INDIANA PROFESSIONALS RECOVERY PROGRAM

Indiana State Nurses Assistance Program (ISNAP)

Participant Handbook

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INTRODUCTION

Welcome to the Indiana Professionals Recovery Program (IPRP), a monitoring program designed to support your recovery from substance use disorder (SUD). Parkdale Aftercare has contracted with the Indiana Professional Licensing Agency (IPLA) to administer the rehabilitation program, the Indiana State Nurses Assistance Program (ISNAP), for the state. Historically, many medical professionals have successfully managed their SUD while maintaining their medical professional licenses because of their participation in ISNAP.

The IPRP participant handbook was developed to assist you in understanding the various requirements of your participation in this state-legislated monitoring program. A portion of every Indiana medical professional license renewal fee goes to support the administrative and monitoring costs of this program; however, **treatment and drug screen costs are your financial responsibility**.

When a professional self-reports to IPRP, participation may not be made public or reported to the appropriate board of the healthcare professional without an appropriate release of information (ROI). This is a real asset to you and your career. If the Indiana board acts against your license and mandates your involvement with IPRP as a result, or if the board disciplines your license following case closure due to noncompliance, the board action becomes public knowledge. It is also important to note reporting to the Indiana State Board of Nursing and/or the Office of the Indiana Attorney General is dependent upon your compliance in the program.

According to IC 25-23-1-31 section (g) The board designated rehabilitation program (ISNAP) shall:

(1) immediately report to the board the name and results of any contact or investigation concerning an impaired registered nurse or licensed practical nurse who the program believes constitutes a certain, immediate, and impending danger to either the public or the impaired registered nurse or licensed practical nurse; and

(2) in a timely fashion report to the board an impaired registered nurse or licensed practical nurse:

  (A) who refuses to cooperate with the program;

  (B) who refuses to submit to treatment; or

  (C) whose impairment is not substantially or significantly alleviated through treatment, as determined by accepted medical standards.

According to 848 IAC 7-1-6 section (e) ISNAP:

(1) shall report to the board the name and license number of a nurse that has failed to comply with the provisions of the rehabilitation and monitoring program and the circumstances surrounding the failure to comply;

(2) may release information to the board or to the consumer protection division of the office of the attorney general in compliance with:

(A) IC 25-23-1-31; and

(B) all applicable state and federal confidentiality laws and regulations.

TIP: Immediately start a file folder to organize all your IPRP materials. You can include this participant handbook, your recovery monitoring agreement (RMA), copies of the forms you submit to IPRP, and receipts for your drug tests. **Remember to make a copy of every document relevant to your case for your own use. We will refer to this as your Recovery Portfolio.**

TIP: Whenever you have questions about your monitoring program, write them down and contact us. We look forward to supporting you in your recovery and to your return to a safe medical professional practice!

PARTICIPANT RIGHTS

As a participant in the program, you have the right:

1. To be treated with dignity and respect.
2. To refuse to participate in any or all the components of the program operated by ISNAP for the State of Indiana; however, to do so may result in a formal report to the Indiana Office of the Attorney General and/or the Indiana Professional Licensing Agency (IPLA), the Indiana State Board of Nursing (BON), or the Indiana State Board of Pharmacy.

PARTICIPANT RESPONSIBILITIES

As a participant in the program, you have the responsibility:

1. To comply with the recommendations of the clinical team as well as the recommendations of the treatment provider in consultation with the ISNAP Clinical Case Manager (CCM).
2. To comply with the terms of the Recovery Monitoring Agreement (RMA) up to and including any addendums as well.
3. To take care of any financial obligations related to your monitoring, toxicology testing, and treatment.
4. To be courteous to all ISNAP staff. Participants who are discourteous to ISNAP staff will be staffed by the clinical team and/or sent back before their professional board.

MONITORING PROCESS

IPRP is designed to facilitate your recovery from a SUD in a supportive and non-punitive manner and to allow you to return to work as a safe and productive healthcare professional. To monitor and support your recovery, IPRP has established a process designed to communicate clear expectations for you and anyone involved in your RMA.

The RMA is a crucial part of your monitoring and recovery process. **The RMA is a mutual understanding between you and IPRP.** The purpose of the RMA is to describe the specific conditions of your monitoring. It is essential that you comply **with all terms and conditions** of the RMA, and you must ensure all other individuals supporting your recovery mentioned in the RMA (such as your Addiction Provider, Sponsor, Therapist, Psychiatrist, and/or Work Site Monitor) have a copy of your RMA. Once these individuals have a copy of your RMA and read it, they should understand their obligations to support your monitoring and recovery process. If they have any questions, please contact your CCM immediately.

Your monitoring in IPRP is determined by a review of your comprehensive evaluation, assessments, and staffed by IPRP's clinical team which includes all of the CCMs, the Program Director, and the Medical Director. If you have established and documented recovery work done prior to IPRP, you may notify your CCM and send in supporting documentation.

The conditions written in your RMA are determined following a review of your comprehensive assessment and evaluation by IPRP's clinical team. Each condition will support your establishment of a solid recovery foundation. Compliance with the requirements of your RMA is key to your recovery and your ability to return to work safely and unimpaired as a healthcare professional.

TIP: Refer to your RMA often. If you have any questions about any of the specific conditions contained within your RMA, call IPRP.

RELEASE OF INFORMATION

A Release of Information (ROI) is your consent for IPRP to share information with a third party and is an important component of your monitoring program. The IPRP staff must be able to communicate with all the individuals who are supporting your recovery and your safe return to work as a nurse. These individuals can include your therapist with whom you are in treatment. It may also include your addiction treatment provider, your sponsor, and worksite monitor. In addition, ROIs will be obtained for Affinity, Witham Laboratory, LabCorp, the Indiana Professional Licensing Agency, and the Office of the Indiana Attorney General. The consent to release information to the Indiana Professional Licensing Agency and the Office of the Indiana Attorney General will not be used unless you were referred to IPRP via the Attorney General's office or the board of nursing, **or if you become non-compliant with the terms of your RMA.** You will be required to sign a new ROI if the individuals involved in your RMA change (e.g., new worksite monitor, new sponsor, new therapist). **If you do not complete all the required releases of information, you will not be eligible for an assessment and monitoring. Your case may be closed and referred to the appropriate professional board or the Indiana Office of the Indiana Attorney General.**

If there are any changes in your therapist, addiction treatment provider, sponsor, or worksite monitor, then you will be required to complete a new release of information within seventy-two (72) hours of your first appointment, shift, or meeting.

EMPLOYMENT

Compliance with your IPRP RMA enhances your safe return to work as a healthcare professional. **Any employment for which you use your professional license or any employment in a healthcare setting, must be pre-approved by IPRP. This includes volunteer, part-time, prn, and fulltime work.**

LIMITATIONS ON EMPLOYMENT:

Depending upon your individual circumstances, certain conditions may be placed upon your return to employment. These conditions may include your total hours of work per week, the shifts you work, restriction of access to narcotics, and work setting. These conditions are intended to support your recovery as well as promote patient safety.

RETURNING TO WORK

As you prepare to pursue work, do the following:

1. Please refer to your RMA and verify whether you are required to complete a return-to-work assessment or not.
2. If applicable, a return-to-work assessment must be completed before you may begin looking for work. You may obtain the return-to-work assessment form from your CCM

and have the form completed in its entirety by an MD Board Certified in Addiction Medicine, Psychologist, Psychiatrist, or a Board-Certified Psychiatric Nurse Practitioner. The return-to-work assessment must be returned to the IPRP/ISNAP CCM for review by the Medical Director and Program Director. Once this is completed, you will then receive a letter containing guidelines you must follow to return-to-work. **When you go for your interview, make sure you talk with your prospective employer about your involvement with IPRP**.

3. If a return-to-work assessment is <u>not</u> required per your RMA, you will need to contact your CCM immediately to inform them of a possible new employer. **When you go for your interview, make sure you talk with your prospective employer about your involvement with IPRP**.

4. You will be required to complete a release of information for the employer and give your CCM your new worksite monitor's full name, phone number, and email address.

5. You will also be required to give your new worksite monitor a copy of your RMA and have them review it, sign it, and your employer will need to send your RMA directly back to your CCM.

6. As appropriate, talk with your therapist, addiction MD, and nurse support group about returning to work.

REGARDING ANY CHANGES IN WORK:

<u>If you anticipate or wish to change any of the conditions of your work, you must contact IPRP immediately.</u> This applies to changes in hours, shifts worked, your identified worksite monitor, your place of employment, and the lifting of a narcotics restriction.

NARCOTICS RESTRICTION

Some participants may receive a narcotics restriction. Depending on the length of a participant's narcotics restriction, the length requirement must be met at the same employer for the entirety of the narcotics restriction. The narcotics restriction begins when you are employed as a healthcare professional in a healthcare setting. To have the narcotics restriction lifted, you must complete the length of the narcotics restriction at the same employer and submit support letters from your sponsor, therapist, and worksite monitor to your CCM for review. The letters from your therapist and worksite monitor need to be on official letterhead and contain their physical signatures. Your CCM will also audit your file to verify compliance with the program and your RMA. The narcotics restriction will not be lifted until your CCM has sent you written approval via an addendum.

Remember: You must have IPRP approval BEFORE any return to employment, changes in employment, or changes in working conditions.

ELIGIBILITY CRITERIA FOR NURSES PRESCRIBED MEDICATIONS, INCLUDING MEDICATION TO TREAT OPIOID USE DISORDER (OUD)

Purpose:

To establish criteria for admission to and participation of nurses in the Indiana State Nurses Assistance Program (ISNAP) who are taking medication, including but not limited to: medication to treat OUD (including buprenorphine, buprenorphine/naloxone combination, or methadone), Adderall or other stimulants, benzodiazepines, or other mood-altering medications.

Qualified Prescriber:

A qualified prescriber is a health care practitioner who may prescribe medication to treat opioid use disorder or other medication to treat disability, as applicable under state and federal law. The following are examples of practitioners considered qualified prescribers:

1. A medical doctor (MD) certified in Addiction Medicine
2. A Board-Certified Psychiatrist
3. A Board-Certified Psychiatric Nurse Practitioner

Policy:

ISNAP will not refuse to enroll, limit the participation of, penalize, or otherwise discriminate against individuals with disabilities, including individuals with OUD, because such individuals use medications prescribed by a licensed practitioner as part of a medically necessary treatment plan.

The use of buprenorphine, buprenorphine/naloxone combination, methadone, stimulant medication, benzodiazepines, or other medication related to disability shall not be the basis for denying admission into ISNAP or for termination from ISNAP provided that the following criteria have been met:

1. The qualified prescriber will provide to ISNAP a quarterly provider report that documents the following: proof that the qualified prescriber issued a prescription for the medication, and the licensee's compliance with the medication provider's instructions, including taking the medication as directed as demonstrated through toxicology screening results, where appropriate as determined by the qualified prescriber.

2. Prescriptions are filled at one pharmacy chosen by the licensee or qualified prescriber.

3. Multiple prescribers for one medication are not allowed.

4. Licensee agrees to immediately inform their ISNAP Clinical Case Manager if any changes are made by a qualified prescriber or there are any changes in dosages or medications.
5. Licensee will sign releases of information for each qualified prescriber. If the qualified

prescriber changes, the licensee will be required to complete a new release of information within seventy-two (72) hours of their first appointment.

6. Licensee agrees to submit copies of prescriptions, letters, and reports from their qualified prescribers.

7. Licensee agrees to submit proof that they have either discontinued use of the medication prior to resuming nursing practice or obtained medical clearance by their qualified prescriber to resume safe nursing practice while continuing to take the medication.

8. The licensee will maintain compliance with the terms of their RMA, including random drug testing.

9. If a Return-to-Work Assessment is required, the licensee agrees to obtain the Return-to-Work Assessment from their ISNAP Clinical Case Manager and have the form filled out in its entirety. The Return-to-Work Assessment can be completed by a member of the participant's treatment team, including their Qualified Prescriber. The Return-to-Work Assessment must be returned to the ISNAP Clinical Case Manager for review by the Medical Director and Program Director.

OTHER MOOD-ALTERING AND CONTROLLED SUBSTANCES

Participants must refrain from eating or drinking any products containing alcohol, as well as, any over-the-counter medication containing any amount or kind of alcohol, ephedrine or diphenhydramine, certain herbal compounds, THC, or any other products that may cause them to produce a positive urine drug screen to remain in compliance with IPRP. **In addition, all forms of CBD Oil are prohibited even if the label states the product is "THC Free." Kombucha Tea, Kratom, Whippets, Delta 8 and Delta 10 cartridges, poppy seeds, hand sanitizer, mouth wash nor the use of Vanilla Extract will be accepted as an excuse for a positive urine drug screen.** A positive UDS may invoke consequences, including but not limited to, re-assessment by treatment provider, increased UDS frequency, an extension of the RMA, required attendance at a relapse-prevention group, dismissal from the program, or other requirements.

You will also need to refrain from the use of any over the counter (OTC) medications which contain ephedrine, alcohol, or Benadryl compounds. (Always make sure you read the labels of any medication or supplement you use and **obtain approval from IPRP before use** by completing individual prescription submissions through Affinity for your CCM to review.

INSPECT

Participant hereby authorizes IPRP to access any and all of participants' information through the Indiana Prescription Monitoring Program. This information obtained through an INSPECT report may be used to confirm written or verbal attestations made by participants related to his/her use of prescription drug usage and to ensure accurate reporting of participants' status to the applicable licensing board. The INSPECT reports may be obtained by a prescriber delegate at the request of and supervision of a registered prescriber. This information will still be subject to all applicable state and federal safeguards regarding the sharing of the information.

USE OF CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT

Pain is a significant issue for anyone. Pain in a person with an abuse or a dependency diagnosis requires special considerations. If you are experiencing significant and acute pain, you deserve pain relief. However, those medications should only be prescribed by your attending physician who, when appropriate, is in consultation with your Addiction Physician. This is to ensure that the medication is as safe as it can be for your recovery.

If you are hospitalized or otherwise require any medical or dental treatment resulting in the prescribing of any mood-altering medication, you will immediately report this event to IPRP and your treatment provider(s) via written and verbal communication. You will immediately send supporting documentation (i.e., discharge summary and/or prescriptions) to your IPRP CCM within 3 days or within 72 hours. You are required to upload any prescriptions you are taking into your Spectrum 360 app under the prescription tab. Further, you understand you may be removed from work if it is determined the positive test result is not due to ingestion of documented prescription medication and you must have a negative drug screen result on file before you may be allowed to return to work.

It is essential that you inform IPRP immediately of any potential situations where you may be prescribed a controlled substance (i.e., dental surgery) and of any emergency situations where you were prescribed a controlled substance (i.e., accident, injury). You must send IPRP a copy of the prescription and a copy of the physician's report, including the record of medications ordered. Most importantly, IPRP may require you to be off work for a period of 24 hours after medication use or until it is determined that you are safe to return to work.

If you experience chronic pain due to an injury or a debilitating disease process, this is an issue that will need to be addressed. IPRP's clinical team, along with your Addiction Physician and other physicians, will consult on this issue.

A requirement of your RMA is to inform your Addiction Physician and IPRP of all your prescribed medications as well as all over-the-counter medications. Some over-the-counter medications, including vitamins and herbs, may affect the results of your drug screens. In addition, some food

and beverage supplements could affect your drug screens, and you should consult with your Witham Labs or IPRP before use. IPRP recommends that you avoid salad dressing and foods containing poppy seeds. If you have further questions, contact your CCM before starting the medication.

REPORTS

MONTHLY REPORTS

You are required to send or to ensure that reports are sent to IPRP in a regular and timely fashion as part of your Recovery Monitoring Agreement. Your self-help meeting logs and/or Nurse Support Group (NSG) meeting logs are due to IPRP via Affinity by the 10th day of the following month (for example, February monthly reports are due by March 10).

TIP: Also, to assist you in this process, **there is an online tutorial available**. To open the tutorial, log in to the Affinity system, then **click on the My Learning tab**. Then **click on the red flash symbol** on the right side of the screen beside Managing Your Reports.

QUARTERLY REPORTS

Your quarterly self-report, sponsor report, worksite monitor report, addiction physician report, psychiatrist report, and therapist report (if you are in therapy/continuing care) are due January 10th, April 10th, July 10th, and October 10th. It is your responsibility to ensure that all reports are submitted to IPRP when they are due. Your therapist, worksite monitor, addiction physician, psychiatrist, and sponsor will need to send your reports directly to your CCM. The therapist, worksite monitor, psychiatrist, addiction physician, and sponsor report must be received directly from said individuals. These reports will NOT be accepted from participants. **It is your responsibility to ensure that all reports are submitted to IPRP when they are due.**

Quarterly reports will be due four times per year. Please be aware that the frequency of your therapy sessions will be determined by your therapist. *This does not mean that you are only required to attend four therapy sessions per year*

If a release of information is not on file for the person who is completing the report, the report will not be accepted until a release of information is completed.

TIPS:

- Put your first and last name on all the reports sent to IPRP.
- Make copies of all reports sent to IPRP (this will provide you with back-up copies if loss occurs.)
- Check periodically with IPRP to ensure your reports have been received.
- If your sponsor, therapist, psychiatrist, or addiction physician is unable to send in your

reports in a timely manner, you may need to consider finding someone who is willing to complete these reports and send them in in a timely fashion.

DRUG TESTING

Randomized urine drug screens are an important aspect of monitoring for all IPRP participants. Drug testing is done randomly for two reasons: to deter the use of prohibited mood-altering or controlled substances and to detect use. **Your frequency of drug testing will vary as a result of changes in employment status, relapse, and/or progress through the monitoring program.**

Randomization and Toxicology Procedures:

1. Each licensee will have a randomized schedule for drug screens to ensure that the screens are valid.
2. UDS records will be kept private in accord with HIPAA regulations by IPRP. IPRP will discontinue working with any collection site or lab that violates HIPAA regulations.
3. The initial frequency of drug screens required will be determined by the clinical team. The initial frequency will be determined using the following criteria:
    a. Licensees who are unemployed and/or have a suspended license will have a frequency of 16 times/year.
    b. Licensees who are completing urine drug screens, breathalyzers, saliva tests, are on an interlock testing system or an ankle bracelet through criminal probation, a house arrest officer, a treatment provider, or an employer MAY have their frequency lowered. If the drug screens are not received from the supplemental source, the RMA will be extended and the licensee's frequency with IPRP may be increased.
    c. Licensees who have obtained a healthcare professional position or who are in significant non-compliance with their monitoring agreement, may have the frequency of their drug screens increased.
    d. Licensees who have been fully compliant with their RMA may be eligible to have their UDS frequency decreased if they display an extended period of full compliance.
    e. The frequency of observed drug screens may be increased if the licensee attempts to tamper with the specimen for the UDS or relapses. If there is no same-sexed staff at the collection site at the time the licensee is scheduled to do an observed UDS, the requirement to have the UDS specimen observed may be canceled or additional testing (hair or nail testing) may be ordered. If you have been selected for an observed collection, it is your responsibility to contact the collection site to inquire on observed collection personnel.
    f. The labs with which IPRP works will use gas chromatology and mass spectrometry to ensure that the drug screens results meet all standards for specificity, sensitivity, and qualitative accuracy. Drug screens will have a standard 13 panel screen.

If you have been prescribed medication by a qualified prescriber, including but not limited to buprenorphine, buprenorphine/naloxone combination, methadone, Adderall, other stimulants, or benzodiazepines, then these may show as POSITIVE on a drug screen. As long as a valid

prescription is on file with IPRP and your levels remain within the range provided by your qualified prescriber or treatment team, you will not be subjected to any penalties for non-compliance described in this Handbook, including those described in the sections on Follow Up and Positive Drug Screens below.

CHECK-IN REQUIREMENTS:

The licensee must check-in daily between 5 am and 5 pm to see if they have been scheduled to complete a UDS.

- Licensees can check in by calling Affinity at (877) 267-4304, checking in online daily using the Affinity case management system website, or the Affinity mobile app "Spectrum Compliance".

- If the licensee has been scheduled to do a screen on a weekday, they must provide a specimen for the UDS by 11:59 pm that same day.

- If the licensee has been scheduled to complete a UDS on the weekend or a holiday and the collection site is not open, please contact the Affinity helpdesk at (877) 267-4304 for assistance in finding an available lab. Additional drug testing (hair, nail, and/or blood testing) may be ordered.

CHECK-IN/MISSED CHECK-INS

The following responses can be expected for a missed check-in:

- **First** missed check-in will require you to contact your CCM by the next business day to discuss the details. A written warning may be entered into your case file.
- **Second** missed check-in will require you to contact your CCM by the next business day to discuss the details. A second written warning may be entered into your case file.
- **Third** missed check-in will require you to contact your CCM by the next business day to discuss the details. A third written warning may be entered into your case file.
- **Fourth** missed check-in will require you to contact your CCM by the next business day to discuss the details. The clinical team may meet to determine the appropriate course of action, which may include, but is not limited to, an addendum being added to your Recovery Monitoring Agreement (RMA).
- **Fifth** missed check-in or more and the clinical team may meet to determine the appropriate course of action, which may include, but is not limited to, an addendum being added to your Recovery Monitoring Agreement (RMA). Your case may also be closed and/or reported to the appropriate regulatory body.

DROP SITES/CHAIN OF CUSTODY (COC):

It is the responsibility of Affinity, LabCorp, and Witham labs to ensure that appropriate laboratory procedures are used for all drug screens.

- Issues with collection sites should be addressed with Witham, LabCorp labs and/or Affinity.

- Affinity will instruct the licensee how to ensure that all the information on the requisition is correct to ensure a valid COC.

- Affinity will work with licensees to find a collection site located within 30 miles from the medical professional's residence and/or worksite.

- If you wish to have your employer become an Affinity-approved testing site, your employer will need to call Affinity at 877-267-4304 to set this up.

LABORATORY

Affinity E-Health/Spectrum (originally known as Affinity Online Services - AOS) manages the randomization of your drug testing frequency. Your case manager will send out a packet of information with complete instructions with your RMA on how to access your AOS account. For information on your drug test, you must check-in electronically with AOS or call the toll-free number 877-267-4304, between 5 am and 5 pm, EST, seven days per week. If your ID number is identified, you are required to complete your urine drug screen by 11:59 pm, in your time zone. If you are instructed to complete a screen on Saturday, Sunday, or a holiday, you are asked to drop at a 24-hour drop site unless you have verified with IPRP that there is no available 24-hour drop site within 30 miles of where you reside. A minimum of 50% of your UDS' may be observed while you are in monitoring. You are the person accountable for your own recovery; and when you check-in each day to determine if you need to provide a drug test, you reinforce your accountability. You are required to call or check in daily, as Affinity has a means of recording whether you have checked in. If you are unable to complete a urine drug screen when you are directed, call IPRP to discuss it as additional testing (hair, nail, and/or blood testing) may be ordered.

TIP: Make the call early in the day. If you are required to provide a specimen that day, this early call permits you to plan your day. Refrain from drinking excessive amounts of fluids two to three hours before you provide the specimen. Please refer to the letter from the Medical Review Officer (MRO) which explains how to avoid abnormal and dilute urine.

THE COSTS OF MONITORING

You are responsible for the costs of all treatment, therapy, addiction physician appointments, and drug testing while in the program. This is a responsibility which requires financial planning. Some healthcare insurance policies may cover part of the cost. Upon request, Witham Labs will provide you with a statement that identifies your testing history. This can be done quarterly.

IPRP strives to keep the cost of drug testing low, while maintaining forensic accountability. Due to the nature of some of the drugs used by medical professionals with addiction, an extensive drug panel is required to ensure forensic accountability.

Please be aware prices are approximations and may change and/or vary by location and third-party vendors. A urine drug screen costs approximately $52. A Peth test costs approximately $133. Hair and/or nail tests vary from $91 to $406 depending on the panel used.

Some individuals may require additional screens at an additional charge. If you are having drug screens done routinely through the court system, IPRP may use those as supplemental tests if the drug screen panel is compatible with IPRP's.

If you are noncompliant with your RMA and are terminated or otherwise released from the program and seek to re-enter the IPRP program, a fee of $250 will be assessed before re-entry may be allowed. You will be responsible for the monthly participant fee currently paid for by the State if your nursing license lapses or has an expired status. The monthly fee for nursing students is $50 and the monthly fee for nurses is $150. An additional fee may also be assessed if the length of the RMA is extended, and the fee will be $150. All fees will need to be paid within 14 days.

It is your responsibility to keep your account current with AOS. If your account is not current, AOS will not authorize you to test. If you are unable to test due to costs, you must contact your CCM immediately to determine next steps.

NEEDS ASSISTANCE FUND (NAF) APPLICATION

A Needs Assistance Fund (NAF) application is available for participants who may be experiencing financial issues regarding their drug screens. If a participant wishes to utilize this, they will be required to complete the NAF application and send in all required supporting documentation for themself (and their spouse, if married) to their CCM. You are required to send in the required documentation listed on the application. If approved, it would cover 50% of the cost of the test and you will be responsible for the remaining 50% as well as any lab fees that may be incurred. If approved, the NAF application is only valid for the month you complete it. Therefore, if you would need assistance during a different month you would need to complete a new NAF application with updated required documentation. Please be aware that NAF funds are limited.

Due to NAF funds being limited, it is the policy of Parkdale Aftercare that a single participant, over their lifetime contract, shall not receive more than the cumulative of $50 per year of their RMA credited to the participant's account. The $50/year limit does not have to be used at the rate of

$50 per year. For example, a participant may draw $150 in year one but then not receive any assistance, unless an exception is approved by the Program Director. Please be advised the NAF application is utilized only for UDS' and cannot be used for treatment or SoberLink.

When providing a drug screen specimen, you are required to follow the "chain-of-custody" (COC) process. Always remain present until the process is complete and request a copy of the COC form for your records prior to leaving the collection site. If you have any questions or concerns about how your collection site is following the COC process, please call AOS. AOS must first approve all collection sites.

FOLLOW UP DRUG SCREENS

A sequence of events will occur whenever IPRP receives a positive, missed, dilute, abnormal, or adulterated drug screen result from a drug screening specimen you submitted for testing. This also includes positive PETH tests, hair tests, nails tests, and SoberLink tests.

FOLLOW UP DRUG SCREEN RESULTS

When a licensee has 1 missed, positive, abnormal, dilute, or adulterated drug screen the clinical team may meet to discuss what action should be taken. For a positive drug screen, the licensee will be immediately removed from work. Some actions the clinical team may take include, but are not limited to, increasing testing frequency, lengthening the duration of the RMA, additional blood, nail and/or hair drug testing may be incorporated, or SoberLink testing may be incorporated. Pending the clinical staffing decision, participants may be reported to the appropriate regulatory body.

When a licensee has 2 missed, positive, abnormal, dilute, or adulterated drug screens the clinical team will meet to discuss what action should be taken and if necessary, the licensee may be required to meet their IPRP case manager in person or via ZOOM. The licensee may be required to complete treatment and will be immediately removed from work. Some actions the clinical team may take include, but are not limited to, increasing testing frequency, lengthening the duration of the RMA, additional blood, nail and/or hair drug testing may be incorporated, or SoberLink testing may be incorporated. Pending the clinical staffing decision, participants may be reported to the appropriate regulatory body.

When a licensee has 3 missed, positive, abnormal, dilute, or adulterated drug screens, an Order to Show Cause may be completed. The file may be closed as well. For a positive drug screen, the licensee will be immediately removed from work. Some actions the clinical team may take include, but are not limited to, increasing testing frequency, lengthening the duration of the RMA, additional blood, nail and/or hair drug testing may be incorporated, or SoberLink testing may be incorporated. Pending the clinical staffing decision, participants may be reported to the appropriate regulatory body.

A UDS can be excused for the reasons listed below, however, additional blood, hair, and/or nail testing may be ordered:

1. There is a civic alert to stay off the roads due to weather conditions or a civic emergency.

2. A requirement by the worksite monitor that the licensee work overtime. The worksite monitor must confirm this.

3. The licensee is hospitalized. The licensee must provide their CCM with their full discharge documentation verifying that they were hospitalized.

4. The licensee is pregnant and has been directed by her obstetrician that she must be bedridden due to complications. The licensee must provide a statement by her obstetrician to confirm this.

5. The licensee is COVID-19 positive and has provided documentation of their results and/or a letter from their doctor to their CCM stating they need to quarantine.

***A UDS may not be excused due to financial issues as it is the licensee's responsibility to contact their CCM before their next drug screen, not the day they are selected, to make arrangements in advance.**

If the collections site or staff of Witham labs indicate that a screen has been tampered with or is adulterated, the screen will be considered positive.

POSITIVE DRUG SCREENS

All positive results are accurate. If the licensee utilizes the Medical Review Officer (MRO), the MRO's report will be documented in the progress notes.

1. Any time a drug screen is ruled as positive, the CCM will contact the worksite monitor.
2. If a licensee denies any drug use when there is a positive drug screen, IPRP will ask the MRO to further review the positive drug screen.

TIP: Do not miss a drug screen! If an emergency delays or prevents you from providing a drug screen specimen on a required day, please contact the Affinity help desk at (877) 267-4304 for assistance in finding a 24-hour site. If you miss your drug screen, you will be required to self-test immediately; you can do this by contacting the Affinity help desk at (877) 267-4304 and requesting to self-test. Call or message/e-mail your CCM immediately!

SELF-HELP MEETINGS

Developing a support system is a critical component of your recovery and your monitoring agreement. Research reveals that individuals with addictions who attend 12 step support meetings are significantly more successful in their recovery than those who do not attend these meetings. Online meetings are accepted. Please be advised that individual and group therapy sessions are not counted towards your number of required self-help meetings.

Both Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings are widely available throughout the State of Indiana. You may also attend SMART recovery, Refuge Recovery and Celebrate Recovery as well. You are required to attend a specified number of these meetings as described in your RMA. You will also maintain a log of the meetings you attend and verify attendance through the Affinity system. You are required to submit the meeting verifications to IPRP through Affinity every month by the 10th of the following month.

Nurse Support Group (NSG) meetings may be used along with NA or AA attendance to fulfill meeting requirements. These meetings are 12-step recovery-based, mutual support meetings intended to provide medical professionals/health professionals with the opportunity to meet with their recovering professional peers to discuss recovery issues common to them. Mutual support for each nurse in integrating into the local recovery community is a function of the group.

SPONSORSHIP

Most RMAs require obtaining a 12-step sponsor and you must identify this person to IPRP within 60 days of signing your RMA. A sponsor is someone who has had a period of recovery and who actively attends AA/NA meetings. The meetings you attend should have literature about sponsorship which provides specific answers about the sponsor's role and how to establish a relationship with a sponsor. An additional means of learning more about sponsors is to request the topic at your next twelve step or Nurse Support Group meetings. Participants may inquire about sponsorship through online AA and NA meetings.

An additional requirement of the sponsor is the sponsor's willingness to send IPRP a quarterly report. Your sponsor will be identified in your monitoring agreement by first name and first initial of their last name and a phone number. IPRP does request you sign a release of information to permit IPRP to communicate with your sponsor via the sponsor's quarterly reports. On occasion, IPRP may contact the sponsor directly.

Participants who are currently in the monitoring program may not sponsor other participants who are also currently in the program

TIP: If you are having trouble in identifying a person to be a sponsor, you can always ask the chairperson at an AA/NA meeting for suggestions.

THERAPY - CONTINUING CARE/AFTERCARE

A participant may be required to complete detox, residential, PHP, IOP, aftercare and/or individual counseling. A participant is required to follow all treatment recommendations and complete aftercare. Generally, aftercare is required following your primary treatment. This may involve individual and/or group therapy. Treatment and continuing care are an essential component of your recovery monitoring agreement. You may be required to participate in treatment as part of your RMA. Your therapist will send quarterly reports to IPRP. When your therapist supports completion of the required treatment level, you and your therapist need to communicate this to IPRP. Your therapist will be asked to provide a written discharge summary to IPRP.

Another aspect of your RMA may be to identify a physician who specializes in addiction medicine, commonly known as an Addiction Physician. This is especially true if you have a history of chronic pain and have routinely used controlled substances for pain management. An Addiction Physician is an M.D. or D.O. who has certification as an Addiction Physician through the American Society of Addiction Medicine, the Academy of Addiction Psychiatry, or the American Osteopathic Association. A requirement of your monitoring may be that you visit your Addiction Physician quarterly or as designated in your RMA. The Addiction Physician submits quarterly reports to IPRP. IPRP maintains a list of Addiction Physicians in your area. In a rural community where there may not be an Addiction Physician, IPRP may approve a Nurse Practitioner to serve in the role of the Addiction Physician.

Your Addiction Physician will coordinate your medical care in a manner that will be safe for you and your recovery. He or she should be available to your other healthcare providers as a consultant. You will need to inform your Addiction Physician of the names and phone numbers of all your healthcare providers as well as sign a release of information for your Addiction Physician to communicate with all your healthcare providers. You need to inform your Addiction Physician of all your prescriptions and over the-counter medications. Depending upon their clinical specialty, your Addiction Physician may also be your primary-care physician or your psychiatrist.

RELAPSE

Although IPRP's policies and procedures are established to minimize or eliminate the risk of a relapse, a relapse may occur. Experts in the field of addiction are conscious of the nature of relapse, cross-addiction, and recovery. It is especially important for you to know what to do in the event of a relapse in your recovery. You must contact IPRP immediately. The IPRP staff will guide you back into a healthy recovery. A relapse is defined as any break or lapse in abstinence from prohibited substances, regardless of duration or the kind/amount of the substance used. Relapse is defined in several ways. Relapse may be the return to using your primary drug of choice. Or it may be the use of any other prohibited mood-altering drug including alcohol, illicit drugs, or other non-prescription controlled substances. A relapse might be the use of an over-the-counter product which contains alcohol. Therefore, before using any over-the-counter drug or a new prescription ordered for you, you should consult with your Addiction Physician. You should also inform your healthcare providers of your need to avoid, if possible, the use of a controlled

substance prescription. When appropriate, a consultation between your Addiction Physician and your provider will assist you in an improved healthcare plan and avoid the dangers of cross addiction.

In the event of a simple cold or flu, IPRP advises you to ask your pharmacist to guide you to over-the-counter medications which do not contain alcohol, ephedrine, or Benadryl (diphenhydramine).

A relapse often occurs before an individual uses a prohibited mood-altering or controlled substance. Addiction is a brain disease, and the thoughts and decisions which result in relapse begin before the actual use. Therefore, staying in close contact with your sponsor and other recovering medical professionals will help prevent a relapse. Certain behaviors at work, in one's personal life or in therapy may be predictive of a substance use relapse. If treatment providers, family members, and/or your worksite monitor report behaviors that are of concern, you will be asked to visit your therapist and/or Addiction Physician who will attempt to intervene before actual substance use occurs.

STEPS TO TAKE IF YOU HAVE RELAPSED:

1. Call **IPRP** immediately and **BE HONEST** about what happened.
2. Contact your AA/NA sponsor and go to an AA/NA mutual support group.
3. Call your worksite monitor and inform them about what happened and that you cannot work at this time. IPRP will also contact your worksite monitor. You will be directed not to work until IPRP has received a negative drug screen on file. Your CCM may also refer you to treatment. Do not return to work until you have received approval from IPRP to do so.
4. Contact your therapist and/or your Addiction Physician and schedule appointments with them.
5. Keep in mind that what you learn from a relapse and what you do to return to sobriety can be the difference in maintaining your license to practice as well as maintaining your life.

APPEAL PROCEDURE

Appeals are handled by the Program Director and the Medical Director. Whenever possible, resolution should occur at the lowest possible level. If you disagree with a decision made by your CCM, you may contact the Program Director. If you disagree with a decision made by the Program Director, the decision will be staffed with the clinical team. Decisions of the clinical team are final.

The Nursing Board Director will review all Americans with Disabilities Act-related complaints, including those alleging discrimination on the basis of disability, and ensure that all such complaints are promptly reviewed, investigated, and addressed by appropriate action and the results of the review are provided in a timely manner to the person who filed the complaint.

MONITORING INTERRUPTIONS

Monitoring interruptions will be allowed under the following circumstances:

1. Inpatient hospitalizations
2. Pregnancy complications which require the licensee remain on bedrest.
3. Death of a spouse, child, parent, grandparent, or sibling.
4. Emergency hospitalization of a spouse, child, parent, grandparent, or sibling.
5. Incarceration

Participants must provide documentation which verifies that the monitoring interruption was necessary i.e., a discharge summary from the hospital, verification from a physician, death certificate or obituary of a deceased family member.

If you are going on vacation, going out-of-state, or traveling you will need to complete a Monitoring Interruption Request via the Affinity system. Please be sure to include the following information in your monitoring interruption request:

1. Include in your request the exact days you will be gone.

2. Contact the Affinity help desk at (877) 267-4304 and notify them of the exact address you will be staying at so they may assist you with finding the nearest testing site to where you will be staying. That way if you are selected to test, you will have a site to go to.

3. Please include the testing site address in your monitoring interruption request as well.

You will still be required to check-in daily and test, if selected. Any missed check-in or test will be considered non-compliance. If there are no testing sites available where you may be traveling to, you may receive a hair, nail, and/or PETH test upon your return. Please be advised these tests are more costly than a UDS.

If you do not complete a monitoring interruption and are selected to test while traveling, it is your responsibility to contact Affinity and ask them to assist you in finding a testing site. Any missed drug screen will be considered non-compliant.

CASE REVIEW/CLINICAL TEAM

The IPRP Clinical Team reviews matters which arise while you are in monitoring with IPRP. The team is composed of the Medical Director, Program Director, and the CCMs. Common matters discussed by the clinical team include, but are not limited to, participants' eligibility for monitoring, return-to-work issues, relapse(s), noncompliance with the terms of your RMA, and successful completion. The clinical team meets monthly.

CHANGES TO YOUR RECOVERY MONITORING AGREEMENT

Over the course of your monitoring, the conditions of your RMA may be changed. As you progress in monitoring and maintain compliance, you may request changes to your RMA (e.g., access to controlled substances, overtime, on-call, frequency of UDS). Only those in full compliance and with 50% of their RMA complete will be considered for an RMA modification. Only one modification every 6 months will be considered. When requesting a change in the terms of your RMA, please do the following:

1. Discuss the desired change with your treatment providers, worksite monitor, and sponsor before you request the change.

2. Submit a Request to Modify RMA form.

3. Have your treatment providers, worksite monitor, and sponsor sign the form with their written support about the requested change.

Following receipt of the above, IPRP will review your request and notify you if the change has been approved via an addendum or if further discussion is needed.

NON-COMPLIANT CASE CLOSURE

You will receive support from IPRP as long as you comply with the conditions of your RMA. If you become non-compliant with your RMA and do not follow the direction of IPRP to return to compliance, your file may be closed and/or an order-to-show-cause (OTSC) memo may be sent to the appropriate regulatory body. If this occurs, a memo summarizing your involvement with IPRP and your noncompliance which led to your case closure will be completed. This letter and portions of your file may also be sent to the Office of the Indiana Attorney General. The Office of the Indiana Attorney General will review your file to determine what steps to take to ensure the safety of the public. These steps may include notification to the Indiana State Board for possible action on your healthcare professional license.

SUCCESSFUL COMPLETION

The successful completion of your IPRP monitoring is represented by the end date of your RMA and subsequent addendum(s). The process to successfully complete your RMA includes the following:

1. Contact IPRP one month prior to your completion date to ensure that you are in compliance with all aspects of your RMA and that all reports and other pertinent documentation have been received to date.

2. Submit a detailed written personal relapse prevention plan/healthy recovery plan to IPRP.

3. Written support for your successful completion from the individuals who are still involved in your monitoring will be required; this includes your therapist, sponsor, and worksite monitor. The letters from your therapist and worksite monitor will need to be on official letterhead and have their physical signature included. Your therapist and worksite monitor must send their letters directly to your CCM.

4. Submit the above documentation no sooner than two weeks prior to your RMA completion date.

IPRP will review your file and the submitted documentation. On or after your completion date, IPRP's Clinical Team will review your compliance, all drug testing results, your relapse prevention plan, and all letters of support. You will not complete the monitoring program until all pending drug screens have resulted and all documentation has been received.

Once all completion documentation and drug screens have been received, you may be sent a successful completion letter. You may want to copy this letter to all individuals identified in your RMA. It is recommended you keep this letter in a safe place for future evidence of your successful completion of your IPRP monitoring. All records are destroyed after 7 years.

COMPLIANCE LETTERS/VERIFICATION OF COMPLETION LETTERS

If a letter is needed after the completion of your contract, a fee of $25.00 will be assessed per letter. This fee will be collected by Affinity. Payment must be received prior to any letter(s) being sent out.