



Enforcement, Investigation, and Intervention Committee (EIIC)

Committee Meeting Materials

BRN - EIIC Meeting | July 16, 2024

Enforcement, Intervention, and Investigation Committee July 16, 2024

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Agenda Item 3.0

Review and Vote on Whether to Approve Previous Meeting Minutes: October 26, 2022

BRN - EIC Meeting | July 16, 2024

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
ENFORCEMENT INTERVENTION COMMITTEE
MEETING MINUTES**

Date: October 26, 2022

09:01 **Start Time:** 09:01

Location: **NOTE:** Pursuant to the provisions of Government Code section 11133 a physical meeting location was not provided.

The Enforcement Intervention Committee of the Board of Registered Nursing held a public meeting via a teleconference platform.

Wednesday, October 26, 2022 - 09:01 am - 09:33 am Committee Meeting

09:01 **9.0 Call to Order/Roll Call/Establishment of a Quorum**
Patricia Wynne, Chairperson, called the meeting to order at 09:01 am. All members present, except Elizabeth Woods. Quorum established at 09:03 am.

EIC Committee Members: Patricia Wynne, Esq., Public Member - Chairperson
Dr. Mary Fagan, Ph.D., R.N., NEA-BC, Nurse Services Administration Member
Elizabeth A. Woods, RN, FNP, MSN, Advanced Practice Member
Roi David Lollar, Public Member

Absent Member: Elizabeth A. Woods

BRN Staff Representatives: Shannon Johnson, Chief of Enforcement Division
Loretta Melby, RN, BSN, MSN, Executive Officer (EO)
Reza Pejuhesh, DCA Legal Attorney

09:04 **9.1 Public Comment for Items Not on the Agenda; Items for Future Agendas**

Public Comment for Agenda Item

9.1: Sarah Giron, CRNA, Kaiser – Concerns with expedition of licensure to obtain employment in the state. She knows of an out of state practitioner with 28 years’ experience who does not have a microbiology class with lab because it did not exist when she went to school and cannot get licensed. She asks that this issue be put on a future agenda. There are 40 CRNA vacancies at Kaiser and they cannot get people licensed. Loretta Melby asked the commenter to send her an email with concerns and provided her email address.

09:08

9.2 Review and Vote on Whether to Approve Previous Meeting Minutes

9.2.1 June 23, 2022

Committee

Discussion: No comments or questions.

Motion: Patricia Wynne to accept EIC meeting minutes from June 23, 2022 and allow BRN staff to make non-substantive changes to correct name misspellings and/or typos that may be discovered in the document.

Second: Mary Fagan

Public Comment for Agenda Item

9.2.1: No public comment.

Vote:

	PW	MF	EW	RL
	Y	Y	AB	Y
Key: Yes: Y No: N Abstain: A Absent for Vote: AB				

Motion Passed

5-minute recess from 9:11 am to 9:15 am

Loretta Melby, Executive Officer, explained that the reason the Nursing Practice Committee did not begin at 9 am and the Enforcement Intervention Committee was moved up is that the Nursing Practice Chair is not in attendance and staff are reaching out to her. She asked if there was any public comment regarding this change.

Mary Adorno – Asked if the reordering of the agenda will be available in the other committees. She also asked if there is an ETA when the Nursing Practice Committee will begin. Loretta Melby said public comment will be available and the Nursing Practice Committee should begin around 9:30 am.

09:19

9.3 Information only: Enforcement and Investigation Update

Presented by: Shannon Johnson

Committee

Discussion: Patricia Wynne said this is a very complete report for a newcomer. She asked how recruitment is done for the Intervention Evaluation Committees. Shannon Johnson explained the methods used by enforcement to recruit for vacant positions.

Public Comment for Agenda Item

9.3: Merry – Nurse Practitioner who works for the Department of Health in Los Angeles, SEIU and California Association of Nurse Practitioners

(CANP). She had a question about transition to practice requirements and the Office of Professional Examination Services (OPES) presentation on the Education Licensing Committee (ELC) agenda. Loretta Melby let the commenter know this is not the right agenda item and the commenter will return at that time.

09:27

9.4

Discussion and possible action regarding appointment of Intervention Evaluation Committee Members

Presented by: Shannon Johnson

Name	Member Type	IEC Location	Appointment Type	Term Expiration
Dean Rischel, PhD	Public	2	New Appointment	30-Jun-26
Jhonna Porter, RN	Nurse	3	New Appointment	30-Jun-26
James Luzano, MD	Physician	3	New Appointment	30-Jun-26
Gia Gittleson, RN	Nurse	4	New Appointment	30-Jun-25
Randolph Holmes, MD	Physician	4	New Appointment	30-Jun-26
Judy Speak, RN	Nurse	6	New Appointment	30-Jun-26
Richard Skaff, PhD	Public	6	New Appointment	30-Jun-26
Julius Musenze, MD	Physician	6	New Appointment	30-Jun-26
Andrew Berger, PhD	Public	7	New Appointment	30-Jun-25
Joseph Ortiz, PhD	Public	9	New Appointment	30-Jun-26
David Liu, MD	Physician	9	New Appointment	30-Jun-26
Bradley Webster, RN	Nurse	10	New Appointment	30-Jun-24
Victoria Pon Tell, RN	Nurse	10	New Appointment	30-Jun-25
Maureen Gatt, PhD	Public	10	New Appointment	30-Jun-26
Uzo Ogbodo, RN	Nurse	12	New Appointment	30-Sep-25
Martha Sparling, RN	Nurse	12	New Appointment	30-Jun-25
Valerie Milner, MFT	Public	12	New Appointment	30-Jun-23

Committee Discussion:

Mary Fagan asked about proposed members having a conflict of interest and the question on the application being unclear. Shannon Johnson agreed that the question is unclear, and they are working to make changes to the form.

**Public Comment
for Agenda Item**

9.4: No public comments.

Motion: Patricia Wynne to recommend appointment of the proposed IEC members as listed in the meeting materials.

Second: David Lollar

Vote:

	PW	MF	EW	RL
Vote	Y	Y	AB	Y
Key: Yes: Y No: N Abstain: A Absent for Vote: AB				

Motion Passed

09:33

9.5

Adjournment

Patricia Wynne, Chairperson, adjourned the meeting at 09:33 am.

Submitted by:

Accepted by:

Shannon Johnson
Chief of Enforcement Division
Enforcement Intervention Committee
California Board of Registered Nursing

Patricia Wynne, Esq.
Chairperson
Enforcement Intervention Committee
California Board of Registered Nursing



Agenda Item 4.0

Information Only: Overview and Comparison of Intervention Program and Probation

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BOARD OF REGISTERED NURSING
Enforcement, Investigation, and Intervention Committee
Agenda Item Summary

AGENDA ITEM: 4.0

DATE: July 16, 2024

ACTION REQUESTED: Overview and comparison of Intervention Program and probation

REQUESTED BY: Patricia Wynne, Esq., Chairperson

BACKGROUND: The California Board of Registered Nursing (Board) offers a confidential Intervention Program (IP) as an alternative to traditional discipline for registered nurses (RNs) that qualify based on a substance use disorder and/or mental health issues. This agenda item, at the prior request of the Board, will provide an overview and comparison of both programs including, but not limited to, criteria for acceptance or denial, successful completion, terms of each program (including drug/alcohol testing), courses, treatment, employment, public awareness, associated fees, length of each program and milestones, and the number of licensees in each.

The governing statutes for the IP can be found at: [Business and Professions Code section 2700 through 2770.14](#). RNs accepted into the IP are required to comply with conditions of the recovery recommended by Intervention Evaluation Committees. When a participant successfully completes the IP, their license is restored without restrictions, information about their participation in the IP remains confidential, and records related to their participation in the program are ultimately purged.

The Board also conducts monitoring of RNs placed on probation through the administrative adjudication process for a violation(s) of the Nursing Practice Act. The terms of probation can be found in the Board's [Recommended Guidelines for Disciplinary Orders and Conditions of Probation](#). RNs placed on probation are required to comply with the specific conditions identified in their discipline order. When a licensee on probation successfully completes the term of probation, their license is restored without restrictions; however, the accusation and final order remain a matter of public record indefinitely.

NEXT STEPS: To be determined

PERSON TO CONTACT: Shannon Johnson, Enforcement Division Chief
(916) 515-5265

4.0

Overview and Comparison of Intervention Program and Probation



Component	Intervention	Reference/Cost	Probation	Reference/Cost
Confidential	Yes	BPC 2770.12	No	Publicly posted
Cease Practice	Yes	During the initial exam as well as violations, per Uniform Standards	Yes	Violations, per Disciplinary Guidelines and Uniform Standards
License status	Yes	Agree to inactivate license until approved to return to work	Yes	Must keep license in active status per Disciplinary Guideline
License suspension	No	No authority	Yes	Suspension of license may be added as a condition of probation
Reporting	Yes	Required to check in monthly to Maximus	Yes	Shall appear in person at interviews/meetings as directed by the Board
Modifications	Yes	Request modification through IEC	Yes	Formal petition process
Early Termination	No	Request completion through IEC	Yes	Formal petition process
Cost Recovery	No	Cost of case investigation is only Ordered in a disciplinary case	Yes	All costs associated with the investigation
Program Administrative Fee	Yes	BRN pays the program administration fee	No	There is not a fee for probation ¹¹

Component	Intervention	Reference/Cost	Probation	Reference/Cost
Initial Clinical Exam	Yes	Initial exam is paid by Maximus	Yes	Initial exam is paid by probationer
Treatment	Yes	Participant paid - May include inpatient, outpatient, aftercare	Yes	Probationer paid - May include inpatient, outpatient, aftercare
Therapy	Yes	Participant paid - May include inpatient, outpatient, aftercare, therapy, etc.	Yes	Probationer paid - May include inpatient, outpatient, aftercare, therapy, etc.
Drug Testing	Yes	Required in treatment plans	Yes	Ordered per Disciplinary Guidelines
Nurse Support Group Attendance	Yes	Required in treatment plans	Yes	Ordered per Disciplinary Guidelines
Community Based Group Attendance	Yes	Required in treatment plans	Yes	Ordered per Disciplinary Guidelines
Sponsor/Sponsor equivalent	Yes	Required in treatment plans	No	Not required ¹²

Component	Intervention	Reference/Cost	Probation	Reference/Cost
Employment	Yes	Recommended by IEC	Yes	Ordered per Disciplinary Guidelines
Approval	Yes	Approved by Clinical Case Manager	Yes	Shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse.
Supervision	Yes	Recommended by IEC	Yes	Maximum, Moderate, Minimum
Limitations	Yes	Recommended by IEC	Yes	Ordered per Disciplinary Guidelines
Reporting	Yes	Recommended by IEC	Yes	Ordered per Disciplinary Guidelines
Courses	Yes	Recommended by IEC	Yes	Ordered per Disciplinary Guidelines

Testing Cost – Current Participants

Based on calendar year

	2021	2022	2023
Average	\$3,075	\$3,748	\$3,486
Lowest cost	\$2,432	\$2,970	\$1,620
Highest cost	\$6,787	\$4,782	\$4,476

Note: This represents Vault costs only.





Agenda Item 5.0

Information Only: Discussion regarding issues surrounding Intervention Evaluation Committees (IECs) and IEC meetings (including but not limited to discussion of: IEC member vacancy and recruitment; frequency, length, legal requirements, logistics, etc. of IEC meetings; assignment of IEC participants to IECs; etc.)

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BOARD OF REGISTERED NURSING
Enforcement, Investigation and Intervention Committee
Agenda Item Summary

AGENDA ITEM: 5.0

DATE: July 16, 2024

ACTION REQUESTED: Discussion regarding issues surrounding Intervention Evaluation Committees (IECs) and IEC meetings (including but not limited to discussion of: IEC member vacancy and recruitment; frequency, length, legal requirements, logistics, etc. of IEC meetings; assignment of IEC participants to IECs; etc.)

REQUESTED BY: Patricia Wynne, Esq., Chairperson

BACKGROUND: The governing statutes of the California Board of Registered Nursing (Board) Intervention Program (IP) can be found at [Business and Professions Code section 2770 through 2770.14](#). The IECs hold meetings to discuss and make recommendations regarding IP participants to the Board's staff program manager. The IECs have a critical role in the Board's IP.

This agenda item will discuss the structure of the committees, how IEC member appointments are managed, including but not limited to, term limits, qualifications, turnover, recruitment efforts, vacancy rates, meeting overview and structure, frequency, participant distribution, and the law that supports this.

NEXT STEPS: To be determined

PERSON TO CONTACT: Shannon Johnson, Enforcement Division Chief
(916) 515-5265

5.0

Information Only: Discussion regarding issues surrounding Intervention Evaluation Committees (IECs) and IEC meetings (including but not limited to discussion of: IEC member vacancy and recruitment; frequency, length, legal requirements, logistics, etc. of IEC meetings; assignment of IEC participants to IECs; etc.)



IEC Composition

Three RNs, holding active California licenses, who have demonstrated expertise in the field of chemical dependency or psychiatric nursing.

One physician, holding an active California license, who specializes in the diagnosis and treatment of addictive diseases or mental illness.

One public member who is knowledgeable in the field of chemical dependency or mental illness.



Term limits

- Committee members are appointed to a term of four (4) years.
- There is a grace period after term expiration for up to the sooner of one year or until a successor is appointed.
- Members may serve up to two consecutive full terms.
- It shall require a majority vote of the BRN Board Members to appoint a person to a committee. Each appointment shall be at the pleasure of the board for a term not to exceed four years.



Roles and Responsibilities

Committee Responsibilities

Each committee shall have the following duties and responsibilities:

- To evaluate those registered nurses (RN) who request participation in the program and to make recommendations.
- To review and designate those treatment services needed for recovery
- To receive and review information concerning RN participants
- To consider if participants may with safety continue or resume the practice of nursing.
- To call meetings as necessary and to consider reports regarding RNs participating in a program.
- **To make recommendations to the program manager regarding the terms and conditions for each participant, including treatment, supervision, and monitoring requirements.**



Meeting logistics

- 9 IEC's
 - 241 participants
 - Meeting quarterly
- Case redistribution
 - Eliminate 2 day meetings
 - Eliminate backlog of IEC review
- Meeting locations
 - DCA locations
 - IT capabilities





Agenda Item 6.0

Information Only: Discussion regarding the Maximus clinical case manager (CCM) turn-over and vacancy rates; roles and responsibilities of the CCM and compliance monitor; protocols for returning Intervention Program participants' (IPP) calls; the assignment of IPPs to the IECs; and testing site locations and challenges

BRN - EIIC Meeting | July 16, 2024

BOARD OF REGISTERED NURSING
Enforcement, Investigations, Intervention Committee
Agenda Item Summary

AGENDA ITEM: 6.0

DATE: July 16, 2024

ACTION REQUESTED: Discussion regarding the Maximus clinical case manager (CCM) turn-over and vacancy rates; roles and responsibilities of the CCM and compliance monitor; protocols for returning Intervention Program participants' (IPP) calls, the assignment of IPPs to the IECs; and testing site locations and challenges.

REQUESTED BY: Patricia Wynne, Esq., Chairperson

BACKGROUND: Maximus CCM roles and responsibilities, turn-over and vacancies rates:

Maximus reports that their current organizational structure allows for 4.5 full-time equivalent (FTE) positions for Clinical Case Managers (CCMs) and 4 FTE positions for Compliance Monitors (CM) and that they currently have no vacancies for either role. Since January 2023 (17 months), 3 CCMs and 3 CMs have left their role at Maximus.

CCMs manage participants through their period of participation in the Intervention Program (IP) by monitoring overall program compliance, oversight of recovery activities, recommendations for treatment, and serve as a liaison with the Board of Registered Nursing (Board). Maximus conducts intake assessments to evaluate the participant's status, monthly telephonic contact to review overall compliance with program requirements, recovery progress, and prepares summary reports for the Intervention Evaluation Committee (IEC) review.

The CMs manage the documentation of the participant's compliance. The CMs evaluate information submitted by treatment providers, facilities, participants, and labs to monitor the participant's progress and compliance with the Program Agreement. Additionally, they review the data in the History and Profile (H&P) reports to ensure accuracy prior to submission to the Program Director. Finally, the CMs address any issue that may come up where analysis or additional review is required.

CCM and CM Ratio:

The CCM who is monitoring the participants in the IP and attending the Board's IEC meetings must be registered nurses licensed in California. Maximus must specify the staff qualifications and the ratio of staff to applicants and participants directly involved in monitoring participant compliance. The ratio of participants to a CCM shall not exceed one hundred thirty (130) cases. In addition, no individual CCM's caseload shall exceed one hundred (100) cases without a full time CM dedicated to that CCM. During times of recruitment to fill a vacant position, the caseload of the CCM or CM may be distributed to the remaining CCMs or CMs while a replacement is recruited and trained. Also, Maximus' Program Director may take temporary caseload assignment during this time. Maximus must use all reasonable efforts to fill vacant positions promptly.

CM protocols for returning IP participant's calls:

Maximus must maintain a toll-free telephone number solely dedicated to the IP participants and others seeking consultative services or crisis intervention. This telephone access must be twenty-four (24) hours a day, seven (7) days a week and the caller must be able to speak to a staff who is knowledgeable about the Intervention Program and the Board specifics. A CCM is assigned each day to receive in crisis calls situations within 5 minutes of the initial call. This CCM must be trained in crisis management as well as substance abuse and/or mental illness. Finally, Maximus must have a staff between 8 am to 5 pm PST, Monday through Friday at their California headquarters.

Intervention Evaluation Committee Meetings and Participant Review Meetings:

Maximus will participate in interviewing IEC applicants upon request. The initial IEC meeting must occur within three (3) months of the initial contact unless otherwise approved by the Board. The ratio of applicants and participants to IECs may not exceed forty (40) applicants/participants per IEC unless otherwise approved by the Board. The IECs meet once every three (3) months, or as needed, determined by the Board. Meetings are generally one day unless additional days are needed, as determined by the Board. The agenda is limited to 17 participants each day, and the agenda is arranged by the CCM to spread the intensity of the need(s) of the participant, participants who are in relapse or having difficulties, participants being seen for routine check in, new applicants, and successful completions.

Testing site locations and challenges:

Random drug testing shall be based on a random selection system that can generate customized test frequencies to accommodate the varied needs of the participants. Drug tests are scheduled by computer on an annual basis, and the frequency can be updated if the testing requirement for a participant changes. The participants are required to contact the testing notification system daily to ascertain if a test is required that day. The participant must call-in with sufficient time to be tested on that day if selected. If a test is required, the participant is required to be present for testing prior to the collection site's closure for that day unless otherwise specified in the Recovery Agreement.

There are currently 373 collection sites throughout California, with forty-nine (49) of the fifty-eight (58) counties having collection site(s). The following nine (9) counties do not have any testing sites: Alpine, Calaveras, Colusa, Glenn, Lassen, Mariposa, Modoc, Mono, and Sierra.

Other challenges associated with the random drug testing and limited testing sites are some sites are closed on weekends and holidays, availability of same gender collector(s), long wait times at testing sites, costs to the participants, and the constraints associated with registered nurses working 12-hour shifts.

NEXT STEPS:

To be determined

PERSON TO CONTACT:

Shannon Johnson, Enforcement Division Chief
(916) 515-5265

Enforcement, Investigations, and Intervention
Committee Meeting
Presentation by Maximus
July 16, 2024

1. Maximus Clinical Case Manager (CCM)

- Role & Responsibilities
- Turnover & Vacancy Rates

2. Maximus Compliance Monitor

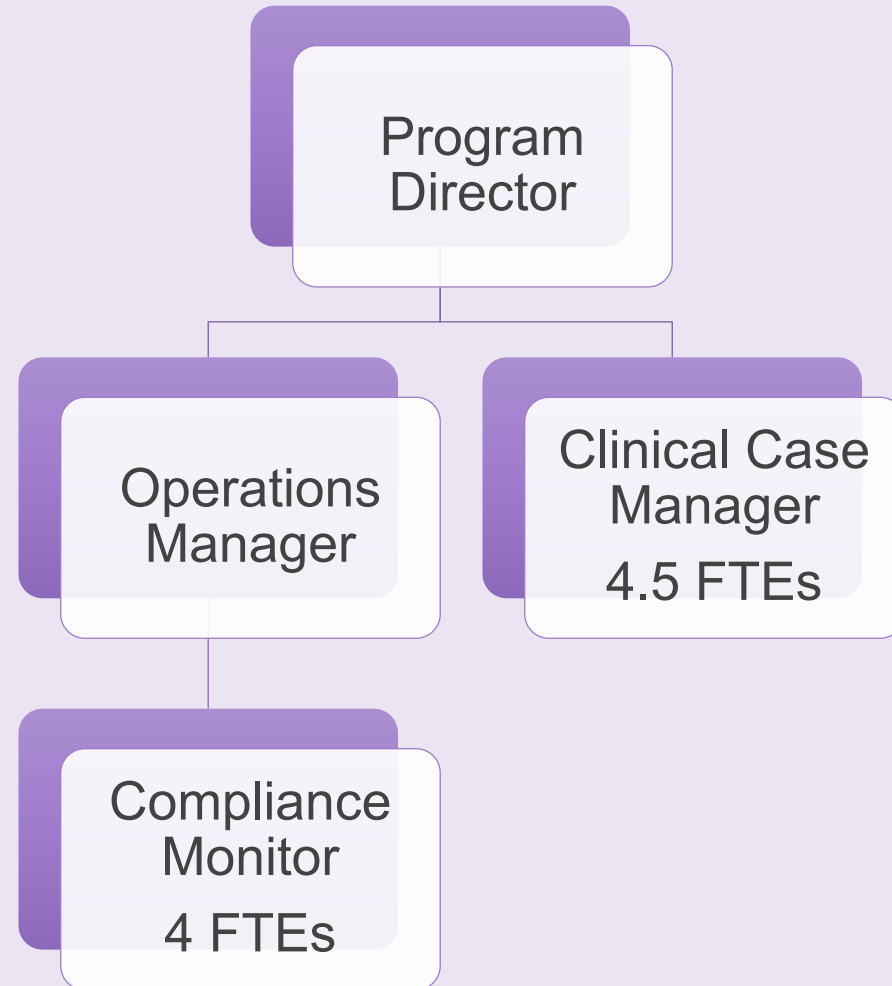
- Role & Responsibilities
- Turnover & Vacancy Rates

3. Protocols for returning Intervention Program participants' (IPP) calls

4. Assignment of IPPs to IECs

5. Testing site locations and challenges

Organizational Structure



Maximus Clinical Case Manager (CCM)

Current
Vacancies
0

Role & Responsibilities

- Manages participants through their period of participation in the Program by monitoring overall program compliance, oversight of recovery activities, recommendations for treatment, and liaison with the Board.
- Conducts remote, telephonic assessment and reassessments of healthcare professional licensees to evaluate their status, overall compliance with program requirements, and progress in recovery.
- Contacts the participant, the appropriate Board/Committee (or their designee) or treatment providers, facilities and labs in response to participant non-compliance with the Program Agreement.
- Meets with applicant/participant telephonically weekly until seen by Review Committee, and monthly thereafter, to review compliance and progress in recovery.
- Responds to incoming calls on the toll-free line, as needed, and after-hour, weekend, and holiday calls on a rotating basis with other Program staff.

• Turnover & Vacancy Rates

Month	CCM	CM	Total FTE
Jan-23		1	12.6
Feb-23		1	12.6
Mar-23			11.6
Apr-23			11.6
May-23	1		11.3
Jun-23			11.3
Jul-23			12
Aug-23			12
Sep-23		1	12.5
Oct-23			12.5
Nov-23			12.5
Dec-23			12.5
Jan-24			12.5
Feb-24	1		12.5
Mar-24			11.5
Apr-24			12.5
May-24			12.5
Jun-24	1		12.5

Maximus Compliance Monitor

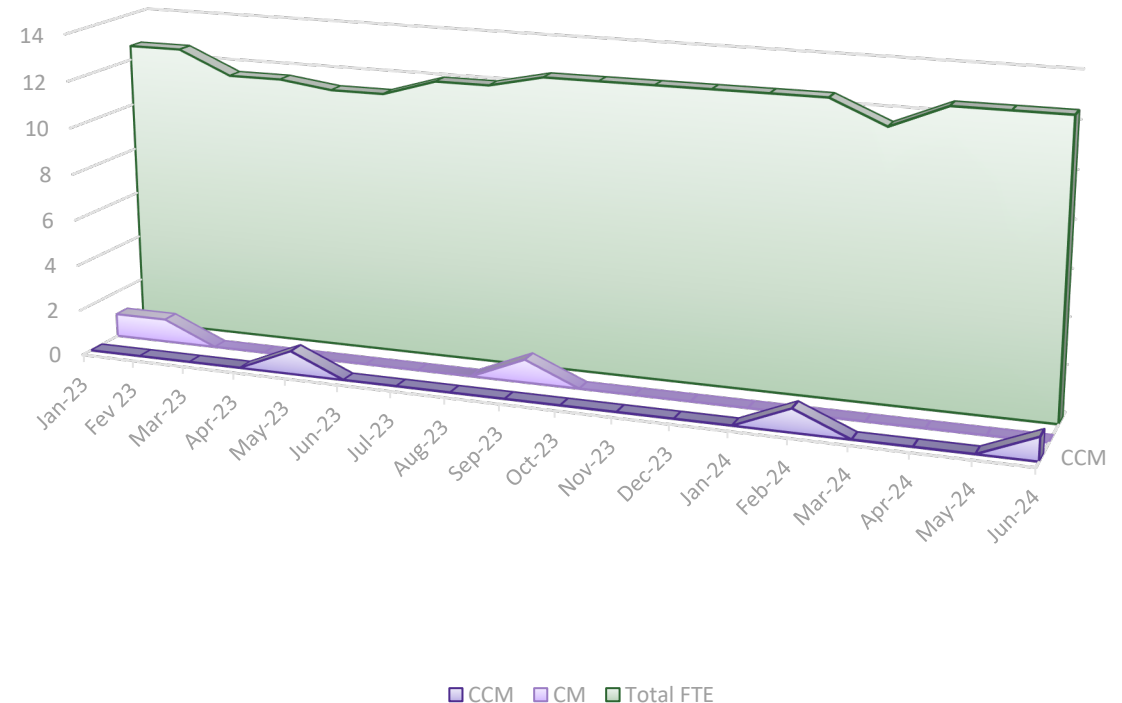
Current Vacancies
0

Role & Responsibilities

- Evaluates incoming information submitted by treatment providers, facilities, participants, and labs to monitor participant's progress and compliance with the Program Agreement.
- Reviews data in the History and Profile (H&P) reports to ensure accuracy prior to submission to Program Director
- Works on issues where analysis of situation and of data requires review of relevant factors
- Engages in quality assurance monitoring and evaluation for the Program

• Turnover & Vacancy Rates

Vacancy and FTE Count



How Participants Are Assigned to IECs



1. Analyze

- Participant's Home Address
- Location of Committee Meetings
- Total Enrollment in IEC (up to 40)
- Number of Pts Scheduled for Next Meeting Agenda



2. Identify

- Appropriate IEC based on Analysis of meeting availability
 - Completion of Clinical Assessment and recommendations of assessor regarding treatment








3. Streamline

- Schedule Participant to next IEC meeting that meets location and availability criteria and is within 3 months of intake






Protocols for Returning Intervention Program participants' (IPP) calls

- Contractor shall have a person staffed between 8 am to 5 pm PST, Monday through Friday
- Contractor shall provide and maintain a toll-free telephone number solely dedicated to the Recovery Program participants and others seeking consultative services or crisis intervention.
- Calls shall be answered by a skilled live person. Access shall be provided twenty-four (24) hours a day, seven (7) days a week and shall be staffed with live operators knowledgeable about the Recovery Program and the specifics of each Board.
- Contractor shall maintain a call log of all persons contacting the program seeking information regarding the program, status of the call, and previous or current program history.
- Administrative Assistant or Compliance Monitor responds during Business Hours, if not able, calls route to Answering Service.
- Answering Service staff are trained by Maximus Program Director on Substance Use Disorder, Recovery, HIPAA, the Recovery Program, and how to triage calls.
- Aamcom scripts are reviewed annually
- Maximus and Aamcom leadership meet monthly regarding QA scores and to discuss any issues.

Maximus Protocol for Managing Calls Mon-Fri 8AM-5PM

 Business Hours	<ul style="list-style-type: none">Administrative Assistant answers incoming calls. If away, Compliance Monitors provide coverage, if not available, calls route to Answering Service (Aamcom)
 Urgent Call	<ul style="list-style-type: none">Calls are triaged, and if urgent, are routed to assigned CCM, if is not available, then to on-call Case Manager
 Routine Monthly or Weekly Check-in	<ul style="list-style-type: none">If CCM is available, call is routed to CCM, if not, call is placed in call log. Participant is notified that they are considered to be compliant for attempting the check in. Compliance Monitor may assist with check-in calls.
 Specific Request	<ul style="list-style-type: none">If specific request, call is routed to CCM if available, if not, case note placed in caller's file and linked to CCM's call log.
 Call Response	<ul style="list-style-type: none">Part time CCMs help to respond to calls when CCMs' caseload is impacted.

Maximus Protocol for Managing Calls After Hours

 After Hours, Holidays	<ul style="list-style-type: none">• Calls route to Answering Service-Aamcom
 Call Triage	<ul style="list-style-type: none">• Calls are triaged, are routed to on-call Case Manager. If no answer, and no response in 20 minutes, second attempt. If no response, call is routed to Program Director. If no response, call is routed to Operations Manager.
 Level I, II or III	<ul style="list-style-type: none">• Level I is Urgent/Emergent, (risk to safety or recovery, injury, Hospitalization)• Immediate transfer
 Specific Request	<ul style="list-style-type: none">• Level II is Important (lab testing issue, new medication, new diagnosis, medical issue, missing support group)• Requires transfer to on-call CCM
 Call Response	<ul style="list-style-type: none">• Level III is routine (check-in, simple question, documentation)• Hold for office in AM.• Calls are faxed to office, distributed to assigned CCM by Admin in the morning

Testing Site Locations and Challenges

Contractual Language

- The collection sites shall be located within fifty (50) miles from the participant's address of record or worksite unless approved by the RPM. If a laboratory is utilized for drug testing, it should be open at least five (5) days a week during normal business hours (8 a.m. - 5 p.m., Monday - Friday).
- If the labs are not open on weekends for testing, the Contractor must utilize field staff to perform observed testing on the weekends when necessary.
- Should a work schedule conflict prevent a participant from going to his or her regular testing site, the participant can call the Contractor and request an alternate site. The Contractor shall assist the participant in locating a testing site in the area he or she is located. The participant is responsible for allowing enough time to test before the end of the day.
- Under no circumstances shall the Contractor or subcontractor give permission to a participant to abstain from testing unless approved by the RPM, EC, or EC Consultant.

Issues and Concerns, Mitigation

- Field collectors are available, but at a high cost to participants.
- Video collection using oral fluid testing has become an option in the past year
- Video collection of blood spot for Peth testing is also available

Please Note: Maximus does not receive any payment, in any form, for the completion of drug testing.

Collection Sites for Random Drug Testing

- ***Collection Site Locations***

- 373 Total collection sites in California
- 49 of 58 Counties have collection sites available
- 9 Counties do not have collection sites
 - Alpine
 - Calaveras
 - Colusa
 - Glenn
 - Lassen
 - Mariposa
 - Modoc
 - Mono
 - Sierra

- ***Collection Site Challenges***

- Remote locations
- Sites closed on weekends and Holidays
- Same-Gender collector not always on duty at time of collection
- Participants working 7a to 7p shifts
- Cost of field collectors is very high
- Collector errors on forms and during procedures
- Long waits at collection sites resulting in voiding before time of collection, then needing to drink to produce specimen