



## ***Participant Handbook***

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Approved by the HPRC

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## FEEDBACK FROM PREVIOUS PARTICIPANTS

*"I always had a hard time setting limits at work. I am now able to utilize my monitoring agreement in order to work a reasonable number of hours, which results in my providing quality patient care and balance in my own life."* – LPN

*"At first, I was angry that I had to do drug testing. But knowing I had to do the tests helped me stay sober through a couple of hard times."* – Doctor

*"Confidentiality was the most important thing for me. It meant that I could get better and that no one would have to know."* – Dentist

*"I like the person I'm finding (again) in myself. And by helping me, you are in turn helping two very important people in my life as well as my boys."* – Nurse

# HEALTH PROFESSIONAL RECOVERY PROGRAM PARTICIPANT HANDBOOK

## INTRODUCTION

Welcome to the Health Professional Recovery Program (HPRP), a voluntary, non-disciplinary care monitoring program intended to support and document your recovery. By participation in the HPRP, many healthcare professionals have successfully addressed a substance use and/or mental health or emotional disorder. HPRP can be an equally invaluable asset to you. It may save both your life and your career.

This handbook is intended to provide you with information to facilitate your successful participation in HPRP. It is organized into chapters, which covers most aspects of your involvement with HPRP, including information on drug testing, employment, relapse, continuing care, and medication management.

We recommend you start a file to organize all materials related to HPRP, including this handbook, for easy reference and retrieval. Your file also should include your Monitoring Agreement, any addendums, and a set of blank forms. It is strongly recommended that you make and keep copies of all information you submit to the HPRP as well as drug-testing receipts. We also suggest you keep a separate HPRP calendar to track appointments and required due dates for reports.

Should you have any questions after you've read this handbook, please direct them to your case manager by calling the HPRP toll-free, at 1-800-453-3784. Furthermore, if you have any suggestions to make this handbook easier to use, or topics to which need to be addressed in future handbooks, please provide your suggestions to the HPRP using the toll-free number provided.

## BACKGROUND

The Michigan Legislature enacted legislation creating the HPRP in 1994 at the request of many health care professional associations and societies. Before the HPRP legislation was enacted, health care professionals with substance use or mental/emotional health disorders had no non-disciplinary recourse. These practitioners were subject to disciplinary action by their respective licensing board, which frequently resulted in suspension or revocation of licensure or registration. This often resulted in significant person expense and loss of income.

The HPRP offers healthcare professionals a structured and confidential monitoring process, which creates a safe and supportive environment for early recovery while protecting the public safety. This structured environment will assist you to establish the routines and expectations needed to minimize the risk of relapse and promote recovery. When you return to work, the monitoring process establishes standards of accountability to maximize your job performance, protect your recovery, and support good communication with co-workers.

## INTRODUCTION

The HPRP is composed of several components and is funded by a designated portion of each healthcare professional's professional registration or licensure fees.

**Health Professional Recovery Committee (HPRC)** is responsible for program policy and oversight. It has one member from each HPRP eligible healthcare profession, appointed by their respective licensing board, and two public members, appointed by the Department Director.

A **private sector contractor** administers the daily operations of the HPRP. Services provided by the contractor include: receipt of referrals to the program, referral to service providers for assessment, and if indicated, treatment. The contractor also develops each participant's Monitoring Agreement, oversees participant compliance with their Monitoring Agreement, and provides work-site advocacy. A participant's most frequent contact with the program will be through their case manager who works for the contractor. The contractor also determines the criteria for selecting who will be a program service provider.

The **Bureau of Health Care Services** within the Michigan Department of Licensing and Regulatory Affairs (LARA) is the state regulatory agency for health care professionals. The Bureau administers the HPRP funding and provides administrative support to the HPRC.

**NOTE:** The discussion of the topics covered in this Participant's Handbook reflect the most common elements and practices related to each participant's Monitoring Agreement. However, the Monitoring Agreement of some participants may have elements, which are unique or specific to the individual licensee/registrant. These will differ from the terms in the standard Monitoring Agreement discussed in this handbook. If you have questions regarding the terms of your Monitoring Agreement, you should discuss them with your case manager. The administration and terms of a Monitoring Agreement are based on the policies enacted and periodically modified by the HPRC.

## Chapter 1

### UNDERSTANDING IMPAIRMENT AMONG HEALTH CARE PROFESSIONALS

Under Michigan's Public Health Code, **impaired** or **impairment** "means the inability or immediately impending inability of a health professional to practice his or her health profession in a manner that conforms to minimum standards of acceptable and prevailing practice for that health profession due to the health professional's **substance abuse, chemical dependency** or **mental illness** or the health professional's use of drugs or alcohol that does not constitute substance abuse or chemical dependency" (MCL 333.16106a).

**Substance abuse** is defined as: "the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof" (MCL 333.6107).

**Chemical dependency** is defined as: "a group of cognitive, behavioral, and physiological symptoms that indicate that an individual has a substantial lack of or no control over the individual's use of one or more psychoactive substances" (MCL 333.16106a).

**Mental illness** is defined as "a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life" (MCL 330.1400 [g]). Examples of mental health disorders include major depression, bipolar disorder, anxiety disorder and post-traumatic stress disorder.

**Dual Diagnosis** refers to persons "who have signs of co-occurring substance use and psychiatric disorders". - ASAM

## Chapter 2

### THE HPRP INTAKE PHASE

HPRP participation is voluntary. There are two referral groups to the HPRP: Non- Regulatory, which is monitored under the terms of the Public Health Code & HPRP Policy, and Regulatory, which does not have the confidentiality protection of the Public Health Code, and has departmental reporting requirements.

#### 1. Referrals to the HPRP

**a) Non-Regulatory Referrals**

Under authorizing legislation, the names of individuals who voluntarily self-report and participate in the HPRP may not be given to the public, or reported to the allegations section of the department as long as they meet program requirements. Furthermore, participant information may not be obtained by subpoena or Freedom of Information Act requests.

These individuals participate in a monitored recovery program, and can return to work without regulatory action on their license.

**b) Regulatory Referrals**

Regulatory referrals occur as a result of regulatory action taken on an individual's license by their profession's Board or respective Disciplinary Subcommittee upon the determination of a violation of the Public Health Code. Confidential participation does not extend to regulatory referrals since regulatory actions are public information. However, the goal of this group's monitoring remains establishing sustained recovery and return to practice.

#### 2. Intake Process

**a) Intake Questions**

During the Intake Process, you will be asked general questions about your history of substance use, treatment of any mental/emotional disorders, and pending or past legal problems. This information will help the HPRP staff determine the need for an evaluation, and if needed, select an appropriate provider.

**b) Evaluation**

If the need for an evaluation is established, you will be referred to an HPRP approved provider for a complete psychosocial and/or medical evaluation. Whenever possible, you will be provided at least three referral options. An appointment with one of the providers should be set up immediately and HPRP contacted with the date and time of the evaluation. A Release of Information for the provider doing the evaluation must be signed and returned to the HPRP within the time frame given, allowing the evaluating provider and HPRP to exchange information. HPRP will then share the information obtained during Intake with the provider to assist in obtaining the most accurate evaluation and determining if a licensee meets criteria for participation in the HPRP.

## Chapter 2

### THE HPRP INTAKE PHASE

**c) Safety to Practice**

Information gathered during Intake and/or your evaluation will assist the HPRP staff to determine your safety to practice. If it is determined you are not safe to practice, you will be encouraged to refrain from professional practice until it is determined you are safe to practice. Failure to comply with this recommendation may result in closure of your case and a referral to the Department of Licensing and Regulatory Affairs, (LARA) Bureau of Health Care Services. There may be stipulations regarding employment or practice circumstances once you enter into a Monitoring Agreement (MA) (see Chapter 3).

If you have not been encouraged to refrain from work while in the Intake Process and it is determined you need to enter into an MA, you will be required to identify a worksite monitor and to sign a Release of Information for this individual (see Chapter 4).

### 3. Following the Evaluation

After the HPRP receives and reviews your evaluation results, you will be informed of the next steps.

If your evaluation provider and the HPRP staff determine that you do not have a qualifying diagnosis, you will be notified and your case file will be closed and filed. Pursuant to state law, non-regulatory HPRP referral case files are destroyed five years after closure if no additional reports are received.

If the evaluation provider and the HPRP staff determine you have a qualifying Mental Health Diagnosis, Substance Use Disorder, or Dual Diagnosis with or without a Pain Management condition, you will be notified. If the initial treatment recommendation is intensive outpatient (IOP), in-patient (IP), partial hospitalization, or long-term residential, an Initial Monitoring Agreement (IMA, see Chapter 3) will be developed and sent to you. This agreement will be in effect during the time you are in treatment. Upon completion of primary treatment, an MA will be developed and mailed to you for your review and signature.



## Chapter 3

### MONITORING AGREEMENTS

The Monitoring Agreement (MA) is an important part of your recovery process. It provides the structure and accountability, which is very important in early recovery. The MA sets out the specific terms and conditions of your monitoring program. It is a formal agreement between you and the HPRP. Your compliance with all terms and conditions of the MA is a requirement for successful completion of your HPRP monitoring. Your MA must be shared with all the individuals identified in your MA (e.g., worksite monitor, therapist, etc.). Each should receive a copy of the MA so they are aware of the terms of your monitoring program.

The terms and conditions delineated in your MA are based on the information obtained from your evaluation(s) and treatment. Compliance with all the terms of your MA is required for successful completion of your participation in HPRP, and will greatly enhance the likelihood of you establishing a successful recovery.

#### 1. Special note should be made of the following:

**Signature** – You must sign your MA in the presence of a notary and return it to the HPRP before the 45 day deadline. An MA is not valid until notarized and returned for the appropriate HPRP representative's signature.

**Work Status** – You will be able to work only as specified in your MA. Initial work restrictions may be gradually removed as your recovery progresses.

**Compliance with the terms of the MA:** The HPRP Case Managers monitor all requirements of your MA and is required to respond to any non-compliance. Monitoring Agreement non-compliance may result in a "time in contract" extension, change in the terms of the MA (e.g., increased urine drug screens, increased number of 12-step meetings, etc.) and/or case closure and referral to LARA, Bureau of Health Care Services for action.

#### 2. Types of Monitoring Agreements (MA)

**Initial Monitoring Agreement** - An Initial Monitoring Agreement (IMA) is used while a participant is in their initial treatment (e.g. intensive outpatient, in-patient, partial hospitalization, long-term residential). The common elements of an IMA are the participant's name, the name of the treatment facility, the therapist's name, and a notation indicating the participant must comply with all treatment program requirements. An IMA remains in effect for the duration of the licensee's treatment. When initial treatment is completed, the IMA is no longer in effect, and you enter into either a regulatory or non-regulatory MA.

## Chapter 3 MONITORING AGREEMENTS

There are 2 types of MAs determined by the Referral Source:

1. **Non-Regulatory MA** - This MA applies to health care professionals who refer themselves to the HPRP or who have been referred to the HPRP and have voluntarily entered the program. Under terms of the Public Health Code the non-regulatory MA is confidential.
2. **Regulatory MA** - This MA applies to health care professionals whose participation in the HPRP has been mandated by a Consent Order or Board Order. Board Orders are public documents under the Freedom of Information Act, and as a result the terms of the Regulatory MA are not confidential.

### 3. MA Determined by Diagnosis

- a) **Substance Use Disorder Agreement** - This MA is for participants with a diagnosis of a substance use disorder only.
- b) **Mental Health Agreement** - This MA is for participants with a mental health disorder only.
- c) **Dual Diagnosis Agreement** - This MA is for participants with a diagnosis of both a substance abuse disorder and a mental health disorder.

For more information about the conditions under which each of the monitoring agreements occurs, contact the HPRP.

### 4. Content of the MA

The specific content of an MA depends upon the diagnosis/diagnoses; however an MA typically includes elements regarding the following:

- i. Controlled substance restrictions in the worksite
- ii. Where a participant may work (employer location) Identification of a worksite monitor
- iii. The hours a participant may work
- iv. Abstinence from mood-altering substances
- v. Self-help group attendance (such as Alcoholics Anonymous, Narcotics Anonymous or Caduceus, SMART, and/or others as listed)
- vi. Identification of an AA/NA sponsor
- vii. Random drug testing
- viii. Leave approval process
- ix. Medication® approval
- x. Approval of treatment modalities (including duration and type of therapy) and aftercare treatment providers (including psychiatrist, addictionist, therapist, and pain specialist)
- xi. Reporting requirements
- xii. Duration of MA

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### MONITORING AGREEMENTS

#### 5. Release of Information

The Release of Information (ROI) form ensures the individuals involved in your MA have all the information necessary to be of maximum support to you in your recovery process. Separate releases will be obtained for every provider involved in your care, and are required for all individuals involved in your monitoring agreement (e.g., employer, all treatment providers, sponsor, probation officer, etc.). Additional ROI forms may be required to address changes in your recovery process.

#### 6. Refusal to follow provider recommendations or to sign an MA

Under Section 333.16168 of the State of Michigan Public Health Code, if you choose not to follow through with recommended evaluation, treatment, recommendation of the HPRP or any approved provider, or refuse to sign an MA, the HPRP is required to close your file and send it to the Department of Licensing and Regulatory Affairs (LARA), Bureau of Health Care Services. If this occurs, your case will no longer remain confidential. The State of Michigan may take any of several following actions, which may result in loss of livelihood and damage to your personal and professional relationships, including:

- i. Further investigation to determine your ability to safely practice your profession
- ii. Regulatory action on your license, which may include suspension or revocation of your license
- iii. Reporting of any subsequent regulatory action to national data banks as required by law.

#### 7. Reporting Requirements

It is your responsibility to ensure all reports are submitted when due, **including reports prepared by others.**

- a) **Monthly Reports** - *Monthly reports are due by the 10th day of the following month.* For example, reports for January are due no later than February 10th. Monthly reports are for the entire calendar month only. If identified in your MA, reports due monthly include:

- Self-Reports
- AA/NA/Caduceus Logs
- Medication tracking sheets, documenting the controlled substances you prescribe (if applicable)
- Medication log, documenting **ALL** medications you are taking (prescribed, over-the-counter, supplements, etc.)
- Breathalyzer/Alcohol Screen Reports

#### 8. Quarterly Reports

*Quarterly reports are due every 3 months after the HPRP representative signature date.* For example, if the effective date of your Monitoring Agreement is January 5th; reports for the quarter are due by April 5, July 5th, Oct. 5th and Jan. 5th. If identified in your MA, reports due quarterly include:

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### MONITORING AGREEMENTS

- Worksite Monitor
- Addictionist and/or psychiatrist/pain specialist
- Therapist
  - HPRP Group
  - Individual Therapy
- Sponsor Report

**The following procedures are recommended to help you to track and maintain the accuracy of your reports:**

All reports submitted must include your first and last name.

***Maintain copies of all information you submit to the HPRP. This will benefit you by protecting you against mail/fax loss as well as serve as evidence of your program compliance.***

***Your copy of the letter indicating your successful completion of the HPRP may be the only record of your completion, due to HPRP requirement to expunge your records after 5 years, per public health code requirement.***

Address your reports to your case manager's attention.

Periodically check with your case manager to be certain all required reports are up-to-date.

#### **9. Responsibility for program costs**

All administrative and monitoring work performed by HPRP staff are paid for by a portion of your licensure or registration fee administered by the State of Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Care Services. Other expenses, including the cost of treatment, drug tests, therapy sessions and visits with any addictionist, pain specialist, primary care physician or psychiatrist are your responsibility.

In some cases, the cost of treatment may be covered in full or in part by your health insurance. You should check with your healthcare insurance company to determine if your policy coverage includes treatment recommended by the HPRP. If insurance does not cover your treatment, some providers offer payment plans and some HPRP participants borrow money to cover the cost. Also, check with your professional association, as some have funds/loans available to assist members during difficult times.

Typically, HPRP participants report the costs of drug testing, aftercare therapy and visits with various providers are paid for out-of-pocket with little or no reimbursement from insurance carriers. Participants report they spend from \$10,000 to \$30,000 of their own money throughout the course of a three-year substance use disorder MA. Cost variances depend upon the treatment and aftercare required, relapse, and the length of an MA.

You are encouraged to explore all possible options for finding the financial resources to participate. Although treatment and aftercare are expensive, it should be viewed as an investment in you and your future. A well-established recovery from a substance use disorder or mental health disorder will provide you the opportunity to practice your profession and prosper personally and professionally.

## Chapter 3

### MONITORING AGREEMENTS

#### 10. Absences/Leaves Outside of Michigan

**Absences of any length must be pre- approved by the HPRP.** This helps to ensure that your recovery program is well established before you leave for an extended period of time. You are required to discuss vacation plans and requests with your therapist, HPRP group, addictionist, pain specialists, and/or psychiatrist. You are to provide the HPRP with a completed leave request form with a signature from your therapist, addictionist, pain specialist and/or psychiatrist at least two weeks in advance of the first day of your planned vacation.

#### 11. Drug Testing While on Leave

- a) Discuss your vacation plan with your HPRP group, therapist, addictionist and/or psychiatrist, and/or pain specialist. If the group and therapist approve your leave, a plan for completing your drug testing will be identified **prior** to your departure. If you do not have a therapist, contact your addictionist or psychiatrist to approve your leave requests.
- b) Provide your therapist with a *Request for Leave Form*, identifying the agreed upon plan, and be sure s/he signs the form.
- c) Submit the completed form to your HPRP Case Manager.
- d) Leave requests are to be submitted to your case manager at least two weeks prior to the leave for final approval.
- e) Confirm with your case manager that the leave has been approved.
- f) In order to provide appropriate monitoring, excessive leave requests during the term of your MA may be denied.

#### 12. Clinical Monitoring Team

The Clinical Monitoring Team (CMT) members are: the medical director, program director, and intake and case managers. The team meets once a week to address participant questions, requests and any other aspects of a participant's MA which there are questions. Any requested changes to a participant's MA must be approved by at least one of the participant's providers (therapist, addictionist, psychiatrist) and the CMT (after provider approval) prior to the change(s) going into effect.

#### 13. Review Process

If you disagree with: i) the need to enter into a Non-Regulatory MA, ii) the terms and conditions of your MA, iii) changes to your MA, or iv) closure of your case for non-compliance, you should discuss these concerns with your HPRP case manager. If following this discussion, you feel the need to discuss your concerns further; your case manager will provide you with the appropriate forms and instruct you on how to proceed with a written review request, and pursuant to Policy 405.00

#### 14. Addendum Process

Addendums (changes to your MA) must be submitted to the HPRP in writing. Before making a request, discuss any desired change with your providers identified in your MA, including:

## Chapter 3

### MONITORING AGREEMENTS

- Addictionist/ Pain Specialist and/or Psychiatrist
- Worksite Monitor (if the addendum involves something regarding your work place)
- AA/NA Sponsor
- HPRP Group Therapist
- Individual Therapist
- Primary Care Physician
- Probation officer (if applicable)

Obtain written comments and approval of the requested change(s) from these individuals and send it/them with your written request for the MA change to your HPRP case manager. The HPRP team (CMT) will review your request. If approved, an addendum to your MA will be mailed to you, reflecting the agreed-upon changes. If the requested MA change is turned down by the CMT your case manager will notify you. You may request a Step 1 Review of the decision pursuant to Policy 405.00. Ask your case manager to assist you in initiating the process.

### FREQUENTLY ASKED QUESTIONS

- Q. What happens if I cannot afford the program?  
A. If you are unable to fulfill your obligations indicated in an MA, the Public Health Code requires HPRP to close your case and refer it to LARA/ Bureau of Health Care Services, even if the reason for closure is related to financial difficulties.
- Q. Do I still have to attend self-help meetings if I go on leave?  
A. Yes. There are AA/NA meetings available worldwide (even on cruise ships). All other self-help meetings are the participants responsibility to arrange away from their home base.
- Q. How do I get a change made to my MA?  
A. Any adjustments to an MA must be made with the support of your treatment providers and approval by the CMT. Any emergency adjustments should be reported to the HPRP as soon as possible. You must inform your providers and case manager of missed meetings for whatever reason, and must be noted in the treatment report. The consequence of a missed meeting will be determined as the occasion arises.
- Q. What if I refuse to sign a Release of Information form?  
Refusal to sign a Release of Information form will result in your case being closed by the HPRP and referred to the LARA/ Bureau of Health Care Services for possible regulatory action.

## Chapter 4

### EMPLOYMENT

The HPRP defines employment as work – including volunteer work – that requires your professional license/registration/certification. Some HPRP participants continue employment in their current job while others look for new employment. ***While you are an HPRP participant, it is important that you do not accept a job or change jobs without prior approval of the HPRP.*** Other important items regarding your employment while you are an HPRP participant are discussed below. In addition to reading and understanding this section of the Handbook, you should familiarize yourself with Policies 600.00 and 601.00.

#### 1. Advance approval of employment and return to work

If you have been instructed to refrain from work, you must take the following steps **before** returning to work:

**a) Obtain return-to-work approval**

Talk with your therapist, addictionist and/or psychiatrist about returning to work. Your therapist, addictionist and/or psychiatrist will need to complete a *Return to Work Assessment* form and mail or fax the form to your case manager for review. Check with your case manager before initiating any discussions with a current or potential employer to make sure you are approved to seek employment, or if you have not returned to your previous job, to discuss returning to work with your current employer.

**b) Obtain advance approval for a specific position - when you have been approved to return to work, you must do the following:**

- a. Talk to your employer or potential employer about your participation in the HPRP.
- b. Provide your HPRP case manager with a job description (where applicable) after you have received a job offer. The CMT will need this when they consider your request to accept the job. Also tell your case manager who interviewed you and provide a Release of
- c. Information so your case manager can speak to this person.
- d. Obtain letters of support for the specific position from your therapist, addictionist and/or psychiatrist.

**You should not attend orientation sessions until you have been approved by the CMT for the job which you are applying.**

- e. Once all letters of support have been received and your case manager has contacted the worksite, the CMT will consider the position for you.
- f. Following the team review your case manager will inform you of the decision. If approved, an addendum to your MA will be mailed to you.
- g. You may now accept the job.
- h. Identify a worksite monitor (see Item 2 below) and an alternative worksite monitor, and provide a signed Release of Information to your case manager for these individuals.
- i. Your HPRP case manager will contact these worksite monitors to obtain specific information about the position, to discuss your involvement in the HPRP, and to discuss their responsibilities as your worksite monitors.

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**Your worksite monitor may not be subordinate to you, must have professional credentials equal to or greater than yours, may not be a relative, and may not be a current active participant in the HPRP.**

- j. If your request is denied, your case manager will explain the reason(s) for the denial and assist you in a continued search for appropriate employment.

#### 2. Worksite Monitor

The HPRP's two primary goals are to ensure public safety and support the recovery of participating healthcare professionals. HPRP participants spend a great deal of their time in the workplace and interact with many people which can, in a number of ways, contribute to a relapse. It is also one of the places where early signs of relapse may appear. For those reasons it is important to have someone available at the work site who can help assure the HPRP you are doing well and your work site is neither contributing to the development of any problems nor your performance there demonstrating any signs of relapse. Therefore, after you are accepted for an employment position you will need to select a worksite monitor to satisfy the terms of your MA.

A worksite monitor is someone at your worksite, usually a supervisor, who knows your history and involvement with the HPRP. This individual must agree to provide quarterly reports to the HPRP regarding your work performance and to report any concerns about your behavior or indications of a relapse to the HPRP. This individual can also serve as a source of additional support to you. Your worksite monitor cannot be an HPRP participant, someone in a position which reports to you, a family member or a close friend.

One benefit of participating in the HPRP is being able to work in their healthcare profession, provided the licensee or registrant does not pose a threat to the public safety. Your worksite supervisor must know and abide by any MA employment restrictions you may have in order to help assure both yours and the public's safety.

Health care employers are willing to hire individuals involved in the HPRP, and a majority of HPRP participants are employed. If informing a present or prospective employer about your involvement in the HPRP is difficult, your HPRP group and providers can offer you help and advice. You may also contact your case manager to discuss any questions or concerns.

#### 3. Hours of Practice

Participants new to HPRP and the monitoring process are typically restricted to 40 hours per week, generally between the hours of 7a.m. and midnight. Experience has shown a greater risk exists to your recovery if you work outside of these hours. Occasionally, exceptions are approved on an individual basis and only with written support from those providers involved in your MA. After a minimum of 6 months in your MA, you may request, with written support from your therapist, worksite monitor, addictionist or psychiatrist, a change in your work hours.



## Chapter 4

### EMPLOYMENT

#### 4. Place of Practice

In most instances, only one job site is approved. This provides safety for you and assists with monitoring. Exceptions may be considered on an individual basis with written support from those providers involved in your MA.

***Home health care or locum tenens positions are typically not approved due to the lack of adequate supervision and unsupervised access to medications, both of which may place you at risk of relapse. Generally, exceptions will be considered only after a considerable amount of time in your MA and written support from those providers involved in your monitoring agreement.***

#### 5. Employment Changes

To change employment, jobs or the location of your job with your current employer requires written endorsement from your therapist, addictionist and worksite monitor. The following will also be necessary:

- a. In most situations, a new worksite monitor must be identified and a Release of Information form completed and forwarded to your HPRP case manager.
- b. The new worksite monitor will be contacted by your case manager to assess the safety of the position.
- c. Once all letters of support are received and contact with the worksite monitor has occurred, your request will be reviewed by the CMT.
- d. Your case manager will inform you of the CMT's decision. If approved, an addendum reflecting the changes to your MA will be mailed to you.
- e. If the change is denied, your case manager will explain the concern(s) resulting in denial.

#### 6. Access to Controlled Substances

Depending on your history and your employment situation, you may not be able to dispense, prescribe or administer controlled substances when you return to work. This restriction includes no access to narcotic keys, no counting or witnessing waste, and no access to prescription pads. Changes or exceptions to this requirement can only occur with written support from those providers involved in your MA. Final approval must come from the HPRP CMT.

### FREQUENTLY ASKED QUESTIONS

- Q. What if I am asked to perform duties outside the scope of my MA?  
A. You must tell the worksite monitor or anyone else "no" until you check with your HPRP case manager.
- Q. I have always worked midnights. Why can't I work midnights now?  
A. New participants are typically not allowed to work midnights because it poses a significant risk to your recovery. Rare exceptions are approved on an individual basis and only with written support from your therapist, worksite monitor, and addictionist and/or psychiatrist.

## Chapter 4

### EMPLOYMENT

Q. My job has always required overtime. May I work overtime?

A. Because working long hours increase the risk of fatigue and relapse, new participants are not allowed to work overtime. It is important to have time to connect with your support groups and establish balance in your life, especially if you are early in your recovery.

Q. Can I be on-call?

A. On-call time is usually restricted early in the monitoring agreement but on occasions may be accommodated. The HPRP will work, within, reason with your employer to accommodate on-call requests.

## Chapter 5

### MEDICATIONS - PRESCRIPTION & OVER-THE-COUNTER

The use of medications, either prescription or over-the-counter can be and often is problematic for people in recovery. An appreciation of **cross-addiction** can be helpful to better understand why this is so. An addiction to any mood altering medication, drug or class of medications or drugs means an addiction to **all** mood altering drugs, whether you are an alcoholic or drug addict. In a drug addict, alcohol activates the very same area of the brain as cocaine, marijuana, sedatives, benzodiazepines, opiates and opioids. Therefore, the use of alcohol by the drug addict can result in a relapse. Likewise, in an alcoholic, the use of cocaine, marijuana, sedatives, benzodiazepines, opiates or opioids will activate the same area of the brain as alcohol, and may cause a relapse. For this reason great care must be taken to avoid any medications, medicinal products or drugs which may cause a relapse.

When using over-the-counter medications (non-prescription medications), someone in recovery must check to know what is in the medication and if the ingredients are safe to use. One very useful approach is to assume **all** liquid medications (prescribed or over-the-counter), including mouthwash and gargles, contain alcohol unless labeled, "no alcohol added", "alcohol free", or words to this affect. The alcohol contained in these medications and others is ethyl alcohol, the same as in beer, wine and spirits, and therefore pose a risk to your recovery.

Many treatment programs either provide residents with, or have available copies of lists of over-the-counter medications to avoid, and useful safe alternatives. Ask your treatment provider about the availability of such information or where you can obtain it. One useful reference resource online is [www.talbotcampus.com](http://www.talbotcampus.com), and on this website is a tab labeled, "For Professionals". Click on this and select "Medications" in the drop-down menu, and there will be an excellent and extensive list of medication references you can access when the need arises. If you have **any** questions or concerns regarding prescription or over-the-counter medications, consult your addictionist or addiction psychiatrist.

In addition to the risk to your recovery, many over-the-counter medications or preparations contain ingredients, which will give a positive urine drug screen result. These preparations must be avoided as well. In addition, certain foods may give a positive urine drug screen result. Check your MA for details regarding this, and remember that cooking does not necessarily remove all the alcohol from wine or spirits used in cooking.

What all of this means: you need to become very well informed regarding **all** the medications and medicinal products you use. You have to become a "label reader" of either the box or bottle of medication you are thinking about buying and taking. This relates to both your recovery and to maintaining negative urine drug screens.

***Unless prescribed and approved by your addictionist and/or psychiatrist, the use of mood altering or controlled substances is not allowed, since they could be detrimental to recovery from substance use disorders. Many of the same substances are also detrimental to individuals with mental health disorders and are not allowed. It is important you confer with your addictionist and/or psychiatrist regarding any medications before you take them and keep the HPRP informed of any prescribed medications you are prescribed or taking.***

## Chapter 5 MEDICATIONS - PRESCRIPTION & OVER-THE-COUNTER

There are certain classes of prescription drugs, which should be avoided entirely, except when medical necessity indicates their use and there are no effective alternatives. They should only be used under the direct supervision of an addictionist. These are:

- i. Opiates, Opioids - e.g., morphine, codeine, Fentanyl, Percocet, Vicodin, Demerol, Dilaudid
- ii. Benzodiazepines - e.g., Valium, Ativan, Librium, Xanax
- iii. Barbiturates - e.g., Fiorinal, Phenobarbital, Ambien
- iv. Stimulants - e.g., Dexedrine, Ritalin, Cylert, Adderall
- v. Decongestants - e.g., anything containing ephedrine, pseudoephedrine, phenylephrine
- vi. Short-acting Anesthetics - e.g., Propofol, Ketamine
- vii. Miscellaneous - not fitting into any specific category, e.g., Ultram (Tramadol), Soma
- viii. All illicit drugs (street drugs) are mood altering and prohibited.

The above is a very incomplete list of examples, and for specific drugs, ask your addictionist or addiction psychiatrist for assistance in choosing.

When the need arises pain can be effectively managed in the recovering person. Here the use of narcotics may be indicated, but only under the supervision of a physician familiar with the use of these medications in a recovering person.

### 1. Generally Safe Drugs for Recovering Participants

The following are usually considered acceptable medications. **However**, all prescriptions and over-the-counter medications must be approved by your addictionist. These drugs including aspirin, Tylenol, non-steroidal anti-inflammatory drugs (Motrin, Nuprin, Advil, Naprosyn, Anaprox and others), antibiotics, some cough syrups (watch out for alcohol which can be in these), and antihistamines (Allegra, Claritin, etc.).

### 2. Psychiatric Medications

The decision to place or maintain an HPRP participant on psychiatric medications should be made in partnership with a participant's HPRP paneled psychiatrist and/or addictionist. Many drugs to treat psychiatric disorders should be used only with caution and a secure diagnosis. Medications fitting this caution include major tranquilizers and antidepressants.

Many mood altering or controlled substances may also be detrimental to individuals with mental health disorders. For this reason, only take the medications approved by your psychiatrist. When requesting changes to prescribed medications, refer to Chapter 6, Medication Management. Adherence to a prescribed medication regimen is an important part of compliance with a mental health MA.

***Alcohol is a powerful thing, which affects your mood and brain chemistry. Alcohol also adversely affects a number of prescription medications used in the treatment of mental health disorders. For these reasons, alcohol use is not permitted for those individuals participating in a Mental Health Monitoring Agreement, or any other type of MA.***

## Chapter 6

### MEDICATION MANAGEMENT

It is important you receive appropriate and timely medical care while an HPRP participant. Because prescribed and over-the-counter medications can adversely affect your recovery, it is very important for you to take medication management seriously. This section provides guidance for your use of prescription and over-the-counter medications, vitamins and herbal supplements.

#### 1. Notification of HPRP Participation to Medical Personnel

- a) **Coordination of care** - In order to coordinate your medical and psychiatric care with your HPRP agreement, you must inform your primary care physician and other health care providers you are in recovery and/or being treated for a mental health issue, and are under contract with the HPRP.
- b) **All other medical care** - When you receive medical, dental, surgical or emergency care, you must immediately inform your provider(s) of your substance use or mental health disorder.

#### 2. Special Medication Information Form

- a) Please complete the *Special Medical Information* form identifying your addictionist.
- b) Take the *Special Medical Information* form with you to your medical and dental appointments and ask your medical or dental provider to complete the form. Please send the completed form to your addictionist and your HPRP case manager.
- c) If **emergency surgery or hospitalization** is performed, notify your addictionist and HPRP case manager as soon as possible.

#### 3. Documentation to the HPRP

- a) You must provide documentation to the HPRP of elective surgeries and hospitalizations, e.g., pre/post-op notes, discharge summaries and all prescribed medications.
- b) For mental health hospitalizations, you must provide your HPRP case manager with an admission assessment Axis 1-V diagnosis and discharge summary, including medications.
- c) Documentation, e.g., pre/post-op notes, discharge summaries, and a list of all medications must be provided to HPRP for all emergent medical and surgical care.

#### 4. Prescribed Medications

Certain medications can affect the results of your drug-test. Therefore, when you sign your MA, you must provide a list of all prescribed medications to your addictionist and your HPRP case manager. Be sure to obtain approval from your addictionist, pain specialist and/or psychiatrist prior to taking a new medication. Your case manager should be made aware of any changes in your medication regimen once they have been approved by your medical, pain management and psychiatric providers. Addendums can then be made to your MA upon approval of the changes by your addictionist, psychiatrist and/or pain management specialist.

## Chapter 6

### MEDICATION MANAGEMENT

#### 5. Over-the-counter Medications

Discuss your use of over-the-counter (OTC) medications during your initial appointment with your addictionist and/or psychiatrist. Many OTC medications, such as cough medicines contain alcohol, and certain antihistamines (DXM), which can be a risk to your recovery, may result in positive drug screens. Because of this, use of all OTC medications needs to be pre-approved by your addictionist and/or psychiatrist.

#### 6. Vitamins and Herbal Supplements

Some herbal substances may cause adulterated or positive drug tests, which can cause difficulties with your monitoring program. As with OTC medications, any herbs or vitamins you intend to use must be pre-approved by your addictionist and/or psychiatrist. Generally, it is best to avoid the use of all herbal preparations and vitamin supplements.

## Chapter 7 DRUG TESTING

### 1. Types of Drug Testing

Drug testing is mandatory for all individuals in either a substance use disorder or mental health disorder MA. Testing serves as both a deterrent and a detection tool, thereby increasing accountability. Urine drug screens are the primary form of drug testing within the HPRP. At times, alcohol screens (saliva) or breathalyzers (breath) for alcohol may be incorporated into an MA. In certain situations, the HPRP, with the support of your treatment providers, may request a blood or hair sample for drug screening.

### 2. Collection Sites

A third party administrator (TPA) is used by the HPRP to manage drug testing. You may only use collection sites that meet the specifications established by the TPA and the HPRP policies. During intake, the TPA staff will help you to identify a collection site convenient for you. If you need to change or add a collection site after the intake process, contact the TPA at **1-800-732-3784**. This will also require your case manager's approval.

### 3. Drug Testing Costs

**You are responsible for all drug testing costs.** The HPRP has done everything possible to keep costs to a minimum while maintaining forensic accountability. However, due to the nature of substance use disorders in health care professionals, an extensive, and therefore, costly – drug panel is required. Contact the TPA for details on costs. You may also want to contact your health care insurer to determine if any or all of the testing fees may be covered. The TPA or collection site will provide you with a receipt for your drug tests, enabling you to submit them for reimbursement where applicable.

### 4. Drug Testing Frequency

Drug tests are randomly administered to help ensure both deterrence and detection. The frequency of tests, which is determined by the HPRP, is subject to change as you progress through the program. Participants who show an established pattern of compliance in all aspects of their HPRP participation may be tested less frequently after successful completion of each year of the MA with your case manager's approval. The TPA will provide you with instructions as to how to proceed with your drug testing.

### 5. Procedures for Drug Testing

- a) **Call each weekday** - You are required to call the TPA toll-free at 1-877-282-1911 between the hours of 4 a.m. and 3 p.m., EST, Monday through Friday. If a holiday falls on a weekday you must still call. You will be advised during the call whether it is your day to submit a drug test specimen.
- b) When you go online to FirstLab, you will be asked to provide the login and password that you created when enrolling. If needed, FirstLab can reset a password or let you know your login ID. Calling-in requires you to use your 17000# and your IVR PIN. FirstLab can provide the PIN number, which can also be found in your enrollment packet.

## Chapter 7 DRUG TESTING

- c) As recent as February 2015, FirstLab has gone mobile! "FirstLab Recovery Tracker" has been released as a free downloadable Mobile App, available for Apple (IOS) and Android devices. First Lab Recovery Tracker will provide more convenient access to online services for participants, by allowing them to check-in, view their history, find and navigate to their closest collection site, and set daily reminders from their mobile devices. Participants without mobile devices may still use their phone and web based tools for program engagement. FirstLab is dedicated to providing high quality services and tools to assist those in their battle against addictive disease.
- d) **Deadline for testing** - If you are advised it is your day to have a drug test done, you must do so no later than 6 p.m. that same day, or as specified in your MA. Not all collection sites are open until 6 p.m., so when you first begin your MA, inquire about the hours of operation of your preferred collection site.
- e) **Planning for your test** - Calling the TPA early in the day allows you more time to plan the test into your day's schedule. Consider developing a routine, such as calling TPA before breakfast.
- f) **Toxicology Sample** - You must provide an adequate amount of urine for testing.

### 6. Chain-of-Custody

Documenting an intact chain of custody is a legally accepted method to track the appropriate handling of a drug test specimen. Following the appropriate chain-of-custody process and ensuring your collection site conforms to the required collection site process is very important for you to document. The appropriate chain-of-custody and drug test procedures are as follows:

- a) Do not run water or flush the toilet in the restroom until after you have provided your sample to the collector.
- b) Fill out all sections of the chain-of-custody form.
- c) **Ensure** the collection site has **accurately completed** its part of the chain-of-custody form.
- d) Be sure to place the lid securely on the urine screen cup.
- e) Complete the security seal.
- f) Observe the collector placing the security seal on the urine screen cup.
- g) Place the cup in the plastic bag and seal the bag.
- h) Place the bag in the designated box.
- i) The collection site must mail the specimen. HPRP participants **may not mail** the specimen.
- j) Every person in contact with your specimen must sign the chain-of-custody form to maintain forensic accountability.
- k) **Always keep a copy of the completed chain-of-custody forms for your records.** This will aid in tracking the drug test in the rare instance it does not arrive at the lab.

### 7. Late or Missed Screens

While the HPRP understands emergencies arise, completing each urine drug test as required by your MA is critical. Drug tests are the one objective method the HPRP has of monitoring participants. If an emergency prevents you from drug testing:



## Chapter 7 DRUG TESTING

- a) Contact the TPA and your case manager immediately.
- b) Discuss the missed drug test with your therapist and addictionist/ pain specialist and/or psychiatrist. Be sure to have the therapist and addictionist provide written feedback to the HPRP.

If missing or late drug tests become an ongoing problem, the HPRP clinical team will review your file. Depending on your history with the HPRP and your provider's input, the HPRP clinical team may:

- a) Increase frequency of your drug test
- b) Take you off work
- c) View the missed drug test as a positive drug test
- d) Close and transfer your case to LARA/Bureau of Health Care Services

### 8. Positive Drug Tests

An Immunoassay Screen is used during the first phase of urine for drug testing. If a drug or its metabolite is detected, it is confirmed by a process called Gas Chromatography/Mass Spectrometry (GC/MS). Positive drug screens for alcohol are also confirmed.

Poppy seeds should not be consumed since a poppy seed metabolite may test positive for opiates. Herbs may also cause unacceptable abnormalities in the urine drug screen testing. Use of herbs or natural substances as medication must be approved in writing by your addictionist and/or psychiatrist.

### 9. Abnormal Drug Screen Results

It is the responsibility of each participant to notify HPRP of problems with performing toxicology screens, or any anticipated problems. Abnormal screen results (described below) are reported to the HPRP. The consequences of abnormal screen results may include additional progressive requirements, such as removal from work, additional treatment, or dismissal from the program, as recommended by the participant's treatment service provider(s).

### 10. Response to Adulterated/ Substituted Specimens

Adulterated tests are treated as positive drug tests. Because the HPRP will not be able to attest to the health care professional's ability to work safely following an adulterated test, the HPRP case manager will recommend refraining from work until the appropriate evaluations and responses are formulated, received by the HPRP, and put into place by the HPRP. Submission of an adulterated urine specimen may result in a non-compliant closure and referral to LARA/Bureau of Health Care Services for action.

**Chapter 7**  
**DRUG TESTING**

**FREQUENTLY ASKED QUESTIONS**

- Q. I forgot to call in to see if it was my day for a drug screen. What should I do?
- A. Contact your case manager immediately the next business day. If your case manager is unavailable, ask the receptionist to speak with someone who can help you.
- Q. I know I will have a positive drug test. What should I do?
- A. Contact your case manager and your treatment providers immediately.
- Q. My case manager says I missed a drug test, but I know I did it on the date required. What should I do?
- A. The HPRP uses a sophisticated electronic system to determine whether an HPRP participant has called the TPA. Although rare, it is possible for a drug specimen to get lost in the mail between the collection site and the testing lab. Therefore, be prepared to provide copies of your lab receipt and chain-of-custody form. The HPRP recommends you keep copies of these in your file. Without proof that you completed a drug test, the HPRP may assume it was a missed test.

## Chapter 8 CONTINUING CARE

While participating in a Monitoring Agreement (MA), you are required to be involved with a number of support systems. These support systems are addressed in the following portion of the handbook.

### 1. Self-help Support Groups

Research shows that individuals who suffer from a substance use disorder and attend self-help support groups have a better chance of maintaining recovery than those who do not. The following support groups are usually an important and vital part of the MAs for individuals with substance use disorders.

- a) Self-help Group - Self-help group meeting attendance is required. The self-help group must follow a process for recovery for those who have a desire to quit drinking or the use of drugs, e.g., Smart, AA, Women for Sobriety and Al-Anon. Logs must be signed by the table leader/chairperson and submitted monthly by the 10th.
  
- b) Caduceus Meetings - Recovery oriented meetings for health care professionals only. At least one Caduceus per month. If not available, you may be required to attend an additional self-help meeting per month. **Logs must be signed by the table leader/chairperson and submitted monthly by the 10th.**

Frequency of support group attendance is a treatment issue. Any variations from your required meeting attendance requirements should be approved and documented by your treatment provider(s). Numerous other support groups, e.g., Overeaters Anonymous (OA), Women for Sobriety, Emotions Anonymous, Gamblers Anonymous and others, are available in many communities. Upon recommendation from your providers, attendance at other support groups may be required or suggested.

### 2. Sponsors

A sponsor is someone who has had a sustained period of recovery time in recovery, actively attends support group meetings and who can share with you what s/he has learned about substance use disorders and recovery. Initially, recovery may feel unfamiliar, uncertain and frightening, like unknown territory. A sponsor can be very helpful during this time.

You will be required to find a sponsor within 60 days of signing your MA. **It is preferred that you not have a sponsor who is currently active in the HPRP.** Self-help groups have pamphlets, which explain a sponsor's role and how to establish a relationship with a sponsor. You may also learn more about sponsors by requesting the topic at a meeting or discussing sponsorship with your HPRP case manager.

The HPRP will request your sponsor sign a Release of Information form and provide their phone number in case his/her input into your monitoring activity is needed. To protect his/her anonymity, only your sponsor's first name and last initial will be listed in your MA. On rare occasions, an HPRP participant's sponsor has refused to send reports because of anonymity concerns. Address this issue up front when you seek a sponsor. If it remains a problem, the HPRP will require you to obtain a second sponsor who is willing to provide the report.

## Chapter 8 CONTINUING CARE

### 3. Professional Association Programs

Both the Michigan Dental Association (MDA) and Michigan Pharmacy Association (MPA) maintain a peer support program for their members. The MDA's Care and Well-Being Program can be accessed by calling (517) 372-9070. The Pharmacists Helping Pharmacists Council can be accessed at (517) 484-1466. It may still be of value to contact your professional organization to explore a support program they have organized. If your MA requires involvement with either of these programs, a quarterly report will be required.

### 4. Group therapy

Most substance use disorder/pain management and dual-diagnosis MAs require weekly HPRP group attendance and participation for a minimum of two years. In certain circumstances and in consultation with your treatment providers, the time in group therapy may be extended. When your group therapy commitment has been met, contact your case manager and have your therapist verify in writing you are ready to complete group therapy. Once discharge from group therapy has been approved by the CMT, your therapist will provide a written discharge summary to the HPRP.

If you cannot attend a group session, address this with your provider. Your provider will determine whether your absence is excused or unexcused and will notify the HPRP of his/her determination. If attendance becomes a problem and you have difficulty attending, it may jeopardize compliance with our MA requirements. Contact your case manager for help if this circumstance arises. Group attendance is mandatory if it is part of your MA.

### 5. Individual Therapy

The HPRP has a network of approved providers from whom you may choose a therapist when arranging for individual therapy, and is included in the terms of your MA. The therapy requirements in your MA are determined from the recommendations established during the intake process, and the needs identified during the monitoring process. If you choose to engage in individual therapy even though it is not a condition of your MA, this can be pursued independent of HPRP.

For purposes of documentation and monitoring throughout the MA, participants are required to have a minimum of monthly contact with an HPRP approved therapist. The approved therapist will be required to complete and submit quarterly reports on your progress to the HPRP.

### 6. Treating Physicians

**Primary care physician (PCP)** - It is important you inform your primary care physician of your MA and the reason why you are in the HPRP. Release of Information forms between your PCP and your psychiatrist and/or addictionist/ pain specialist must be completed to better coordinate your care. Your PCP and addictionist/pain specialist may be the same person.

#### **The following must be HPRP Panelled Providers:**

**Addictionist** - An HPRP approved addictionist is required if you have a substance use disorder diagnosis. Addictionists are allopathic or osteopathic physicians certified by the American Society of Addiction Medicine (ASAM), the Academy of Addiction Psychiatry, or the American Osteopathic

## Chapter 8 CONTINUING CARE

Association's Certificate of Added Qualifications in Addiction Medicine. Unless otherwise stated, the HPRP requires your addictionist to submit quarterly reports for the duration of your MA.

You are responsible for coordinating care with all of your medical providers. Your addictionist must be notified of the prescription medications you are taking to ensure they are compatible with your recovery and, if necessary, to identify more appropriate available medications. Your addictionist will also provide written quarterly reports to the HPRP on your progress.

**Pain management specialist** - For HPRP participants diagnosed with chronic pain, an HPRP approved pain management specialist is required. The pain management team must use a multi-disciplinary treatment approach that includes medical management, mental health services and rehabilitation. The treatment team must include a Medical Director experienced in treating non-cancer pain and agree to use opioids or other mood altering substances only after other treatment modalities have failed or are deemed inappropriate or ineffective for the pain.

**Psychiatrist** - Participants in a mental health or dual-diagnosis MA are required to see an HPRP approved psychiatrist. Your psychiatrist will provide quarterly reports to the HPRP on your progress. At times, your psychiatrist and addictionist may be the same individual.

### **8. Changing any element of your MA**

If you would like to change any element of your MA, you will need the endorsement of your treatment providers with a signed and completed "Change in MA" form, submitted to your HPRP case manager.

If you want to change a continuing care provider, first discuss the change with your current provider so that you work together in an attempt to solve problems and address any concerns. If your current provider agrees to a change, s/he must approve the change in writing and send it to your HPRP case manager. If s/he does not agree, contact your case manager for further review.

If your current provider approves a change in providers, you must sign a Release of Information form between your current and new provider. Then, you need to follow-up with your HPRP case manager to confirm HPRP has received documentation of the change, along with the Release of Information form. Once approved by the CMT, the HPRP will provide an addendum to your MA, naming the new provider.

## Chapter 9 RELAPSE

While the systems and procedures established by the Health Professional Recovery Committee (HPRC) and the HPRP are designed to minimize relapse, you should know what to do if a relapse occurs. It is always better to discuss a relapse with your HPRP case manager and your aftercare team, rather than to attempt to hide it. Your response to a relapse will have an influence when the HPRP addresses the relapse.

### 1. Substance Use Relapse

A relapse is defined as any break or lapse in abstinence of a prohibited substance, regardless of the substance, duration, or amount of the substance used. The use of any medication, prescribed or over-the-counter, medication prescribed for someone else, the use of an inappropriate dose or frequency of use of a prescribed medication all constitute a relapse. The use of "Medical Marijuana", even with the appropriate card is also a relapse. HPRP participants must have medications, their dosage, frequency of use, and duration of use approved by their addictionist and/or psychiatrist, and their case manager must be notified. Please contact your case manager on what procedures to follow for medication approval.

### 2. Potential Relapse

Experience and research shows there are obvious warning signs, which indicate a person is at risk of relapse. These warning signs include behaviors exhibited at work, in one's personal life, and in individual or group therapy. If providers, family members and/or your worksite monitor report signs that are of a concern, you may be asked to see your therapist and/or addictionist in an attempt to intervene before actual relapse occurs.

### 3. Mental Health Disorders

Relapse can also occur for those with mental health disorders (e.g. increased depression, suicidal thoughts or attempts). At times, an adjustment in medications may be needed. Until stability has been restored, you may be asked to refrain from work and to work closely with your therapist, HPRP case manager, and addictionist (if there is a dual diagnosis) and/or psychiatrist.

### 4. If Relapse Occurs

In the event of a relapse, your treatment history, relapse history, compliance with the MA and response to the relapse are considered when determining a plan of action. As a general rule, you should consider the following:

- a) **BE HONEST:** Call the HPRP immediately and inform your case manager of the relapse. If your case manager is not available, contact the 800 number and ask the person who is taking your call for assistance. If you need to speak with someone after hours, contact your treatment providers to determine next steps for re-assessment and/or increased treatment needs. You will be instructed to refrain from work until you have received a reassessment.
- b) **DO NOT WORK!** Contact your worksite monitor. Inform him/her of what has occurred and that you cannot work at this time. Your return to work will depend on the recommendations from the reassessment and the HPRP clinical team recommendations. Contact your therapist, addictionist/ pain specialist and/or

## **Chapter 9**

### **RELAPSE**

psychiatrist to report the relapse and to schedule an appointment for reassessment. Contact your AA/NA sponsor and go to a meeting (if applicable).

## **Chapter 10**

### **DISCHARGE FROM MONITORING**

There are two types of discharge from an HPRP Monitoring Agreement: (1) discharge due to non-compliance during monitoring; and, (2) discharge due to completion of the HPRP or regulatory monitoring requirements. An explanation of each follows.

#### **1. Discharge Due to Non-compliance During Monitoring**

As an HPRP participant, you are entitled to the services and confidentiality of the HPRP so long as you follow established procedures and the terms and conditions of your Monitoring Agreement (MA). If you are dismissed from the program or inform the HPRP that you are dropping out, your case will be closed and referred to the Michigan Department of Licensing and Regulatory Affairs/Bureau of Health Care Services, as required under the authorizing legislation. For Regulatory participants, non-compliance will be reported to the Bureau's Sanction Monitoring section.

If your case referred to the Bureau results in disciplinary proceedings, it may be returned to the HPRP contractor for monitoring as a regulatory case. A regulatory case is not confidential. The HPRP will monitor the regulatory case, but the disciplinary action will appear as a permanent part of your license, registration, or certification file.

Examples of non-compliance, which may result in case closure include:

- Ongoing/frequent relapse
- Forging reports Falsifying/altering drug tests
- Missing drug tests
- Failing to attend HPRP required therapy, e.g., HPRP group
- Failure to keep addictionist/psychiatrist/therapist/pain management practitioner appointments
- Working in a health professional capacity when the HPRP has instructed the participant to refrain from or limit his/her practice
- Not complying with some aspect of an MA, e.g., working with access to controlled substances without HPRP approval, working outside of approved hours, working in home health care
- Relocating outside Michigan without prior notice of and approval by HPRP
- Consistently missed or late reports
- Threatening harm or violence toward the HPRP contractor staff

#### **2. Discharge Due to Completion of an MA**

Most participants successfully complete their MA. We recommend that you make contact with your case manager several months prior to your completion date to assure that you are in compliance with all aspects of your MA and to discuss the completion process. Missing reports or lab results may delay the completion process. In addition to ongoing compliance with your monitoring contract, you will need to complete the following steps, which will be detailed in a pre-completion letter sent to you by your case manager.



## Chapter 10

### DISCHARGE FROM MONITORING

You must write an ongoing recovery plan and your HPRP case manager must receive up-to-date letters of endorsement for completion of your MA from your (those identified in your MA):

- worksite monitor
- therapist
- addictionist
- psychiatrist
- pain specialist
- sponsor(s), if applicable

Please submit this documentation no sooner than 3 weeks prior to your completion date. Your case manager will review your file to ensure you are in compliance.

Prior to your completion date, if all letters of endorsement have been received and all areas of your chart, including urine drug screens/alcohol screens/ breathalyzers, are in compliance, your case manager will contact you.

You will be informed that you are no longer required to call for drug testing. However, you will not formally complete the program until results of the last drug or alcohol test have been received, reviewed, and approved by your case manager.

For example, if your completion date is August 4 and you tested on August 1, you will not formally complete the program until the August 1 test result is received and is negative (or normal).

Once the final lab report is received, you will be provided with a letter indicating your successful completion of monitoring. A copy of this letter will also be sent to your providers and worksite monitor. **It is strongly recommended you keep this letter indicating your successful completion in your HPRP records.** Upon your successful completion of the HPRP requirements, and no indication of further problems within five (5) years of completion, your file will be pursuant to state law. **Records are not destroyed for those with regulatory MAs.** In addition, FirstLab offers the **option** of continued drug screening upon completion of the HPRP program.

**Chapter 11**  
**REINSTATEMENT INFORMATION**

**PUBLIC HEALTH CODE (EXCERPT)**  
**Act 368 of 1978**

**333.16245 Reinstatement of limited, suspended, or revoked license or registration; application; payment; time; hearing; guidelines; fees; criminal history check.**

Sec.16245.

An individual whose license is limited, suspended, or revoked under this part may apply to his or her board or task force for a reinstatement of a revoked or suspended license or reclassification of a limited license pursuant to section 16247 or 16249.

An individual whose registration is suspended or revoked under this part may apply to his or her board for a reinstatement of a suspended or revoked registration pursuant to section 16248.

A board or task force shall reinstate a license or registration suspended for grounds stated in section 16221(j) upon payment of the installment.

Except as otherwise provided in this subsection, in case of a revoked license or registration, an applicant shall not apply for reinstatement before the expiration of 3 years after the effective date of the revocation. In the case of a license or registration that was revoked for a violation of section 16221(b) (vii), a violation of section 16221(c) (iv) consisting of a felony conviction, any other felony conviction involving a controlled substance, or a violation of section 16221(q), an applicant shall not apply for reinstatement before the expiration of 5 years after the effective date of the revocation. The department shall return an application for reinstatement received before the expiration of the applicable time period under this subsection.

The department shall provide an opportunity for a hearing before final rejection of an application for reinstatement.

Based upon the recommendation of the disciplinary subcommittee for each health profession, the department shall adopt guidelines to establish specific criteria to be met by an applicant for reinstatement under this article or article 7. The criteria may include corrective measures or remedial education as a condition of reinstatement. If a board or task force, in reinstating a license or registration, deviates from the guidelines adopted under this subsection, the board or task force shall state the reason for the deviation on the record.

An individual who seeks reinstatement or reclassification of a license or registration pursuant to this section shall pay the application processing fee as a reinstatement or reclassification fee. If approved for reinstatement or reclassification, the individual shall pay the per year license or registration fee for the applicable license or registration period.

An individual who seeks reinstatement of a revoked or suspended license or reclassification of a limited license pursuant to this section shall have a criminal history check conducted in accordance with section 16174 and submit a copy of the results of the background check to the board with his or her application for reinstatement or reclassification.

## Chapter 11

### REINSTATEMENT INFORMATION

**History:** 1978, Act 368, Eff. Sept. 30, 1978; -- Am. 1986, Act 174, Imd. Eff. July 7, 1986;-- Am. 1988, Act 462, Eff. Sept. 1, 1989; -- Am. 1993, Act 79, Eff. Apr. 1, 1994; -- Am. 1993, Act 87, Eff. Apr. 1, 1994; -- Am. 1998, Act 109, Eff. Mar. 23, 1999; -- Am. 2006, Act 26, Imd. Eff. Feb. 17, 2006

**Compiler's Notes:** Section 3 of Act 174 of 1986 provides: "This amendatory act shall only apply to contested cases filed on or after July 1, 1986."

**Popular Name:** Act 368

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PUBLIC HEALTH CODE (EXCERPT)

**Act 368 of 1978**

#### **333.16247 Reinstatement of license or issuance of limited license; requirements.**

Sec. 16247.

A board or task force may reinstate a license or issue a limited license to an individual whose license has been suspended or revoked under this part if after a hearing the board or task force is satisfied by clear and convincing evidence that the applicant is of good moral character, is able to practice the profession with reasonable skill and safety to patients, has met the criteria in the rules promulgated under section 16245(6), and should be permitted in the public interest to practice.

Pursuant to the rules promulgated under section 16245(6), as a condition of reinstatement, a disciplinary subcommittee, upon the recommendation of a board or task force, may impose a disciplinary or corrective measure authorized under this part and require that the licensee attend a school or program selected by the board or task force to take designated courses or training to become competent or proficient in those areas of practice in which the board or task force finds the licensee to be deficient. The board or task force may require a statement on a form approved by it from the chief administrator of the school or program attended or the person responsible for the training certifying that the licensee has achieved the required competency or proficiency.

As a condition of reinstatement, a board or task force shall place the licensee on probation for 1 year under conditions set by the board or task force. If a licensee whose license has been revoked cannot apply for reinstatement for 5 years after the date of revocation, then, as a condition of reinstatement, the board or task force shall require the licensee to take and pass the current licensure examination.

A board or task force shall not reinstate a license suspended or revoked for grounds stated in section 16221(b)(i), (iii), or (iv) until it finds that the licensee is mentally or physically able to practice with reasonable skill and safety to patients. The board or task force may require further examination of the licensee, at the licensee's expense, necessary to verify that the licensee is mentally or physically able. A licensee affected by this section shall be afforded the opportunity at reasonable intervals to demonstrate that he or she can resume competent practice in accordance with standards of acceptable and prevailing practice.

**Chapter 11**  
**REINSTATEMENT INFORMATION**

**History:** 1978, Act 368, Eff. Sept. 30, 1978; -- Am. 1993, Act 79, Eff. Apr. 1, 1994  
**Popular Name:** Act 368© 2007 Legislative Council, State of Michigan

3/23/2007 PUBLIC HEALTH CODE (EXCERPT)

**Act 368 of 1978 333.16248 Reinstatement of registration; requirements.** Sec. 16248.

A registration board may reinstate a registration revoked or suspended under this part if, after a hearing, the board is satisfied by clear and convincing evidence that the individual is of good moral character, has the education and experience as required in this article, has met the criteria in the rules promulgated under section 16245(6), and will use the title lawfully and act in accordance with this article.

**History:** 1978, Act 368, Eff. Sept. 30, 1978; -- Am. 1993, Act 79, Eff. Apr. 1, 1994  
**Popular Name:** Act 368

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PUBLIC HEALTH CODE (EXCERPT)

**Act 368 of 1978 333.16249 Reclassification of limited license; requirements.**

Sec. 16249.

A disciplinary subcommittee may reclassify a license limited under this part to alter or remove the limitations if, after a hearing, it is satisfied that the applicant will practice the profession safely and competently within the area of practice and under conditions stipulated by the disciplinary subcommittee, and should be permitted in the public interest to so practice. The disciplinary subcommittee may require the submission of information necessary to make the determination required for reclassification. As a condition of reclassification, the disciplinary subcommittee may require that the licensee take an examination or attend a school or program selected by the disciplinary subcommittee to take designated courses or training to become competent in those areas of practice the disciplinary subcommittee determines necessary for reclassification. The disciplinary subcommittee may require a statement on a form approved by it from the chief administrator of the school or program attended or the person responsible for the training certifying that the licensee has achieved the required competency.

**History:** 1978, Act 368, Eff. Sept. 30, 1978; -- Am. 1993, Act 79, Eff. Apr. 1, 1994  
**Popular Name:** Act 368

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## APPENDIX I FORMS AND REPORTS

The following forms used in the HPRP are submitted online OR an original copy must be mailed. This will be indicated in the lists below but contact your case manager for clarification as the HPRP maybe updating their systems. All of these forms can be found on the HPRP website – www.HPRP.org. Some forms may only be accessed by signing in. You, your worksite monitor, and your providers will be assigned a User ID to sign into the HPRP website to submit the appropriate report. If you do not have access to the Internet, even through a local library, contact your HPRP case manager.

### List of ONLINE Forms

The following forms may only be accessed and submitted online by using your User ID. **Paper copies will not be accepted.**

Monthly Reports (due on the 10th day of the following month):  
Monthly Self Report

Quarterly Reports (due at the end of the quarter):  
Worksite Monitor Report  
HPRP Group Therapist Report  
HPRP Individual Therapist Report  
Addictionist, Psychiatrist and/or Pain Specialist

### Report(s) List of PRINTED Forms

These forms must be printed, endorsed by the appropriate party and mailed directly to your case manager:

1. Self Help Attendance Verification (due on the 10th day of the following month)
2. Caduceus Attendance Verification (due on the 10th day of the following month)
3. Quarterly Sponsor Report (due at the end of the quarter)

These forms must be printed, endorsed by the appropriate provider(s) and can be mailed or faxed directly to your case manager:

1. Request for Change Monitoring Agreement
2. Leave Request (submit at least two weeks prior to leave)
3. Review of HPRP Decision

### Miscellaneous Forms

1. FirstLab Enrollment Instructions
2. Participant Handbook
3. Release of Information (must mail **original** copy with signature of witness 18+ years old)
4. Special Medical Information (to be given to dental and health care providers)
5. Professional Association Monitoring Program Verification

**“Michigan Department of Licensing and Regulatory Affairs/Bureau of Health Care Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.”**