The following specifics should be included in your message:
 - Department Name
 - Preferred Collection Site
 - Preferred Collection Date and Time
 - Estimated Number of Employees
 - ATR Contact information including a phone number and email address
- A PPS scheduler will send a signed Request Form as your confirmation;
- If you prefer to speak to someone directly, call the direct office number at (240)825-3133.



Collection Occurrence Sites

- The contract specifies that specimen collections will only be performed at designated Collection Occurrence sites.
- The Contractor shall have primary responsibility for assuring Collection Occurrence site requirements are maintained at all times.
- Each Collection Occurrence site must have restroom facilities that are private, clean, well lighted and sufficiently secure to prevent compromise during the collection of specimens in accordance with the Drug Testing Guidelines. The water supply inside the restroom must be turned off or secured during the Collection Occurrence.
- The Collection Occurrence site must also have a source of water external to the restroom where the collection occurs for hand-washing and a suitable, clean surface for the Collector's work area. If an external water source is not available, waterless cleanser or moist towelettes are acceptable alternatives and will be supplied by the Contractor.
- The ATR shall select a Collection Occurrence site from the designated list when scheduling the collection with the Contractor.
- The Contract Manager maintains a list of designated Collection Occurrence sites that are geographically dispersed throughout the State.
- The new Site List includes many new sites across the State. We have now added Maryland State Police Barracks in Annapolis, Frederick, Glen Burnie, North East, Perryville, Rockville and Westminster. We have also added the Maryland State Department of Education (Baltimore City), the Military Armory (Baltimore City) and the Howard County Health Department in Columbia.
- The site list will be provided to all designated ATR's and the Contractor prior to the contract start date.



State of MD Drug Testing Forms (Cont.)

STATE OF MARYLAND – DRUG TESTING PROGRAM Authorization Form for Release of Records and Information

A. Identification: This document authorizes the use and/or disclosure of confidential protected health information about the following person:

Employee/Applicant Name: [REDACTED] Social Security #: XXX-XX- [REDACTED]
Street Address: [REDACTED] Job/Pos. Easy ID# / SPS Employee ID#: [REDACTED]
City/State/Zip: [REDACTED]
Date of Birth: [REDACTED] Daytime Phone Number: ([REDACTED]) [REDACTED]

B. Directions for Release: I authorize the individual or company identified below in Section B.1b to release and/or use protected health information identified in Section B.2 pertaining to the individual listed in Section A to the individual or company identified in Section B.1a.

B.1a. I authorize the disclosure of information to:
State Personnel Services and State of Maryland Medical Review Officer
Appointing Authority (Identify) [REDACTED]
For current State Employee, current Appointing Authority [REDACTED]

B.1b. I authorize the obtaining of information from: Phamatech, Inc.
State of Maryland Medical Review Officer

B.2. Information to be released: I authorize the disclosure and/or use of any information, including medical information, laboratory results and medical opinions, relating to the specimen(s) collected from me on (specify date of collection) [REDACTED].

B.3. Purpose: I authorize the disclosure and/or use for employment purposes.

B.4. I am asking that you NOT provide any genetic information when responding to this request for medical information. Genetic information, as defined by the Genetic Information Nondiscrimination Act of 2008, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

C. Right to Revoke: I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance upon it. This authorization will expire one year after the date it is signed. To revoke the authorization, I must contact, in writing: Jennifer Hine, Director, Personnel Services, Department of Budget and Management, 301 W. Preston Street, Room 705, Baltimore, MD 21201 or via Fax at 410-333-5440.

D. Authorization and Signature: I authorize the release of my confidential protected health information, as described in my directions in Section B. I understand that this authorization is voluntary, the information to be disclosed is protected by law, and the disclosure will conform with my directions. The information that is used and/or disclosed pursuant to this authorization may be redisclosed by the recipient unless the recipient is covered by Maryland law which prohibits redisclosure or other laws limiting the use and/or disclosure of my confidential protected health information.

I have read the contents of this authorization and I confirm that the contents are consistent with my directions. I understand that by signing this form, I am authorizing the use and/or disclosure of my confidential protected health information.

Signature of Donor

Signature of Witness (ATR)

Date

Original - AGENCY ATR • Copy - EMPLOYEE • Copy - COLLECTION REPRESENTATIVE

HIPAA FORM FOR DRUG TESTING (Revised January 2016)

- All drug tests should have a State of Maryland – Drug Testing Program DT-2 or DT-4 and should always accompany an Authorization Form for the Release of Records and Information;
- If your agency does not have tri-copied forms available, have a copy available for your records, the donor and the collectors records;
- All forms can be found at <http://www.dbm.maryland.gov/employees/Pages/MedicalServices.aspx>.



State of MD Drug Testing Forms

DRUG ABUSE SCREEN - APPLICANT AUTHORIZATION 7-PANEL DRUG SCREEN THIS IS A CONFIDENTIAL DOCUMENT

| | |
|---------------------------|---------------------------------|
| Applicant's Name: _____ | Social Security #: XXX-XX-_____ |
| Classification: _____ | JobApp Easy ID #: _____ |
| Agency/Institution: _____ | Appropriation Code: _____ |

In accordance with Code of Maryland Regulation (COMAR) 17.04.09, Testing for Illegal Use of Drugs, I am directing you to submit to a urinalysis test to determine your suitability for State employment. The collection will take place as follows:

Collection Location: _____
 Collection Date: _____ Time of Collection: _____

At the time of the collection, you will be required to present positive identification in the form of a valid photo driver's license, a State-issued identification card or a State employee photo identification card.

Rhematch, Inc., 15175 Innovation Drive San Diego, CA 92128, will conduct the test, and the specimen will be screened for the following drugs:

| | | | |
|--------------|-----------------|------------------------|---------------------|
| Amphetamines | Benzodiazepines | Marijuana/Cannabinoids | Phencyclidine (PCP) |
| Barbiturates | Cocaine | Opiates | |

The test will not reveal information pertaining to any prescription and/or non-prescription drugs that are not cited above. All test results are confidential as required by applicable laws and regulations.

If you refuse to comply with this condition of employment, you will be disqualified from consideration for the position for which you applied. In addition, your name will be removed from the eligible list for all sensitive positions or positions in sensitive classifications.

IF YOUR TEST YIELDS A VERIFIED LABORATORY POSITIVE RESULT:

- The State Medical Director's Office will contact you and give you an opportunity to present information to establish a legal medical explanation for the positive result. The Office will make three attempts to contact you within 48 hours of receipt of the positive result.
- If you are currently a State employee who is applying for a position in a sensitive classification or a sensitive position, COMAR 17.04.09.03E(3)(a) requires the State Medical Director to notify your current appointing authority of a verified laboratory positive test result.
- Verified laboratory positive test results will disqualify you from State employment in sensitive positions or positions in sensitive classifications.
- You may request an independent test of a portion of the original specimen. The retest must be performed by a U.S. Department of Health and Human Services certified laboratory that has been licensed in accordance with the laws of Maryland. You will be provided a list of certified laboratories from which to make your selection. You are responsible for all costs associated with the retest.
- You have the right to appeal any action resulting from a positive test by writing to the Department of Budget and Management within five workdays of your receipt of such notification.

Agency Technical Representative: _____ Date: _____

Applicant/Applicant-Employee: _____ Date: _____

Original - AGENCY ATR • Copy - APPLICANT • Copy - COLLECTION REPRESENTATIVE

FORMMS - D72 (Revised March 2015)

CONTROLLED DANGEROUS SUBSTANCE TEST ORDER THIS IS A CONFIDENTIAL DOCUMENT

| | |
|---------------------------|---------------------------------|
| Employee's Name: _____ | Social Security #: XXX-XX-_____ |
| Classification: _____ | SPS Employee ID #: _____ |
| Agency/Institution: _____ | Appropriation Code: _____ |

In accordance with Code of Maryland Regulation (COMAR) 17.04.09, Testing for Illegal Use of Drugs, I am directing you to submit to a urinalysis test based on:

- Random
- Reasonable Suspicion
- Other (Incident Triggered)
- Other (Arrest for a Controlled Dangerous Substance Offense)
- Other (Participation in a Drug Abuse Rehabilitation Program)
- Other (Personnel Action): _____

The collection is scheduled as follows:

Location: _____
 Collection Date: _____ Time of Collection: _____

At the time of the collection, you will be required to present positive identification in the form of a valid photo driver's license, a State-issued identification card or a State employee photo identification card.

Rhematch, Inc., 15175 Innovation Drive, San Diego, CA 92128, will conduct the test, and the specimen will be screened for the following drugs:

| | | | |
|--------------|-----------------|------------------------|---------------------|
| Amphetamines | Benzodiazepines | Marijuana/Cannabinoids | Phencyclidine (PCP) |
| Barbiturates | Cocaine | Opiates | |

The test will not reveal information pertaining to any prescription and/or non-prescription drugs that are not cited above. All test results are confidential as required by applicable laws and regulations.

If you refuse to comply with this order, you may be subject to disciplinary action up to and including termination from State Service for gross and willful misconduct.

IF YOUR TEST YIELDS A VERIFIED LABORATORY POSITIVE RESULT:

- The State Medical Director's Office will contact you and give you an opportunity to present information to establish a legal medical explanation for the positive result. The Office will make three attempts to contact you within 48 hours of receipt of the positive result.
- Verified laboratory positive test results may result in disciplinary action up to and including termination from State Service for gross and willful misconduct and/or mandatory participation in a drug abuse rehabilitation program.
- You may request an independent test of a portion of the original specimen. The retest must be performed by a U.S. Department of Health and Human Services certified laboratory that has been licensed in accordance with the laws of Maryland. You will be provided a list of certified laboratories from which to make your selection. You are responsible for all costs associated with the retest.
- You have the right to appeal any action taken against you as a result of a verified laboratory positive test through the appropriate disciplinary action or grievance appeal process.

Agency Technical Representative _____ Date: _____

Employee _____ Date: _____

Original - AGENCY ATR • Copy - EMPLOYEE • Copy - COLLECTION REPRESENTATIVE

FORMMS - D74 (Revised March 2015)



Collection Requirements

- The Contractor shall ensure that the Collection Occurrence site has all necessary materials, equipment, facilities and supervision to provide collection, security, storage and transportation of specimens to the FTDTL, as specified in the Drug Testing Guidelines.
- The Contractor shall adhere strictly to the schedule established by the ATR for each Collection Occurrence. If there is a need to modify the Collection Occurrence schedule, the Contractor shall immediately advise the ATR and request a modification. If the ATR doesn't approve the modification the Contractor shall strictly adhere to the Collection Occurrence schedule established by the ATR. Any modifications to the Collection Occurrence schedule will be at the sole discretion of the ATR.
- When the State cannot dedicate a site solely for the purpose of Collection Occurrence, the location used for Collection Occurrence will be secure during Collection Occurrence operations. No unauthorized personnel shall be permitted in any part of the Collection Occurrence site where urine specimens are collected or stored.
 - When utilizing a public restroom, the Collector will place a sign indicating the restroom is closed for public use during drug testing durations.
- When the donor arrives at the Collection Occurrence site, the Contractor shall require the donor to provide acceptable photo identification. Acceptable photo identification is described as an original Driver's License, State or Federal ID or Military ID.
 - The ATR may ask for identification when completing paperwork, but this does not remove the responsibility of the Contractor to verify the donor to the paperwork.
- The donor may provide a Collection Occurrence specimen in a stall or otherwise partitioned area that allows for privacy. The Collector shall note any unusual behavior by the donor on the Control and Custody Form (CCF) and shall immediately apprise the ATR.



Collection Requirements (Cont.)

- For any issues arising during the collection, the Collector shall apprise the ATR, or back up ATR, of the issue. In any event, the Contractor shall advise the Contract Manager of any site deficiencies no later than the next business day.
- The Collector shall assure that the CCFs are completed accurately and in accordance with the Drug Testing Guidelines.
- The Collection Occurrence shall not be split into two samples. If the donor cannot provide a specimen or there is not sufficient urine in the container, the Contractor shall apprise the ATR and follow the procedure for “Insufficient Specimen” as specified in the Drug Testing Guidelines. The ATR is responsible to direct the donor to remain at the Collection Occurrence site for the required time period.
 - The Collector will then offer the donor a reasonable amount of water (not to exceed 40 ounces) in a specified 3 hour timeframe.
 - The Collector will complete a Shy Bladder Log documenting the amount of water and attempts in that 3 hour timeframe.
 - The Collector will complete the CCF and Shy Bladder Log accordingly when the specimen is provided or if the donor is unable to provide.
- The ATR or authorized agency designee shall be present onsite for the entire duration of scheduled Collection Occurrences.
 - If an ATR is unable to remain for the duration of the collection, scheduled services will be cancelled at the agency’s expense.




Collection Requirements (Cont.)

- When a direct observed Collection Occurrence is required, the Collector must be of the same gender as the donor. In such instances, the Contractor will be given advance notice of specific gender requirements and must accommodate such requests. Direct observed Collection Occurrences shall only be required with specific authorization from the ATR or the Medical Review Officer (MRO) for the conditions specified in the Drug Testing Guidelines.
- The Contractor should immediately prepare the Collection Occurrence specimen for shipment to the FTDTL. If the specimen cannot be shipped immediately, it shall be appropriately secured during temporary storage.
- State personnel (i.e. ATR or Agency Authorized designee) shall not be utilized by the Contractor's personnel to perform any of the above Collection Occurrence requirements.



CONTRACTORS SIGN IN LIST



STATE OF MARYLAND

SPECIMEN COLLECTION DONOR SIGN-IN SHEET

AGENCY CODE: _____ **SITE LOCATION:** _____

| Arrival Time | Donor's Full Name | Donor's Employee Number |
|--------------|-------------------|-------------------------|
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Date:

Time In _____ **Time Out** _____

Total # of collections sent to lab _____

Collector(s) _____

ATR SIGNATURE: _____ **Page** ____ **of** ____

- All donors will sign in on the Contractor supplied sign in sheet;
- ATR's will confirm the number of scheduled donor's to those on the sign in sheet. Upon verification, sign the completed Donor Sign In Sheet;
- The collector will provide the ATR a copy of the confirmed sign in sheet.

INVOICES

- Progressive Phlebotomy Services, LLC will submit monthly invoices for all agencies by the 8th of the following month to DBM Contract Management Unit for approval.
- Once approved by the Contract Manager, the Contractor shall invoice each agency by the 15th of the month for the prior months' services.
- Pursuant to Title 21.06.09.04, within 5 business days of receipt, the agency shall verify each line item for accuracy.
- If there is an invoice discrepancy, please notify the Contractor and DBM Contract Management Unit to request a revised invoice.
- Upon receipt of a revised invoice from the Contractor, the invoice date should reflect the new submission date.
- Pursuant to Title 21.06.09.04, once the agency has received a just and proper invoice, the agency shall submit the invoice to the Comptroller for payment within one business day.
- Each agency shall pay their invoice within 30 days of receiving a just and proper invoice.
- Pursuant to Title 21.06.09.01-06, if the invoice remains unpaid more than 45 days after a just and proper invoice is received, the State shall pay interest at the rate of 9 percent to the vendor.



FINANCIALS

The financial or as some may refer to as the “Fee Schedule” will not be posted on the public website.

To obtain a copy of Progressive Phlebotomy Services, LLC fee schedule for services, kindly submit the name, title, email, phone number and reason for request for each individual. (Reasons may include, reviews invoices for approval, approves invoices, process invoices, prepares budget, etc.).

Upon receipt, the request will be reviewed and approved by the Contract Manager and Ms. McGill will email the fee schedule directly to each individual . This process will be completed within 24 hours of each request.

PLEASE READ!!!

Please note by requesting the financials, that you are in agreement of the confidentiality of the propriety information provided by Progressive Phlebotomy Services, LLC and shall not be shared with individuals that are not State Personnel or a representative thereof that has a purpose for the associated fees outlined by Progressive Phlebotomy Services, LLC .

Betty McGill, DBM, Office of Personnel Services

betty.mcgill@maryland.gov

Thank you!