CHAPTER ONE

ELIGIBILITY AND GENERAL INFORMATION

Revised July 2007

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I. PATIENT ELIGIBILITY (ADULTS AND YOUTH)

A. The County shall allocate Community Services treatment funds according to the strategic plan in a manner that assures the best feasible access to appropriate services for INDIGENT and LOW-INCOME patients, PROVIDED, however, that access to services shall be first offered to persons within the following priority categories:

- Pregnant Women;
- Injecting Drug Users (IDUs);
- Persons infected with HIV/AIDS;
- Parents with dependent children, including Child Protective Service (CPS) referrals;
- Patients who have completed the Division of Alcohol and Substance Abuse (DASA)-funded residential treatment and have further outpatient treatment prescribed in their treatment plan.
- Treatment Expansion Patients.

1. ***Indigent Patients*** are defined as those receiving a DSHS income assistance grant (e.g., GAU, GAX, ADATSA, TANF, SSI) or medical assistance program (Categorically Needy, Medically Needy, Medical Care Services). They are usually identified by a medical coupon or Medicaid identification card. Food stamp recipients are not considered indigent patients unless they also receive one of the above grant or medical assistance programs.

2. ***Low-Income Patients*** are defined as those individuals whose gross household monthly income does not exceed the monthly income as stated in the Low Income Service Eligibility Table in Section C. Those individuals whose monthly income falls below the amount listed on the table are considered low-income. These individuals are eligible to receive services partially supported by Community Services funds.

B. All patients eligible for publicly-supported services shall be offered services supported by this Program Agreement on a first come first-serve basis, PROVIDED, however, that persons in the priority categories listed above shall be offered services as follows to be consistent with state policy and Federal Block Grant requirements.

1. Counties shall ensure that pregnant women are provided with comprehensive assessment services within 48 hours of referral and treatment services no later than seven days after the assessment has been completed. Upon request for services, "Waiting List Interim Services" must begin when comprehensive services are not immediately available.

2. Counties shall ensure that injection drug users are provided comprehensive assessment and treatment services no later than 14 days after the service has been requested. Upon request for services, "Waiting List Interim Services" must begin when comprehensive services are not immediately available.

3. Counties shall ensure that parents with dependent children are provided comprehensive assessment and treatment services no later than **90** days after the service has been requested. Upon request for services, "Waiting List Interim Services" must begin when comprehensive services are not immediately available. Dependent children are defined as children under age 18 living with the parent or through age 20 if enrolled in school and financially supported by the parent. Parents include persons who are attempting to regain custody of their children under the Department of Social and Health Services (DSHS) supervision. Parents include postpartum women for up to one-year post delivery, regardless of birth outcome, adoption or foster care placement of children.

4. Counties must give admission priority into ADATSA outpatient treatment to patients who are completing ADATSA residential treatment and are returning to their local area for continuing outpatient services.

C. Patient Financial Eligibility:

1. The County and all its approved subcontractors are authorized to determine eligibility for patients served pursuant to this Program Agreement. The following criteria must be used to determine eligibility:

   a) The eligibility is to be determined in accordance with Chapter 70.96A.100 and 180; and
   b) ADATSA patients shall meet eligibility requirements in accordance with applicable sections of 388-800 or its successor, of the Washington Administrative Code: and
   c) Patients receiving services supported by Title XIX funds must meet the eligibility requirements in accordance with the billing instructions for Chemical Dependency Title XIX Contractors.

2. The County shall ensure that all persons applying for services supported by Community Services contract funds are screened for financial eligibility. In addition, an inquiry regarding patients continued financial eligibility shall be conducted no less than once each month. Evidence of each financial screening shall be documented in individual patient records.

3. If any service defined in this Program Agreement is available free of charge from the contractor to persons who have the ability to pay, the County shall not charge DSHS for such services provided to eligible persons.

D. Fee Requirements - Low-Income Patients:

1. The County shall ensure that sliding fee schedules are adopted for use in determining the fees for low-income patients found to be eligible to receive services partially supported by Community Service funds. Sliding fee schedules shall be developed by the provider and approved by the County to be implemented in accordance with the Low-Income Service Eligibility Table that follows. Persons who have a gross monthly income (adjusted for family size) that falls below the amounts indicated on this table are eligible to receive services partially supported by funds included in this Program Agreement.

LOW INCOME SERVICE ELIGIBILITY TABLE

FAMILY SIZE	MONTHLY INCOME	ANNUAL INCOME
1	$ 2,311	$ 27,732
2	$ 3,022	$ 36,265
3	$ 3,733	$ 44,798
4	$ 4,444	$ 53,330
5	$ 5,155	$ 61,864
6	$ 5,866	$ 70,397
7	$ 6,000	$ 71,997
8	$ 6,133	$ 73,597
9	$ 6,266	$ 75,197
10	$ 6,400	$ 76,797
Each additional member add $133 for Monthly Income		

2. The County shall charge, and require subcontractors to charge, fees in accordance with fee schedule(s) to all patients receiving assessment and treatment services who are determined, through a financial screening, to be low-income. Included as low-income patients are low-income pregnant or postpartum women up to one-year post delivery; low-income patients receiving methadone services and low-income youth under twenty years of age. Low-income patients listed above may be exempted from the fee requirement if the contractor determines that the imposition of a fee to an individual will preclude the low-income patient from continuing treatment.

3. Waiting List Interim Services are exempted from this fee requirement.

4. The minimum fee per counseling visit is $2.00. The maximum fee per service visit is the actual cost of the service provided.

5. Indigent patients, as defined above (IA1), are exempt from this fee requirement.

II. SUBCONTRACTING

A. The County shall ensure any subcontract awarded under the provisions of the DASA County Program Agreement contains language that passes on all agreement requirements and conditions, including the following topics:

- Subcontracting,
- Records and reports,
- Conflict of interest,
- Treatment of assets,
- OTS Management Information System reporting,
- Nondiscrimination of employment,
- Nondiscrimination in patient services,
- Indemnification,
- Services provided in accordance with law and rule and regulation,
- Providing data and authorizing facility inspection,
- Audit requirements, including annual audits based upon Generally Accepted Auditing Principles (GAAP),
- Unallowable use of federal funds,
- Debarment and suspension certification for all Title XIX subcontractors,
- Treatment completion language,
- OMB Circular A-133 audit requirements, if applicable to subcontractor,
- Requirements outlined in the Data Sharing Arrangement in the County Program Agreement,
- Background Checks, and
- Minimum standards for urinalysis testing.

B. In any subcontract awarded by the County or subcontract in which the authority to determine service recipient eligibility is delegated to the subcontractor, such subcontract shall include:

1. A provision acceptable to DSHS that specifies how eligibility will be determined.

2. A provision acceptable to DSHS that specifies how service applicants and recipients will be informed of their right to a grievance in the case of:

   a) Denial or termination of service, and/or
   b) Failure to act upon a request for services with reasonable promptness.

3. A provision, acceptable to DSHS, that states subcontract termination shall not be grounds for a fair hearing for the service applicant or a grievance for the recipient if similar services are immediately available in the County.

C. The County shall ensure that subcontractors comply with the provisions of this section.

III. SERVICES TO ETHNIC MINORITY AND DIVERSE POPULATIONS

Counties shall provide culturally appropriate services. Services may include, but are not limited to, any of the following:

A. Services located in predominantly minority-populated areas and provided to predominantly minority individuals.

B. Services targeted at minority populations. These include ethnic-sensitive program modifications to afford minorities' culturally-appropriate services in current "non-ethnic minority" programs. Also included are culturally appropriate services for other diverse populations such as persons with disabilities; or gay, lesbian, bisexual, or transgender persons; youth; the elderly; or rural populations.

C. Services provided by minorities to minorities.

D. Services for Federally Recognized Tribes, Urban Indian Organizations, Non-Recognized Tribes, Native American Colleges, and Indian Organizations.

E. Minority-owned services.

F. Limited English speaking services and services for the deaf and hard of hearing.

IV. WAITING LIST INTERIM SERVICES

A. Waiting List Interim Services are defined as services offered to a patient denied admission due to a lack of capacity. The purposes of waiting list interim services is to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease. Waiting list interim services are provided until the patient is admitted to treatment. At a minimum, waiting list interim services must include, but are not limited to:

1. Screening to determine any acute patient needs, and to confirm patient eligibility for comprehensive services.

2. Counseling and education about HIV and tuberculosis (TB) risks of transmission and prevention measures.

3. Referral to other health services (such as HIV or TB treatment services if necessary) and social services depending on the patient.

4. For pregnant women, interim services include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

5. Periodic contacts with the patient in individual or group settings to provide supportive counseling and to provide update information regarding treatment availability.

6. Development of a service plan, which includes proposed services and target dates.

B. A waiting list interim services plan record must be opened on all persons receiving waiting list interim services. The interim services plan record must include, at a minimum:

1. An application form that includes " patient master data" consisting of the patient’s full name (last, first & middle); birth date; gender; race (including Spanish/Hispanic origin); social security number; address; and, telephone number;

2. Indication of the patient's priority group category;

3. A service plan record noting proposed treatment modalities, tentative treatment date(s); and,

4. A record of all contacts and specific referrals.

Agencies providing waiting list interim services must enter the "patient master data" into the DASA Management Information System and report ongoing contacts as service hours under "Interim Services" in the same. DSHS 04-419 (REV.10/2006) (AC 11/2006). Available at: http://www1.dshs.wa.gov/msa/forms/eforms.html

V. CHILDCARE

The County shall:

Plan, implement, monitor and evaluate the provision of childcare for the children of parents participating in substance abuse assessment and treatment activities.

A. **ELIGIBILITY**:

Childcare services shall be available and delivered to parenting patients receiving chemical dependency assessment and treatment services from contracted assessment or treatment providers and certified Native American tribal programs. Childcare may be provided for those patients while attending assessments, treatment sessions, twelve-step support groups, parenting education activities, and other supportive activities when such activities are recommended as a part of the recovery process, noted in the patient's treatment plan, and approved by the County.

B. **SERVICES**:

The County shall ensure that all parenting recipients of treatment services shall be informed that childcare services are available and offered such services while participating in treatment. Documentation regarding the offer and parent acknowledgement of such offer shall be maintained.

1. All off-site childcare services (with the exception of care provided in the child's or relative's home) shall be delivered by childcare providers licensed or certified by the Department of Early Learning in accordance with WAC 170-296.

2. Childcare provided on a treatment site shall be licensed per WAC 170-295 while the parent(s) is/are absent from the premises; i.e., the treatment services are provided at a site different from the childcare services.

3. **When on-site childcare is not available,** substance abuse assessment workers and treatment counselors shall provide the parent with information to assist the parent in making a responsible decision regarding the selection of an off-site childcare provider. The workers/counselors shall:

   a) Provide parents selecting childcare services with DSHS website for childcare information of http://www/del.wa.gov/programs/programs.shtml

   b) Supply the parent with written verification indicating the location of the childcare services, the number of hours and length of child care authorization and the payment process for the type of care selected.

   The DSHS publications are available at the DSHS Warehouse. They can be requested by e-mail at dshsfpw@dshs.wa.gov, or by fax at (360) 664-0597 or by mail to PO Box 45816 Olympia, WA 98504, or online at: http://www1.dshs.wa.gov/geninfo/pubs3.html#two

   The confidentiality of those patients utilizing childcare services shall be according to the Federal confidentiality regulation (42 CFR, Part 2). This shall include a release of information and/or qualified service organization agreement.

VI. IDENTIFICATION OF CHEMICAL DEPENDENCY TREATMENT PROVIDERS

A. DASA uses the Treatment Provider Worksheet to identify the following:

1. Outpatient agencies that will need to have Title XIX Contracts/Provider Agreements established;

2. All publicly-funded outpatient treatment agencies in order to develop a provider directory as a reference for persons requesting this information;

3. All publicly-funded outpatient treatment agencies for residential treatment agencies needing to refer residents for continuum of care treatment; and

4. All publicly-funded outpatient treatment agencies, the contracts they hold (which identifies the populations they serve), in order to establish data entry ability into the OTS Management Information System (TARGET) for these agencies.

B. The County shall submit a Treatment Provider Worksheet to the appropriate Regional Administrator (RA) for approval. The Treatment Provider Worksheet shall:

1. List each agency/subcontractor that will provide chemical dependency assessment, treatment and detoxification services in the county, including all branch facilities of each agency,

2. Identify the contract type as designated on the TPW that each agency/subcontractor and branch facility will serve;

3. Identify the date the agency/subcontractor begins or ends services through the County, and

4. Include an asterisk (*) in front of each agency and branch facility for which the County wants DASA to establish a Title XIX Provider Agreement. These are the facilities that will be contracted to provide Title XIX services to Medicaid-eligible persons.

The County shall ensure agencies, including all branch facilities, providing services or receiving a sub-contract are certified by DASA to provide the services they plan to deliver.

If the County adds or terminates a sub-contract with any agency or branch facility, the County shall submit a revised Treatment Provider Worksheet to the DASA RA identifying:

- The name of the agency or branch facility whose subcontract has been added or terminated,
- The date the subcontract was added or terminated, and

- If the sub-contract was terminated, the date notification was sent to the agency or branch facility advising them of the termination of their subcontract.

VII. TREATMENT COMPLETION PLAN AND REPORTING

Each RA shall work with the County Coordinators in their region to establish the current treatment completion baseline rate, based on the 05-07 biennium, Treatment Completion Performance, and negotiate with the County Coordinator on an acceptable and realistic expectation concerning an incremental improvement of that rate.

VIII. DEFINITION AND UTILIZATION OF CASE MANAGEMENT

A. What are Case Management Services?

1. **Case Management – General**

   Costs incurred for clients assessed as needing treatment to provide case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. This does not include treatment planning activities required in WAC 388-805.

   Case management services are services provided by a Chemical Dependency Professional (CDP), CDP Trainee, or person under the clinical supervision of a CDP who will assist clients in gaining access to needed medical, social, educations, and other services. This does not include direct treatment services in this sub-element.

2. **Case Management, PPW**

   Costs incurred for clients assessed as needing treatment to provide case planning, case consultation and referral services, and other support services for pregnant and parenting women for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. This does not include treatment planning activities required in WAC 388-805.

   Case management services are services provided by a CDP, CDP Trainee, or person under the clinical supervision of a CDP who will assist clients in gaining access to needed medical, social, educations, and other services. Does not include direct treatment services in this sub-element.

3. **Case Management, Youth**

   Costs incurred for clients assessed as needing treatment to provide case planning, case consultation and referral services, and other support services for youth for the purpose of engaging and retaining clients in

treatment or maintaining clients in treatment. This does not include treatment planning activities required in WAC 388-805.

Case management services are services provided by a Chemical CDP, CDP Trainee, or person under the clinical supervision of a CDP who will assist clients in gaining access to needed medical, social, education, and other services. Does not include direct treatment services in this sub-element.

B. What are the provider qualifications to provide Case Management services?

1. **Non Medicaid Case Management**

   Case management services, being billed under the County contract, must be provided by a Chemical Dependency Professionals (CDPs), CDP Trainee, or under the clinical supervision of a CDP.

2. **Medicaid Case Management**

   Case management services being billed under a Medicaid contract, must be provided by a Chemical Dependency Professionals (CDPs) or CDP Trainee.

C. What are the requirements for billing for Case Management Services?

1. Written documentation in the patient's case file giving date, duration, and referral information of each contact. Contractor must maintain files and forms to document case management activities and services received, and record in TARGET using form #DSHS 04-418 (REV. 10/2006). Available on the web-site: http://www1.dshs.wa.gov/msa/forms/eforms.html

2. Referrals for service must include contact information of other agencies that are involved in providing services to the person.

3. Required release(s) of information in the case file, and

4. Documentation of the outcome of case management services.

D. What are the limitations for billing for Case Management Services?

Contractors cannot bill for case management under the following situations:

1. If a pregnant woman is receiving maternity case management services under the First Steps Program,

2. If a person is receiving HIV/AIDS Case Management Services through the Department of Health,

3. If a youth is in foster care through the Division of Children and Family Services (DCFS),

4. If a youth is on parole in a non-residential setting and under Juvenile Rehabilitation Administration (JRA) supervision. Youth served under the CDDA program are not under JRA supervision, and

5. If a person is receiving case management services through any other funding source from any other system (i.e. Mental Health, Children's Administration, and Juvenile Rehabilitation). For Medicaid billings, youth in foster care through the DCFS are receiving case management services through DCFS.

E. Contractors cannot bill for Case Management for the following activities:

1. Outreach activities,
2. Services for people in residential treatment,
3. Time spent by a CDP reviewing a CDP Trainee's file notes and signing off on them,
4. Time spent on internal staffing, and
5. Time spent on writing treatment compliance notes and monthly progress reports to the court,

F. Maximum time limitations

Case Management Services are limited to a maximum of five (5) hours per month per patient.

Exceptions to the five-hour limitation may be granted on an individual basis based on the clinical needs of the individual patient. The County shall be responsible for monitoring and granting exceptions to the five-hour limit, and the DASA RA will monitor this exception process. Exceptions may not be granted to Medicaid-billed services.

IX. DATA COLLECTION

Federal regulations and state law require that DASA maintain a data system that will report on all chemical dependency services to all other patients that are publicly-funded. DASA uses the Treatment and Assessment Report Generation Tool (TARGET) system to meet this mandate.

A. The process for entering data into TARGET:

All agencies providing publicly-funded alcohol/drug or problem gambling treatment in the State of Washington are required by contract to report such services into TARGET. Reporting agencies collect and report patient specific information at Assessment, Admission and Discharge in addition to treatment and other supportive activities. The information is submitted by the agency to DASA through encoded secure Internet transmission.

The information collected at assessment and admission are virtually identical with a different objective; i.e. the objective of the assessment is to determine if a patient has a chemical dependency problem while the objective of the admission is to establish baseline information about a patient when they enter treatment. The baseline questions are reviewed and updated at discharge in order to show relative changes, which occur during treatment.

B. How the information about patients is safeguarded:

Patient personal information such as social security number, birth date, gender, and ethnic background information are protected by law from any unauthorized access and disclosure. All staff are required to adhere to the strict procedures outlined in 42 Code of Federal Regulations Part 2 (Federal Regulation). This federal regulation prohibits the release of any information identifying anyone as receiving or having received services for an alcohol and/or drug problem without the specific written consent of the patient involved. The federal regulations also state that the collection of a person's Social Security Number (SSN) can only be done on a voluntary basis unless the program is providing income assistance. ADATSA is the income assistance program that DASA administers, and, therefore, the only patients that can be required to submit their SSN's are ADATSA patients. All staff are charged with the responsibility of ensuring that such information is kept confidential and made available to staff and other approved individuals only on a need-to-know basis.

The regulations are quite specific about accessing information in situations where the patient's written permission is not required and those situations are quite limited. The only allowed exceptions are:

1. Medical personnel may access identifying information if they are dealing with a life-threatening situation.

2. An accepted researcher may also use the information to conduct research. Accepted means a researcher whose specific project has been reviewed and approved by an authorized Human Subjects Review Board.

3. The information can be used for specific audit and evaluation of contracted programs by an agency providing direct funding for a treatment program.

4. The information can be used by state and federal agencies conducting Medicaid or Title XIX service audits.

5. The information may be accessed by the courts through a very specific form of court order signed by a judge. A standard court order or subpoena is not sufficient to access this information.

C. How this information about patients is safeguarded specifically from other state agencies and the rest of DSHS:

   The data is stored in computers located in the DASA offices. The computers are located in a locked facility in a locked unmarked room. All data is maintained on machines that require double log-ins and passwords. Only OTS Information Technology (IT) staff has access to this computer room. Access to any patient identifying information in the data system is limited to those programs that put the information on the patient into the system and to those state or county staff that have a legal need to know the specific information.

   No information that identifies an individual patient is shared with any other agency (county, state federal or other) unless the request is specifically approved in writing by the patient or the sharing meets one of the exceptions described in the previous section. All DASA staff are required to sign an Oath of Confidentiality that states specifically the prohibitions in the federal law and indicates the criminal penalties for violations.

X. BACKGROUND CHECKS

All County staff, subcontractors or volunteers who have unsupervised access to children or vulnerable adults are required to have a background check. CBC These requirements are listed in RCW 43.20A.710, RCW 43.43.832, RCW 74.34, and RCW 71A.10.020. All persons convicted of crimes listed in RCW 43.43.830 through RCW 43.43.842 are prohibited from having access to patients. Unsuper-vised access is defined in RCW 43.43.830(9).

DASA provides a Background Check Resource Guide that contains information and guidance to assist in meeting the requirements of RCWs and WACs related to background checks. This guide can be accessed through the Washington State Alcohol/Drug Clearinghouse. Available at:
http://www1.dshs.wa.gov/dasa/services/certification/agencycertification.shtml

XI. URINALYSIS TESTING STANDARDS AND PROTOCOLS

When using DASA funding to pay for the testing the County shall use the following standards and protocols, as minimum requirements, when contracting for urinalysis testing services with testing laboratories:

A. The Contractor must maintain current laboratory certifications with Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) or other national laboratory certification body.

B. All testing shall be done by approved screening tests and meet all forensic standards for certified laboratories. The use of “Instant Test Kits” is allowed only as a screen and must be confirmed if the screen is positive.

C. Gas Chromatography/Mass Spectrometry (GC/MS) must automatically confirm all positive screens, with the exception of methadone. For individuals on methadone, an immunoassay-screening reagent that detects EDDP (methadone) may be utilized.

D. For Opiate Substitution Treatment Programs (OSTP) require a minimum of a five panel screens plus adulterants including Creatinine. Cocaine, Methadone, Opiates, Methamphetamine and Benzodiazepines must be included in the five-panel screen.

E. Minimum testing needs for OSTP programs require the following five panel screens plus adulterants including Creatinine.

   - Amphetamine/methamphetamine - 1000 ng/mL
   - Benzodiazepines - 200 ng/mL
   - Cocaine - 300 ng/mL
   - Methadone 300 ng/mL
   - Opiates - 300 ng/mL

F. Cocaine, Methadone and Opiates must be included in the five-panel screen. Programs may substitute up to two other drugs, including THC, in the five-panel screen for documented clinical purposes. Confirmation Cutoffs:

   - Amphetamine/Methamphetamine – 500ng/ml
   - MDMA – 250 ng/mL
   - Benzodiazepines: - 200 ng/ml
     - Nordiazepam
     - Oxazepam
     - Temezepam
     - Lorazepam
     - Clonazepam
     - Aprazolam
   - Cocaine met. (Benzoylecgonine) – 150 ng/ml
   - Methadone – 100 ng/ml
   - EDDP – 25 ng/ml

- Opiates:
  - Morphine – 300 ng/ml
  - Codeine – 300 ng/ml
  - 6-acetylmorphine – 10 ng/ml
  - Hydromorphone – 300 ng/ml
  - Oxycodone – 300 ng/ml

G. Opiate positive screens must be confirmed for codeine, morphine, hydrocodone, hydromorphone, oxycodone, and 6-acetylmorphine.

H. Benzodiazepine positive screens must be confirmed for nordiazepam, oxazepam, temazepam, lorazepam, clonazepam, and alprazolam.

I. Outpatient and Residential Treatment programs require a minimum of a four panel screens plus adulterants including creatinine, with established confirmation cutoff.

- Amphetamine/methamphetamine - 1000 ng/ml
- Cocaine - 300 ng/ml
- Opiates - 300 ng/ml
- Cannabinoid (THC) at 50 ng/ml; all positive screens quantitated

All positive screens must be confirmed by GC/MS.

Confirmation Cutoffs:

- Amphetamine/Methamphetamine - 500 ng/ml
- MDMA/MDA - 250 ng/ml
- Cocaine met. (Benzoylecgonine) - 150 ng/ml
- Opiates:
  - Morphine - 300 ng/ml
  - Codeine - 300 ng/mL
  - 6-acetylmorphine - 10 ng/ml
  - Hydrcodone - 300 ng/m:
  - Hydromorphone - 300 ng/ml
  - Oxycodone - 300 ng/ml
- THC:
  - Carboxy-THC - 15 ng/ml

J. Alcohol testing should be part of the drug testing panel only when the donor is suspect by odor or overt behavior.

K. Agencies using the service should be able to request substitute combinations of the panel screens at the same unit price.

L. Contractors shall appropriately retain positive samples for a period of no less than six months or other agreed timelines with agency, after the results have been reported to the agency using the service.

M. Contractors shall be required to provide a secure chain of custody for handling and processing of specimens. All forms used for specimens shall meet chain of custody requirements for users to be in compliance to a court of law.

N. Contractors shall have “Test Result Reporting” policies and procedures that are timely and meet the needs of the agency using the service. For all programs, all results communicated other than with original written report will be confirmed by mailing original to agency location within five working days.

O. Contractors shall provide all necessary supplies for sample collection and transportation of specimens. All locations that have an average pickup of at least five samples per pickup will receive courier service. Schedules for regular pickups will be established according to the individual location needs. For locations, which require courier service, specimens will be picked up Monday through Friday during normal agency working hours or via lock boxes after hours. All other samples will be submitted via prepaid next day delivery mailers. Mailers will conform to any applicable laws and regulations.

P. Contractors shall provide training and ongoing technical assistance to agencies regarding all requirements for successful collections, proper storage, chain of custody information, preparation of sample and other needed methodology for effective administration of UA technology.