



Participant Handbook

(Revised September 2019)

Approved by the HPRC

800-453-3784

www.hprp.org

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FREQUENTLY USED PHONE NUMBERS

HPRP General Line: 800-453-3784

HPRP Fax Number: 248-519-0373

FirstSource General Phone Number: 833-476-1173

FirstSource Participant Call-in Number: 877-282-1911

FirstSource Account Manager, Susan O'Brien: 215-396-5540

HPRP Contract Administrator, Dena Marks: 517-241-5610

Bureau of Professional Licensing Help Line: 517-241-0199

INTRODUCTION AND BACKGROUND

Welcome to the Health Professional Recovery Program (HPRP), a voluntary, non-disciplinary monitoring program intended to support and document your recovery. By participating in the HPRP, many healthcare professionals have successfully addressed a substance use and/or mental health 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 cover most aspects of your involvement with the 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 number at 1-800-453-3784. Furthermore, if you have any suggestions to make this handbook easier to use, or topics 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 and/or mental 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 personal 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.

The HPRP is comprised 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 appointed by each HPRP-eligible licensing board and two public members appointed by the Department Director.

INTRODUCTION AND BACKGROUND

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 monitoring if indicated. The contractor also develops each participant's Monitoring Agreement, oversees participant compliance with their Monitoring Agreement, and provides work-site coordination. 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 approved evaluators and treatment providers.

The **Bureau of Professional Licensing** 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/participant. 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

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.

Referrals to the HPRP

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

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.

Intake Process

Intake Questions: During the intake process, you will be asked general questions about your history of substance use, treatment of any mental 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 evaluator.

Evaluation: If the need for an evaluation is established, you will be referred whenever possible to three HPRP approved evaluators for a complete psychosocial and/or medical evaluation. An appointment with one of the evaluators should be set up immediately and HPRP contacted with the date and time of the scheduled evaluation. A Release of Information for the evaluator 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 the intake with the evaluator to assist in obtaining the most accurate evaluation and determining if a licensee meets criteria for participation in the HPRP.

Safety to Practice: Information gathered during intake and/or your evaluation will assist in determining your safety to practice. If it is determined you are not safe to practice, you will be required 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 Professional Licensing.

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There may be stipulations regarding employment or practice circumstances once you enter into a Monitoring Agreement (MA). If you have not been required 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 evaluating provider determines that you do not have a qualifying diagnosis, you will be notified, and your case file will be closed compliant. Pursuant to state law, non-regulatory HPRP referral case files are destroyed five years after closure if no additional reports are received.

If the evaluating provider determines that you have a qualifying Mental Health Diagnosis, Substance Use Disorder or Dual Diagnosis 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) will be developed and sent to you. This agreement will be in effect during the time you are in treatment. Upon completion of treatment, an MA will be developed and mailed to you for your review and signature.

4. The Monitoring Agreement

The Monitoring Agreement (MA) provides the structure and accountability that is an important part of your recovery process and in early recovery. The MA sets out the specific terms and conditions of your monitoring program, which are delineated based on the information obtained from your evaluation(s) and treatment. 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 and will greatly enhance the likelihood of you establishing a successful recovery. 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.

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 by the intake deadline. An MA is not valid until notarized and returned by mail to be signed by the appropriate HPRP representative.

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 are required to respond to any noncompliance. Monitoring Agreement non-compliance may result in a "time in contract" extension, change in the terms of the MA (e.g., increased drug testing, increased number of mutual-help meetings, etc.) and/or case closure and referral to LARA, Bureau of Professional Licensing for action.

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Refusal to follow provider recommendations or to sign an MA: Under MCL 333.16168 if you choose not to follow through with the recommended evaluation and treatment or refuse to sign an MA, the HPRP is required to close your file noncompliantly and send it to the Department of Licensing and Regulatory Affairs (LARA), Bureau of Professional Licensing.

If this occurs, your case may no longer remain confidential. The State of Michigan may take any of the following actions, including:

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

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) during the intake process. 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 either a regulatory or non-regulatory MA.

Non-Regulatory MA - This MA applies to health care professionals who refer themselves to the HPRP or who have been referred to the HPRP but who are not subject to a board order and have voluntarily entered the program. Under terms of the Public Health Code the non-regulatory MA is confidential.

Regulatory MA - This MA applies to health care professionals whose participation in the HPRP has been mandated by a Board Order. Board Orders are public documents under the Freedom of Information Act, and as a result, participation in a Regulatory MA is not confidential.

Substance Use Disorder Agreement - This MA is for participants with a diagnosis of a substance use disorder **only**.

Mental Health Agreement - This MA is for participants with a diagnosis of mental health disorder **only**.

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.

Chapter 1

THE HPRP INTAKE PHASE

Content of the MA

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

- Controlled substance restrictions in the worksite
- Location of employment and identification of a Worksite Monitor
- The hours a participant may work
- Abstinence from mood-altering substances
- Mutual-help meeting attendance (such as Alcoholics Anonymous, Narcotics Anonymous, Caduceus, in-person SMART, and/or others as listed. Online SMART meetings require approval)
- Identification of an AA/NA sponsor
- Random drug testing
- Leave approval process
- Medication approval
- Approval of treatment modalities (including duration and type of therapy) and aftercare treatment providers (including Psychiatrist, Addictionist, therapist)
- Reporting requirements
- Duration of MA

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.

Chapter 2 MONITORING AGREEMENTS

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. Mutual-Help Support Groups

Research shows that individuals who suffer from a substance use disorder and attend mutual-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.

Mutual-Help Group - Mutual-help group meeting attendance is required. The mutual-help group must follow a process for recovery for those who have a desire to quit drinking or the use of drugs, e.g., In-Person SMART, AA, Women for Sobriety and Al-Anon. **Logs must be signed by the table leader/chairperson and submitted monthly by the 10th.** Online SMART meetings require approval by the Clinical Team with endorsement from your providers.

Caduceus Meetings - Recovery oriented meetings for health care professionals only. At least one Caduceus per month must be attended. If not available, you may be required to attend an additional mutual-help meeting per month. **Logs must be signed by the table leader/chairperson and submitted monthly by the 10th.**

Any variations from your required meeting attendance requirements should be approved by your treatment provider(s) and submitted for Clinical Team review. 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 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 do not have a sponsor who is currently active in the HPRP or that you have a personal relationship with, i.e. family members or significant others.** Mutual-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.

Chapter 2 MONITORING AGREEMENTS

3. Group therapy

Most substance use disorder and dual-diagnosis MAs require weekly HPRP group attendance and participation for a minimum of two years. In certain circumstances including but not limited to treatment provider recommendations or non-compliance, the time in group therapy may be extended. When your group therapy commitment has been met, have your provider(s) endorse a *Request to Change Monitoring Agreement form* and submit for Clinical Team review.

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 your MA requirements. Contact your case manager for help if this circumstance arises. Group attendance is mandatory if it is part of your MA. The therapist will be required to complete and submit quarterly reports on your progress to the HPRP.

4. Individual Therapy

The HPRP has a network of approved providers from whom you may choose a therapist when arranging for individual therapy that is included in the terms of your MA. The therapy requirements in your MA are determined by 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.

5. Treating Physicians

Primary care physician (PCP) - It is important that 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, HPRP, and your Psychiatrist and/or Addictionist/ Pain Specialist must be completed to better coordinate your care. HPRP will provide a PCP Acknowledgement letter to your PCP to confirm their understanding of your participation in the HPRP. Your PCP and Addictionist may be the same person.

The following must be HPRP Paneled 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 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.

Chapter 2 MONITORING AGREEMENTS

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. See Chapter 5 for further information on the approval of medications.

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.

Group and Individual Therapist- Participants in a mental health, substance use disorder or dual-diagnosis MA may be required to see a therapist based upon the recommendations made during the intake process, and further needs identified during the monitoring process. Your therapist will provide quarterly reports to the HPRP on your progress

6. 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:

- AA/NA/Caduceus Mutual-Help Logs

7. 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:

- Worksite Monitor
- Addictionist and/or Psychiatrist
- Therapist HPRP Group and/or Individual Therapy
- Sponsor Report

Chapter 2 MONITORING AGREEMENTS

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.**
- 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.

8. Responsibility for program costs

All expenses, including the cost of treatment, drug tests, therapy sessions and visits with any Addictionist, 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 your providers. If insurance does not cover your treatment, check with your professional association, as some have funds/loans available to assist members during difficult times. Additionally, some providers offer payment plans.

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.

9. 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 absence or leave plans and requests with your therapist, Addictionist and/or Psychiatrist. You are to provide the HPRP with a completed leave request form with a signature from your therapist, Addictionist and/or Psychiatrist at **least two weeks in advance of the first day of your planned absence or leave.**

10. Drug Testing While on Leave

- a. Discuss your leave request with your HPRP therapist, Addictionist and/or Psychiatrist
- b. Provide your provider(s) with a *Request for Leave Form*, identifying the agreed upon plan, and be sure they sign the form.
- c. Submit the completed form to your HPRP Case Manager.
- d. Confirm with your case manager that the leave has been approved.
- e. If your provider(s) and the HPRP approve your leave request, a plan for completing your drug testing will be identified **prior** to your departure. Special testing will be requested for leave requests outside of the United States or where drug testing is not available

Chapter 2 MONITORING AGREEMENTS

11. Changes to any element of your MA and the Addendum Process

If you would like to change any requirement of your MA, you will need the endorsements from your treatment providers on a signed and completed *Request to Change Monitoring Agreement form*, submitted to your HPRP case manager. Before making a request, discuss any desired change with your providers identified in your MA, including:

- Addictionist and/or Psychiatrist
- Worksite Monitor (if the addendum involves something regarding your workplace)
- 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 ensure the form has been provided to your HPRP case manager. The HPRP Clinical Team will review your request. If approved, an addendum to your MA will be emailed to you, reflecting the agreed upon changes. If the requested MA change is denied your case manager will notify you. You may request a Step 1 Review Request of the decision. Your case manager will instruct you on how to proceed with this written request.

If you want to change a continuing care provider, first discuss the change with your current provider so that you work together to solve problems and address any concerns. If you still wish to change your provider, contact your case manager for further instruction.

Chapter 2 MONITORING AGREEMENTS

12. HPRP Clinical Team

The HPRP Clinical Team members consists of the Medical Director, Program Director, Program Coordinator and Intake and Case Managers. The team meets weekly to review participant requests and any noncompliance with a participant's MA. **Any requested changes to a participant's MA must be based on provider recommendations and after Clinical Team Review.**

13. Review Process

If you disagree with: i) the need to enter into a 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. Your case manager will provide you with information on options for a Step 1 and Step 2 Review Request and instruct you on how to proceed with the written review request.

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 Professional Licensing, even if the reason for closure is related to financial difficulties.

Q. Do I still have to attend mutual-help meetings if I go on leave?

A. Yes. There are AA/NA meetings available worldwide (even on cruise ships). Mutual-help meetings are the participants responsibility to arrange away from their home base. Excusal from meetings can be requested with provider endorsement on the leave request form.

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 after Clinical Team review. 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 it 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?

A. 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 Professional Licensing for possible regulatory action.

Chapter 3 EMPLOYMENT

The HPRP defines employment as working in a healthcare setting, including volunteering and orientation, shadowing, and training in new positions. This includes all employment in a healthcare setting with or without the use of the individual's professional licensure. 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 the prior approval of the HPRP.

Other important items regarding your employment while you are an HPRP participant are discussed below.

1. Approval of employment and return to work

Obtain return-to-work approval

Talk with your therapist, Addictionist and/or Psychiatrist about returning to work. Your Addictionist and/or Psychiatrist will need to complete a *Safety to Practice* 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 yet returned to your previous job, to discuss returning to work with your current employer.

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. Identify a worksite monitor (see Item 2 below) and an alternative worksite monitor, and provide a signed Release of Information to your case manager.
- c. Your HPRP case manager will contact the primary worksite monitor to obtain specific information about the position, to discuss your involvement in the HPRP, and to discuss their responsibilities as your worksite monitor.
- d. Obtain endorsements on the Request to Change Monitoring Agreement form for the specific position from your therapist, Addictionist and/or Psychiatrist.
- e. Once the Release of Information and endorsements from your providers have been received and your case manager has contacted the worksite to complete the Worksite Confirmation, it will be reviewed by the HPRP Clinical Team.
- 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. You may now attend orientation, training, shadowing or start working if the worksite is approved.
- g. If your request is denied, your case manager will explain the reason(s) for the denial.

Chapter 3 EMPLOYMENT

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 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 that your worksite is neither contributing to the development of any problems nor does your performance there demonstrate any signs of relapse.

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 a healthcare profession, provided the licensee does not pose a threat to the public safety. Your worksite monitor must know of and abide by any MA employment restrictions that you may have in order to help ensure your safety as well as that of the public.

Healthcare 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 support group or providers can offer you guidance. You may also contact your case manager to discuss any questions or concerns.

Hours of Practice

Participants new to HPRP and the monitoring process are typically restricted to 40 hours per week, generally between the hours of 5 a.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. You may request, with written support from your therapist, Addictionist and/or Psychiatrist, a change in your work hours.

Place of Practice

In some 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 generally not approved due to the lack of adequate supervision and unsupervised access to medications, both of which may place you at risk of relapse. However, 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.

Chapter 3 EMPLOYMENT

Employment Changes

To change employment or the location of your job with your current employer, written endorsement from your therapist, Addictionist and worksite monitor is required. 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 complete the Worksite Confirmation.
- c. Once all provider endorsements are received and contact with the worksite monitor has occurred, your request will be reviewed by the Clinical Team.
- d. Your case manager will inform you of the decision on your request. 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.

Access to Controlled Substances

Depending on your history and your employment situation, you may not be able to possess, 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 endorsement from those providers involved in your MA.

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 may be approved on an individual basis and only with endorsement from your therapist and Addictionist and/or Psychiatrist.

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 typically not approved 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. Approval may be granted on an individual basis and only with endorsement from your therapist and Addictionist and/or Psychiatrist.

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 4

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, for an individual diagnosed with Alcohol Use Disorder, 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), a participant is responsible for knowing what is in the medication and if the ingredients are safe to use. For example, 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.

If you have any questions or concerns regarding prescription or over-the-counter medications, consult your Addictionist/Psychiatrist and seek approval of these medications prior to use.

In addition to the risk to your recovery, many over-the-counter medications or health products contain ingredients which may give a positive urine drug screen result. In addition, certain foods may also 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.

Chapter 4

MEDICATIONS – PRESCRIPTION & OVER-THE-COUNTER

Unless prescribed and/or 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.

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 include but are not limited to:

- 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 are prohibited.

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.

Alcohol is a powerful thing, which affects your mood and brain chemistry. Alcohol also adversely effects several 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.

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, cough syrups (caution – some may contain alcohol), and antihistamines (Allegra, Claritin, etc.).

Chapter 4

MEDICATIONS – PRESCRIPTION & OVER-THE-COUNTER

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 category include major tranquilizers and antidepressants.

Many mood-altering or controlled substances may also be detrimental to individuals with mental health disorders. For this reason, participants may only take the medications with the approval of their Psychiatrist. When requesting changes to prescribed medications, refer to Chapter 5, Medication Management. Adherence to a prescribed medication regimen is an important part of compliance with a mental health MA.

Chapter 5 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 Providers

- 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 that you have been diagnosed with a substance use disorder and/or a mental health disorder and are under a monitoring agreement with the HPRP. Your monitoring agreement must be provided to them for review. A PCP Acknowledgement letter will be provided to your PCP to confirm their understanding of the requirements of your participation in the HPRP.
- b. **All other medical care** - When you receive medical, dental, surgical or emergency care, you must immediately inform your medical provider(s) of your substance use or mental health disorder.

2. Prescribed Medication Approval Form

- a. Provide the Prescribed Medication Approval form to your Addictionist and/or Psychiatrist for approval of all medications prescribed following any medical and dental appointments/procedures, as well as determination of approval to work while taking any of these medications and length of approval.
- b. If **emergency surgery or hospitalization** is performed, notify your Addictionist and HPRP case manager within 48 hours after the emergency.

3. Documentation to the HPRP

- a. You must provide documentation to the HPRP and your providers of any 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 and Psychiatrist with an admission assessment with any diagnoses 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.
- d. For all prescribed and over-the-counter medications approved or changed by your addictionist and/or Psychiatrist for use throughout your MA, endorsement from the provider must be submitted to your case manager for Clinical Team review and an addendum will be provided reflecting these changes.

Chapter 5 MEDICATION MANAGEMENT

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 and/or Psychiatrist prior to taking a new medication. Your case manager must be made aware of any changes in your medication regimen once they have been approved by your medical and psychiatric providers. Addendums can then be made to your MA upon approval of the changes by your Addictionist and/or Psychiatrist.

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 need 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.

Chapter 6 DRUG TESTING

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; however, blood, hair and/or nail testing may be incorporated into an MA in certain situations through FirstSource Solutions. An additional requirement of SoberLink Breathalyzer Testing may be incorporated into a licensee's monitoring agreement. If required, additional information will be provided to the licensee regarding testing requirements.

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. The TPA may approve other testing entities but currently, FirstSource Solutions is the entity approved for drug screens throughout Michigan. 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 FirstSource Solutions at **1-833-476-1173**.

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.

Drug Testing Frequency

Drug tests are randomly administered to help ensure both deterrence and detection. The frequency of tests 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. The TPA will provide you with instructions as to how to proceed with your drug testing.

Procedures for Drug Testing

a. Call each weekday - You are required to check-in to FirstSource Solutions toll-free at 1-877-282-1911, through the FirstSource Solutions website, or through the FirstSource Solutions mobile app 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 check-in. You will be advised during the call whether it is your day to submit a drug test specimen.

Chapter 6 DRUG TESTING

Procedures for Drug Testing

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- When you go online to FirstSource Solutions, you will be asked to provide the login and password that you created when enrolling. If needed, FirstSource Solutions can reset a password or let you know your login ID. Calling-in requires you to use your participant ID# and your IVR PIN. FirstSource Solutions can provide the PIN number, which can also be found in your enrollment packet.
- As recent as February 2015, FirstSource Solutions has gone mobile! "FirstSource Recovery Tracker" has been released as a free downloadable Mobile App, available for Apple (IOS) and Android devices. FirstSource 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.
- **Deadline for testing** - If you are advised it is your day to have a drug test done, you must do so no later than 11:59 p.m. that same day, or as specified in your MA. Not all collection sites are open 24 hours, so when you first begin your MA, inquire about the hours of operation of your preferred collection site.
- **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.

Toxicology Sample - You must provide an adequate amount of urine or other specified samples (e.g. blood, hair, or nail) for testing.

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:

- i. Do not run water or flush the toilet in the restroom until after you have provided your sample to the collector.
- ii. Fill out all sections of the chain-of-custody form.
- iii. **Ensure** the collection site has **accurately completed** its part of the chain-of-custody form.
- iv. Be sure to place the lid securely on the urine screen cup.
- v. Complete the security seal.
- vi. Observe the collector placing the security seal on the urine screen cup.
- vii. Place the cup in the plastic bag and seal the bag.
- viii. Place the bag in the designated box.
- ix. The collection site must mail the specimen. HPRP participants **may not mail** the specimen.
- x. Every person in contact with your specimen must sign the chain-of-custody form to maintain forensic accountability.
- xi. **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. Please Note: You are responsible for ensuring you always have an adequate number of chain-of-custody forms. Contact FirstSource Solutions to order more forms as needed.

Chapter 6 DRUG TESTING

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:

1. Contact the TPA and your case manager immediately.
2. 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.

Continued missing or late drug screens without medical explanation may result in one or more of the following:

1. Increased frequency of your drug test
2. Taking you off work
3. Viewing the missed drug test as a positive drug test
4. Closing and transferring your case to LARA/Bureau of Professional Licensing

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.

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. Continued abnormal drug screens without medical explanation may result in one or more of the following: removal from work, additional treatment, or dismissal from the program, as recommended by the participant's treatment service provider(s).

Adulterated Specimens or Adulterated Tests

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 Professional Licensing for action.

Chapter 6 DRUG TESTING

Dilute Urine Screens

Dilute urine specimens may represent adulteration, intentional over-hydration, or unintentional over-hydration. They may also be the result of recent ingestion of a diuretic. Unintentional over-hydration can be avoided by taking the following precautions:

- a. For **morning** specimens, do not drink more than 8 oz. of fluid (preferably NOT COFFEE as it can act as a diuretic) between first morning void and producing urine specimen.
- b. For **daytime** specimens, limit your fluids to 8 oz. during the three hours prior to giving a specimen.

Continued dilute urines without medical explanation may result in one or more of the following: an increase in the frequency of drug screens, additional special testing, extension of the Monitoring Agreement, removal from work, or early morning drops.

Missed Observed Urine Screen

All licensees are required to submit to random observed urine screens. Failure to ensure you are observed by the collection site when selected will be considered noncompliance with your monitoring agreement. Continued missed observed drug screens may result in one or more of the following: additional drug screening, extending your monitoring agreement, requesting you refrain from work, or closing your case noncompliant.

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 same or next business day. If you remember you did not check-in, you may complete a voluntary urine screen through FirstSource solutions. Once the negative result is received from FirstSource Solutions, your missed call may be excused.
- Q. *I know I will have a positive drug test. What should I do?*
- A. Contact your case manager and your treatment providers immediately. Please note, you are still required to complete all drug testing as indicted by FirstSource solutions.
- 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 7 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 treatment providers rather than to attempt to hide it. Your response to a relapse could impact how the HPRP addresses the relapse.

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, and you may be required to refrain from work. The unapproved use of any prescribed or over-the-counter medication, use of medication prescribed for someone else, use of an inappropriate dosage, or abuse of a prescribed medication all constitute a relapse. Be sure to obtain approval from your Addictionist and/or Psychiatrist prior to taking a new medication. Your case manager must be made aware of any changes in your medication regimen once they have been approved by your medical and Psychiatric providers. Addendums can then be made to your monitoring agreement upon approval of the changes by your Addictionist and/or Psychiatrist.

Mental Health Relapse

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 required 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.

Potential Relapse

Experience and research show there are obvious warning signs that 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, your worksite monitor, or others report signs that are of a concern, you may be asked to see your therapist and/or Addictionist for further assessment.

Chapter 7 RELAPSE

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 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 reassessment 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 provider reassessment and the HPRP Clinical Team review. Contact your therapist, Addictionist/ Pain Specialist and/or 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 8

DISCHARGE FROM MONITORING

There are two types of discharge from an HPRP Monitoring Agreement: (1) discharge due to noncompliance during monitoring; and, (2) discharge due to completion of the HPRP or regulatory monitoring requirements.

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 withdrawing, your case will be closed noncompliant and referred to the Michigan Department of Licensing and Regulatory Affairs/Bureau of Professional Licensing, as required under the Public Health Code.

If the referral of your case 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. For more information regarding this or requests to return to HPRP monitoring following a noncompliant closure, please contact the HPRP Contract Administrator at 517-241-5610.

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

- Ongoing/frequent relapse.
- Failure to progress.
- Forging reports, or consistently missed or late reports.
- Missing or falsifying/altering drug tests.
- Failing to attend HPRP required therapy.
- 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 the MA including but limited to: working with access to controlled substances without HPRP approval, working outside of approved hours, working in home health care, working without prior approval.
- Relocating outside Michigan without prior notice to and approval by HPRP.
- Threatening harm or violence toward the HPRP contractor staff.

Chapter 8 DISCHARGE FROM MONITORING

Discharge Due to Completion of an MA

Most participants successfully complete their MA. In addition to ongoing compliance with your monitoring contract, you will need to submit the following documentation, which will be detailed in a pre-closure letter sent to you by your case manager.

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

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. Missing reports or lab results may delay the completion process.

Once all completion requirements are received, you will be informed of the compliant closure of your case and you are no longer required to check-in for drug screening. Your case manager will provide a letter indicating your successful completion of monitoring. **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 destroyed pursuant to state law. **Records are not destroyed for those with regulatory MAs.**

Chapter 9

LICENSURE AND REPORTS TO THE DEPARTMENT

There are some circumstances when the HPRP will send information to the Bureau of Professional Licensing regarding your case. These include:

1. Regulatory Reports

If you were referred to the HPRP on a Board order or if a Board order was received after you began your participation with the HPRP, your case is considered Regulatory. Under these circumstances, the HPRP is obligated to report your participation and compliance with the HPRP intake process or monitoring agreement. If you have entered into a Regulatory monitoring agreement, the HPRP staff will submit quarterly reports on your behalf to the Department.

2. Noncompliant Case Closure

If your case has been closed noncompliant, the HPRP is obligated to report the closure to the Department, regardless if your case is Regulatory or not. Noncompliant closures may happen during the intake or monitoring phase of the HPRP. Once your file has been closed by the HPRP, you may contact the Department to obtain further information.

Please note that reporting to the HPRP is not synonymous with reporting to the Department. If you are self-reporting a misdemeanor or felony conviction to the HPRP, you must also report this directly to the Department within 30 days of the conviction. More information on reporting convictions to the Department can be found on the LARA Bureau of Professional Licensing website.

For other questions regarding licensure with the State of Michigan, please contact the Bureau of Professional Licensing directly as this is outside the scope of the HPRP.

APPENDIX I: FORMS AND REPORTS

The following forms used in the HPRP are submitted online, emailed, faxed 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 may be 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.

Quarterly Reports (due at the end of the quarter):

- Worksite Monitor Report
- HPRP Group and/or 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, emailed, and/or faxed directly to your case manager:

1. Mutual-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. Step 1 Review Request
4. Step 2 Review Requests (must be provided directly to the HPRP Contract Coordinator)

Miscellaneous Forms

1. FirstSource Enrollment Instructions
2. Participant Handbook
3. Release of Information (must be submitted with witness signature of person 18+ years old)
4. Prescribed Medication Approval Form

Michigan Department of Licensing and Regulatory Affairs/Bureau of Professional Licensing will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs.