

**RFP 22-69833  
TECHNICAL PROPOSAL  
ATTACHMENT F**

**Instructions:** Please supply all requested information in the areas shaded yellow and indicate any attachments that have been included to support your responses.

## **2.4.1 General Requirements and Definitions**

- 2.4.1.1 Please list any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award during contract finalization and implementation.

There are no additional terms or definitions used by our company that we would like the State to consider incorporating in the contract.

- 2.4.1.2 Please confirm you have carefully reviewed all requirements listed in RFP Section 1.4. Should your company have any exceptions, substitutions, or conditions for the State's consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation.

I hereby confirm that we have carefully reviewed all requirements listed in RFP Section 1.4 and have agreed to all requirements. We do not have any exceptions, substitutions, or conditions for the State's consideration. *Rodrigo Garcia*

## **2.4.2 Program Criteria**

- 2.4.2.1 Please describe in detail your company's experience and expertise in providing rehabilitation referral and monitoring programs for substance-impaired healthcare professionals and/or individuals who have been affected by the use of alcohol or other drugs. The response should include a narrative that supports your company's ability to meet the requirements stated in the Summary of Scope of Work and resources available to the Vendor to accomplish these requirements.

### **Company's experience and expertise in providing rehabilitation referral and monitoring programs for substance-impaired healthcare professionals**

Parkdale Aftercare has quickly become a leader in the monitoring and referral industry for health care providers. In 2018, Parkdale Aftercare was awarded the Indiana State

Nurse Assistance Monitoring program (ISNAP Indiana 2018 RFP RFP 18-055). In 2018, Parkdale Aftercare was also awarded the Indiana Board of Pharmacy monitoring program, or the Pharmacy Recovery Network (PRN). An indication of the quality of service and effectiveness of the program, the contracts were automatically renewed by the state in 2019, 2020, and 2021. In 2019, Parkdale Aftercare was accepted as a resource for the Indiana Board of Podiatry. In 2019 Parkdale Aftercare was also awarded the West Virginia Board of Nursing's Restore Program for Nurses. The Restore program is an alternative to discipline and referral program for impaired nurses in West Virginia. The West Virginia Restore Program was also automatically renewed by the West Virginia Board of Nursing in 2020 and 2021. As a testament to the success of our programs, Parkdale Aftercare has been contacted by several states with the offer to bid for their state's alternative to discipline programs. In addition, the Parkdale Aftercare leadership team has provided diversion and monitoring training for the National Council of State Boards of Nursing, twice a year, beginning in 2019.

An often-overlooked component of a successful monitoring and referral program is relationship building. Our leadership team has dedicated and continues to dedicate efforts in strengthening relationships with all vested parties. This would include boards of nursing, office of the attorney general, investigators, and employers. By building a program to include transparency in communication, we have achieved the goal of working together in the best interest of the public and of the struggling health care provider.

Parkdale Aftercare continues to lead the industry of monitoring and referral services for impaired health care professionals. By utilizing companywide resources (see below), Parkdale Aftercare has developed a vast network of local, state, and national resources and health care providers. These vetted and approved providers understand the complexities of managing an impaired health care provider and have become an integral component in supporting the rehabilitation and reentry of the nurse. As we continue to enhance, improve, and add additional resources to our monitoring and referral programs, the state, employers, nurses, and patients will reap the benefits.

(The program may be interchangeably referred to as ISNAP or IPRP throughout this submission)

**Company resources available to the vendor to accomplish referral and monitoring programs for those who have been affected by the use of alcohol or other drugs.**

Since 2014 Parkdale has been assisting in or providing the appropriate initial evaluation and diagnosis, treatment support, professional advocacy, treatment referral, and long-term monitoring of health care professionals afflicted with substance use disorder. Parkdale has demonstrated effectiveness in all aspects of care from the onset of the initial evaluation, to an appropriate treatment of referral for treatment and continued

long term monitoring. An initial comprehensive multidisciplinary assessment (CMA) approach has been used to consider all factors that ultimately contribute to the disease as well as help outline a treatment plan which increase the likelihood of sustained sobriety. The ability to maintain this initial assessment standard of care (CMA) is imperative in the early onset management of the impaired healthcare professional and subsequent referral to appropriate care. In addition, the resources are readily available to assist in the management of the often-present dual diagnosis, a behavioral component often present but often omitted from the treatment, referral, and management of those struggling with substance use disorder (SUD). Areas of focus in conducting the CMA may include:

#### **Substance Use Disorder Diagnosis (SUD)**

An accurate and appropriate diagnosis is the most important component of a successful care and management plan for the impaired provider. All SUD diagnosis is approved by an addiction medicine board certified physician after a clinical team collaboration and staffing session. Standards of care follow the American Society of Addiction Medicine criteria and adhere to all standards of care and evidenced based information. From this diagnosis, duration of RMA, treatment recommendations, aftercare, medically assisted treatment, and ancillary support measures are determined.

#### **Comprehensive Substance Use Assessment Screening**

This comprehensive self-report is conducted by an experienced addiction specialist in good licensure standing with the State of Indiana. The self-report is derived from objective observations, self-reporting, and per an interview with the nurse. Information obtained is an important contributing factor in the subsequent diagnosis.

#### **Medical Health and Physical Screening**

Physical wellness and the ability to tolerate treatment is evaluated by an advanced practice nurse with specialized training and reviewed/ signed off by a medical physician. Medication, further testing, or delay in treatment may be required.

#### **Cognitive Psychological Screening**

Comprehensive cognitive testing is conducted by a psychologist in good licensure standing in the state of Indiana. Testing includes SSASSI, MMPI, DAS, and personality disorders to name a few. Testing is imperative for the discovery of an underlying dual diagnosis.

#### **Behavioral Health Screening**

Comprehensive psychiatric testing performed by a Psychiatrist MD or a board certified psychiatric nurse practitioner. Testing is imperative for the discovery of an underlying dual diagnosis.

**Family Systems Screening**

Family and support systems are interviewed by a licensed clinical in good standing with the State of Indiana. All information is to corroborate, enlighten, or dispute claims made by the impaired nurse.

**Professional Advocacy Screening**

Interview goal is to ascertain the level of professional, employment, legal, investigative, or licensure issue present as a result of the SUD. The information is used to promote transparency between all vested entities.

**Comprehensive Substance Abuse Testing**

Hair, urine, blood, and nail testing can be performed on an individual basis. Comprehensive screening parameters are used specific to the nurse, their access to medications, and their drug of choice.

Once the information is comprehensively obtained and diagnosed by a board-certified addiction physician, the recommendation and subsequent referral process begins. Specific areas of consideration when referring to treatment providers include:

- Severity of Disease
- Level of Care Required
- Geographic Location of the Nurse
- Financial Situation of the Nurse
- Employment Status of the Nurse
- Pending Legal consequences of the Nurse
- BON requirements
- Alternative to Discipline Program Requirements
- Collateral information for vested parties

Parkdale has developed not only a State-wide network of providers and treatment facilities to meet the considerations listed above but also a Nation-wide network of providers and treatment centers to meet the same needs. When assessing individual treatment providers or facilities, the level of care they can offer is the first consideration. Below is a partial list of the specific areas assessed when developing our referral network of treatment providers and treatment centers.

**Detoxification Program Referrals are Determined By**

- State Licensure Required
- Private Insurance/ State Insurance/ Cash Option
- Accredited Program

- Physician (MD or DO) Supervised and Operated
- (average length of time, 3-5 days)

#### **In-Patient/ Partial Hospitalization Referrals are Determined By**

- Length of Program
- Licensed Clinicians to Provide Care
- State Licensure Required
- Private Insurance/ State Insurance/ Cash Option
- Accredited Program
- Ability to Provide Medically Assisted Treatment
- Dual Diagnosis Management Capabilities
- Program is 12 Step Abstinence Based
- Capability to Provide Urine, Hair, Blood , Nail Drug and Alcohol Testing
- Experience treating health care professionals
- Experience working with the BON and State ATD program
- (average length of time, 4-6 weeks)

#### **Intensive Outpatient**

- Geographic Location
- Length of Program
- Licensed Clinicians
- State Licensure Required
- Private Insurance/ State Insurance/ Cash Option
- Accredited Program
- Capability to Provide Urine, Hair, Blood, Nail Drug and Alcohol Testing
- Program is 12 Step Abstinence Based
- Experience treating health care professionals
- Experience working with the BON and State ATD program
- (average length of time, 8-12 weeks)

*\*\*Monitoring also begins at the level of care. Length of RMA to be 6mo.- 5years\*\**

#### **Individual Therapy/ Aftercare**

- Geographic Location
- Licensed/ Certified Clinicians
- Private Insurance/ State Insurance/ Cash Option
- (average length of time, 1-2 years)
- Experience treating health care providers.

***\*\* General speaking, once the initial level of care is determined, subsequent levels are to follow in the “step down” order listed above until the RMA is complete. ALL treatment recommendations and placement follows the American Society of Addiction Medicine (ASAM) placement levels of care\*\****

The next important step to the referral and monitoring process is the ability to maintain transparency with all vested entities. The theme of “transparency” will be apparent throughout this proposal as it reflects and supports continued long-term sobriety and successful completion of the monitoring program. As a result, numerous releases of information (**Appendix E**) will be obtained and executed to ensure all vested entities remain current with the progress of the participant through the entire spectrum of treatment, aftercare, reentry, and/ or monitoring.

A general overview of our monitoring programs and the reason for its’ success can be explained with the following steps

1. Appropriate initial diagnosis
2. Appropriate, timely, and individualized referrals to vetted and approved treatment providers.
3. When appropriate, completion of the detoxification and inpatient/ PHP levels of care.
4. Transparent and timely collaboration with all treatment providers to determine length of monitoring. Areas of consideration include the participants’ profession, severity of disease, drug of choice, and regulatory requirements.
5. Monitoring contract includes self-reports, signature reports from involved parties, scheduled assessment/evaluations by addiction clinicians, and random drug screening.
6. Drug Screening have historically been executed by the *Affinity Online Solutions* (AOS) testing program.
7. Comprehensive and timely reporting to all vested entitled including employers, boards of nursing, office of the attorney general, and any other regulatory or licensing body involved in the case.

2.4.2.2 Please describe in detail the evaluation techniques that you plan to use in your intake and referral process, including, but not limited to:

- 1) Admission criteria;
- 2) Assessing a practitioner’s risk of continuing to work;
- 3) Determining referral and treatment recommendations;
- 4) Reasons for discharging a participant from the program and referring the case to ISBN; and

5) Criteria for allowing re-admission to the program, if discharged.

**Admission Criteria 2.4.2.2 (1)**

In order to participate in the ISNAP program, the participant must meet the criteria for admission as listed in section 1.4.1 of RFP 22-69833 titled ***ISNAP Participant Eligibility***.

We agree to accept participants into the rehabilitation and monitoring program who are registered nurses or licensed practical nurses in Indiana; who have been impaired by their personal use of alcohol or drugs; and who meet the criteria described below.

1. A practitioner who has been affected by the use or abuse of alcohol or drugs is eligible for participation in ISNAP if the practitioner:
  - a. is currently licensed by ISBN;
  - b. has applied for licensure by examination, passed the examination, and paid the appropriate fees;
  - c. is eligible for licensure by endorsement, filed an application, and paid the appropriate fees; or
  - d. has submitted a renewal application and paid the appropriate fees.
2. A practitioner must maintain an active Indiana license to remain eligible for participation in ISNAP.
3. A practitioner who holds an Indiana license and a license in another state and who lives or works in another state may be monitored by the state in which the practitioner lives or works if the other state has a monitoring program.
4. A practitioner who lives or works in another state that does not have a monitoring program is eligible for monitoring by ISNAP if the practitioner maintains an active Indiana license.
5. A practitioner who signs a Recovery Monitoring Agreement (“RMA”) with ISNAP and moves to another state must be monitored by the other state unless the other state does not have a monitoring program.
6. A practitioner who allows his or her Indiana license to lapse while enrolled in ISNAP shall be terminated from participation in ISNAP until the practitioner’s license made active.
7. A practitioner whose license is revoked may no longer participate in the program at the expense of the State.
8. Any practitioner that the Indiana State Board of nursing refers into the program.

Once the above criteria has been established, those that wish to enter the program may do so, either voluntary or by board order.

### Intake, & Referral Process

The Participants will be first required to contact the intake coordinator at the ISNAP program. The intake coordinator will collect demographic and contact information and will secure the proper release of information documentation. They will also begin the collection of collateral information including employer information and circumstances leading up to the initial call to ISNAP. The nurse will be required to submit a request for services questionnaire (**Appendix A**) and an informed consent form (**Appendix B**). The nurse will then be directed to obtain an initial evaluation, diagnosis, and treatment recommendation from the ISNAP approved board-certified addiction physician (MD or DO), board-certified addiction psychiatrist (MD or DO), or addiction treatment provider. This initial evaluation appointment must be made within 2 business days, must be complete within 10 business days, and must be returned to ISNAP within 14 business days of the initial call. If the nurse is not able to secure an initial assessment within the time frame, if they are financial unable to pay for the assessment, or if they voluntarily choose to do so, they can receive the initial assessment by the ISNAP/IPRP clinical team.

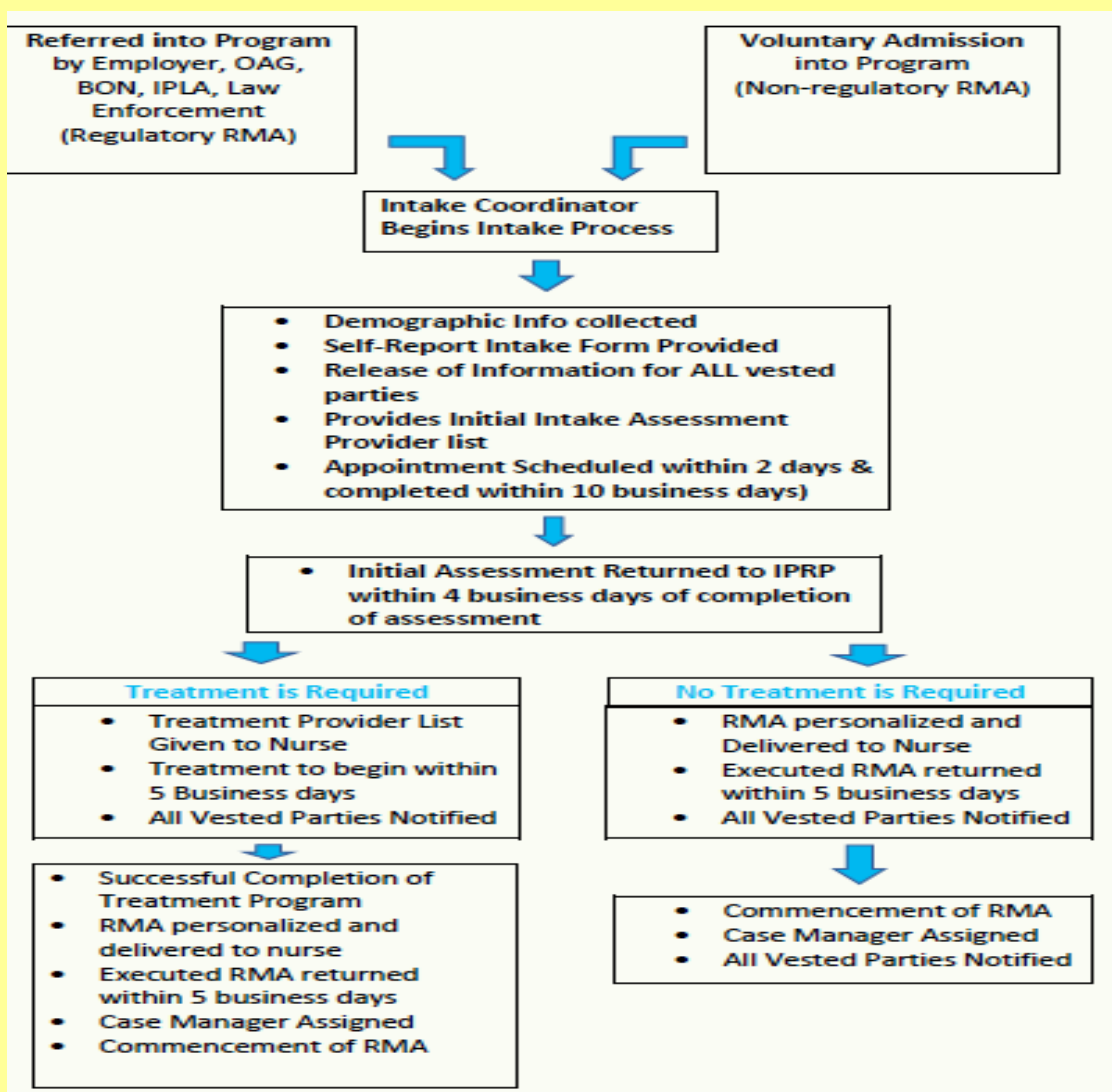
Referral will be managed through the vast network of providers established by the Parkdale Aftercare team since 2012. Providers will be located throughout the state of Indiana and will collectively offer services that span the American Society of Addictions Medicine established levels of care. All prospective providers of the ISNAP program will be required to submit an application (**Appendix C**) which will be approved by the ISNAP clinical team to ensure all criteria is met. Providers will remain on the list as long as criteria continues to be met, including weekly updates (**Appendix D**) of all ISNAP participants if they are currently receiving ongoing inpatient or intensive outpatient treatment from them. All criteria listed in section 1.4.4.(3) will be met when approving treatment providers.

Following receipt of the initial evaluation, the participant will be expected to complete an ISNAP/IPRP intake assessment with the clinical team. Completion of all intake paperwork will be expected at this time including execution of all releases of information (**Appendix E**), completion of the intake check list (**Appendix F**), and submission to initial drug testing. Shortly thereafter (3-5 days), the ISNAP clinical team will review and provide the participant with remaining program documents and paperwork (**Appendix G**), including their recovery monitoring agreement (**Appendix H**). After execution of the RMA, the nurse will have completed the intake, referral, and admission portion of the program.

***\*\*If provided by the ISNAP clinical team, the initial assessment will be free of charge and will satisfy all initial assessment requirements.\*\****



The following illustration depicts a typical admission process, subject to change on an individual basis.



#### **Assessing a practitioner's risk of continuing to work 2.4.2.2 (2)**

Before the nurse is permitted to return to work, they must first obtain approval from their ISNAP case manager. The nurse must first be assessed for risk for return to work by the ISNAP clinical team and/or the participants prescribing health care provider or team member (if applicable). Minimum requirements for an approval for return to work including the following:

- a. All participants must be in full compliance with all aspects of their RAM for a minimum duration of time (TBD) before a return to work will be considered. This

may include treatment completion, testing compliance, and all other criteria outlined in their RMA.

- b. The participant will be required to complete their portion of the return-to-work questionnaire **(Appendix I)**.
- c. The nurse will be required to designate and execute a release of information with their selected work site monitor.
- d. Agree to ISNAP recommended terms of reentry including the possibility of limited hours, selective shifts, practice restrictions, or refrain from specific departments.
- e. All drug testing results must support a safe return to work recommendation.
- f. Some participants may be required to undergo additional cognitive testing or screenings before returning to practice. In addition, standard drug or advanced drug testing (hair or nail) may be required for some participants and will be the financial responsibility of the participant.
- g. For participants that are currently prescribed a controlled substance by their health care provider and have remained compliant with their medications, they will be required to complete a return-to-work assessment with their prescribing health care provider. In addition, the prescribing practitioner will be required to fill out an acknowledgment and return to work compliance report form provided by the ISNAP case manager. For these cases, ISNAP will determine program compliance and the prescribing health care provider will determine return to work status. For regulatory RMA's, once the ISNAP clinical team determines monitoring compliance and the prescribing practitioner approves return to work, the board of nursing will be forwarded all information. We would support the board of nursing as they provide final approval for a safe and effective return to work recommendation after review of all collateral information.

**The following RTW details can be seen in its entirety at (Appendix K pg. 4-6)**

#### EMPLOYMENT

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

#### LIMITATIONS ON EMPLOYMENT:

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

**FIRST, BEFORE YOU BEGIN LOOKING FOR WORK:**

“As you prepare to pursue work, do the following:

1. Please refer to your RMA and verify whether you are required to complete a return-to-work assessment or not.
2. If applicable, the return-to-work assessment must be completed with the Program Director before you may begin looking for work. Once you have completed your return-to-work assessment, you will then receive a letter containing guidelines you must follow to return-to-work. You will need to contact your CCM on the next steps after receiving your guidelines.
3. If a return-to-work assessment is not required per your RMA, you will need to contact your CCM immediately to inform them of a possible new employer. You will be required to complete a release of information and give your CCM your new worksite monitor’s full name, phone number, and email address. You will also be required to give your new worksite monitor a copy of your RMA and have them review it, sign it, and send your RMA directly back to your CCM.
4. As appropriate, talk with your therapist, addiction MD, and nurse support group about returning to work.”

**AFTER RECEIVING APPROVAL TO RETURN TO WORK:**

1. “When you go for your interview, make sure you talk with your prospective employer about your involvement with IPRP. “
2. “If you are offered a position, immediately call IPRP and provide us with the name of the person you interviewed with and/or the person who will be your worksite monitor. “
3. “You will need to provide IPRP with a release of information. IPRP will contact this person to confirm your involvement with IPRP and obtain further information about your prospective job.”
4. “You are also required to give a copy of your Recovery Monitoring Agreement (RMA) to your worksite monitor. Your worksite monitor will need to review and sign a copy of your RMA and send the signed copy back to your Clinical Case Manager.”

**Return to work may be modified, rescinded, or altered if the participant becomes non-compliant with any portion of their RMA, if new accusations arise, or if investigations result in additional findings.**

A return-to-work status may be denied or delayed for the following reason (to name a few):

- a. The employer has reported the nurse and has ongoing concerns about fitness for

duty.

- b. The BON has referred the nurse and has ongoing concerns about fitness for duty.
- c. The OAG has referred the nurse and has ongoing concerns about fitness for duty.
- d. The nurse was referred by any other means with concerns of fitness for duty.
- e. Diversion is suspected or confirmed from the workplace.
- f. A legal investigation is pending for suspected workplace issues, including diversion.
- g. The nurse is under legal, professional, or licensure investigation with resolution of claims still pending.
- h. The nurse may be asked to refrain from work until collateral information can be obtained.
- i. The participant's prescribing physician refuses to clear the participant back to work.
- j. The participant is non-compliant with any part of their RMA.

#### **Determining referral and treatment recommendations 2.4.2.2 (3)**

It is imperative that participants be provided with access to consistent, appropriate, and quality providers to serve their needs. By following the American Society of Addiction Medicine and best practice standards, the following description outlines the methodology to achieve these objectives. The program will continue to maintain and update two separate referral documents (outpatient approved providers and inpatient/PHP treatment centers). This information will also be maintained and updated on the program website. In addition, providers or centers that wish to be on the referral list(s) will have a clear, concise, and systematic way to achieve referral status (**Appendix C**). The first list will include providers that have the ability to provide not only an initial assessment but also a medical diagnosis of substance use disorder with the subsequent treatment recommendations and levels of care. This list will include board-certified addiction medicine physicians, board-certified addiction psychiatrists, or approved licensed addiction clinicians. In order to promote consistency and appropriateness of diagnosis, it is imperative that the initial evaluation for substance use disorder be carried out by this highly specialized and trained group of clinicians. Understanding that this requirement may, in certain cases, be financially challenging or difficult to schedule, INPRP may (at times) provide this initial evaluation free of charge.

The second referral list includes treatment centers capable of treating the health care professional with a diagnosis of substance use disorder. All levels of care will be referred out including detoxification, inpatient, partial hospitalization, intensive outpatient, outpatient, aftercare, and individual therapy services. All providers must submit practice information to be reviewed and subsequently included on the referral list.

Criteria to be included for approved treatment providers is outlined in RFP section 1.4.4.(3) Parkdale Aftercare understands and agrees to all points listed below. The following elements must be considered when selecting treatment providers:

- a. The primary treatment staff, including the medical director, counselors, and practitioners is experienced in treating individuals affected by the use or abuse of alcohol or other drugs;
- b. The staff consists of a balance between both recovering and non-recovering members;
- c. The counselors are certified in the field of addiction, and it is preferable that the staff members are certified in the field of addiction;
- d. The staff members have completed at least basic level training on the Americans with Disabilities Act ("Act");
- e. A comprehensive evaluation is completed upon diagnosis and an individualized treatment plan based on an individual practitioner's needs is created and followed during treatment with modifications during treatment as clinically indicated;
- f. The treatment program must be able to appropriately respond to differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status and the selected vendor should assist treatment programs in recognizing and addressing the special needs of practitioners;
- g. The treatment program/facility is accredited by Joint Commission on Accreditation of Hospitals Organizations (JCAHO) or other appropriate agencies, including, but not limited to, the Commission on Accreditation for Rehabilitation Facilities (CARF), the Council on Accreditation of Services for Families and Children (COA), the Health Facilities Accreditation Program (HFAP), the Indiana Family and Social Services Administration (FSSA), and the Indiana State Department of Health (ISDH)
- h. The treatment program offers and encourages participation in a structured family treatment component;
- i. The treatment program has a structured curriculum addressing the spiritual, physical, mental, or emotional needs of the individual patient;

- j. The length of stay in treatment and recommendations for continuing care are based upon individual needs and utilize criteria accepted by the American Society for Addiction Medicine;
- k. The treatment program can develop and maintain cooperative relationships with and provide consultation to the practitioner's employer, ISBN, the selected vendor, and others, as appropriate;
- l. While the practitioner is in treatment, the practitioner is introduced to and attends appropriate self-help groups;
- m. While the practitioner is in treatment, an individualized continuing care plan is developed for each practitioner to include treatment for special issues; recommendations concerning return to work date; restrictions concerning the handling, dispensing, or possession of controlled substances; patient or non-patient care; and other scope of practice delineations. It is the responsibility of each treatment provider to obtain appropriate releases so that discussions with the selected vendor can take place. If the practitioner refuses to sign such releases, the provider agrees to notify ISNAP and ISBN of this refusal)
- n. Treatment costs should be reasonable, and when possible, covered by the participants insurance plan.

### **Treatment Recommendations**

With the implementation of the initial evaluation to include a diagnosis of substance use disorder by an approved clinician, treatment recommendations are expected to be included in the initial assessment. In addition, they are expected to follow the American society of Addiction Medicine diagnostic treatment recommendation criteria for substance use disorder. All treatment recommendations will have a final review by the ISNAP clinical team and medical director. Unless pertinent collateral information was not available to the approved clinician at the time of the evaluation (that may alter the diagnosis or treatment recommendation), the treatment recommendation will stand and be implemented into the RMA.

The approved provider and treatment center list(s) will continue to be managed, updated, and approved by the ISNAP clinical team.

#### **Discharging a participant from the program and referring the case to ISBN 2.4.2.2 (4)**

Program non-compliance would be the most general reason for discharge from the program and immediate referral to the ISBN. Specific non-compliant situations may include

1. Multiple positive urine drug screens during the course of their RMA. Positive drug screens will be accepted as such unless immediate hair/nail testing is done to confirm sobriety. This will be at the sole cost to the participant. All positive tests will be reviewed by the ISNAP Medical Review Officer. After a positive result the duration of RMA, current employment, re-evaluation by and addictionologist, and increasing drug screening may all be considered.
2. Multiple dilute samples during the course of their RMA. Dilute samples will be deemed in non-compliance unless immediate hair/nail testing is done to confirm sobriety. This will be at the sole cost to the participant. After a dilute sample the duration of RMA, current employment, re-evaluation by and addictionologist, and increasing drug screening may all be considered.
3. Multiple missed urine drug screens during the course of the RMA. Missed screens will be deemed in non-compliance unless immediate hair/nail testing is done to confirm sobriety. This will be at the sole cost to the participant. After a missed test the duration of RMA, current employment, re-evaluation by and addictionologist, and increasing drug screening may all be considered.
4. Failure to provide documentation when due, including quarterly reports, monthly reports, or self-reports. First offense will result in a verbal warning. Second offense will result in an extension in the RMA. Third offense may be reported to the IBON.
5. Failure to comply with and successfully complete all treatment recommendations including Intensive outpatient, outpatient, aftercare, Individual therapy, and medically assisted therapy. Cases will be evaluated on an individual basis with the expectation being full compliance with all treatment recommendations.
6. Revocation of nursing license.
7. Financial inability to maintain compliance with minimal requirements.
8. Voluntary cessation of participation in the program.
9. Discharge from program for health care consideration if under the care of and recommended by their physician.
10. Transfer out of State into another alternative to discipline program.
11. Verbally abusive or threatening, in any manner, to any member of the ISNAP/IPRP or Parkdale Aftercare team.

**Criteria for allowing re-admission to the program, if discharged ISBN 2.4.2.2 (5)**

Readmission would be considered if any of the above situations were resolved appropriately. Upon re-admission into the monitoring program, a current initial evaluation for substance use disorder must be on file. Evaluation must be within 14 days of requested readmission to be valid.

- Nurses that have been in the ISNAP program previous and successfully completed but have since relapsed may reenter the program at any time.
- Nurses ordered by the BON may reenter the program at any time.
- Nurses who wish to reenter the program after previously being unsuccessfully discharged will be allowed to so as long as they execute a release of information with the IBON and OAG. If a non-regulatory admission results in an unsuccessful discharge from the program, the case will be closed and forwarded to the BON.

2.4.2.3 Please affirm that your company's monitoring will meet the requirements designated in 1.4 Summary of Scope of Work and provide a representative sample of a recovery monitoring agreement ("RMA") that you intend to utilize for this contract.

I hereby affirm that Parkdale Aftercare LLC will meet the requirements designated in the Summary of Scope of Work listed in RFP 22-69833, section 1.4. *Rodrigo Garcia*

**Sample RMA-** Please see the updated and current outline for RMA which we will continue to utilize in this program. The outline is as follows although a complete copy of of the RMA is also included in this submission and can be found in **(Appendix H)**

**Indiana Professional's Recovery Program (INPRP)  
Recovery Monitoring Agreement (RMA) outline**

Introduction and Brief Description of the ISNAP monitoring Program

- I Demographic Information
- II RMA Status
  - a. Regulatory
  - b. Non-regulatory
- III Terms of Contract
  - a. Duration of RMA (6months-5 years)



- b. Drug Screen Frequency
- c. Support Group Meeting Frequency
- d. Nursing Support Group Frequency
- e. Sponsor Statement/ Requirements
- f. Treatment Requirements / Provider Contact information
  - a. PHP
  - b. IOP
  - c. Aftercare
  - d. 1:1 Therapy
- g. Quarterly Reports / Provider Contact Information
  - a. Addictionologist, MD, DO, PsychD, Psych-NP, Psychiatrist
  - b. Therapist LCAC, LCSW, Family Therapist, LMHC, CADAC II
  - c. Work Site Monitor
- h. Monthly Reports
  - a. Self-Report
  - b. Meeting Log
- i. Medication
  - a. Currently taking
  - b. Required Medication (MAT)
  - c. Abstinence Based Program Confirmation
- j. Employment Requirements
  - a. Return to Work/ Fit for Duty
  - b. Change of Employment
  - c. Work Place limitations
    - i. Hours
    - ii. Shift
    - iii. Location
    - iv. Access
- IV Verification of receipt of participant handbook
- V Verification of receipt of acceptable/ prohibited medication list
- VI Verification of receipt of vacation request/ excused absence policy
- VII Verification of receipt of relapse or non-compliance self- reporting policy
- VIII Additional Terms, Disclosure, Liability, Cost
- IX Release of Information
- X Signatures, date (Notarized)
- XI Disclaimer

A complete copy of the RMA is also included in this submission and can be found in **(Appendix H)**

- 2.4.2.4 Please describe the steps you take to individualize rehabilitation referral and monitoring programs for each client to heighten chances of recovery and discuss in detail your ability to comply with the stated monitoring requirements for the program, including providing:
- 1) Treatment and therapy recommendations, including aftercare;
  - 2) Treatment and therapy participation, including aftercare;
  - 3) Professional support group participation;
  - 4) Family treatment;
  - 5) Special treatment, such as pain management, psychiatric or psychological treatment;
  - 6) Work activities, including return-to-work issues and ongoing monitoring of work performance and compliance with work restrictions, such as scope of practice delineations;
  - 7) Random drug testing; and
  - 8) Termination from the rehabilitation monitoring program for failure to comply with program requirements.

#### **Individualize Rehabilitation Referral and Monitoring**

With the implementation of requiring the initial assessment to be conducted by an addiction board certified physician (MD or DO), an addiction board certified psychiatrist, or approved addiction licensed clinician. This alone will insure treatment recommendations are made by qualified individuals. Support or amendments of the final recommendations will be made by the IPRP medical director in the case where collateral information is available to him that was not available to the initial evaluator.

- **Treatment and therapy recommendations, including aftercare;**  
To be made by the initial evaluator with the consensus and approval of the ISNAP medical director and clinical team. Individual treatment centers options will be provided with consideration placed on services provided by the center, diagnosis, geographic location, history of previous TX, drug of choice, financial situation, legal requirements, and BON collateral information. As with the approved provider and approved treatment center lists, the ISNAP clinical team will continue to develop and maintain a list of facilitated aftercare health care groups across the State. The list will be inclusive of both onsite and telehealth options. Costs for the required aftercare facilitated groups will be solely dependent on the approved provider. All costs associated with the groups will be paid directly to the independent approved provider, at the rate determined by the provider, and outside the services offered by the ISNAP clinical team. When developing the lists, we will collect initial costs and inform the participant so that decision made

is an informed one.

- **Treatment and therapy participation, including aftercare;**

To be made by the initial evaluator with the consensus and approval of the ISNAP medical director and clinical team. Individual treatment and therapy options will be provided with consideration placed on services provided by the center, diagnosis, geographic location, history of previous TX, drug of choice, financial situation, legal requirements, and BON collateral information. A requirement of all providers, including aftercare facilitators, is to provide the ISNAP clinical team with timely and consistent progress reports. Verification of ongoing participation and compliance with treatment is a requirement for all providers rendering care to the ISNAP participant.

- **Professional support group participation;**

**TWELVE-STEP SUPPORT MEETINGS (*Appendix K, pg. 17*)**

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

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

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

To be made with by the IPRP team, following best practice standards and with consideration of the treatment provider recommendations. Peer support groups will be required 3-4 times per week and professional nursing support groups will be required once per week for the duration of the RMA. Nursing support groups will first be verified from the list of groups currently being attended by the nurses.

Once the groups are verified, nurses will be designate a “home group” where attendance can be more accurately verified. In the case where a nursing support group is not available within 60 miles of the nurse’s residence, every attempt to initiate an additional group will be made. Future plans include teleconferencing options. As with the approved provider and approved treatment center lists, the ISNAP clinical team will continue to develop and maintain a list of peer facilitated nursing support groups across the State. The list will be inclusive of both onsite and telehealth options. As these are peer led groups, there should be no cost associated with them. Because of the confidential nature of these types of groups, it will be up to the participant to provide verification of attendance in support groups.

- **Family treatment;**

Referrals to specialty programs such as family services, pain management, psychiatric, or psychological treatment will be evaluated and handled on an individual basis. If a treatment provider that meets the geographic and financial consideration of the nurse and is currently in the ISNAP network, the referral will be made. If there is no such provider available, the ISNAP case manager will assist in the identification of competent providers. One significant aspect of the role of the case manager is to assist in the referral of services that meet the geographic, financial, and appropriate recovery needs of the nurse. By using Parkdale’s vast network of established network of established providers, including appropriate providers used by the current program, and continuing to add providers, ISNAP will continue to expand services offered.

- **Special treatment, such as pain management, psychiatric or psychological treatment;**

#### **USE OF CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT (Appendix K, pg. 10)**

“Pain is a significant issue for anyone. Pain in a person with an abuse or a dependency diagnosis requires special considerations. If you are experiencing significant and acute pain, you deserve pain relief. However, those medications should only be prescribed by your Addiction Physician or from your attending physician who, when appropriate, is in consultation with your Addiction Physician. This is to ensure that the medication is as safe as it can be for your recovery. It is essential that you inform IPRP immediately of any potential situations where you may be prescribed a controlled substance (i.e., dental surgery, etc.) and of any emergency situations where you were prescribed a controlled substance (i.e., accident, injury). You must send IPRP a copy of the prescription and a copy of the physician’s report, including the record of medications ordered. Most importantly,

ISNAP may require you to be off work for a period of 24-hours after medication use or until it is determined that you are safe to return to work.

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

A requirement of your RMA is to inform your Addiction Physician and IPRP of all your prescribed medications as well as all over-the-counter medications. Some over-the-counter medications, including vitamins and herbs, may affect the results of your drug screens. In addition, some food and beverage supplements could affect your drug screens, and you should consult with your Witham Labs or IPRP before use. IPRP recommends that you avoid salad dressing and foods containing poppy seeds. Please refer to the Talbot Approved Medication guide list for a more comprehensive list of approved and not approved medications. If you have further questions, contact your CCM before starting the medication."

#### **THE USE OF SHORT TERM POTENTIALLY IMPAIRING MEDICATIONS FOR AN ELECTIVE OR ACUTE MEDICAL CONDITIONS (*Appendix K pg. 10*)**

POLICY: On occasion a participant may require a potentially impairing medication, particularly controlled substances, for the treatment of an elective medical procedure. In addition, ISNAP supports the appropriate treatment of a participant with acute medical or psychiatric conditions while under the care of a licensed healthcare professional other than themselves. (For complete policy, please see ***Appendix K pg. 7-8***)

- **Work activities, including return-to-work issues and ongoing monitoring of work performance and compliance with work restrictions, such as scope of practice delineations;**

This will be determined by the treatment provider, ISNAP medical director, employer, worksite monitor, and the ISNAP clinical team with input from the BON when appropriate. All recommendations are individualized and we will be finalized and proposed to the participant after considering the following:

- Consent for utilization of a work site monitor
- Drug of Choice
- Requested department of choice
- Hours of operations
- RMA compliance
- History of diversion status and level of medication access
- Workload expectations and stressors
- Return to Work reentry plan discussed with participant

- Possible narcotic restriction upon returning to practice
- **Random drug testing;**  
This will be ultimately determined by the treatment provider and the INSAP medical director and clinical team. Information to consider when assigning drug screen frequency
  - Diagnosis
  - Drug of Choice
  - Access to Drug of Choice
  - Medically Assisted Treatment Program Participation
  - Employment Status
  - Legal requirements
  - BON collateral Information
  - Financial Situation
  - Testing method required (urine, blood, hair, nail)

**DRUG TESTING (For complete policy, please see Appendix K pg. 11-12)**

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

**Randomization and Toxicology Procedures:**

- Each licensee will have a randomized schedule for drug screens to ensure that the screens are valid.
- UDS records will be kept private in accord with HIPAA regulations by IPRP. IPRP will discontinue working with any collection site or lab that violates HIPAA regulations.
- The initial frequency of drug screens required will be determined by the clinical team. The initial frequency will be determined using the following criteria:
  - Licensees who are unemployed and/or have a suspended license will have a frequency of 16 times/year. Those are at high risk, require additional accountability, or have a high-risk occupation/ access may be required to increase frequency to up to 26 drug screens a year.
  - Licensees who are completing urine drug screens, breathalyzers, saliva tests, are on an interlock testing system or an ankle bracelet through criminal probation, a house arrest officer, a treatment provider, or an

employer **MAY** have their frequency lowered. If the drug screens are not received from the supplemental source, the RMA will be extended and the licensee's frequency with IPRP may be increased.

- Licensees who have obtained a healthcare professional position or who are in significant non-compliance with their monitoring agreement, may have the frequency of their drug screens increased.
- Licensees who have been fully compliant with their RMA **may** be eligible to have their UDS frequency decreased if the display an extended period of full compliance.
- The frequency of observed drug screens may be increased if the licensee attempts to tamper with the specimen for the UDS or relapses. If there is no same-sexed staff at the collection site at the time the licensee is scheduled to do an observed UDS, the requirement to have the UDS specimen observed may be cancelled or additional testing (hair or nail testing) may be ordered. If you have been selected for an observed collection, it is your responsibility to contact the collection site to inquire on observed collection personnel.
- The labs with which ISNAP works will use gas chromatology and mass spectrometry to ensure that the drug screens results meet all standards for specificity, sensitivity, and qualitative accuracy. Most drug screens will have a standard 13 panel screen but will be individualized as needed.
- **Termination from the rehabilitation monitoring program for failure to comply with program requirements.**

The decision to discharge nurses from the program will be made by the ISNAP medical director, ISNAP program director, and with input from the ISNAP clinical team. The reasons for program termination will be explained and outlined in the participant handbook. Unique situations will be managed on an individual basis. Termination and subsequent file transfer (order to show cause) to the BON may include but not be limited to:

- Non-compliance with drug screening expectations
- Non-compliance with monthly or quarterly reports
- Unreported relapse
- Breach of Contract

- BON, IPLA, OAG request
- Revocation of Nursing License
- Transfer out of State

**NON-COMPLIANT CASE CLOSURE (*Appendix K pg. 23*)**

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

- 2.4.2.5 Please provide a narrative that specifically discusses how your company intends to establish and/or utilize a currently existing drug-testing program as part of your monitoring process. Within your narrative, identify or provide the following information:
- 1) Any current relationships that your company maintains with treatment providers that would be utilized to fulfill this contract;
  - 2) Sites where those treatment providers are located in the state of Indiana;
  - 3) Sites where those treatment providers are located in other states;
  - 4) A statement assessing the extent to which the location of treatment providers that you plan to use would enable a participant residing anywhere in the state of Indiana to reach a drop site collection point for urine drug screens without the need to travel more than 50 miles;
  - 5) Efforts your company will make to refer individuals to services within their financial means;
  - 6) Steps you take to ensure all sample collection facilities and laboratories you use for drug and alcohol testing follow set policies and procedures for accurate testing and to meet requirements;
  - 7) The availability of a Medical Review Officer to review all positive UDSeS;
  - 8) How quickly and by what means you require these facilities to report to you a client’s missed UDSeS, adulterated specimens, and positive drug or alcohol tests; and
  - 9) How quickly and by what means you will be able to report to ISBN a client’s missed UDSeS, adulterated specimens, and positive drug or alcohol tests.



**Any current relationships that your company maintains with treatment providers that would be utilized to fulfill this contract**

Parkdale currently uses the *Affinity Online Solutions* for monitoring needs related to drug testing requirements. As this is the vendor utilized currently in the monitoring program, we would expect the same high quality and dependability for the nurses under contract, record keeping methods, testing collection sites, and reporting parameters that are presently in place. The following is the contact information for

Affinity Online Solutions

Contact Name: Megan McLaughlin

Phone: 267-218-4238

Address: 5400 Shawnee Rd, Suite 306, Alexandria, VA 22312

Tax ID: 52-2277556 Affinity eHealth Inc.

In terms of treatment providers, the ISNAP program currently engages in providers across the state to ensure evaluations, treatment, collection sites and aftercare services are available to all nurses in the program. We continue to add, update, and approve treatment providers so as to increase access to care. In addition, if the nurse presents with a health care provider that is not currently on our approved list, our case managers will contact said provider in the hopes of adding them to our list.

**LABORATORY**

Please refer to the following information located in ***Appendix K pg. 14.***

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

recording whether you have checked in. If you are unable to complete a urine drug screen when you are directed, call IPRP to discuss it as additional testing (hair, nail, and/or blood testing) may be ordered.”

#### **Sites where those treatment providers are located in the state of Indiana**

The Affinity Online Solutions (AOS) program offers collection sites throughout the State of Indiana and throughout the Country. Locations can be accessed by prompting the Affinity Online Solutions system with a zip code and other indicators such as observed collection, weekend preference, hours of operation, and distance from said zip code. The nurse will then be provided with a list of “nearest locations” so as to be able to choose one which is most convenient. Collections sites are currently located throughout the entire state in every county with additional collection sites added as needed. Our last audit (2021) of collections sites through the Affinity Online Solutions (AOS) Program revealed >95% of participants could access a collection site within 50 miles of home. In some cases (Alcohol Use Disorder), the monitoring program has evolved to provide remote breathalyzer testing, essentially eliminating the need to seek a collection site.

In Indiana, the laboratory utilized to process the specimen is Witham Toxicology. They continue to remain good partners with the ISNAP program and continue to provide excellent services with phenomenal customer support. In the rare case that a collection site is not located within 50 miles of the participants home, a collection site could be established within a weeks’ time.

#### **Sites where those treatment providers are located in other states**

Collections sites are currently located throughout the entire country and in every state with additional collection sites added as needed. Because of this, there is no longer a need to halt monitoring during vacation or out of town trips. We ask that are participants work with us before they leave the state to identify and set up remote testing while they are away. In the cases where a collection site will not be available at their destination, AOS will set up a collection site in close proximity to their location (requires a week’s notice).

**A statement assessing the extent to which the location of treatment providers that you plan to use would enable a participant residing anywhere in the state of Indiana to reach a drop site collection point for urine drug screens without the need to travel more than 50 miles**

Collections sites are currently located throughout the entire state in every county with additional collection sites added as needed. Our last audit (2021) of collections sites through the Affinity Online Solutions (AOS) Program revealed >95% of participants could access a collection site within 50 miles of home. Advancements in our monitoring program have also allowed us to implement various effective options to enable the participant to successfully monitor when distance is an issue. Occasionally, the issue is not distance but rather ability to reach a site due to transportation issues. Some of the options for resolution of these unique situations could be:

- Institution of a new collection site specifically for the nurse in need.
- Utilization of remote breathalyzer testing. Testing is performed through the BacTrak system and uploaded, in real time, thorough the participants phone.
- Utilization of mail in testing kits. Compliance is verified through a phone video recording program provided to the participant at no cost.
- More infrequent but scheduled testing with the implementation of occasional forensic (hair or nail) testing.

**Efforts your company will make to refer individuals to services within their financial means**

Each nurse will be evaluated and drug tested based on their individual situation. In an effort to be considerate of the financial situation of each participant, the following efforts have and will be made:

1. Discussions with the Affinity Online Solution program have been successful in decreasing or maintaining the end cost of testing for the nurses of Indiana.
2. Alternative laboratory testing facilities will continually be vetted and interviewed with the objective of decreasing end cost to the participant.
3. Employment status will be considered when determining the frequency of tests.
4. Access to drug of choice will be considered when determining the frequency of tests.
5. Participation in a medically assisted treatment program will be considered when determining the frequency of tests.
6. The needs assistance fund will remain available to any nurse demonstrating financial needs. These funds are available to help offset drug testing costs.
7. Drug test frequency will only be set as needed to ensure a safe and compliant program. The participant has the ability to request a reduction in testing if their financial situation warrants it.
8. We will work with all participant to find a solution congruent with their financial situation.

**Steps you take to ensure all sample collection facilities and laboratories you use for drug and alcohol testing follow set policies and procedures for accurate testing and to meet requirements**

All collections sites are approved by the AOS systems and are required to follow all collecting chain of custody requirements. In addition, Witham Toxicology Lab (based in Indiana), has been providing laboratory services for the ISNAP program for more than ten years. To date, the facilities and the laboratories have remained in full compliance with federal collecting standards. In the case that a collection site becomes problematic, they will be removed immediately.

**The availability of a Medical Review Officer to review all positive UDS's**

The ISNAP program is fortunate to utilize two fully accessible MRO's. The first is the medical director of the AOS program and the second is the MRO medical director of the ISNAP program (in house). These MRO's collaborate to ensure all dilute, positive, or questionable results are reviewed and resolved. In addition, they are both available to discuss medication questions, testing panels, and synergistic medication effects.

Barry H. Lubin, M. D., FASAM, MRO

**Affinity eHealth**

Medical Director, Medical Review Officer

Diplomate, American Board of Addiction Medicine

Certified, Medical Review Officer Certification Council

Fellow, American Society of Addiction Medicine

Certified, American Society of Addiction Medicine

blubin@affinityesolutions.com

Cell 404-558-5090

Toll free--866-512-9992 Ext 25635

Fax 877-426-9616

David Cummins, MD, FASAM

Medical Review Officer for ISNAP

**Medical Director, Parkdale Aftercare**

Fellow - American Society of Addiction Medicine

Board Certified, Addiction Medicine

drcummins@inprp.org

**How quickly and by what means you require these facilities to report to you a client's missed UDS's, adulterated specimens, and positive drug or alcohol tests?**

- Affinity Online Solutions notifies us within the next business day of any missed check ins. This information is be provided to ISNAP through the AOS.

- Missed test, adulterated, dilute, and positive test results will be reported to IPRP within 5 business days of the day the sample was collected. This will allow the MRO to review results and present his findings and recommendations along with the results of the test.

**How quickly and by what means you will be able to report to ISBN a client's missed UDS's, adulterated specimens, and positive drug or alcohol tests?**

Once the results are delivered to ISNAP and reviewed by the ISNAP MRO, the ISBN will be notified within one business day (for all regulatory RMA's). In addition to the result notification to the BON, an action plan will be included in the report. This may include increasing the RMA duration, increasing the testing frequency, ordering of more specific testing, or discharging the nurse from the program.

We agree to the following reporting requirements as outline in RFP 22-69833; 1.4.7(4)

**Vendor Reporting Requirements for *Involuntary Referral Participants***

- a. The vendor must report all positive or dilute UDS submitted as well as all missed drug screens to ISBN within seventy-two (72) hours of being notified of the MRO validated drug screen results, a dilute specimen submitted by the practitioner, or a missed UDS.
- b. The vendor must report all missed or incorrectly submitted work site or self-reports to ISBN within fifteen (15) days of the missed report deadline.
- c. Within seventy-two (72) hours of learning of noncompliance, report to the ISBN the name and license number of a practitioner who has failed to comply with any other provisions of the RMA and the circumstances surrounding the failure to comply. This includes, but is not limited to, reporting the following:
  - i. Any missed drug or alcohol screens, adulterated or diluted specimens, or positive drug or alcohol test results;
- d. The vendor shall report all relapses to ISBN within seventy-two (72) hours of receiving notice. ISBN will then determine the appropriate action to take, including whether a complaint should be filed with the Consumer Protection Division of the Office of the Indiana Attorney General.

The ISNAP case manager will request from the ISBN an order to show cause hearing for any involuntary ISNAP participant meeting the aforementioned criteria. The submission to the BON will be done electronically through our secure and HIPAA complaint portal.

Vendor Reporting Requirements for ***Voluntary Referral Participants***  
***(Appendix K pg. 16)***

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

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

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

- 2.4.2.6 Please provide an explanation of your methodology for determining the appropriate length of ISNAP participation for individuals in the Alternatives to Discipline program or voluntary, non-discipline referrals and provide a decision tree which illustrates this methodology.

**Duration of RMA**

The ISNAP program is capable of monitoring nurses for 6 months up to five years. The RMA is developed based on the participants individual situation and extenuating circumstance. Length of the RMA is determined by many factors including:

1. Severity of Disease
2. Drug of Choice
3. Diversion of medication history
4. Employment job description
5. Route of medication administration
6. Access to Drug of Choice
7. Employer collateral information
8. Regulatory collateral information
9. Legal collateral information
10. Licensing collateral information
11. History of previous RMA participation
12. History of Previous Treatment
13. Best Practice Standards
14. Treatment Recommendations
15. Comorbidities and Other Extenuating Circumstances
16. BON requests

While it is nearly impossible to encompass every scenario and include every contributing factor in making the duration decision, please refer to **Appendix J** for a visualization of the determination process.

- 2.4.2.7 Please describe how your company plans to attend anticipated in-person meetings of ISBN, including all ISBN board meetings and meetings with designated representatives of ISBN, IPLA, and any other representatives of the State to review, develop, and plan implementation of program policy.

#### **ISBN Hearings**

Case managers will testify at all ISBN hearings. The case manager will be prepared with the entire case file and be familiar with all aspects of the case. In the circumstance where the primary case manager is unavailable, another case manager or the program director will present the case. In either case, the representative ISNAP staff will be prepared with appropriate documentation and will have clear knowledge of the case. The ISNAP program director and all Parkdale Aftercare Leadership will remain available to the BON, IPLA, OAG, or any other vested party involved with the program. The program is designed to support and allow ISNAP case management participation either in person or virtually.

#### **Special Meetings**

In the case where designated representative(s) of the ISBN and the State wish to meet

to review, develop, and implement program policy change, the INPRP program director and upper management will be made available. In short, the entire IPRP staff, including the medical director, will remain available for high level planning and implementation meetings. The ISNAP program director and all Parkdale Aftercare Leadership will remain available to the BON, IPLA, OAG, or any other vested party involved with the program. The program is designed to support and allow ISNAP case management participation either in person or virtually.

For on site or in person meetings, the ISNAP staff will cover all travel, lodging, and associated costs to provide in person attendance. We have also increased our technology capabilities and are able to meet virtually with any participant, board member, or vested party at any time. We are continuing to improve our remote services and increased access to services with the assistance of our VBE (Quest4Electroncis). All forms of communication are secured and HIPAA compliant. For onsite meetings we would like to request a 48-hour notice and for virtual meetings we would like to request an 8-hour notice.

- 2.4.2.8 Please address your company's plan to provide education and outreach to the healthcare community to increase awareness of diagnosis, treatment of alcohol and drug abuse, and the INP. Please detail and identify any current education and outreach services performed by your company, including, but not limited to, your company's experience and expertise in communicating through social media such as Facebook, Twitter, and YouTube.

#### **Social Media/ Community Outreach**

Understanding the importance of community out-reach and social media in terms of reaching, educating, and supporting the nurses of Indiana, this submission directs a significant amount of funds to be allocated to marketing and social media. This includes but is not limited to:

- The continued management and enhancement of the current ISNAP Facebook presence.
- The continued management and enhancement of the current ISNAP Website.
- The continued management and enhancement of the current ISNAP Instagram account.
- The development, implementation, management of a Twitter ISNAP account.
- The development, implementation, management of a YouTube ISNAP account.
- The production of several IPRP public service announcement videos



## **Outreach Education and Programming**

Despite the restrictions for travel related to COVID during the 2020-2021 calendar years, the ISNAP team provided countless outreach and education for employers, organization sand health care providers across not only the state, but also the country. During this time, the ISNAP executive director, compliance director, medical director, and program director collectively provided onsite and virtual training, education, and resources for the impaired nurse to over 40 venues and organizations across the country. Topics included:

*The Impaired Health Care Provider*

*The ISNAP program*

*Compassion Fatigue*

*Provider Burnout*

*Stress Management*

*Science of Addiction*

*Recovery in Action*

*Effective Sleep*

*Grief, Loss, and Incivility*

*Shame and Guilt*

*Wellness and Balance*

The ISNAP case managers developed and implemented a national educational program (Support the Front) for student nurses seeking an advanced degree in anesthesia. By working with the American Association of Nurse Anesthetists (AANA), the ISNAP case mangers were able to educate and reach hundreds of nursing students across the country. This national exposure to our Indiana monitoring program has been instrumental in the program being recognized as a national leader. In addition, and despite travel restriction and COVID shelter in place mandates, the ISNAP clinical case mangers provided ISNAP specific information to various employers and nursing groups including:

*Indiana University Health*

*Community Health*

*Franciscan Health*

*IU Northwest School of Nursing*

*IU Fort Wayne School of Nursing*

*Multiple Employee Assistance Programs*

*Valparaiso University School of Nursing*

- 2.4.2.9 Please identify any website in which your company maintains a presence on the internet, and provide a narrative describing how your company plans to maintain a program website containing information about the ISNAP.

#### **Current Website/ Social Media**

The company website can be currently reached at:

[www.parkdalecenter.com](http://www.parkdalecenter.com)

The Company Facebook can be currently reached at:

[https://www.facebook.com/parkdalecenter/?ref=aymt\\_homepage\\_panel](https://www.facebook.com/parkdalecenter/?ref=aymt_homepage_panel)

The Company Twitter account can be reached at:

<https://twitter.com/12steps4ward>

The West Virginia Restore Program Website is located at:

<https://wvrestoreprogram.com>

The Company Twitter Instagram Account can be reached by searching user name:

[parkdalecenter](#)

#### **IISNAP Website/ Social Media**

The Company Facebook can be currently reached at:

<https://www.facebook.com/INProfRecovery>

The ISNAP website is currently maintained at URL:

[www.INprp.com](http://www.INprp.com)

This domain has been secured and is in the possession of the parent company, Parkdale Management LLC. We have a dedicated marketing and outreach director who is responsible for creating content, keeping information current, and growing the ISNAP social media presence. All information pertaining to the ISNAP is or will be hosted on this site. This includes, but is not limited to:

- Participant handbook
- Self-Report Forms
- Sponsor Report Forms
- Addictionologist Report Forms
- Therapist Report Forms
- Work Site Monitor Report Forms

- Meeting Log Report Forms
- Frequently Answered Question Page
- Approved Treatment Provider Lists
- Request to Submit to be an Approved Treatment Provider
- Current Nursing Support Group List
- Contact Us page
- Addiction, SUD, and Mental Health resource page
- Family and Social Support Resource Page
- Employment assistance and resource page
- Links to Company social media
- Links to Partners

2.4.2.10 Please provide details regarding how and in what format your company plans to provide regular reports to the State and ISBN on the progress and activities of ISNAP according to the specifications stated in the RFP Main Document, Section Item 1.4.7.4. Please review report criteria identified in 1.4.7.4 and indicate your company's ability to provide the level of reporting detail described. Please also describe, in detail, how you intend to generate all of the fields described. Provide sample reporting as a separate exhibit.

### **Reporting and Record Keeping**

After a thorough review of report criteria identified in 1.4.7.4 I attest to our company's ability to provide the level of reporting detail described. *Rodrigo Garcia*

The ISNAP program will continue to utilize the HIPAA compliant, technically secure, and advanced electronic case management program known as Spectrum360. The program can be reviewed at the following website. <https://www.spectrum360.com/s/#/login>

All participant information will be recorded in the patient's file within the Spectrum360 program. This web-based program will allow access to the nurse's information via any secure remote web link up after a secure sign-in. In addition, all information will be inputted into a designated "cell". This will allow for generation of any customized report based off desired fields. By entering all the information into the Spectrum360 system, the reports can be generated (in real time) upon request. Any information, data points, details, demographics, or indicators requested by the board of nursing will be made available by extrapolating said data field. The program is set up in such a way to provide comprehensive and uniquely tailored reports effectively and seamlessly upon request. .

### **Monthly Reports**

- To be sent to the designated BON or IPLA monthly and before all scheduled board of nursing hearings for said month.
- Will, at minimum, continue to include information located in section 1.4.7.4 but can be tailored to suit any requests
- Monthly, quarterly and year-to-date totals of the number of practitioners making initial contact with the program, or more frequently upon request.
- The number of practitioners signing permanent RMAs for the reported month
- The number of practitioners released from the program upon successful completion of the program
- The monthly number of readmissions to the program by practitioners previously released upon successful completion of the program
- The number and nature of relapses or other acts or omissions evidencing noncompliance of program participants, and actions taken thereon.
- The number of practitioners terminated from participation in the program for failure to comply with the requirements of the program.
- Demographic information, including raw numbers and percentages, concerning program participants including.
  - age
  - gender
  - county of residence
  - license status
  - license type
  - drug of choice
  - practice/employment setting
  - employment status
  - employment position
  - practice area
  - method of referral to the program

(Please refer to **Appendix L** for an example of a monthly report to the BON.)

### **Quarterly Reports (if requested)**

- In addition to the monthly report, additional information will be made available once a quarter upon request.
- Quarterly summary information be sent to the designated BON or IPLA member

each month for information specific to the preceding quarter.

- If requested, this report can be delivered and presented by the program director or leadership team at the quarterly BON hearing.
- Educational outreach activities planned and successfully completed.
- A status report on staffing and other issues relating to the operation and administration of the program.
- Financial reporting of expenditures for operation of the program
- Assign a knowledgeable ISNAP representative (in addition to individual case managers) to attend all BON meetings and be prepared to provide testimony as needed. We also expect to attend occasional meetings with designated representatives of IPLA and ISBN to review, develop, and plan implementation of program policy.
- Future objectives and previous initiative updates.

2.4.2.11 Please provide a narrative describing how your company intends to provide timely communication to ISBN and IPLA. Include in your narrative the anticipated protocol you intend to utilize when the vendor is required to report to ISBN the noncompliance of program participants who are subject to probationary orders of ISBN and the circumstances surrounding the practitioner's failure to comply. Also include information regarding the timelines under which the State can expect responses to the States' periodic requests that the Vendor provide information regarding the program compliance of specifically identified practitioners.

### **Communication and Transparency**

The ISNAP program continues to remain committed to providing timely and accurate reports to the BON. As we are committed to the monitoring and advocacy of the nurse, we understand that our advocacy capabilities will be exponentially more powerful if our reporting and communication is reliable, accurate, and timely. In addition to any circumstances which would prompt a report from ISNAP to the BON, individualized reporting and information sharing will occur with open discussion and formal request between all parties. Consents to share information will be obtained through the onboarding and intake process with the nurse, thus expediting sharing of information. Information that will be reported to the BON within one business day may include:

- Information that is requested by the BON or IPLA
- Non-voluntary cases that have been closed resulting as a result of noncompliance.
- Non-regulatory RMA's that have become non-compliant or have met reporting

criteria to the board.

- Confirmed Positive Drug Testing Results
- Any change in the RMA including
  - Increased duration of RMA
  - The reason for the RMA change
  - Request for additional addiction evaluation

In order for the communication to be most effective and consistent, we would propose the following:

1. Continue designation of a point of contact on the BON and/or IPLA team. This person will be contacted when ISNAP would like to request an appearance at the BON hearing to present monthly/ quarterly reports or discuss program developments and changes in the program or the specific case of a nurse RMA. The designated staff member will be sent all monthly reports, updates on participants, and notices of any non-compliant issues.
2. If any requests, issues, or concerns come to the attention of the BON or IPLA, we would ask that you email the ISNAP program director ([ttraut@inprp.org](mailto:ttraut@inprp.org)) and the contract compliance director ([rgarcia@inprp.org](mailto:rgarcia@inprp.org)) . A response within one business day can be expected. The program director and contract compliance director will ensure the proper individuals are assigned to address the request.
3. ISNAP would request a list of nurses that are scheduled to appear in front of the BON 2 weeks before the scheduled appearance. This will allow time to communicate with the nurse, familiarize with all details of the case, and ensure the proper case managers to attend the hearing.
4. In case of an urgent or emergency matter, ISNAP will provide the BON, IPLA, and OAG with a special prompt on the 1-800 number. This number will be answered immediately (when possible) to address the issue in a timelier manner. In addition, key members will be given the personal direct phone number for the compliance director and program director. We would encourage you to contact us directly for any matter that require immediate attention.

2.4.2.12 Please provide a narrative describing your company's ability to ensure an orderly and efficient start up and transition from the current Vendor. Include an implementation plan that indicates how your company will ramp up and implement services to coincide with the expiration date of the current contract and include within your plan the following sections:

- 1) Key steps
- 2) Timeframe
- 3) Target Dates

- 4) Responsible Parties
- 5) Status
- 6) Comment Section

### Transition Plan

The ISNAP team, by submission of this proposal, is hopeful to continue serving the nurses of Indiana and monitoring program for the BON. In the event that a new vendor is chosen, we would of course work with them to effectively transfer over the caseload. The following is a proposed outline of how a transfer to a new vendor might look. We would follow the lead of the new vendor and the IPLA/BON if needed.

Week Number One	New Vendor Team	ISNAP Team
<ul style="list-style-type: none"> <li>Website</li> </ul>	<ul style="list-style-type: none"> <li>Begin development of the website. Plan to go live within 4 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>IPLA and BON to support the transition and make nurses aware of new website.</li> </ul>
<ul style="list-style-type: none"> <li>Meet with Teams</li> </ul>	<ul style="list-style-type: none"> <li>meet with IPLA and current vendor and formally request information and solidify transition plan timeline.</li> <li>List of all nurses in program including those that have not yet executed the RMA</li> <li>List separated in three groups a. very compliant, no issues. b. will require some attention, borderline compliance, c. potentially discharging from program. Non compliant, require attention.</li> </ul>	<ul style="list-style-type: none"> <li>Provide a detailed report of the program and the status potentially problematic nurses.</li> <li>Provide a list of all current treatment provider and evaluators</li> <li>Provide a current list of all nursing support groups throughout the State.</li> <li>Continue to file the intake calls. Refer the nurses to treatment providers for an initial evaluation. Provide a weekly update of nurses that are in the process of obtaining an evaluation.</li> </ul>
Implement 1-800 phone line	<ul style="list-style-type: none"> <li>Line will be set up to include access to the BON, OAG, and IPLA should they have any immediate questions or concerns.</li> </ul>	<ul style="list-style-type: none"> <li>Current vendor to continue the intake of nurses.</li> </ul>
<ul style="list-style-type: none"> <li>Verify and Finalize Staffing</li> </ul>	<ul style="list-style-type: none"> <li>finalize staffing and upper management</li> </ul>	<ul style="list-style-type: none"> <li>Be available on an ongoing basis to</li> </ul>

	positions and roles.	answer programmatic questions. We ask the responses be timely as the transition will likely rely on the answers provided.
<ul style="list-style-type: none"> <li>Secure Physical Location</li> </ul>	<ul style="list-style-type: none"> <li>IT, Internet, and Phone system implementation</li> <li>Hardware purchase and Furnishing. Mailing address established</li> </ul>	
<ul style="list-style-type: none"> <li>Marketing Implementation</li> </ul>	<ul style="list-style-type: none"> <li>Social Media</li> <li>Re-branding Efforts commence</li> </ul>	<ul style="list-style-type: none"> <li>IPLA/ BON to assist in the rebranding effort and general announcement</li> </ul>
<b>Week Number Two</b>	<b>New Vendor Team</b>	<b>ISNAP Team</b>
<ul style="list-style-type: none"> <li>Copy Edit</li> </ul>	<ul style="list-style-type: none"> <li>Finalize all documents and forms to be used.</li> <li>Incorporate forms on website</li> </ul>	<ul style="list-style-type: none"> <li>IPLA/ BON to review and finalize all forms if desired</li> </ul>
<ul style="list-style-type: none"> <li>Case Files</li> </ul>	<ul style="list-style-type: none"> <li>Continue to review case files and ask current vendor questions.</li> <li>Should have full access to all case files and notes</li> </ul>	<ul style="list-style-type: none"> <li>Current vendor to answer all ongoing questions in a timely manner and provider complete access to all information.</li> </ul>
New Calls	<ul style="list-style-type: none"> <li>Will continue to build referral data base.</li> </ul>	<ul style="list-style-type: none"> <li>Current vendor will continue to provide intake services to all new calls.</li> <li>Current Vendor will continue to refer new calls to evaluator for initial assessments.</li> </ul>
New RMAs	<ul style="list-style-type: none"> <li>During the first and second week, INPRP will not execute any new RMAs.</li> </ul>	<ul style="list-style-type: none"> <li>Any cases that have had their initial evaluation and are prepared to turn in their RMA should do so with current Vendor.</li> </ul>
Continue week 1 progress	<ul style="list-style-type: none"> <li>Case review for 400+ nurses</li> </ul>	<ul style="list-style-type: none"> <li>Current vendor to continue serving program and new nurses. Current vendor to continue attending BON hearings and providing advocacy for nurses.</li> </ul>



Week Number Three	INPRP Team	ISNAP Team
<ul style="list-style-type: none"> <li>Staff Training</li> </ul>	<ul style="list-style-type: none"> <li>Will continue to ask questions to current vendor. Expect an increase in questions this week.</li> </ul>	<ul style="list-style-type: none"> <li>Current vendor to continue answering all questions in a timely manner.</li> </ul>
<ul style="list-style-type: none"> <li>Initial Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>begin the implementation of RMA's based on these evaluations.</li> </ul>	<ul style="list-style-type: none"> <li>Will continue to refer new calls to initial evaluators but will no longer implement new RMA's.</li> <li>Will continue to represent at the BON hearings</li> </ul>
Week Number Four	INPRP Team	ISNAP Team
<ul style="list-style-type: none"> <li>RMA's</li> </ul>	<ul style="list-style-type: none"> <li>Will execute all new RMA's</li> </ul>	<ul style="list-style-type: none"> <li>Current Vendor will continue to refer new calls to initial evaluators but will no longer implement new RMA's.</li> </ul>
<ul style="list-style-type: none"> <li>Phone System</li> </ul>	<ul style="list-style-type: none"> <li>Phone number will go live. All calls will be answered and the intake process began</li> </ul>	<ul style="list-style-type: none"> <li>All calls received by the current vendor should be forwarded or instructed to call new number.</li> </ul>
<ul style="list-style-type: none"> <li>Website</li> </ul>	<ul style="list-style-type: none"> <li>Website will be fully functional and interactive</li> </ul>	<ul style="list-style-type: none"> <li>IPLA and BON to direct all new referrals to the new vendor.</li> </ul>

2.4.2.13 Please provide a narrative addressing your company's ability and expertise in maintaining participant records in accordance with all state and federal confidentiality laws. Include a description of the anticipated process you intend to utilize for purging records.

#### Record Keeping

All records and information, including phone calls, will be maintained and managed in accordance with all state and federal confidentiality laws

The ISNAP program will continue to utilize the HIPAA compliant, technically secure, and advanced electronic record keeping program known as Spectrum360. The program can be reviewed at the following website. <https://www.spectrum360.com/s/#/login>

All information will be recorded in the patient's file within the Spectrum360 program.

This web-based program will allow access to the nurse's information via any secure remote web link up and secure sign-in. By utilizing this program, we have been able to comply completely with all state and federal confidentiality laws.

Records will be purged on an ongoing basis. Cases that have been closed for successful completion and subsequently discharge will be archived for seven years. After seven years and if there is not a readmission into the program or a licensure event, the case file will be permanently purged. In the case where the program was not complete, the records will be kept indefinitely or until the program is complete and 7 non eventful years are achieved. Records will be automated and purged through the Spectrum360 program.

- 2.4.2.14 Please acknowledge your company's willingness to make any records maintained pursuant to this contract available at the IPLA offices within forty-eight (48) hours of receiving a request from the State.

I hereby affirm that ISNAP and Parkdale Aftercare will make any records maintained pursuant to this contract available at the IPLA offices within forty-eight (48) hours of receiving a request from the State. Rodrigo Garcia , CEO Parkdale *Rodrigo Garcia*

- 2.4.2.15 Please explain how your company intends to establish and maintain electronic case management of ISNAP participants including the software you intend to utilize and your experience with this software.

### **Case Management**

Electronic record keeping has been implemented in the company since 2015. All staff are and will maintain efficiency and proficiency in electronic medical record case management. The ISNAP staff will consist of four primary case managers that will have "super user" training status. This will best allow them to navigate through the system while ensuring seamless interfacing with other systems.

In addition, special access can be granted to select members of the BON or IPLA for reasons of performing random audits, internal reviews, or compliance checks. By offering the opportunity to access the software, the BON and IPLA can best assess its functionality.

All records will be maintained and managed in accordance with all state and federal

confidentiality laws. All records and information, including phone calls, will be maintained in the advanced electronic medical record program, Spectrum360. The program can be reviewed at the following website. <https://www.spectrum360.com/s/#/login>. The program has been designed to meet the specific needs and requests as outline in RFP 22-69833. In addition, the record keeping is in accordance with all confidentiality and HIPAA standards.

In addition to the basic case management record keeping, ISNAP will also continue to utilize the **Affinity Online Solutions** system. This system is being used in the current ISNAP program and has provided secure HIPAA compliant record keeping for its 300+ monitored nurses. Parkdale has been using the same system for the remote monitoring of our health care professionals since 2015.

- 2.4.2.16 Please explain how you plan to implement the needs assistance fund required in the RFP Main Document, Section 1.4.8.15. Please provide any formulas or forms that will be utilized to determine qualifications for the needs assistance fund and the manner in which these determinations will be made.

#### Needs Assistance Fund (NAF) Application

Develop a needs assistance fund with objective criteria to fund lab services for those participants who meet criteria for reduced cost and/or free lab services. **1.4.8.17**

"A Needs Assistance Fund (NAF) application is available for participants who may be experiencing financial issues regarding their drug screens. If a participant wishes to utilize this, they will be required to complete the NAF application and send in all required supporting documentation for themselves (and their spouse, if married) to their CCM. You are required to send in the required documentation listed on the application. If approved, it would cover 50% of the cost of the test and you will be responsible for the remaining 50% as well as any lab fees that may be incurred.

If approved, the NAF application is only valid for the month you complete it. Therefore, if you would need assistance during a different month you would need to complete a new NAF application with updated required documentation. Please be aware that NAF funds are limited.

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

\$150 in year one but then not receive any assistance, unless an exception is approved by the Program Director. Please be advised the NAF application is utilized only for UDS' and cannot be used for treatment or SoberLink." **Appendix K pg. 15**

All funds will be securely held and managed from our account. Funds will be increased with donations, annual symposium registrations, self-funded by Parkdale Aftercare, or with additional funds paid by the nurse to be monitored. The NAF and all its financial activity will be line item represented on third party auditing and financial declarations. This information will be available to the BON or IPLA at any time upon request.

- 2.4.2.17 Please acknowledge your company's willingness to meet and comply with the specifications addressed in the RFP Main Document, Section 1.4.8.15. If applicable, explain in detail any concerns that your company has identified regarding the provision of any of the services that the State has requested and/or required under the above-mentioned section.

I hereby attest that the ISNAP, Parkdale Aftercare, and those involved in its management, daily operations, and case management, fully and willingly expect to meet and comply with the specifications addressed in the RFP Main Document, Section 1.4.8.15. *Rodrigo Garcia, CEO*

- 2.4.2.18 Please include information related to the tenure of the senior management of your company, information for the last three years on any changes of ownership and explain why there was a change in ownership. Please provide the long-term plans of your company and information related to the overall operating soundness of your business model.

#### **Senior Management Team**

The Parkdale Senior Management team responsible for the successful growth and development of the Parkdale Corporation will be the same senior management team tasked with the oversight to the ISNAP program and this proposal to provide services under the RFP 22-69833. The senior management team are also the founding member of the Parkdale Companies and have been since the formation of the company in 2014. There are no plans for a change in ownership or leadership. Leadership is comprised of:

**David Cummins, MD, FASAM**

Dr. Cummins is board certified in both Addiction Medicine (ABMS) and Emergency Medicine and has extensive experience in diagnosing and treating patients suffering from substance use disorders. Following best practice guidelines set forth by the American Society of Addiction Medicine (ASAM) and using the latest evidence-based treatment modalities, Dr. Cummins has helped develop the most comprehensive and seamless program for addicted professionals in the country. Using time tested treatments and cutting-edge alternative therapies, his treatment modalities succeeds by focusing on accountability, prevention, treatment, long-term monitoring, advocacy, and calculated reentry into the workplace. Dr. Cummins also works closely with multiple local, state, and federal agencies to ensure employee protection and client compliance. He is also currently on the **Illinois Professional Health Program** Clinical Advisory Committee as the expert addiction specialist. He advises during monthly clinical team meetings reviewing difficult cases and provide guidance on clinical operations. He is also currently the medical director of Parkdale Center for Professionals in Chesterton, Indiana.

In addition, Dr. Cummins has been the Medical Director and Medical Review Officer for the Indiana State Nurse Assistance Program and the Indiana Pharmacy Program since 2018 and the Medical Director for the West Virginia Restore Program since 2019.

**Rodrigo Garcia RN, BC-APN, MSN, CRNA, MBA**

Rodrigo has been a direct care provider in the health care field for more than 20 years. He has experience in emergency management, intensive care, surgical services, and anesthesia. He is currently an appointed member of the Indiana Office of the Attorney General prescription drug task force; a delegate to the National Safety Council and has held faculty positions at Evanston Northwestern School of Anesthesia, IVY Technical Community College – Nursing Department, and Valparaiso University School of Nursing. Rodrigo has extensive experience in the field of addiction, treatment, management, advocacy, and recovery of the highly-accountable recovering professional. Rodrigo is sought out for his engaging and powerful speaking presentations geared towards bringing to light the "silent epidemic" of addiction. He has educated thousands of families, state employees, individuals, employers, and professional organizations on the addicted professional and how this person affects every aspect of society. His most recent article was published in the *Journal of Professional Regulation*. Rodrigo has developed a comprehensive professional reentry program for professionals on a National level. The program is designed to work closely with State BON and Medicine, employers, and alternative to discipline programs to ensure safe reentry of the impaired health care professional. Rodrigo is currently the Chief Executive Officer at Parkdale

Center for Professionals in Chesterton, Indiana.

In addition, Rodrigo has been the Compliance Director for the Indiana State Nurse Assistance Program and the Indiana Pharmacy Program since 2018 and the Compliance Director for the West Virginia Restore Program since 2019.

**Claudia Garcia RN, BSN, CADAC II, LAC, MBA**

Claudia has more than fifteen years of direct patient care experience as well as managerial and recruitment experience. She has focused much of her career in research and development of programs, policies, and procedures to improve patient outcome and maintain employer compliance. Claudia obtained her MBA degree, graduating with honors, with a focus on health care administration, specializing in assistance of health care professional afflicted with substance use disorder. Her training as a certified addiction drug and alcohol counselor (CADAC II), Registered Nurse, and licensed addiction counselor (LAC) along with her very personal and intimate knowledge of the situational circumstances the family members often experience has helped forge one the most seamless, comprehensive, and resourceful family programs in the country. Claudia is a published author her latest contribution being for the American Association of Nurse Anesthetist (Appendix H). She is also a department chair for the Porter County Substance Abuse Council and the recipient of both the Mental Health American *Heroes Award, 2016* and the prestigious 20 most influential business minds under 40 years old award in Indian (20 under 40, 2017). Claudia is currently the Chief Operating officer of Parkdale Center for Professionals in Chesterton, Indiana.

In addition, Claudia has been the Executive Director for the Indiana State Nurse Assistance Program and the Indiana Pharmacy Program since 2018 and the Executive Director for the West Virginia Restore Program since 2019.

**Scott Geans, BS, MPA, CPA -Chief Financial Officer**

Scott graduated from the Indiana University Kelley School of Business (Bloomington) in 2001 with a B.S. degree in Finance and a Minor in Sociology of Business Organizations. In 2007, he completed his MPA (Master's in Professional Accountancy) from the Kelley School of Business (Indianapolis) and earned his CPA (Certified Public Accountant). Scott spent the first ten years of his career in a variety of financial leadership roles, serving as the Assistant Controller for the Indiana State Budget Agency and a Senior Financial Analyst for Eli Lilly & Company in Indianapolis. As CFO, Scott is involved in leading many areas of Parkdale including the revenue cycle management, human resources, information technology, capital improvement and treasury management functions.

### **Tracy Traut MS, LCAC, ISNAP Program Director**

Tracy Traut, MS LCAC is the Program Director for Indiana Professionals Recovery Program. She has worked in the field of mental health and addiction since 2007. She has extensive experience in treating individuals with substance use disorders, trauma, and PTSD. Tracy received her MS in Clinical Mental Health Counseling from Indiana University Northwest and Calumet College of St. Joseph, with a concentration in addiction treatment. Tracy is charged with focusing on prevention, treatment, long-term monitoring, advocacy, working with employers, reentry into the workplace, and utilizing evidence-based practices to deliver cutting edge monitoring services for healthcare professionals in need.

### **Company Objectives**

The mission statement of Parkdale is to ***provide a remarkable recovery experience***. All future objectives are centered around our mission statement. In terms of a timeline, the general direction of the company and more specific are outline below.

### **Immediate Goals (3-6 months)**

- Continue to provide quality addiction treatment and support to those afflicted with SUD.
- Continue to meet financial company goals which will allow for continued altruistic and philanthropic ventures.
- Continue to enhance and provide the ISNAP monitoring program for the nurses in Indiana
- Continue to serve the pharmacists in Indiana and the nurses of West Virginia.

### **Mid-Range goals (6 Months -2 years)**

- Continue to improve the ISNAP program in Indiana.
- Expand Treatment Services through the State for nurses, including IOP, Aftercare, and Detoxification programs.
- Completion of the opening of our Merrillville Indiana and Chesterton Indiana outpatient and counseling centers.
- Continued growth with the corporation in terms of financial, physical, and treatment services provided.
- Increase self-reporting into the INPRP program by 25%
- Increase ISNAP total enrollment by 25%

### **Long-Term Goals (2years +)**

- Continued and improved services to the ISNAP program
- Multiple outpatient and counseling centers in central and southern Indiana.
- Continued growth with the corporation in terms of financial, physical, and treatment services provided.
- Increase self-reporting into the INPRP program by an additional 25%
- Increase INPRP total enrollment by 2an additional 25%

The senior leadership team is committed to the success of Parkdale and any program or subsidiary that is managed by the leadership team. Moving forward it will be this team that will work most closely with State officials, Boards of Nursing, and the IPLA to ensure the IPN program is optimized for everyone's perspective. It is this leadership, transparency, accessibility, and willingness to work synergistically that will ensure the program is a success. There have been no changes in leadership since 2014 with no plans for any changes at this time nor in the near future.

#### **2.4.2.19 Please provide the following information:**

- 1) A list of all current clients for whom you provide a rehabilitation referral and/or monitoring program;
- 2) A list of all rehabilitation referral and/or monitoring program contracts that have been executed, renewed, or terminated during the last five years;
- 3) If applicable, information on why any rehabilitation referral and/or monitoring program contracts were not renewed;
- 4) Contact information for all rehabilitation referral and/or monitoring contract clients in the last five years; and
- 5) A list of all lawsuits in which the Vendor is a defendant relating to its provision of rehabilitation referral and/or monitoring programs.

#### **List of all current clients for whom you provide a rehabilitation referral and/or monitoring program**

- The Indiana State Nursing Assistance Program
- The Indiana State Pharmacy Recovery Network Program
- The West Virginia Board of Nursing Restore Program

#### **A list of all rehabilitation referral and/or monitoring program contracts that have been executed, renewed, or terminated during the last five years**



- 2018 Executed Contract Indiana State Nursing Assistance Program
- 2019 Renewed Contract Indiana State Nursing Assistance Program
- 2020 Renewed Contract Indiana State Nursing Assistance Program
- 2021 Renewed Contract Indiana State Nursing Assistance Program
- 2018 Executed Contract Indiana State Pharmacy Recovery Network Program
- 2019 Renewed Contract Indiana State Pharmacy Recovery Network Program
- 2020 Renewed Contract Indiana State Pharmacy Recovery Network Program
- 2021 Renewed Contract Indiana State Pharmacy Recovery Network Program
- 2019 Executed Contract West Virginia Board of Nursing Restore Program
- 2020 Renewed Contract West Virginia Board of Nursing Restore Program
- 2021 Renewed Contract West Virginia Board of Nursing Restore Program

**If applicable, information on why any rehabilitation referral and/or monitoring program contracts were not renewed**

Not Applicable

**Contact information for all rehabilitation referral and/or monitoring contract clients in the last five years; and**

The Indiana State Nursing Assistance Program

**Cheryl Boone, J.D.**

CBoone@pla.in.gov

Assistant General Counsel

Indiana Professional Licensing Agency

Indiana Government Center South

402 West Washington Street, Room W072

Indianapolis, IN 46204

Telephone: (317) 234-2912

FAX: (317) 233-4236

The Indiana State Pharmacy Recovery Network Program

**Cheryl Boone, J.D.**

CBoone@pla.in.gov

Assistant General Counsel

Indiana Professional Licensing Agency

Indiana Government Center South

402 West Washington Street, Room W072

Indianapolis, IN 46204

Telephone: (317) 234-2912  
FAX: (317) 233-4236

The West Virginia Board of Nursing Restore Program

**Dr. Sue Painter**

Sue.A.Painter@wv.gov  
5001 MacCorkle Avenue, SW  
South Charleston, WV 25309  
304.744.0900

**A list of all lawsuits in which the Vendor is a defendant relating to its provision of rehabilitation referral and/or monitoring programs.**

Parkdale, it's officers, it's employees, nor any of its subsidiary companies are named currently or have ever been named in a lawsuit. Likewise, Parkdale has never settled a case in lieu of litigation.

- 2.4.2.20 Please explain the level of the staff member who will be the primary point of contact for administering this contract and how that relationship manager interfaces with the State and other vendor staff to ensure proper contract administration, support, and resolution of questions or program deficiencies. Please include a biography and resume for key personnel who will be interacting with the agency.

#### **INPRP Organization Chart**

Please refer to **Appendix M** for the organizational chart of Parkdale Aftercare LLC, the company managing this proposal and the ISNAP program. Below is a list of key members that will be the two primary points of the contact to ensure the contract and the program remain an open and transparent communication relationship.

#### **ISNAP Program Director, Tracy Traut**

All day-to-day **program questions and concerns** will be managed and handled by the Program director. As she has for the past four years, the program director will continue to manage situation within her scope. The program director will be present at quarterly BON hearings and all other BON hearings as requested. The Program director will be accessible via email at any time to the BON, IPLA, or OAG. In addition, the ISNAP 1-800 number will have a unique prompt for the sole purpose of the BON, IPLA, or OAG representative to be able to reach the program director immediately.

Ms. Tarut has extensive experience in requirements for substance use disorder assessment, treatment, and management and will be best suited to manage day to day operations. Ms. Traut will have the expertise and authority to address all program issues and provide solutions to the majority of situations which may arise. If unable to resolve the issue, Ms. Traut will immediately consult with the ISNAP Contract Compliance Director, Rodrigo Garcia (see below).

**BIO for Tracy Traut MS, LCAC,  
Indiana State Nurse Assistance Program, Program Director**

Tracy Traut, MS LCAC is the Program Director for Indiana Professionals Recovery Program. She has worked in the field of mental health and addiction since 2007. She has extensive experience in treating individuals with substance use disorders, trauma, and PTSD. Tracy received her MS in Clinical Mental Health Counseling from Indiana University Northwest and Calumet College of St. Joseph, with a concentration in addiction treatment. Tracy is charged with focusing on prevention, treatment, long-term monitoring, advocacy, working with employers, reentry into the workplace, and utilizing evidence-based practices to deliver cutting edge monitoring services for healthcare professionals in need.

Tracy has worked in the field of Mental Health and Addictions since 2007. Tracy received her MS in Clinical Mental Health Counseling from Indiana University Northwest where she also received a BA in Psychology and an AA in Women and Gender Studies. She completed training at the University of Cincinnati in Cognitive Behavioral Interventions for Substance Abusers, Anger Management and Brain2Brain Training for anxiety and PTSD.

Tracy was the Executive Director for the Porter County Family Counseling Center, the Addiction and Recovery Coordinator for PACT and the Assistant Executive Director for Dayspring Counseling Center as well as providing individual addiction counseling services in a private practice. She provides Screening Brief Intervention and Referral to Treatment (SBIRT) services as well as group facilitation services to the Moraine House, a sober living home for men.

**INPRP Contract Compliance Designee (Parkdale CEO)**

If a ***contractual issue*** arises or the unique ***programming situation*** presents a challenge to the program director, Mr. Garcia will immediately intervene and resolve the situation to the satisfaction of all parties. If Mr. Garcia is unable to resolve the issue on his own, a full panel discussion will be convened to include the entire senior management team including the Mr. Garcia, the ISNAP medical director, the Parkdale Aftercare COO, and

Ms. Traut. For all contractual issues, Mr. Garcia will be the direct contact between ISNAP and the State representatives. Mr. Garcia will be available via email any time or via the INPRP 1-800 number via a special prompt for BON, IPLA, or OAG representative. In the case where resolution is difficult to obtain, senior management will work with the IPLA or the BON to come to a resolution.

### **BIO for Rodrigo Garcia**

#### **Parkdale CEO, Contract Compliance Designee, Senior Leadership**

Rodrigo Garcia is a Certified Registered Nurse Anesthetist, Executive Program Director, and co-founder of the *Parkdale Recovery Center* in Chesterton, Indiana. Rodrigo is currently the Chief Anesthetist, providing anesthesia to countless families in rural Indiana who have limited access healthcare. Rodrigo is also directly involved with facilitating a highly specialized treatment program that meets the needs of high functioning and highly accountable professional afflicted with substance use disorder.

Rodrigo graduated from Valparaiso University in 1996 with a Baccalaureate degree in Nursing. He first worked as a department supervisor and Certified Trauma Nurse Specialist at level one Trauma Center and Emergency Room. In 2004 after 8 years of critical care experience he completed his studies and obtained a Master of Science Degree in Nursing from De Paul University in Chicago, IL and successfully completed the nurse anesthesia residency program from Northwestern Hospital in Evanston, IL. During his nursing career Rodrigo has held various faculty positions at IVY Tech Community College school of Nursing, Valparaiso University Clinical Studies, and Evanston Northwestern School of Anesthesia. In 2012 Rodrigo graduated, with honors, from Indiana Wesleyan School of Business with an MBA degree focusing on Health Care Administration. He is an active member of the Indiana Attorney General Executive Drug Task force, *Bitter Pill* and serves as an appointed Delegate with the National Safety Council. In 2016, he was awarded the prestigious **"Heroes in Recovery"** from Mental Health America for his work in the addiction, treatment, recovery, and mental health field.

In 2007 Rodrigo began a personal and intimate journey with addiction and recovery. He gained a valuable perspective and understanding of the disease as it relates to personal health, family consequences, legal concerns, and the disease process. As a result, Rodrigo is now committed to improving the regulatory, monitoring, and treatment systems while providing personal assistance to those who are suffering the disease. Through his work both locally and nationally, Rodrigo continues to assist the impaired health care professionals and their families and they begin the long road back to wellness.

Today, Rodrigo continues to consult with and speak for universities, health care facilities, professional licensing boards, diversion investigators, law enforcement, treatment centers, and countless families that have been affected by addiction. He is sought out Nationally for his both personal and professional perspective and experience on the management of the impaired health care professional. He is also a founding member of the ***Health Experts in Loss Prevention (H.E.L.P.)*** program which is designed to assist hospitals and health care facilities in educating, identifying, intervening, and reentering the impaired health care provider.

Please see **APPENDIX N** for resumes for David Cummins, MD, Rodrigo Garcia, Claudia Garcia , and Tracy Traut.

*In addition to the Program Director and the Contract Compliance Designee, the entire Senior Management Team will remain available to the IPLA and BON. Please refer to the Bio's and experience of the senior management team as outlined in section 2.4.18 of this proposal*

## **2.4.3 Account Management and Reporting**

- 2.4.3.1 Describe the procedure you will use for pay to the State and deposit in the ISNAP account fees assessed to each impaired practitioner for participating in the monitoring program as required in the RFP Main Document, Section 1.4.8.15. This requirement does not apply to fees for voluntary continuing participating in the rehabilitation monitoring program.

### **Financial Accounts**

The INPRP will hold two secure bank accounts. The Parkdale Aftercare LLC account will manage the fees associated to run the program, receive the awarded funds, and the expense reimbursements per the contract.

The INPRP will also hold and manage a *Needs Assistance Fund Account*. In the case where fees are assessed to each impaired practitioner for participating in the monitoring program (this does not apply to fees for voluntary continuing participation in the rehabilitation monitoring program), the fees will be held and recorded in the *Needs Assistance Fund Account*. The monthly report will reflect the activity in the account and if appropriate, payments will be made to the State in an account designated by the State.

If the nurse qualifies for the ISNAP program, all costs will be covered except those outlined in 22-69833 Att D- Fees Charged to Practitioners. A detailed explanation of those costs can be reviewed in attachment named: **Cost Narrative**

- 2.4.3.2 Please describe in detail your company's proposed account management team structure including names and contact information as well as the services each individual or group will perform.

### **ISNAP Job Descriptions**

Please refer to the below for the job descriptions (partial list) for each position held.

#### **Parkdale Management, LLC**

- Managed by Senior Leadership
- To Provide Board Certified Addictionologist for Initial diagnosis and treatment recommendations to all participants if needed (MD or DO)
- Maintain and update approved provider list for INPRP participants
- To Provide Medical Review Officer services to all INPRP participants (MD or DO)
- Representation at quarterly BON hearings if requests
- Participation in all IPLA or BON meetings for Senior Leadership
- RMA consultation and final approval for all cases by Addictionologist (MD or DO)
- To provide Fit for Duty return to work for participants by physician (MD or DO)
- Bi-Annual Symposium Participation
- Community outreach when requested
- To provide Designated Contract Compliance designee for IPLA and/or the BON
- Execution of State Contract RFP 18-055
- Staff training/ competencies/ evaluations
- Selective Community Outreach when senior leadership is requested
- Social Media Management, website management and periodic Newsletter contribution
- Quarterly content publication for the BON if requested
- Monthly/ Quarterly reports to BON/ IPLA
- All INPRP Human Resources matters including health care insurance and employee benefits
- All INPRP Business Audits, including ad hoc requested reports from IPLA or the BON
- Payroll and bookkeeping
- Sub-Contractor Management
- Travel Accommodation coordination for Staff
- Conflict Resolution for INPRP participants

- Management of Legal team
- Management of Accounting/ record keeping team
- Supervision of random program audits
- Will secure objective third party financial annual audits of the Parkdale Aftercare LLC division
- All financing, accounting, reports, compliance, and record keeping.
- Legal representation

Rodrigo Garcia, Compliance Director

[rgarcia@inprp.org](mailto:rgarcia@inprp.org)

David Cummins, Medical Director

[drcummins@inprp.org](mailto:drcummins@inprp.org)

Claudia Garcia, Executive Director

[cgarcia@inprp.org](mailto:cgarcia@inprp.org)

Scott Geans, CFO

[sgeans@inprp.org](mailto:sgeans@inprp.org)

#### **Program Director**

- Participant, as requested, in IPLA or BON meetings for Senior Leadership
- Community Collaboration and Outreach
- Governmental Agency Supervising Liaison
- Monthly BON appearances
- Staff Scheduling
- First line of Conflict Resolution
- Bi-Annual Symposium Development
- Affinity Online Solution Point of Contact
- ADS EMR Point of Contact
- Case Management Assignment
- Clinical Team Meetings
- Symposium, functions, or conference program representative.
- Monthly reports to BON and IPLA
- Newsletters, quarterly articles, and program updates.
- Ad Hoc reports and presentations to BON and IPLA

Tracy Traut

[ttraut@inprp.org](mailto:ttraut@inprp.org)

#### **Case Management-**

- Initial Employer Contact, Mitigation, and Planning
- Initial Addiction Screening
- Initial Dual Diagnosis Screening

- Initial Professional Screening
- RMA Execution
- Clinical Team Meetings
- Bi-Annual Symposium Participation
- Case Management (125-150 cases each)
- Individual conflict Resolution
- Symposium Participation
- Monthly BON appearances
- Discharge Planning
- Community Outreach
- UDS Collections on Site
- Employment Reentry Assistance
- Education and Outreach

Abigail Rosa

[Arosa@inprp.org](mailto:Arosa@inprp.org)

Tye Dominguez

[tdominguez@inprp.org](mailto:tdominguez@inprp.org)

Brittney Sholtis

[Bsholits@inprp.org](mailto:Bsholits@inprp.org)

Cara Kelly

[Ckelly@inprp.org](mailto:Ckelly@inprp.org)

Carrie Graham

[Cgraham@inprp.org](mailto:Cgraham@inprp.org)

#### **Legal Counsel, Attorney**

Kye J. Steffey

STEFFEY WAHL, LLC

320 N. Meridian Street, Suite 825

Indianapolis, IN 46204

Main [\(317\) 960-3065](tel:(317)960-3065)

Direct [\(317\) 759-9889](tel:(317)759-9889)

[www.steffeywahl.com](http://www.steffeywahl.com)

2.4.3.3 What is your company's standard process for problem resolution, including standard response times? What is the usual procedure if the standard resolution process



cannot resolve an issue?

### **Problem Resolution**

The company structure is designed to manage conflict resolution per service line and source of the complaint or problem. Please see the steps to problem resolution below:

#### **If the problem or conflict arises from an ISNAP nurse:**

1. The problem will first be addressed by the individual case manager. If the problem is not resolved to satisfaction, will proceed to step 2. Complaints will be addressed within 1 business days.
2. Every day clinical meetings will be conducted and will included all available ISNAP staff. This will include case managers, program director, and senior management when available. The problem will be discussed, and a resolution proposed to the nurse. If the solution is not resolved to satisfaction, will proceed to step 3. Complaints will be addressed within 2 business days pending staffing schedules (BON hearings).
3. The nurse can request and will be granted a face-to-face meeting with their case manager, program director, senior management representative, and/or the ISNAP medical director. The decision made at this point will be the final position of ISNAP and will be offered to the nurse as a resolution to the problem. If the proposed solution is not satisfactory, the nurse will be directed to appeal to the BON. If that occurs, ISNAP will comply fully with the BON request for information or appearance. Face to Face meetings will be scheduled within 5 business days after failure to resolve at step 2.

#### **If the problem or conflict arises from the BON or IPLA:**

1. The problem will first be addressed to the ISNAP program director. The program director will be available by email or immediately by way of the 1-800 number and special prompt assigned to the BON, IPLA, or OAG. If the proposed solution is not satisfactory or if the situation is outside the scope of the program director, will proceed to step 2. The BON or IPLA can expect a response within one business day or sooner if it is an urgent matter.
2. The compliance director will serve as the contract compliance designee. The compliance director will have the authority to resolve any issues within the scope of the contract and in the best interest of the ISNAP, Parkdale Aftercare LLC, and the participating ISNAP nurses. Every attempt will be made to provide an acceptable resolution at this level. However, if the proposed solution is

unsatisfactory, proceed to step 3. The BON or IPLA can expect a response within one business day or sooner if it is an urgent matter.

3. If the problem is not yet resolved, the BON or IPLA can request a meeting with Parkdale Aftercare senior leadership. Upon receipt of the request, senior leadership including the medical director, CEO, and COO will meet with all vested parties with the sole purpose of resolving the problem. Face to Face meetings will be scheduled within 5 business days after failure to resolve at step 2.

- 2.4.3.4 What are the standard financial reports that your company provides to your customers? Please provide a list of your company's standard reports, including examples, as an attachment to your RFP response. Please note which are available online.

#### **Financial Reports**

Parkdale is a privately held company and as a result, do not provide financial reports to our current customers nor do we host any online. However, in the interest of transparency and disclosure, Parkdale Aftercare will provide the State with any requested financial statements as they relate to RFP 22-69833. This may include, but not limited to, banking transactions, expense reports, balance sheets, tax returns, and ad hoc financial reports. In short, ISNAP will provide the State with any financial information that relates to Parkdale Aftercare LLC, the ISNAP program, or any area which relates to this proposal (upon written request)

- 2.4.3.5 Please detail your company's customized and ad hoc reporting capabilities including how long the State will wait to receive new requests for information.

#### **Customized Reporting**

Parkdale utilizes programs and has the technical expertise to generate custom reports on demand and per request. The State can expect a response and delivery of the customized report within 3-5 business days for most situations. In the event of an "unusual" request, the report can be expected within 7 business days. In the case of an urgent matter, priority status will be placed on the request and is will be made available as soon as possible.

## **TECHNICAL PROPOSAL**

### **APPENDIX Table**

A	REQUEST FOR SERVICES
B	INFORMED CONSENT
C	APPROVED TREATMENT CENTERS
D	TREATMENT CENTER UPDATES
E	ISNAP RELEASES OF INFORMATION
F	INTAKE CHECKLIST
G	ADMISSION FORMS
H	SAMPLE OF RECOVERY MONITORING AGREEMENT
I	RETURN TO WORK
J	RMA DURATION GUIDE
K	PARTICIPATION HANDBOOK
L	SAMPLE BON REPORT
M	ORGANIZATIONAL CHART
N	LEADERSHIP RESUMES

# APPENDIX A

## REQUEST FOR SERVICES

## Indiana Professionals Recovery Program (IPRP) Request for Services

First Name: \* \_\_\_\_\_ Initial: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Date of Birth: (mm/dd/yy) \* \_\_\_\_\_

Home Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Home Phone: \* \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \* \_\_\_\_\_

Sex: \* ☐ Male ☐ Female ☐ Transgender ☐ OtherMarital Status: \* ☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widowed

### Professional History

**Profession** (Select One):☐ APRN-CNM☐ RN☐ Pharm Tech☐ APRN-CNS☐ EMT☐ OTHER (Please Specify)☐ APRN-CRNA☐ LPN Pharmacist☐ DAPRN-NP

\_\_\_\_\_

IN License # (If license application is pending use 0000 as license #): \* \_\_\_\_\_

Issue Date: (mm/dd/yy) \_\_\_\_\_

☐ Active☐ Inactive

Second IN License # (if applicable): \_\_\_\_\_

Specialty: \* \_\_\_\_\_

☐ Active☐ Inactive

Do you have a license in another state? \* ☐ Yes ☐ No

If so, which state? \_\_\_\_\_

Other State License Number: \* \_\_\_\_\_

License Status? ☐ Active ☐ Inactive

Name of College/University/School: \* \_\_\_\_\_

Degree is? ☐ Associate ☐ Bachelors ☐ Masters ☐ Doctorate  
☐ Diploma ☐ LPN ☐ High School ☐ Certificate

Date Degree Received: (mm/dd/yy) \_\_\_\_\_

Are you currently enrolled in an institute of higher education? \* ☐ Yes ☐ No

If yes, Name of Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Institution City: \_\_\_\_\_

Institution State: \_\_\_\_\_

Institution Zip Code: \_\_\_\_\_

Field of Study: \_\_\_\_\_

---

***The following section is only applicable to nurses***

Are you enrolled in an educational program focused on APRN certification? ☐ Yes ☐ No

Have you completed an educational program focused on APRN certification? ☐ Yes ☐ No

If yes, have you submitted an application to the IN Board of Nursing (BON)? ☐ Yes ☐ No

If no, do you plan to submit an application to the IN BON? ☐ Yes ☐ No

If yes, provide expected date for submission of application: \_\_\_\_\_

## Employment

Current/Most Recent Employer: \* \_\_\_\_\_

Hire Date: (mm/dd/yy) \* \_\_\_\_\_

Ending Date: (mm/dd/yy) \_\_\_\_\_

Employer Street Address: \* \_\_\_\_\_

Employer State: \* \_\_\_\_\_ Employer Zip: \* \_\_\_\_\_

Department/Unit: \* \_\_\_\_\_

Role: \_\_\_\_\_

Supervisor: \* \_\_\_\_\_

Employer Phone Number: (format xxx-xxx-xxxx) \* \_\_\_\_\_

If no longer employed, reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Previous Employer: \_\_\_\_\_

Hire Date: (mm/dd/yy) \_\_\_\_\_

Ending Date: (mm/dd/yy) \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

Employer State: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Role: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer Phone Number: (format xxx-xxx-xxxx) \_\_\_\_\_

If no longer employed, reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Hire Date: (mm/dd/yy) \_\_\_\_\_

Ending Date: (mm/dd/yy) \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

Employer State: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Role: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer Phone Number: (format xxx-xxx-xxxx) \_\_\_\_\_

If no longer employed, reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had your license disciplined by a regulatory board? \* ☐ Yes ☐ No

If yes, provide documentation.

Have you ever been arrested, charged or convicted of any crime? \* ☐ Yes ☐ No

If yes, explain and provide documentation from court: \_\_\_\_\_

\_\_\_\_\_

Are you aware of any current/ongoing investigation being conducted by the Office of the Attorney General, IPLA, or your licensing board, regarding your license? \* ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the IN Department of Health offered you a Consent Order or an Agreed Order? \* ☐ Yes ☐ No

If yes, explain and provide documentation: \_\_\_\_\_

\_\_\_\_\_

Have you previously participated with IPRP or a similar program in any other state? \* ☐ Yes ☐ No

If yes, explain and provide documentation: \_\_\_\_\_

\_\_\_\_\_





Has a Consumer Complaint been filed against you? \*

☐ Yes☐ No

Was Law Enforcement involved? \*

☐ Yes☐ No

If yes, give court and county: (FAX arrest record and court documents to 219-286-6953) \_\_\_\_\_

Why are you requesting IPRP services? Be very specific (who, what, when, where, why and how). Tell us your story: \*



## Electronic Communication

- I agree that IPRP may communicate with me electronically at the email address provided herein or via IPRP's internal messaging/alert system - Affinity Health.
- I am aware that there is some level of risk that third parties might be able to read unencrypted emails.
- I am responsible for providing IPRP any updates to my email address.
- I can withdraw my consent to electronic communication by calling my case manager.

Agree to all electronic communication stipulations listed above: \*

☐ Yes

☐ No

I have read and understand the IPRP eligibility criteria: \*

☐ Yes

☐ No

I understand that my participation in IPRP is voluntary: \*

☐ Yes

☐ No

I agree to receive text message, email, or other electronic communication such as alerts, notifications, messages, and test details. \*

☐ Yes

☐ No

**This form may not be completed or submitted on behalf of another person.**

I attest that I am the person named at the top of this form and to whom the information relates.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX B

### INFORMED CONSENT

## Informed Consent

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Indiana Professionals Recovery Program (IPRP) is dedicated to providing you with monitoring that will enable you to achieve and maintain sobriety and accountability. IPRP strives to protect you, the healthcare professional, and the general public since you are in a safety-sensitive occupation. Entering into a Recovery Monitoring Agreement (RMA) with IPRP is voluntary, and by entering into an RMA, you agree to the various recommendations or restrictions made by IPRP that may be, but are not limited to:

- |                                |                         |                              |
|--------------------------------|-------------------------|------------------------------|
| 1. Length of RMA               | 3. Drug testing         | 5. Work-hour restrictions    |
| 2. Recommendation of treatment | 4. Narcotic restriction | 6. Return-to-work assessment |

IPRP maintains confidentiality under all possible circumstances; however, there are various limits to confidentiality. IPRP is required to report suspected child or elder abuse. IPRP is also required to report to the appropriate authorities if you are an immediate threat to yourself or others. In all other circumstances, a release of information (ROI) is necessary to provide information to any third party. There are certain ROIs that are necessary for you to complete; otherwise, you are not eligible for monitoring.

You, the healthcare professional, are responsible for all costs related to your monitoring. These costs may consist of, but are not limited to, drug testing and treatment. If you find yourself in a financially difficult situation and are struggling with the price of your drug testing, you may submit a Needs Assistance Funds (NAF) application. If your application is approved by IPRP, half of your drug testing for that month will be paid; however, you are still responsible for the remaining cost of the drug test and any fees associated with your collection site.

IPRP utilizes electronic forms of communication as the main form of communication. These electronic forms of communication consist of email, messaging within the Affinity system, telephone, and fax. If we are unable to reach you via these methods, we may attempt to contact you via mail. In the circumstance that you cease communication with IPRP after entering monitoring, your file may be closed unsuccessfully.

If you enter monitoring and have been mandated to monitoring by a regulatory body, then various information regarding your compliance with IPRP may be reported to the appropriate Licensing Board, Office of the Indiana Attorney General, or another regulatory body. If you enter the program and have not been mandated by a regulatory body, you are considered non-regulatory; however, if a regulatory agency becomes involved in your situation, you may be transitioned to regulatory.

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

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX C

### APPROVED TREATMENT CENTERS

## Substance Use Disorder Treatment Program Application

Name of Facility	
Address	
Telephone	
Fax Number	
Email Address	
Website	
Name and Direct Contact Number for Treatment	
Name and Direct Contact Number for Evaluations	
Name and Direct Contact Number for Admissions	

IPRP acknowledges that your priority is providing substance use disorder services to patients who enter your program. However, health care professionals who enter substance use disorder treatment have responsibilities to their regulatory body and their profession. They are also expected to be fully compliant with all IPRP, regulatory, and licensing agency requirements. Furthermore, IPRP expects ALL treatment providers to encourage participants to self-report to IPRP and to help facilitate this process for the participant. In the event a participant refuses to self-report to IPRP, we expect you to allow them to continue treatment but that you WILL NOT advocate for their return to practice.

Do you agree to abide by this course of action?

Yes

No

(If YES, please continue with application)

Is your facility certified by the State Department of Mental Health in your state?  
(If YES, please provide a copy) Yes No

Is your facility accredited by the Joint Commission or CARF?  
(If YES, please provide a copy) Yes No

Do you require program participants to attend abstinence-oriented support group meetings during treatment?  
Yes No

If YES, how many meetings per week must they attend? \_\_\_\_\_

Does your program offer Continuing Care/ Aftercare? (This is defined by IPRP as meetings held by the treatment provider for one hour, once a week, for a MINIMUM of one year after completion of primary treatment)

If YES, what is the average length of time an individual participates in Continuing Care/ Aftercare with your program?

\_\_\_\_\_

List the locations where your program provides Continuing Care/ Aftercare.

### Medical Director Information

List the medical director of your facility with credentials and certifications. Please provide curriculum vitae and provide license number.

Medical Director: \_\_\_\_\_ License Number: \_\_\_\_\_

Is this physician board-certified in addiction medicine or addiction psychiatry? Yes No

How often is the medical director physically present in your facility? \_\_\_\_\_

### Clinical Director Information

List the clinical director of your facility with credentials and certifications.

Clinical Director: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_



### Program Director Information

List the program director of your facility with credentials and certifications.

Program Director: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

### Practitioner Information

List the psychiatric and psychological practitioners of your facility with credentials and certifications.

Psychiatric Practitioner: \_\_\_\_\_ License Number: \_\_\_\_\_

Psychological Practitioner: \_\_\_\_\_ License Number: \_\_\_\_\_

How long does it typically take to complete a diagnostic consultation from time of referral until completion of the evaluation?

What are the costs of evaluation and treatment at your facility? \_\_\_\_\_

Please give a breakdown of the cost of evaluation and each phase of treatment. Please list actual costs without any financial assistance or application of sliding scale fees (cash out-of-pocket costs).

Level of Care	Average Length of TX Phase (In days)	Cost Per Day	Other Fees (Room, Admin, etc.)
Inpatient/ Residential			
PHP			
Continuing Care/ Aftercare			

Is any financial assistance available to help with costs of treatment? (Explain)

Yes

No

Over the last 18 months, how many licensed health care professionals have participated in your treatment program?

Do you include content specific for health care professionals in your treatment program? (This refers to a body of knowledge specific for health care professionals)

Yes

No

If YES, how many hours a week is dedicated to this content?

Please outline reasons you would refer a patient in your program to a higher level of care. If this is necessary, to what program would you refer the patient?

Evaluations: IPRP requires a comprehensive substance use disorder, physical, and mental evaluation at the beginning of treatment.

Describe the evaluation process at your facility and the elements included in your evaluation. Please indicate ALL the elements included in your evaluation:

Elements of Evaluation	Service Available (Y/N)	How is the service accomplished? (What type of provider completes this element? Physician? Nurse Practitioner? Licensed Master's-level Counselor? Etc.)
Health History & Physical Exam		
Addiction History & Assessment		
Bio-Psycho-Social Assessment		
Psychiatric Assessment		
Psychological Assessment		
Cognitive & Neuropsychological Testing		
Chronic Pain Assessment & Management		
<b>Drug Tests Done During Evaluation:</b>		
• Urine POCT		
• Urine COC with GC/ MS Confirmation & MRO Review		
• Breathalyzer		
• Hair		
• Saliva		

<b>Services</b> (Levels of service are those found in ASAM Patient Placement Criteria - for Adults) ADMH Levels of Service are slightly different; please refer to ASAM Criteria.	<b>Provided</b> (Y/N)	<b>Estimate Length of Time/Number of Hours For Each Service</b> (If service is not provided, mark "N/A")
Withdrawal Management		
Level 1-WM		
Level 2-WM		
Level 3.2-WM		
Level 3.7-WM		
Level 4-WM		
Level 2.1-Intensive Outpatient Treatment (≥ 9 hrs/week, minimum 3 sessions/week)		
Level 2.5-Partial Hospitalization Treatment		
Level 3.1-Clinically Managed Low-Intensity Residential Treatment		
Level 3.3-Clinically Managed Population-Specific High Intensity Residential Treatment (This is for special populations with cognitive impairment that makes patient inappropriate for 3.5 treatment, e.g. traumatic brain injury program, therapeutic rehab facility)		
Level 3.5-Clinically Managed High-Intensity Residential Treatment		
Level 3.7-Medically Monitored Intensive Inpatient Services		

List any special activities/tracks included in your program that have not been noted (e.g. ropes course, trauma, etc.).

### Drug Screening During Treatment

Information Requested	Response
Frequency of drug screens	
What would prompt a drug screen?	
<b>Types of Drug Screens</b> (Indicate all that are done)	
Point of Collection Testing (POCT-instant read tests)	
Chain of Custody with GC/MS Confirmation & MRO Review	
Breathalyzer	
Saliva	
Hair	
PEth testing	
List substances included on your most frequently used drug screen panels. <b>Note:</b> Please list the SPECIFIC drugs included in the panels, not just "opiates," for example.	
Besides the usual drugs included in your testing panels, can you test for health care opiates, other prescription drugs that are abused, club drugs, and Kratom? Which ones?	
Describe your procedure when a drug screen is positive during treatment. (e.g. Retest? COC with confirmation sent out? Etc.)	
What are the consequences to the patient if there is a positive drug screen? (e.g. Administrative discharge from treatment? Behavioral contract? Etc.)	

## Documentation Requirements

Note: All participants are required to sign appropriate Releases of Information to enable treatment from providers sending required documentation.

IPRP may remove a provider from the approved treatment provider list if the provider does not supply the required documentation to IPRP. This information is required for IPRP to formulate an effective Recovery Monitoring Agreement (RMA).

Specific documentation required:

1. Complete admission assessment and evaluation within one week of admission.
2. Regular written reports of progress in treatment (every 1-2 weeks); IPRP-approved form will be provided to all treatment providers.
3. Prompt notification (by telephone, the day of occurrence) to IPRP if the participant is causing problems, has a positive drug screen, or decides to leave treatment against staff advice. These instances should also be reflected in the progress notes.
4. Discharge summary within 2 weeks of discharge that contains the following (these are elements that must be addressed for orders and agreements):
  - a. Discharge diagnoses (DSM V criteria) - Please include all significant diagnoses.
  - b. Continuing Care attendance and length of time to be attended, include location where nurse will attend.
  - c. Abstinence-oriented support group meetings to be attended (types, number).
  - d. Individual counseling: if recommended, list provider to whom participant is referred to. If counseling is NOT recommended, this needs to be clearly stated.
  - e. Other types of counseling or groups recommended.
  - f. If any retesting or re-evaluation is needed, date this should take place.
  - g. A clear statement of the provider's ability to return to practice at the conclusion of primary treatment. You are not expected to decide if the provider is an excellent provider; however, you are expected to state whether or not the provider is ready to resume safety sensitive employment.
  - h. IPRP must be notified of any change in medical director, clinical director, or program director as soon as the change takes place.

Is your facility willing to provide the required documentation to IPRP?

Yes

No

Does your program utilize opioid agonists (Suboxone) as medication assisted treatment for the long-term?

Yes

No

If YES, give a brief description of your process, and estimate how long patients are on these medications.

Please estimate your success rate at 1 year after treatment and 5 years after treatment. Please include your definition of "success in treatment."

**PLEASE RETURN SIGNED ORIGINAL TO:**

Indiana Professionals Recovery Program  
850 Marsh Street, Suite D  
Valparaiso, IN 46385

**Application Check List**

All Sections Answered Completely  
Copy of Accreditation  
Copy of State License  
Copy of Medical Director CV  
Signed Original Mailed to IPRP

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX D

### TREATMENT CENTER UPDATES



Date: \_\_\_\_\_

Treatment Facility \_\_\_\_\_

Therapist and Credentials \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Submitted by: \_\_\_\_\_ ☐ Case Manager ☐ Assistant**Please update IPRP on the progress of:**\_\_\_\_\_  
Participant name Occupation

Date treatment began \_\_\_\_\_ Estimated Discharge Date \_\_\_\_\_

**Present treatment is: (check one)**☐ Residential/In-patient ☐ PHP ☐ Intensive out-patient ☐ Aftercare ☐ Relapse Prevention  
consisting of: \_\_\_\_\_ groups \_\_\_\_\_ days per weekAny changes in level of treatment? ☐ Yes No Other (please explain) \_\_\_\_\_**Progress in treatment is (check one)** Satisfactory Unsatisfactory

Please explain \_\_\_\_\_

**Compliance with treatment requirements is:** Satisfactory Unsatisfactory

Please explain \_\_\_\_\_

**Last UDS** was done on \_\_\_\_\_ and results were \_\_\_\_\_**PLEASE CONTACT IPN IMMEDIATELY IF TREATMENT PARTICIPATION OR ATTENDANCE IS UNSATISFACTORY (NO-SHOW, ABSENTEEISM, or + UDS)**

Medications at present time \_\_\_\_\_

\_\_\_\_\_  
(Electronic Signature)\_\_\_\_\_  
(Title)**Please return this form: To:****At:**

Generally, IPRP participants will not be allowed to return to clinical nursing practice if taking controlled or mood-altering medication. You will be contacted at a later date regarding continuing care recommendations. This transmission and any accompanying attachments may contain privileged and confidential information intended only for the use of the intended addressee. Any dissemination, distribution, copying or action taken in reliance on the contents of this information by anyone other than the intended recipient is strictly prohibited. If you have received this in error, please immediately destroy it and notify the sender at the above address or phone number. Sender and IPRP accepts no liability for any damage caused directly or indirectly by receipt of this transmission.

## APPENDIX E

### ISNAP RELEASES OF INFORMATION

## Communication Authorization

to and from Witham Health Services/Toxicology/LabCorp

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, have been informed of the meaning, content, and purpose of this Authorization, which will allow the Indiana Professionals Recovery Program (IPRP) to exchange information about me with Witham Health Services/Toxicology/LabCorp. A condition of participation in IPRP is that all participants sign this Authorization. Individuals who decline to sign this Authorization or such additional authorizations are not eligible to participate in IPRP.

I hereby give my consent to such exchange of information. I understand that this Authorization allows verbal, written, and electronic (computer, fax, and telephone) communication between Witham Health Services/Toxicology/LabCorp and the:

**Indiana Professionals Recovery Program (IPRP)**  
**850 Marsh Street, Suite D**  
**Valparaiso, IN 46385**  
**Telephone: 844.687.7399**

I understand that by signing this Authorization, IPRP and Witham Health Services/Toxicology/LabCorp may communicate with each other and exchange information relating to my participation in IPRP including, but not limited to, my:

- Results of toxicology screens.

**IPRP will use and disclose information with Witham Health Services/Toxicology/LabCorp in order to:**

- Have accurate information and documents to ensure appropriate advocacy for me.
- Protect the health, safety, and welfare of the public.
- Assess my ability to practice safely.

I agree to hold IPRP harmless from any and all liability that may result from disclosures made in good faith pursuant to this Authorization.

I understand that I can revoke this Authorization at any time by giving written notice of revocation to IPRP. Such revocation will be effective at the time it is given, except to the extent that IPRP and/or Witham Health Services/Toxicology/LabCorp has taken action in reliance upon this Authorization.

I also understand that IPRP has relied on this Authorization in permitting me to participate in the program. In the event I withdraw, am dismissed from the program, or that I revoke this Authorization, IPRP will notify Witham Health Services/Toxicology/LabCorp. IPRP will provide information and records about me to appropriate representatives of Witham Health Services/Toxicology/LabCorp, even if I have revoked this Authorization.

This Authorization shall constitute written consent by me under 42 C.F.R. §2.31. However, as provided in 42 C.F.R. §2.32, this Authorization shall not allow IPRP or Witham Health Services/Toxicology/LabCorp to disclose to a third party any information exchanged between the parties unless I give written consent for such disclosure to that third party.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## Communication Authorization

To and from Spectrum 360/Affinity E-Solutions Inc.

I, \_\_\_\_\_, have been informed of the meaning, content, and purpose of this Authorization which will allow the Indiana Professionals Recovery Program (IPRP) to exchange information about me with Spectrum 360/Affinity E-Solutions Inc. A condition of participation in IPRP is that all participants sign this Authorization. Individuals who decline to sign this Authorization or such additional authorizations are not eligible to participate in IPRP.

I hereby give my consent to such exchange of information. I understand that this Authorization allows verbal, written, and electronic (computer, fax, and telephone) communication between Spectrum 360/Affinity E-Solutions Inc. and the:

**Indiana Professionals Recovery Program (IPRP)**  
**850 Marsh Street, Suite D**  
**Valparaiso, IN 46385**  
**Telephone: 844.687.7399**

I understand that by signing this authorization, IPRP and Spectrum 360/Affinity E-Solutions Inc. may communicate with each other and exchange information, verbally, electronically (computer, fax, and telephone) and in writing, relating to my participation in IPRP including but not limited to:

Results of toxicology screens.

### IPRP will use and disclose information with Spectrum 360/Affinity E-Solutions Inc. in order to:

- Have accurate information and documents to ensure appropriate advocacy for me.
- Protect the health, safety, and welfare of the public.
- Assess my ability to practice safely.

I agree to hold IPRP harmless from any and all liability that may result from disclosures made in good faith pursuant to this Authorization.

I understand that I can revoke this Authorization at any time by giving written notice of revocation to IPRP. Such revocation will be effective at the time it is given, except to the extent that IPRP and/or Spectrum 360/Affinity E-Solutions Inc. has taken action in reliance upon this Authorization.

I also understand that IPRP has relied on this Authorization in permitting me to participate in the program. In the event I withdraw, am dismissed from the program, or that I revoke this Authorization, IPRP will notify Spectrum 360/Affinity E-Solutions Inc. IPRP will provide information and records about me to appropriate representatives of Spectrum 360/Affinity E-Solutions Inc., even if I have revoked this Authorization.

This Authorization shall constitute written consent by me under 42 C.F.R. §2.31. However, as provided in 42 C.F.R. §2.32, this Authorization shall not allow IPRP or Spectrum 360/Affinity E-Solutions Inc. to disclose to a third party any information exchanged between the parties unless I give written consent for such disclosure to that third party.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Exchange Information to and from Third Party

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, have been informed of the meaning, content, and purpose of this Authorization, which will allow the Indiana Professionals Recovery Program (IPRP) to exchange information about me with the Third Party listed below.

I hereby give my consent to such exchange of information. I understand that this Authorization allows verbal, written, and electronic (computer, fax, and telephone) communication between IPRP and the Third Party listed below. IPRP may exchange the information indicated below with:

### Contact (Select only ONE):

- |                                                   |                                        |                                                |
|---------------------------------------------------|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Spouse/Significant Other | <input type="checkbox"/> Attorney      | <input type="checkbox"/> Probation Officer     |
| <input type="checkbox"/> Friend                   | <input type="checkbox"/> Family Member | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Soberlink                | <input type="checkbox"/> Co-worker     |                                                |

### Specify Other:

Contact's Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby grant IPRP permission to discuss my recovery progress with the above Third Party.

I agree to hold IPRP harmless from any and all liability that may result from disclosures made in good faith pursuant to this Authorization.

I understand that I can revoke this Authorization at any time by giving written notice of revocation to IPRP. Such revocation will be effective at the time it is given, except to the extent that IPRP and/or the Third Party has taken action in reliance upon this Authorization.

I also understand that IPRP has relied on this Authorization in permitting me to participate in the program and that in the event I withdraw or am dismissed from the program or that I revoke this Authorization, IPRP may notify the Third Party that I have withdrawn or been dismissed from the program or have withdrawn this Authorization.

This Authorization shall constitute written consent by me under 42 C.F.R. §2.31. However, as provided in 42 C.F.R. §2.32, this Authorization shall not allow IPRP or the Third Party to disclose to a third party any information exchanged between the parties unless I give written consent for such disclosure to that third party.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Exchange Information to and from the Alcohol & Drug Treatment Facility or Mental Health Center

I, \_\_\_\_\_, have been informed of the meaning, content, and purpose of this Authorization, which will allow the Indiana Professionals Recovery Program (IPRP) to exchange information about me with the mental health center (MHC) or alcohol & drug (A&D) treatment facility. I further understand that if I add or change facilities, I will need to execute additional authorizations. Individuals who decline to sign this Authorization or such additional authorizations are not eligible to participate in IPRP.

I hereby give my consent to such exchange of information. I understand that this Authorization allows verbal, written, and electronic (computer, fax, and telephone) communication between IPRP and the MHC or A&D treatment facility and will include the transfer of and information created or obtained about me during my participation in the program.

IPRP may exchange information with:

Facility Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

I understand that by signing this Authorization, IPRP and the MHC or A&D treatment facility may communicate with each other and exchange information (including information obtained from third-parties) relating to my participation in IPRP and any evaluations/assessments or treatment I am receiving, have received, or will receive. Information which may be exchanged between the parties includes but may not be limited to:

- Any problems I may be experiencing with physical, emotional, psychological, and/or psychiatric disorders.
- Any diagnostic impression, symptomology, treatment recommendations, or services I am receiving, or have received concerning physical, emotional, psychological and/or psychiatric disorders.
- Any problems I may be experiencing with substance use disorder (prescription medications or illicit drugs/street drugs).
- Any alcohol/drug use history, diagnostic impression, symptomology, treatment recommendations, rehabilitation, or aftercare services I am receiving or have received.
- Any prescribed medications that I am receiving or have received.
- Biographical.
- Results of any toxicology testing.
- My work history, work performance, and ability to practice my profession safely.
- My status, including my noncompliance, withdrawal, or dismissal.
- Recent or previous legal issues.



My consent to this exchange of information will also enable IPRP to:

- Have accurate information and documents to ensure appropriate advocacy for me.
- Judge my ability to practice my profession safely.
- Protect the health, safety, and welfare of the public.
- Provide information to my licensing board, where required by Indiana law.

I agree to hold IPRP harmless from any and all liability that may result from disclosures made in good faith pursuant to this Authorization.

I understand that I can revoke this Authorization at any time by giving written notice of revocation to IPRP. Such revocation will be effective at the time it is given, except to the extent that IPRP and/or the MHC or A&D treatment facility has taken action in reliance upon this Authorization.

I also understand that IPRP has relied on this Authorization in permitting me to participate in the program and that in the event I withdraw or am dismissed from the program or that I revoke this Authorization, IPRP will notify the MHC or A&D treatment facility that I have withdrawn or have been dismissed from the program or have withdrawn this Authorization. IPRP will provide information and records about me to appropriate representatives of the MHC or A&D treatment facility even if I have revoked this Authorization.

This Authorization shall constitute written consent by me under 42 C.F.R. §2.31. However, as provided in 42 C.F.R. §2.32, this Authorization shall not allow IPRP or the MHC or A&D treatment facility to disclose to a third party any information exchanged between the parties unless I give written consent for such disclosure to that third party.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Exchange Information to and from the 12-Step Sponsor

I, \_\_\_\_\_, have been informed of the meaning, content, and purpose of this Authorization, which will allow the Indiana Professionals Recovery Program (IPRP) to exchange information about me with my 12-Step Sponsor. A condition of participation in IPRP is that all participants sign this Authorization.

I am enrolled in the Indiana Professionals Recovery Program (IPRP) and hereby grant my 12-Step Sponsor permission to discuss my recovery progress with the agency.

I agree to hold harmless IPRP and/or my Sponsor from any claims whatsoever arising out of any actions taken by IPRP in good faith without malice in the furtherance of my Recovery Monitoring Agreement (RMA).

### Sponsor Information:

Sponsor Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Revocation/Expiration: This consent is subject to revocation at any time except to the extent that IPRP and/or the above-named person has taken action in reliance upon it. If not previously revoked, this consent shall expire one (1) year after completion of the RMA or closure of the file.

I understand no information may be re-disclosed by either party to any other individual or agency unless done so by my written consent that is hereby granted herein. This consent for release and exchange of information is given freely, voluntarily, and without coercion.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Exchange Information to and from Third Party

I, \_\_\_\_\_, have been informed of the meaning, content, and purpose of this Authorization, which will allow the Indiana Professionals Recovery Program (IPRP) to exchange information about me with the Third Party listed below.

I hereby give my consent to such exchange of information. I understand that this Authorization allows verbal, written, and electronic (computer, fax, and telephone) communication between IPRP and the Third Party listed below. IPRP may exchange the information indicated below with:

### Contact (Select only ONE):

☐ Spouse/Significant Other☐ Attorney☐ Co-worker☐ Friend☐ Family Member☐ Other (specify below)

### Specify Other:

Contact's Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby grant IPRP permission to discuss my recovery progress with the above Third Party.

I agree to hold IPRP harmless from any and all liability that may result from disclosures made in good faith pursuant to this Authorization.

I understand that I can revoke this Authorization at any time by giving written notice of revocation to IPRP. Such revocation will be effective at the time it is given, except to the extent that IPRP and/or the Third Party has taken action in reliance upon this Authorization.

I also understand that IPRP has relied on this Authorization in permitting me to participate in the program and that in the event I withdraw or am dismissed from the program or that I revoke this Authorization, IPRP may notify the Third Party that I have withdrawn or been dismissed from the program or have withdrawn this Authorization.

This Authorization shall constitute written consent by me under 42 C.F.R. §2.31. However, as provided in 42 C.F.R. §2.32, this Authorization shall not allow IPRP or the Third Party to disclose to a third party any information exchanged between the parties unless I give written consent for such disclosure to that third party.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX F

### INTAKE CHECKLIST

## Intake Checklist

I have received a copy of the letter from the Medical Review Officer (MRO) explaining how to avoid abnormal and/or diluted urine.

I have received a copy of the Talbott Medication Guide

I have received a copy of the Indiana Professionals Recovery Program (IPRP) Participant Handbook. Program (IPRP) Participant Handbook.

I have received the Spectrum Compliance Activation Guide explaining how to activate my Affinity Spectrum account online.

I have received the explanation of reports and how to upload them through the Affinity Spectrum system.

I have received the explanation of the Releases of Information (ROIs).

I understand IPRP is an abstinence-based monitoring program, and I may not use drugs or alcohol.

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

X

Clinical Case Manager

Date

X

Participant Signature

Date

## APPENDIX G

### ADMISSION FORMS

## Avoiding a Dilute Specimen in a Urine Sample

Urine samples are called **abnormal** if the creatinine is less than 20mg/dl and **dilute** if, in addition to the low creatinine, the specific gravity is  $<1.0030$  and  $>1.0010$ . Both abnormal and dilute screens are of significance. These numbers are somewhat arbitrary but were chosen because most subjects must consume significant amounts of water to produce a specimen with a creatinine lower than 20 mg/dl. It has been noted that small muscle mass, being female, and exercise (when followed by increased water consumption) have been associated with lower urine creatinine levels. Urine dilution is of interest only because consuming large amounts of water in order to dilute urine with hopes of having a negative urine is a common method to avoid detection. Dilution is also the method by which most of the over the counter urine cleaners work. The problem with assuming that dilute urine is always due to attempted cheating is that many individuals drink large amounts of water for health reasons or simply to "be prepared" to provide a urine sample.

Since dilute urines can be used to mask using, it is imperative to follow up on them. As a participant providing a urine sample, you can follow some simple guidelines to avoid providing dilute urine.

- **Avoid all diuretics (including caffeine) the day of the selection until AFTER the collection is done.**
- **Go to the collection site while the first morning urine is still in your bladder and use this as the specimen.**
- **If this is NOT possible, then you should empty your bladder approximately 2 hours prior to your planned arrival at the collection site.**
- **During that time, you should NOT consume more than 24 oz. of fluid, and the fluid you do consume should be a substantial fluid – milk, smoothie, tomato juice, and/or you eat a high protein meal or snack – egg, cheese, meat.**

By following these guidelines, you will help to avoid dilute or abnormal urines and ensure that the results of your test provide a valid indicator of your sobriety.



## Notification of Address/Employer Change

Case # \_\_\_\_\_ Participant Name: \_\_\_\_\_

It is your responsibility to keep Indiana Professionals Recovery Program (IPRP) informed of your current address and phone number and any change in employer status. Notify and obtain approval from IPRP prior to starting employment or making any changes in any healthcare-related position. If you fail to provide IPRP with pertinent changes or IPRP is not able to communicate with you, your status with IPRP is jeopardized and may result in contract termination from IPRP and a report to the Indiana State Board of Nursing, Indiana Board of Pharmacy or the Office of the Attorney General. Please complete applicable portion of the form below.

(Please duplicate this form prior to use)

### Change of Home Address:

*(changes can be made to your address through your Affinity eHealth Account)*

Effective Date: \_\_\_\_\_

New Phone: \_\_\_\_\_

Circle one:      Cell              Home

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Change of Employment/Supervisor:**

Effective (date of hire): \_\_\_\_\_

Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ # \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Credentials: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_ # \_\_\_\_\_

Position: \_\_\_\_\_ Unit: \_\_\_\_\_ Shift: \_\_\_\_\_

Supervisor was informed of my IPRP participation on: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Last day at previous employment: \_\_\_\_\_

Please return this form by fax at 219.286.6953, email to [cgraham@inprp.org](mailto:cgraham@inprp.org), or  
mail to IPRP, 850 Marsh Street, Suite D, Valparaiso, IN 46385.

## Medication Management Evaluation

**Participant's Date of Birth:** \_\_\_\_\_

To the Practitioner of \_\_\_\_\_, a participant in the Indiana Professionals  
(Participants name)

Recovery Program (IPRP), please take a few moments to complete the form below. The form must be completed by the  
prescribing Practitioner only. If you have any questions, please call IPRP at 844.687.7399.

### Any medication changes since last evaluation?

---

---

---

---

---

---

### Please list current prescription information below:

List all prescribed pain management or mind/mood altering medication, (anxiety, depression, degenerative disc, arthritis,  
weight control), prescribed and/or ingested within the past 12 months, including over-the-counter, herbal, or illegal substances.

Prescription Date	Name of Medication	Dispensed Quantity	Dosage	Refills Remaining	Expected Length of Use

(Please rate by circling the appropriate number and provide comments in the space provided)

	Excellent	Good	Average	Below	Poor
Cognitive functioning	5	4	3	2	1

Comments: \_\_\_\_\_

Judgment	5	4	3	2	1
----------	---	---	---	---	---

Comments: \_\_\_\_\_

	Excellent	Good	Average	Below	Poor
Problem-solving ability	5	4	3	2	1

Comments: \_\_\_\_\_

---

Ability to cope with stressful situations	5	4	3	2	1
-------------------------------------------	---	---	---	---	---

Comments: \_\_\_\_\_

---

Do you feel this nurse is safe to practice: YES NO

If yes, Practitioner's signature: X \_\_\_\_\_

---

Please call the IPRP office at 844.687.7399 to discuss any concerns or receive clarification regarding this nurse's individual monitoring plan.

Practitioner's Name (Please Print): \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Practitioner's Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form by fax at 219.286.6953, email to your Clinical Case Manager, or  
mail to IPRP, 850 Marsh Street, Suite D, Valparaiso, IN 46385.**



## Request to Modify Recovery Monitoring Agreement (RMA)

Please only request ONE modification per form. All requests will be reviewed by your case manager, IPRP clinical staff, and confirmed with the providers from your team who are supporting your request. Please provide TWO supporting signatures from your care team.

Participant Name \_\_\_\_\_

Date of Request \_\_\_\_\_

I would like to request \_\_\_\_\_

Care Team Member #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Team Member \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Rationale for Support

Signature \_\_\_\_\_

Care Team Member #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Team Member \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Rationale for Support

Signature \_\_\_\_\_

IPRP Participant Signature \_\_\_\_\_

-----  
(Office Use Only)

**Request Approved**

**Request Denied**

IPRP Staff Member \_\_\_\_\_

IPRP Signature \_\_\_\_\_ Date \_\_\_\_\_

## Addendum to the Recovery Monitoring Agreement

Date of Birth \_\_\_\_\_

Licensee Name \_\_\_\_\_

The Recovery Monitoring Agreement (RMA) previously signed by the Licensee on or about \_\_\_\_\_  
is hereby revised to add/delete/modify the terms as specifically set forth below:

A. Licensee RMA has been increased by \_\_\_\_\_

New RMA end date is \_\_\_\_\_

The extension is due to

B. Licensee's RMA has been decreased by \_\_\_\_\_

New RMA end date is \_\_\_\_\_

The reduction is due to

C. Change in RMA with supporting rationale

This foregoing revised condition(s) of the RMA have been reviewed and accepted by the Licensee. Said revisions are effective on the date this addendum is signed by IPRP's representative as indicated below. In all other respects, the monitoring agreement and addendums previously signed by the Licensee shall remain as written.

ACCEPTED BY:

\_\_\_\_\_  
Licensee Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Clinical Case Manager Signature\_\_\_\_\_  
Date

This addendum must be received back into the IPRP office (within 14 days) by \_\_\_\_\_.

This addendum must be signed and dated, or you will be considered NON-COMPLIANT.

## Worksite Monitor's Quarterly Report

Thank you for your assistance with monitoring. Your input is invaluable to the Indiana Professionals Recovery Program (IPRP). Please be assured that this form is confidential and not available to anyone outside of the monitoring program. Thank you for your cooperation.

Licensee's Name: \_\_\_\_\_ Year: \_\_\_\_\_

Please select the reporting quarter:

1st Quarter: April 10th for Jan/Feb/Mar

3rd Quarter: October 10th for Jul/Aug/Sep

2nd Quarter: July 10th for Apr/May/Jun

4th Quarter: January 10th for Oct/Nov/Dec

Employer: \_\_\_\_\_

Unit/Area of Practice: \_\_\_\_\_ Shift: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

How often do you have contact with Licensee on a weekly basis? \_\_\_\_\_

1. Have there been any problems with this nurse during the last quarter?

Inability No Yes

Irresponsibility No Yes

Inaccessibility No Yes

Irritability No Yes

Incidents No Yes

Isolation No Yes

2. Does Licensee have Narcotic Restrictions? No Yes

**If Yes**, has Licensee: Passed Wasted Counted **ANY** narcotics? *Please select all that apply.*

3. Has the nurse notified you of any changes in his/her medications?

Prescription No Yes OTC No Yes

4. Any Additional Comments? No Yes

5. Would you like someone from IPRP to contact you? No Yes

Worksite Monitor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Worksite Monitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX H

### SAMPLE OF RECOVERY MONITORING AGREEMENT



## IPRP Recovery Monitoring Agreement (RMA) Nurses

This **RMA** is entered into this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_, by and between the Indiana Professional's Recovery Program (IPRP), Administrator of the Indiana State Nurses Assistance Program (for nursing) and:

\_\_\_\_\_  
(Name of Participating Nurse as it appears on Nursing License)

☐ **REGULATORY RMA**      ☐ **NON-REGULATORY RMA**

1. **INDIANA PROFESSIONALS RECOVERY PROGRAM (IPRP)** is a program approved by the Indiana State Board of Nursing (ISBN) and is administered by Parkdale Aftercare on behalf of the Indiana Professional Licensing Agency (IPLA). IPRP is designed to monitor nurses who have been affected by the use/abuse/dependency from alcohol and/or other addictive drugs or substances. The program permits such nurses to safely practice their profession while recovering from substance use/abuse/dependency. IPRP's approach is to provide a monitoring program with a confidential and therapeutic approach in order to facilitate rehabilitation and recovery.
2. The Participant is either voluntarily entering the program or has been identified by the Indiana Attorney General (AG) or ISBN as a nurse affected by a substance use/abuse/dependency and is in need of rehabilitation under the IPRP monitoring program. The Participant acknowledges receipt of the IPRP **Participant Handbook** (which is incorporated in this Agreement by reference) and confirms all such provisions of this RMA have been read and understood or that legal counsel has been consulted to explain the meaning of the language. Further, the Participant, by initialing the provisions below, agrees to be bound by the terms and conditions of this Agreement, as well as the requirements and provisions contained in the IPRP Participant Handbook.

*In consideration of the mutual benefits contained herein, the parties agree as follows:*

A. Initials: \_\_\_\_\_ **BINDING EFFECTS OF TERMS AND CONDITIONS:**

By signing this RMA and entering the program, I agree to follow and be bound by the terms and conditions of this Agreement. I further agree that any exceptions or modifications to the terms of participation must be approved, in writing, by a member of the IPRP staff.

B. Initials: \_\_\_\_\_ **RECEIPT OF PARTICIPANT HANDBOOK:**

I acknowledge receipt of the Participant Handbook and agree to follow and be bound by the terms and conditions contained in such Handbook as well as the provisions of this Agreement. **I also acknowledge that I have been provided a copy of the Talbott Medication Guide, an information sheet on 'Missed Check-Ins,' as well as a letter from the medical review officer on 'How to avoid abnormal and/or dilute urine.'**

C. Initials: \_\_\_\_\_ **NEW MEDICATION:**

If I am hospitalized or otherwise require any medical or dental treatment resulting in the prescribing of any mood-altering medication, I will immediately report this event to IPRP and my treatment provider(s). I will immediately send supporting documentation (i.e. discharge summary and/or prescriptions) to IPRP. I will upload any prescriptions I am taking into my Spectrum 360 app under the prescription tab. Further, I understand I am not allowed to work as a nurse, while taking any mood-altering substance and I must have a negative drug screen result before returning to work. I understand and agree any unauthorized use of a mood-altering substances will be considered a relapse and will result in a reassessment followed by appropriate action(s) through IPRP.

Initials: \_\_\_\_\_ **MEDICATION USE:**

I understand IPRP is a program designed to work with your prescribing health care provider. I must refrain from eating or drinking any products containing alcohol or any other products that may cause me to produce a positive Urinary Drug Screen. I must refrain from taking any controlled substances that are not prescribed by my health care provider and made aware to the IPR team.

D.

I further understand and acknowledge the ingestion of some food or food supplements (i.e. herbs, poppy seeds) and over-the-counter medications (i.e. cough syrup, mouth wash, cold remedies) may result in a positive test. As such, **no claim shall be made and IPRP will accept no claim that the presence of drugs in my specimen resulted from said items.** A positive UDS may invoke consequences, including but not limited to, re-assessment by treatment provider, increased UDS frequency, an extension of my RMA, required attendance at a relapse-prevention group, dismissal from the program, or other requirements.

**By initialing this section, I am confirming that I have been provided a copy of the Talbott Medication guide from my clinical case manager.**

E. Initials: \_\_\_\_\_ **INSPECT REPORTS:**

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

Please LIST any prescription medications, over the counter medications, CBD oils, or other natural products you are currently taking (include dosage) below: You will not be allowed to work as a health care provider while you are taking narcotic medications.

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

F. Initials: \_\_\_\_\_ **URINE DRUG SCREENS:**

**Initially the UDS Frequency is \_\_\_\_\_ per year.** I understand my frequency could vary as a result of change in employment status, relapse, etc. **Further, I understand that I may be subject to PEth, hair, nail, and/or breathalyzer.**

**I understand that if I am required to be breathalyzed, I will have to utilize the SoberLink breathalyzer (at my cost) \_\_\_\_\_ times per day, for up to 1 year, or at the discretion of my case manager. I understand that I may be subject to further testing such as UDS and or quarterly PEth testing, and I understand that these tests are an additional cost.**

As part of my monitoring requirements, I am required to participate in random urine drug screens through Affinity eSolutions, Inc (SPECTRUM). Affinity Online Solutions (AOS)'s contact information is:

Affinity eSolutions, Inc., 100 Allstate Parkway, Suite 303, Markham, Ontario L3R 6H3.

The daily call-in phone number is: 877-267-4304; I understand I may also go online to check in at [www.affinityhealth.com](http://www.affinityhealth.com). I agree to utilize collection sites approved by Affinity to insure all specimens are monitored with the chain of custody (COC), temperature, and pH/specific gravity controls required by IPRP. I understand I must call daily (Monday-Sunday), between 5am-5pm, EST, including holidays. I understand if I am directed to provide a urine sample on a weekend day or holiday that I need to use one of the 24 hour sites from Affinity's list of approved sites.

Initials: \_\_\_\_\_ **I understand upon activation of my Spectrum Compliance App, I will need to fund my account in the amount of \$75.00.**

I understand IPRP will require some UDS specimens to be observed at collection. An observed collection will be indicated when I call or check in for my daily instructions from Affinity. It is recommended I maintain a minimum of \$75 on my account at all times.

I understand I may have a positive test re-analyzed at another qualified laboratory for an additional charge. **I also understand I am responsible for the costs associated with the drug screens. I understand SPECTRUM will assign a unique PIN number and provide instructions to me.**

Licensee is required to receive monthly Vivitrol injections for: \_\_\_\_\_

Initials: \_\_\_\_\_ I understand I must provide documentation of my monthly Vivitrol injections to my Clinical Case Manager.

Initials: \_\_\_\_\_ I understand I must complete quarterly Naltrexone urine drug screen testing if I choose to utilize oral naltrexone instead of Vivitrol injections, and I understand that Naltrexone testing is an additional cost.

G. Initials: \_\_\_\_\_ **TREATMENT PROVIDERS:**

As required by IPRP, I agree to undergo a complete medical, psychiatric and/or substance abuse evaluation at an IPRP approved treatment provider. If treatment is recommended, I agree to follow all treatment recommendations. I agree to the following:

Treatment at: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Level of treatment: \_\_\_\_\_

I will ensure that **my treatment provider(s) will submit weekly updates** and quarterly reports while in treatment, as well as a final discharge summary.

If an **Addiction MD** (physician certified in addiction medicine) is recommended, I agree to see:

**Addiction Physician Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I will ensure **my Addiction MD will submit quarterly reports** as well as a final discharge summary.

If a **Psychiatrist** is recommended, I agree to see:

**Psychiatrist Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I will ensure **my Psychiatrist will submit quarterly reports** as well as a final discharge summary.

If **Individual Counseling** is recommended, I agree to see:

**Counselor Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I will ensure **my Counselor will submit quarterly reports** as well as a final discharge summary.

If any treatment provider(s) or physician(s) determine I am not chemically free, have been non-compliant with the RMA or that I am unable, for any reason, to practice nursing safely, they will immediately notify IPRP and appropriate steps will be taken.

H. Initials: \_\_\_\_\_ **TWELVE STEP SUPPORT:**

I understand that participation in 12-Step and/or Nurse Support (Caduceus) meetings may be required.

I agree to verify completion of monthly self-help meeting logs by the 10th of each month for the previous month through Affinity Online Systems.

I am required to attend \_\_\_\_\_ meetings per week. My meeting attendance can include any combination of Nurse Support Group, NA or AA meetings. I understand I am able to attend Celebrate Recovery, Smart Recovery or other support meetings as approved by IPRP. I will submit all meetings through the Affinity / Spectrum Online Systems on an ongoing and monthly basis and I will log all my meeting attendance into the calendar on my Spectrum Compliance App and submit reports at the end of each month. Please contact Affinity Spectrum Help Desk for assistance with input of self-help meetings on your calendar and submission of monthly meeting logs at the end of each month. The Affinity Spectrum Help Desk can be reached at 877.267.4304.

In addition, I will obtain a sponsor within 60 days of signing my RMA and I will notify IPRP when I have obtained my sponsor. My sponsor will submit quarterly reports and I authorize IPRP to contact my sponsor, with an appropriate release, if they have concerns about my recovery program.

**Sponsor's first name and last initial:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

I. Initials: \_\_\_\_\_ **EMPLOYMENT:**

My return-to-work date is: \_\_\_\_\_

\*Licensee will require a return-to-work assessment. ☐ Yes ☐ No

I agree to get prior approval from IPRP before returning to work or accepting/changing my employment. To assure workplace safety, I agree to have an identified worksite monitor in any place of employment that involves my nursing license or is a health care setting. As a requirement of this RMA I may have, including but not limited to, access to controlled substances, worksite monitor/supervision, the type of work setting/unit, hours of practice and availability for on-call. I will notify IPRP of any changes in my employment (i.e. probation, suspension, termination or my resignation). I will contact my Clinical Case Manager and ask for the Change of Employment Form, fill it out in its entirety and return it to my Clinical Case Manager **prior to the start of employment**. Also, I understand that I may not take any mood-altering drug, within 48 hours of my work shift and must notify IPRP even if such substances are prescribed to me.

If this is a regulatory RMA, you must present a copy of the Findings of Fact, Conclusions of Law, And Order from the Indiana State Board of Nursing to your work site monitor for his/her signature. A copy of the signed Order MUST be sent to the Indiana State Board of Nursing. Further, you must provide a copy of this RMA to your employer/worksite monitor/EAP and have whomever your employer deems responsible sign the RMA and return the signed copy to your clinical case manager.

I \_\_\_\_\_ have access to controlled substances through my employer.

**I understand that I will be removed from work immediately if I have an unexplained, positive, adulterated, or abnormal urine drug screen.**

**I understand that I will need to actively work as a nurse for at least 12 months prior to the end date of this monitoring agreement in order to successfully complete IPRP.**

(If currently employed), I am authorized to work at: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name of Worksite Monitor:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I am limited to \_\_\_\_\_ hours per day or \_\_\_\_\_ hours per week, during the hours of \_\_\_\_\_

J. **NARCOTICS RESTRICTION**

I understand I have a narcotics restriction for \_\_\_\_\_. Further, I understand the narcotics restriction requirement must be met at the same employer for the entirety of the narcotic restriction.

Signature: \_\_\_\_\_

The \_\_\_\_\_ narcotics restriction begins when I am actively employed as a healthcare provider in a health care setting.

To have my narcotics restriction lifted, I must submit supporting documentation from my sponsor, work site monitor, therapist, etc. Further, I also need to be in a compliance with the requirements of my RMA. I understand my narcotics restriction will not be lifted until my clinical case manager has sent me written approval.

K. Initials: \_\_\_\_\_ **QUARTERLY SELF-REPORTS**

I agree to submit Quarterly self reports **by the 10th of the month** for the previous 3 months (April, July, October, January) through Affinity/Spectrum Online Systems. In addition, I will ensure that any identified treating therapist(s), Addiction Physician, worksite monitor, and/or sponsor in this RMA will submit **quarterly reports**. I understand it is my responsibility to ensure all reports are submitted on time.

L. Initials: \_\_\_\_\_ **MONITORING INTERRUPTION**

When submitting a monitoring interruption, I will submit the interruption as soon as possible to inform my clinical case manager of the location I am traveling to or documentation for the medical necessity for a monitoring interruption. This will be completed prior to any travel or medical issues that are not emergent.

I understand if I am traveling for vacation, business, or any other reason, I will include information related to the destination under the monitoring interruption request tab on my Affinity Spectrum app. I understand that it is my responsibility to have a selection site near my destination if I am selected to test. I understand that in some circumstances, I may be selected for further testing (PEthStat, Hairstat, Nailstat, ect.) when I return home if I am going out of the country or traveling within the United States when a site is not within a reasonable distance of where I will be staying. I also understand that I am required to check-in during the time of my monitoring interruptions and that missing a check-in will constitute non-compliance during a monitoring interruption. **By initialing this section, I have read and understand the monitoring interruption sheet provided to me by my clinical case manager in my RMA packet.**

M. Initials: \_\_\_\_\_ **AUTHORIZATION FOR RELEASE OF INFORMATION:**

I understand I will be required to sign a release of information (ROI) form authorizing IPRP to exchange information with others involved in my monitoring, as deemed appropriate by IPRP. I understand IPRP is required by law to notify the Indiana Attorney General's (AG's) Office and the Indiana State Board of Nursing (ISBN) of any circumstances indicating that I may be a threat to the public safety or welfare. Other releases which may be obtained are from treating physicians, therapists and others involved in my care, pharmacies, worksite monitors, family members and others as needed to coordinate my monitoring. There is no time limit specified in the release. If I have voluntarily entered IPRP (confidential/non-regulatory) and am anonymous to the AG's Office/ ISBN; I will remain anonymous as long as I am compliant with IPRP requirements. If I elect not to participate, withdraw without notice, or am dismissed from IPRP for non-compliance, I understand that I may be reported immediately to the AG's Office/ISBN for further review and possible action.

If I have had action taken against my license or have been reported by the AG's office, or if I elect not to participate or am dismissed for non-compliance, IPRP will immediately file an Order To Show Cause (OTSC) the AG's Office and/or ISBN for further review.

N. Initials: \_\_\_\_\_ **MODIFICATIONS:**

I understand and agree IPRP may modify the terms of this agreement as necessary to protect public safety or to more effectively facilitate my progress in recovery. All modifications will be reflected in an addendum to this RMA signed by me and IPRP. My failure to agree to and/or comply with modifications may be considered a breach of this agreement and result in this RMA being extended or terminated. **I also understand that any requests I make for modifications must be made in writing with accompanying letters of support and approved by IPRP, if I am in compliance and have maintained compliance with my RMA.**

I further understand I may request, in writing, a meeting with a representative of IPRP at the request of either party to review my compliance with the terms of this RMA. I agree to notify IPRP promptly of any changes in my address, telephone numbers, etc., and to provide copies of this RMA when any changes are made with my worksite monitor, treatment providers, addiction physician, etc. I further understand IPRP is an Indiana based program and, if I leave Indiana and wish to retain my nursing license, my RMA will be transferred to the monitoring agency of that State.

O. Initials: \_\_\_\_\_ **VIOLENCE:**

I understand any threats of harm or acts of violence to IPRP or its employees will result in immediate case closure, reported to the AG's Office/ISBN as well as to law enforcement.

P. Initials: \_\_\_\_\_ **COSTS:**

**I accept responsibility for payment of all costs incurred while I am a participant in IPRP.** I understand that if I am non-compliant with this agreement and seek to re-enter the IPRP program, I may be responsible for the monthly participant fee currently paid for by the State.

Q. Initials: \_\_\_\_\_ **LIABILITIES:**

I understand and agree IPRP and Parkdale Aftercare, or their respective employees, agents, volunteers, or members of the Board of Directors, will not be liable nor held responsible for any relapse(s) which I may experience and/or the consequences related to the use/abuse/dependency of any substances. I further agree to hold harmless the above entities from any litigation costs (including reasonable attorney fees) incurred by them as a result of any actions at law, or in equity, filed by me or any third party, based upon my use/abuse/dependency of any substances or in the administration of the ISNAP program.

R. Initials: \_\_\_\_\_ **DISCLOSURES:**

I understand and agree IPRP shall provide information and records of my participation and recovery status to authorized program staff and individuals for whom a ROI has been signed as required by Indiana Code IC 25-23-1-31. Additionally, I agree to hold harmless IPRP, Parkdale Aftercare LLC, or their respective employees, agents, volunteers or members of the Board of Directors, from any good faith disclosures made by them to any third party relating to my use/abuse/dependency addiction to any substance or the status of my recovery there from.

S. Initials: \_\_\_\_\_ **PRACTICE BY RECOVERING NURSE:**

I agree to comply with all applicable standards, rules, and statutes governing or regulating the practice of nursing in the State of Indiana. I do understand that my participation in the monitoring program does not preclude the AG's Office nor the ISBN from taking disciplinary action against me based on a formal complaint, report, or other proceedings that may be filed against me.

T. Initials: \_\_\_\_\_ **TERMS FOR MAINTENANCE OF RECORDS AND INFORMATION:**

I understand and agree, pursuant to Indiana Code IC 16-39 et seq., IPRP shall maintain all information and records relating to my participation in the RMA for a period of seven (7) years following the date of my completion of the monitoring program. I further understand that following the seven (7) year period, all such records pertaining to my participation shall be deleted from computer files and hard copies will be destroyed.



U. Initials: \_\_\_\_\_ **HEADINGS OF PARAGRAPHS:**

I understand and agree that the headings of the paragraphs do not control the contents thereof but rather the terms and conditions of this RMA as a whole shall control its application.

V. Initials: \_\_\_\_\_ **LENGTH OF RMA:**

This RMA will remain in effect for a minimum of \_\_\_\_\_ years (or \_\_\_\_\_ months) from the creation date.

That date is \_\_\_\_\_. Therefore, assuming continued active involvement in recovery, and compliance with all requirements of the IPRP, this RMA will end on \_\_\_\_\_. In the eventuality of relapse or non-compliance, this RMA may be extended or terminated.

W. **Signatures**

Clinical Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Case Manager Print 

Program Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_



## Request to Modify Recovery Monitoring Agreement (RMA)

Please only request ONE modification per form. All requests will be reviewed by your case manager, IPRP clinical staff, and confirmed with the providers from your team who are supporting your request. Please provide TWO supporting signatures from your care team.

Participant Name \_\_\_\_\_

Date of Request \_\_\_\_\_

I would like to request \_\_\_\_\_

Care Team Member #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Team Member \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Rationale for Support

Signature \_\_\_\_\_

Care Team Member #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Team Member \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Rationale for Support

Signature \_\_\_\_\_

IPRP Participant Signature \_\_\_\_\_

-----  
(Office Use Only)

**Request Approved**

**Request Denied**

IPRP Staff Member \_\_\_\_\_

IPRP Signature \_\_\_\_\_ Date \_\_\_\_\_

## Addendum to the Recovery Monitoring Agreement

Date of Birth \_\_\_\_\_

Licensee Name \_\_\_\_\_

The Recovery Monitoring Agreement (RMA) previously signed by the Licensee on or about \_\_\_\_\_  
is hereby revised to add/delete/modify the terms as specifically set forth below:

A. Licensee RMA has been increased by \_\_\_\_\_

New RMA end date is \_\_\_\_\_

The extension is due to

B. Licensee's RMA has been decreased by \_\_\_\_\_

New RMA end date is \_\_\_\_\_

The reduction is due to

C. Change in RMA with supporting rationale

This foregoing revised condition(s) of the RMA have been reviewed and accepted by the Licensee. Said revisions are effective on the date this addendum is signed by IPRP's representative as indicated below. In all other respects, the monitoring agreement and addendums previously signed by the Licensee shall remain as written.

ACCEPTED BY:

\_\_\_\_\_  
Licensee Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Clinical Case Manager Signature\_\_\_\_\_  
Date

This addendum must be received back into the IPRP office (within 14 days) by \_\_\_\_\_.

This addendum must be signed and dated, or you will be considered NON-COMPLIANT.

# APPENDIX I

## RETURN TO WORK

## Return to Work Clinical Assessment

Client Name: \_\_\_\_\_

**Directions:** Please review each concept and check the box, which you clinically assess reflects the current status of the IPRP participant. Your answers will be used to assist the IPRP Clinical Team in their determination of a return-to-work decision for the individual. Final return-to-work decisions are made by IPRP on the basis of information gathered from several sources. Please advise your client that permission to return-to-work is made by the IPRP Clinical Team and they may NOT work before receiving approval from IPRP. **Please fax the completed form to 219-286-6953 or mail it to IPRP; 850 Marsh St. Suite D; Valparaiso, IN 46385.**

- NOTE: (1) IPRP participants who have diverted drugs from the workplace may be placed in a "No Access" category, until approved by the IPRP Clinical Team (this is generally 6 mos from a return-to-work).
- (2) The IPRP Clinical Team may place restrictions on hours of work per week, as well as the type of shift. Please offer the comments you would like to have considered in the spaces provided below.

### DRUG HISTORY

#### Alcohol

Date of Last use \_\_\_\_\_ Has a sobriety date established? Yes No  
If yes, please specify: \_\_\_\_\_

Family History:

#### Drugs other than Alcohol

List of drugs:

Self-prescribed  
Prescribed by others  
Diverted or stolen from workplace  
Obtained from street sources  
Internet sources

## ENVIRONMENTAL ASSESSMENT/SUPPORT SYSTEMS

### Family

Good support System, other family members will likely attend 12-step support groups  
Others are supportive, but may not accept disease or may not attend support groups or family is not available to give support  
No significant support from family/friends/co-workers  
Family is hostile and/or sabotages recovery activities Internet sources

### Work

Supervisors and co-workers understand and are supportive of recovery  
Understanding and support are limited, but improving  
General lack of understanding and support

---

## ENVIRONMENTAL ASSESSMENT/SUPPORT SYSTEMS

### Participant's Understanding and Acceptance of Their Addiction as a Disease

Fully accepts and understands his/her disease  
Has some denial or doubts about whether his/her disease is present  
Rejects disease concept or diagnosis of his/her disease

### Participant's Utilization of 12-Step and Nurse Support Groups

Fully accepts and understands his/her disease  
Has some denial or doubts about whether his/her disease is present  
Rejects disease concept or diagnosis of his/her disease

---

## ABUSE/DEPENDENCY EVALUATION

### Participant's Cravings and Confidence

#### Cravings

Has little or no craving  
Has some craving, but is improving  
Continues to have significant craving

#### Confidence

Able to administer controlled substances without any problems of craving  
Fears contact with or access to controlled substances  
Unable to access controlled substances without significant craving, no confidence in ability to maintain abstinence if access is allowed

## RECOVERY AND RELAPSE PREVENTION SKILLS

Able to respond to stress by utilizing good skills, calls upon 12-step principles for assistance with life problems. No relapse.

Minimal stress management skills, relies on self-knowledge, calls on 12-step principles only sporadically or as a last resort, brief relapse may have occurred.

Unable to call upon recovery skills, repeated relapses have occurred despite adequate treatment, lacks confidence in ability to recover.

---

## ISNAP MONITORING PROGRAM: ENGAGEMENT AND COMPLIANCE

Has the participant provided you with a copy of his/her RMA?      Yes      No

### Engagement

Accepts need for monitoring and is willing to follow program as prescribed

Argues with aspects of the monitoring program, attempts to get out of some aspects

Unwilling to accept monitoring program or shows inability to comply

### Compliance

Complete compliance

Occasional non-compliance

Frequent non-compliance

---

## CONCURRENT PROBLEMS, IF PRESENT

### Medical

None present, or if present, is stable and managed

Present with mild instability, but improving

Present and unstable despite appropriate treatment

### Psychiatric Conditions

None present, or if present, is stable and managed

Present with mild instability, but improving

Present and unstable despite appropriate treatment

## RECOMMENDATIONS

This evaluation, along with other information or evaluations provided to IPRP, will be used to determine return-to-work readiness and whether any restrictions should be included in a modification to the Recovery Monitoring Agreement (RMA). Please check the box, which indicates your recommendation. Please offer any comments that may affect return-to-work decision.

**A. Return to work with access to controlled substances**

The IPRP participant represents little or no risk to the public; substance use and/or mental disorders are managed. All personal factors are considered to be “very good” to “excellent”; absence of physical cravings for drugs that are available in the work environment; supportive environment; workplace offers no particular challenges to continued recovery.

Estimated Return to Work Date: \_\_\_\_\_ Allow 3<sup>rd</sup> shift?      Yes      No

**B. Return to work without access to controlled substances**

The IPRP participant represents minimal risk to the public; ISNAP participant may NOT possess, obtain, dispense nor prescribe controlled substances.

Estimated Return to Work Date: \_\_\_\_\_ Allow 3<sup>rd</sup> shift?      Yes      No

**C. Return to work without availability to controlled substances**

The IPRP participant represents a minimal to moderate risk to the public; controlled substances are not present in the work site with the possible exception of a crash cart to which the participant does NOT have access.

Estimated Return to Work Date: \_\_\_\_\_ Allow 3<sup>rd</sup> shift?      Yes      No

**D. No return to work at the current time**

The IPRP participant continues to present a risk to the public due to substance use or other concurrent problems.

**E. Not qualified to complete return to work**



### WORK SCHEDULE

Please offer any other comments which you would like the IPRP Clinical Team to consider in making this Return-To-Work decision.

### ASSESSMENT COMPLETED BY:

Provider Name: \_\_\_\_\_

Provider Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

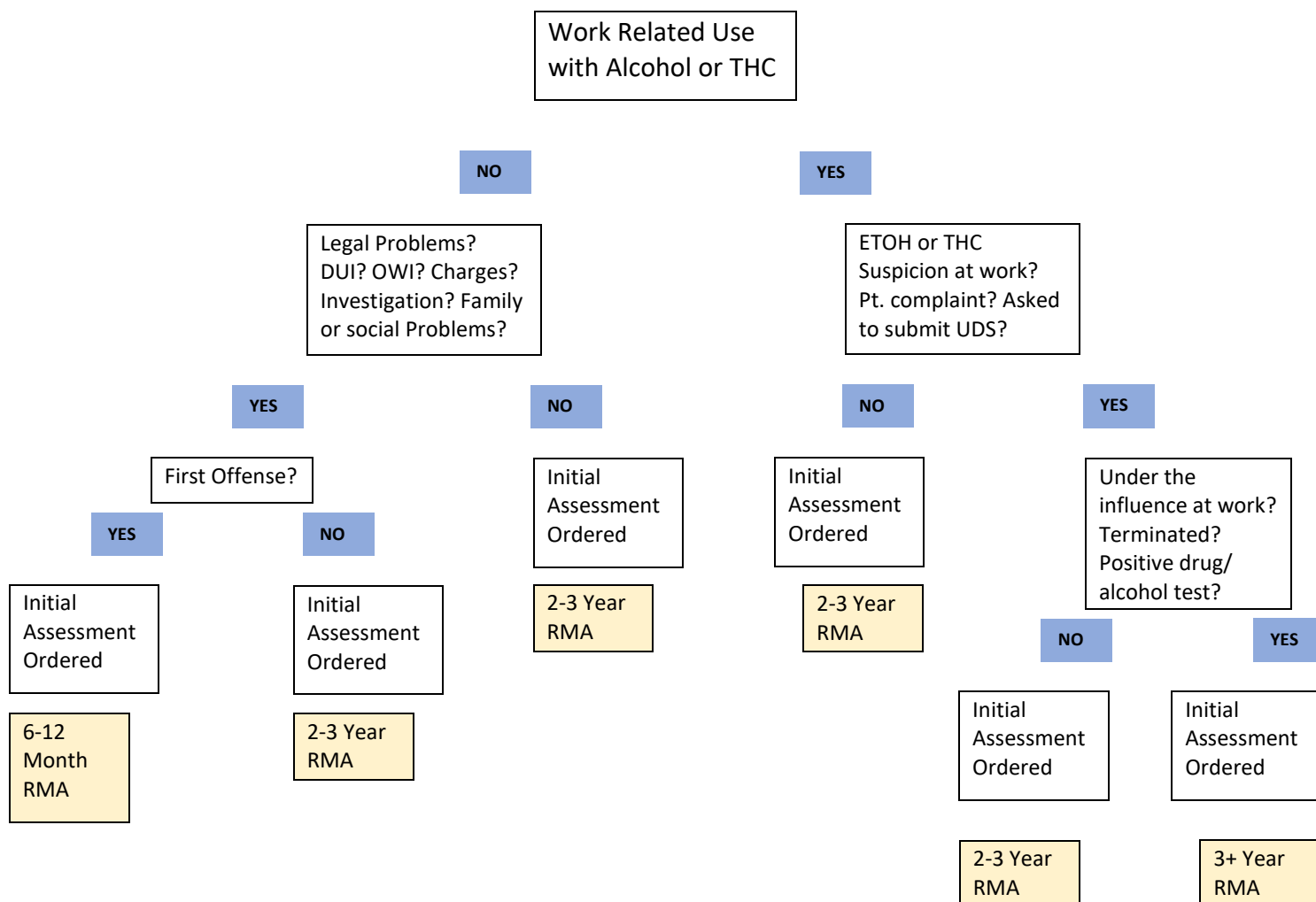
X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Completing Form

## APPENDIX J

### RMA DURATION GUIDE

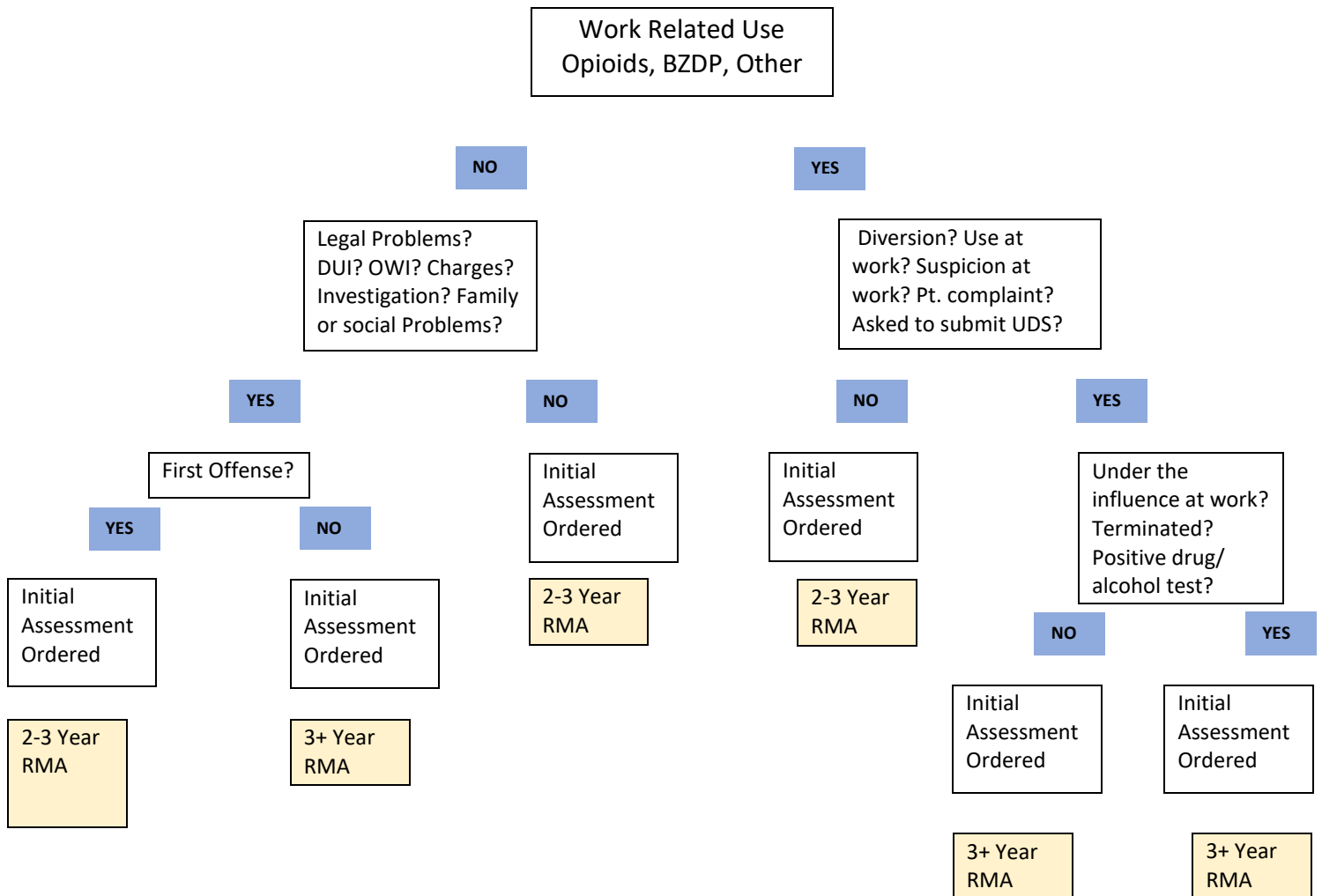
## RMA Duration Decision Tree Example for **Alcohol or THC** Related Incidence



### Other Factors to Consider which may not be reflective in this illustration.

- Has the nurse been in treatment before?
- Has the nurse been in a INP before?
- Any Collateral information from vested entities?
- Results from Initial Assessment
- Job Position held. High risk? An example would be an opioid addicted anesthesia provider (CRNA).

## RMA Duration Decision Tree Example for **SUD** Related Incidence



### Other Factors to Consider which may not be reflective in this illustration.

- Has the nurse been in treatment before?
- Has the nurse been in a INP before?
- Any Collateral information from vested entities?
- Results from Initial Assessment
- Job Position held. High risk? An example would be an opioid addicted anesthesia provider (CRNA).

## APPENDIX K

### PARTICIPATION HANDBOOK



# INDIANA PROFESSIONALS RECOVERY PROGRAM

## Indiana State Nurses Assistance Program (ISNAP)

### Participant Handbook

850 Marsh Street, Suite D

Valparaiso, Indiana, 46385

844-687-7399

Fax-219-286-6953

[www.INPRP.org](http://www.INPRP.org)

PLEASE NOTE THAT ALL INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE AND WILL CONTINUE TO BE MODIFIED AND UPDATE. ALL CHANGES WILL BE APPROVED BY THE BOARD OF NURSING AND WILL FALL IN TO COMPLIANCE EXPECTATIONS WITH THE IPLA, BON, AND ADA.

## INTRODUCTION

Welcome to the Indiana Professionals Recovery Program (IPRP), a monitoring program designed to support your recovery from substance use disorder (SUD). Historically, many medical professionals have successfully managed their SUD while maintaining their medical professional licenses because of their participation in the IPRP.

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

When a professional self-reports themselves to IPRP, participation is not made public or reported to the appropriate board of the healthcare professional without an appropriate release of information (ROI). This is a real asset to you and your career. If the Indiana board acts against your license and mandates your involvement with IPRP as a result, or if the board disciplines your license following case closure due to noncompliance, the board action becomes public knowledge.

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

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

## PARTICIPANT RIGHTS

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

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

### **PARTICIPANT RESPONSIBILITIES**

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

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

### **MONITORING PROCESS**

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

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



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

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

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

## **RELEASE OF INFORMATION**

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

## **EMPLOYMENT**

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

## **LIMITATIONS ON EMPLOYMENT:**

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

#### **FIRST, BEFORE YOU BEGIN LOOKING FOR WORK:**

As you prepare to pursue work, do the following:

1. Please refer to your RMA and verify whether you are required to complete a return-to-work assessment or not.
2. If applicable, the return-to-work assessment must be completed with the Program Director before you may begin looking for work. Once you have completed your return-to-work assessment, you will then receive a letter containing guidelines you must follow to return-to-work. You will need to contact your CCM on the next steps after receiving your guidelines.
3. If a return-to-work assessment is not required per your RMA, you will need to contact your CCM immediately to inform them of a possible new employer. You will be required to complete a release of information and give your CCM your new worksite monitor's full name, phone number, and email address. You will also be required to give your new worksite monitor a copy of your RMA and have them review it, sign it, and send your RMA directly back to your CCM.
4. As appropriate, talk with your therapist, addiction MD, and nurse support group about returning to work.

#### **AFTER RECEIVING APPROVAL TO RETURN TO WORK:**

1. When you go for your interview, make sure you talk with your prospective employer about your involvement with IPRP.
2. If you are offered a position, immediately call IPRP and provide us with the name of the person you interviewed with and/or the person who will be your worksite monitor.
3. You will need to provide IPRP with a release of information. IPRP will contact this person to confirm your involvement with IPRP and obtain further information about your prospective job.

4. You are also required to give a copy of your Recovery Monitoring Agreement (RMA) to your worksite monitor. Your worksite monitor will need to review and sign a copy of your RMA and send the signed copy back to your Clinical Case Manager.

#### **REGARDING ANY CHANGES IN WORK:**

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

#### **NARCOTICS RESTRICTION**

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

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

#### **MOOD-ALTERING AND CONTROLLED SUBSTANCES**

All controlled substances, if required for your health treatment, must be approved and responsibly managed by your health care provider. Your health care provider will be required to be involved in your monitoring by providing us with details of your care that will help determine your safe return to practice. They will also be required to participate in your return-to-work evaluation.

If you are hospitalized or otherwise require any medical or dental treatment resulting in the prescribing of any mood-altering medication, you will immediately report this event to IPRP and your treatment provider(s) via written and verbal communication. You will immediately send supporting documentation (i.e., discharge summary and/or prescriptions) to IPRP. You may not

be allowed to work as a nurse, while taking any mood-altering substance, and you may be required to have a negative drug screen result before returning to work. Any unauthorized use of a mood-altering substance will be considered a relapse and will result in appropriate action(s) through IPRP.

Mood-altering substances are defined as any substance, legal or illegal, which may be taken with the intended or unintended outcome of altering your mood. Controlled substances are defined as those substances managed under the Controlled Substances Act – Schedule 1 through Schedule 5. Not all mood-altering substances may be considered controlled substances. However, all controlled substances are considered mood-altering. Alcohol is also considered a mood-altering substance in any amount. For the purposes of this program, abstinence is defined as absolutely no use of any alcohol and illicit drugs (i.e., marijuana, methamphetamine, ecstasy, crack/cocaine, hallucinogens, etc.). Unless prescribed by your physician, you will also need to refrain from the use of any over the counter (OTC) medications which contain ephedrine, alcohol, or Benadryl compounds. (Always make sure you read the labels of any medication or supplement you use and **obtain approval from IPRP before use** by completing individual prescription submissions through Affinity for your CCM to review.

In addition, the short-term use of controlled substances (e.g., opiates, benzodiazepines) **MUST** be approved by your IPRP case manager and your treatment provider. Unless prescribed and monitored by your prescribing provider, the use of any addictive mood-altering or controlled substances may be detrimental or potentially detrimental to your recovery. Certainly, if you are diagnosed with any mental health disorder (i.e., bi-polar disorder, depression) you will need to be followed under the supervision of your psychiatrist and if applicable, in conjunction with your Addictionist.

**In addition, all forms of CBD oil are prohibited even if the label states the product is “THC Free.” Kombucha Tea, Kratom, poppy seeds, hand sanitizer, mouth wash, or the use of Vanilla extract will not be accepted as an excuse for a positive drug screen.**

#### **THE USE OF SHORT TERM POTENTIALLY IMPAIRING MEDICATIONS FOR AN ELECTIVE OR ACUTE MEDICAL CONDITIONS**

**POLICY:** On occasion a participant may require a potentially impairing medication, particularly controlled substances, for the treatment of an elective medical procedure. In addition, ISNAP supports the appropriate treatment of a participant with acute medical or psychiatric conditions while under the care of a licensed healthcare professional other than themselves.

#### **PROCEDURE:**

1. Participants having elective procedures (e.g., dental work, scheduled/non-emergent surgery, colonoscopy) should talk with their healthcare providers about the medications that will be prescribed. Participants must inform ISNAP before elective procedures that they will be receiving potentially impairing medications for the procedure and what medications they have been or will be prescribed. ISNAP will review the information for approval to use these medications.
2. In the event of an emergency medical/psychiatric condition requiring treatment with a potentially impairing medication or controlled substance, the participant must upload prescription and medical documentation into the Affinity system and to their CCM within three (3) business days. If the documentation is not received within 3 business days, it will be considered non-compliance and action may be taken.
3. The participant must provide written verification to ISNAP from the healthcare provider(s) of the medication(s) administered and prescription(s) given and the necessity for taking them prior to elective procedures where possible, but in all cases within three (3) business days of having had the procedure.
4. While taking the medication for up to seven (7) days, and for 24 hours after taking the last dose, the participant must agree not to work and have a negative drug screen on file before returning to work if working as a healthcare professional.
5. If the participant has any unused medication they should promptly and appropriately dispose of it.
6. If a condition requires taking more than seven (7) days' worth of controlled medication, starting from the date of the occurrence of the original condition (even if taken intermittently for longer), the participant must agree to refrain from practice until a negative drug screen is on file if working as a healthcare professional.
7. If controlled medications are taken for longer than seven (7) days from the date of the original condition, the participant must produce negative urine toxicology testing and written approval from the treating provider in consultation with ISNAP prior to returning to practice.

#### **THE LONG-TERM USE OR CHRONIC USE OF POTENTIALLY IMPAIRING MEDICATIONS FOR PSYCHIATRIC CONDITIONS**

**POLICY:** In rare cases a participant may require a potentially impairing medication, particularly controlled substances for the treatment of a chronic psychiatric condition.

The following procedures are in order if the treating physician of the participant determines that a potentially impairing medication such as a stimulant or a benzodiazepine is needed for a psychiatric disorder in a participant whether they have a substance use disorder or not.

**PROCEDURE:**

1. The treating physician will send his/her psychiatric evaluation, psychological testing, and clinical documentation for prescribing the medication to ISNAP. Neuropsychological testing that includes continuous performance testing must be submitted for any participant who is being recommended to take psychostimulants. Documentation should include the status of any substance use disorder, active, or in remission.
2. The Medical Director will review the information and determine whether the medication appears appropriate and whether the medication could affect the participant's fitness for duty or elevate risk for relapse of a substance use disorder.
3. The Medical Director or the ISNAP clinical team may also request any of the following:
  - a. Additional information from the treating physician
  - b. A second opinion by an approved evaluator
  - c. Additional psychological testing
  - d. Additional neuropsychological testing
  - e. Any other type of information or testing that will help determine the participant's ability to practice safely while taking the medication
  - f. Clear documentation of at least two (2) failed trials of non-controlled medications if those options are available
4. After the additional information requested is obtained, the Medical Director and clinical team will again review the information and determine whether the medication appears appropriate and could affect the participant's fitness for duty.
5. If it is determined after the above steps that the medication appears appropriate and the person can practice safely under monitoring, then approval will be given for the medication usage, while practicing.
6. If it is determined that the participant cannot practice safely while taking the medication(s) then the participant must agree to refrain from practice until it can be determined that he/she is fit for duty as licensed.

7. At least quarterly updates (or more frequently, if clinically indicated) from the treating physician documenting ongoing care and assessment of the psychiatric condition must be sent to ISNAP.
8. The participant must upload a copy of all prescription medications to the Affinity system within one (1) business day.
9. The participant may have his/her participant contract amended and/or extended beyond the originally anticipated completion date. This amendment may be terminated if the participant is able to demonstrate a continuous period, typically one (1) year, in which they are able to function off all controlled substances or medications that have a potential for abuse or for negatively impacting cognitive/executive
10. Participants on chronic or long term potentially impairing medications will be reviewed at least annually for the need to undergo neuropsychological testing to an extent that demonstrates cognitive abilities to practice safely and to determine there is no cognitive decline from the ongoing use of medication(s).
11. If it is determined that the participant cannot practice safely while taking the medication(s), then the participant must find an acceptable alternative with their physician by utilizing the Talbott Medication Guide.
12. All changes in medication dosages must be communicated within one (1) business day to ISNAP and will be reviewed by the Medical Director. Increases in dosage may require additional neurocognitive testing to confirm that the change has not affected the ability to practice safely.

#### **USE OF CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT**

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

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



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

A requirement of your RMA is to inform your Addiction Physician and IPRP of all your prescribed medications as well as all over-the-counter medications. Some over-the-counter medications, including vitamins and herbs, may affect the results of your drug screens. In addition, some food and beverage supplements could affect your drug screens, and you should consult with your Witham Labs or IPRP before use. IPRP recommends that you avoid salad dressing and foods containing poppy seeds. Please refer to the Talbot Approved Medication guide list for a more comprehensive list of approved and not approved medications. If you have further questions, contact your CCM before starting the medication.

## REPORTS

### MONTHLY REPORTS

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

### QUARTERLY REPORTS

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

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

### TIPS:

- Put your first and last name on all the reports sent to IPRP.



- Make copies of all reports sent to IPRP (this will provide you with back-up copies if loss occurs.)
- Check periodically with IPRP to ensure your reports have been received.
- If your sponsor, therapist, psychiatrist, or addiction physician is unable to send in your reports in a timely manner, you may need to consider finding someone who is willing to complete these reports and send them in in a timely fashion.

## DRUG TESTING

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

### Randomization and Toxicology Procedures:

- a. Each licensee will have a randomized schedule for drug screens to ensure that the screens are valid.
- b. UDS records will be kept private in accord with HIPAA regulations by IPRP. IPRP will discontinue working with any collection site or lab that violates HIPAA regulations.
- c. The initial frequency of drug screens required will be determined by the clinical team. The initial frequency will be determined using the following criteria:
  1. Licensees who are unemployed and/or have a suspended license will have a frequency of 16 times/year.
  2. Licensees who are completing urine drug screens, breathalyzers, saliva tests, are on an interlock testing system or an ankle bracelet through criminal probation, a house arrest officer, a treatment provider, or an employer **MAY** have their frequency lowered. If the drug screens are not received from the supplemental source, the RMA will be extended and the licensee's frequency with IPRP may be increased.
  3. Licensees who have obtained a healthcare professional position or who are in significant non-compliance with their monitoring agreement, may have the frequency of their drug screens increased.

4. Licensees who have been fully compliant with their RMA **may** be eligible to have their UDS frequency decreased if they display an extended period of full compliance.
5. The frequency of observed drug screens may be increased if the licensee attempts to tamper with the specimen for the UDS or relapses. If there is no same-sexed staff at the collection site at the time the licensee is scheduled to do an observed UDS, the requirement to have the UDS specimen observed may be cancelled or additional testing (hair or nail testing) may be ordered. If you have been selected for an observed collection, it is your responsibility to contact the collection site to inquire on observed collection personnel.
6. The labs with which IPRP works will use gas chromatology and mass spectrometry to ensure that the drug screens results meet all standards for specificity, sensitivity, and qualitative accuracy. Drug screens will have a standard 13 panel screen.

#### **Check in requirements:**

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

- Licensees can check in by calling Affinity at (877) 267-4304, checking in online daily using the Affinity case management system, or the Affinity mobile app “**Spectrum Compliance**”.
- If the licensee has been scheduled to do a screen on a weekday, they must provide a specimen for the UDS by 11:59 pm that same day.
- If the licensee has been scheduled to complete a UDS on the weekend or a holiday and the collection site is not open, please contact the Affinity helpdesk at (877) 267-4304 for assistance in finding an available lab. Additional drug testing (hair, nail, and/or blood testing) may be ordered.

#### **Check-In/Missed Check-ins**

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

- **First** missed check-in will require you to contact your CCM by the next business day to discuss the details. A written warning may be entered into your case file.

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

#### **Drop Sites/Chain of Custody (COC):**

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

- Issues with collection sites should be addressed with Witham, LabCorp labs and/or Affinity.
- Affinity will instruct the licensee how to ensure that all the information on the requisition is correct to ensure a valid COC.
- Affinity will work with licensees to find a collection site located within 30 miles from the medical professional's residence and/or worksite.
- If you wish to have your employer become an Affinity-approved testing site, your employer will need to call Affinity at 877-267-4304 to set this up.

#### **LABORATORY**

Affinity E-Health/Spectrum (originally known as Affinity Online Services - AOS) manages the randomization of your drug testing frequency. Your case manager will send out a packet of information with complete instructions with your RMA on how to access your AOS account. For information on your drug test, you must check-in electronically with AOS or call the toll-free number **877-267-4304**, between 5 am and 5 pm, EST, seven days per week. If your ID number is identified, you are required to complete your urine drug screen by 11:59 pm, in your time zone. If you are instructed to complete a screen on Saturday, Sunday, or a holiday, you are asked to drop at a 24-hour drop site unless you have verified with IPRP that there is no available 24-hour

drop site within 30 miles of where you reside. A minimum of 50% of your UDS' may be observed while you are in monitoring. You are the person accountable for your own recovery; and when you check-in each day to determine if you need to provide a drug test, you reinforce your accountability. You are required to call or check in daily, as Affinity has a means of recording whether you have checked in. If you are unable to complete a urine drug screen when you are directed, call IPRP to discuss it as additional testing (hair, nail, and/or blood testing) may be ordered.

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

### **THE COSTS OF MONITORING**

You are responsible for the costs of all treatment, therapy, addiction physician appointments, and drug testing. This is a responsibility which requires financial planning. Some healthcare insurance policies may cover part of the cost. Upon request, Witham Labs will provide you with a statement that identifies your testing history. This can be done quarterly. IPRP strives to keep the cost of drug testing low, while maintaining forensic accountability. Due to the nature of some of the drugs used by medical professionals with addiction, an extensive drug panel is required to ensure forensic accountability.

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

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

### **Needs Assistance Fund (NAF) Application**

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

If approved, the NAF application is only valid for the month you complete it. Therefore, if you would need assistance during a different month you would need to complete a new NAF application with updated required documentation. Please be aware that NAF funds are limited.

Due to NAF funds being limited, it is the policy of Parkdale Aftercare that a single participant, over their lifetime contract, shall not receive more than the cumulative of \$50 per year of their RMA credited to the participant's account. The \$50/year limit does not have to be used at the rate of \$50 per year. For example, a participant may draw the \$150 in year one but then not receive any assistance, unless an exception is approved by the Program Director. **Please be advised the NAF application is utilized only for UDS' and cannot be used for treatment or SoberLink.**

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

## **DRUG SCREENS**

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

## **DRUG SCREEN RESULTS**

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

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

SoberLink testing may be incorporated. Pending the clinical staffing decision, participant may be reported to the appropriate regulatory body.

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

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

1. There is a civic alert to stay off the roads due to weather conditions or a civic emergency.
2. A requirement by the worksite monitor that the licensee work overtime. The worksite monitor must confirm this.
3. The licensee is hospitalized. The licensee must provide their CCM with their full discharge documentation verifying that they were hospitalized.
4. The licensee is pregnant and has been directed by her obstetrician that she must be bedridden due to complications. The licensee must provide a statement by her obstetrician to confirm this.
5. The licensee is COVID-19 positive and has provided documentation of their results and/or a letter from their doctor to their CCM stating they need to quarantine.

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

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

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

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

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

## **TWELVE-STEP SUPPORT MEETINGS**

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

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

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

## **SPONSORSHIP**



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

An additional requirement of the sponsor is the sponsor's willingness to send IPRP a quarterly report. Your sponsor will be identified in your monitoring agreement by first name and first initial of their last name and a phone number. IPRP does request you sign a release of information to permit IPRP to communicate with your sponsor via the sponsor's quarterly reports. On occasion, IPRP may contact the sponsor directly. **Participants in the monitoring program MAY NOT sponsor each other.**

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

#### **THERAPY - CONTINUING CARE/AFTERCARE**

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

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



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

## **RELAPSE**

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

Many medications which are routinely ordered by physicians for those individuals who are not abusing/addicted would be inappropriate for a nurse who is in monitoring. A short list of these medications includes benzodiazepines, opiates, psychostimulants such as Ritalin and Adderall, as well as some antihistamines, muscle relaxants and sleep medications. This is due to their high probability of cross addiction. The board has established that for a medical professional to remain in the IPRP program, she/he must not use such medications, except in the case of emergency or serious accident. As mentioned previously, this should be reported to IPRP immediately.

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

A relapse often occurs before an individual uses a mood-altering or controlled substance. Addiction is a brain disease, and the thoughts and decisions which result in relapse begin before the actual use. Therefore, staying in close contact with your sponsor and other recovering medical professionals will help prevent a relapse. Certain behaviors at work, in one's personal

life or in therapy may be predictive of a substance use relapse. If treatment providers, family members, and/or your worksite monitor report behaviors that are of concern, you will be asked to visit your therapist and/or Addiction Physician who will attempt to intervene before actual substance use occurs.

#### **STEPS TO TAKE IF YOU HAVE RELAPSED:**

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

#### **APPEAL PROCEDURE**

Appeals are handled by the:

- Program Director
- Medical Director
- Compliance Director

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

#### **MONITORING INTERRUPTIONS**

Monitoring interruptions will be allowed under the following circumstances:

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

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

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

1. Include in your request the exact days you will be gone.
2. You will then need to contact the Affinity help desk at (877) 267-4304 and notify them of the exact address you will be staying at so they may assist you with finding the nearest testing site to where you will be staying. That way if you are selected to test, you will have a site to go to.
3. Please include the testing site address in your monitoring interruption request as well.

**You will still be required to check-in daily and test, if selected. Any missed check-in or test will be considered non-compliance. If there are no testing sites available where you may be traveling to, you may receive a hair, nail, and/or peth test upon your return. Please be advised these tests are more costly than a UDS.** If you do not complete a monitoring interruption and are selected to test while traveling, it is your responsibility to contact Affinity and ask them to assist you in finding a testing site. Any missed drug screen will be considered non-compliant.

#### **CASE REVIEW/CLINICAL TEAM**

The IPRP Clinical Team reviews matters which arise while you are in monitoring with IPRP. The team is comprised of the Medical Director, Program Director, and the CCMs. Common matters discussed by the clinical team include participants' eligibility for monitoring, return-to-work issues, relapse(s), noncompliance with the terms of your Recovery Monitoring Agreement (RMA) and successful completion. The clinical team meets monthly.

## **CHANGES TO YOUR RECOVERY MONITORING AGREEMENT**

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

1. Discuss the desired change with your treatment providers, worksite monitor, and sponsor before you request the change.
2. Submit a Request to Modify RMA form.
3. Have your treatment providers, worksite monitor, and sponsor sign the form with their written support about the requested change.

Following receipt of the above, IPRP will review your request and notify you if the change has been approved or needs further discussion. Once approved, an addendum to your RMA will be created.

## **NON-COMPLIANT CASE CLOSURE**

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

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

1. Contact IPRP one month prior to your completion date to ensure that you are in compliant with all aspects of your RMA and that all reports and other pertinent documentation have been received to date.
2. Submit a detailed written personal relapse prevention plan/healthy recovery plan to IPRP.
3. Written support for your successful completion from the individuals who are still involved in your monitoring will be required; this includes your therapist, sponsor, and worksite monitor. The letters from your therapist and worksite monitor will need to be on official letterhead and have their physical signature included. Your therapist and worksite monitor must send their letters directly to your CCM.
4. Submit the above documentation no sooner than two weeks prior to your RMA completion date.

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

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

#### **COMPLIANCE LETTERS/VERIFICATION OF COMPLETION LETTERS**

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

## APPENDIX L

### SAMPLE BON REPORT



# INDIANA PROFESSIONALS RECOVERY PROGRAM

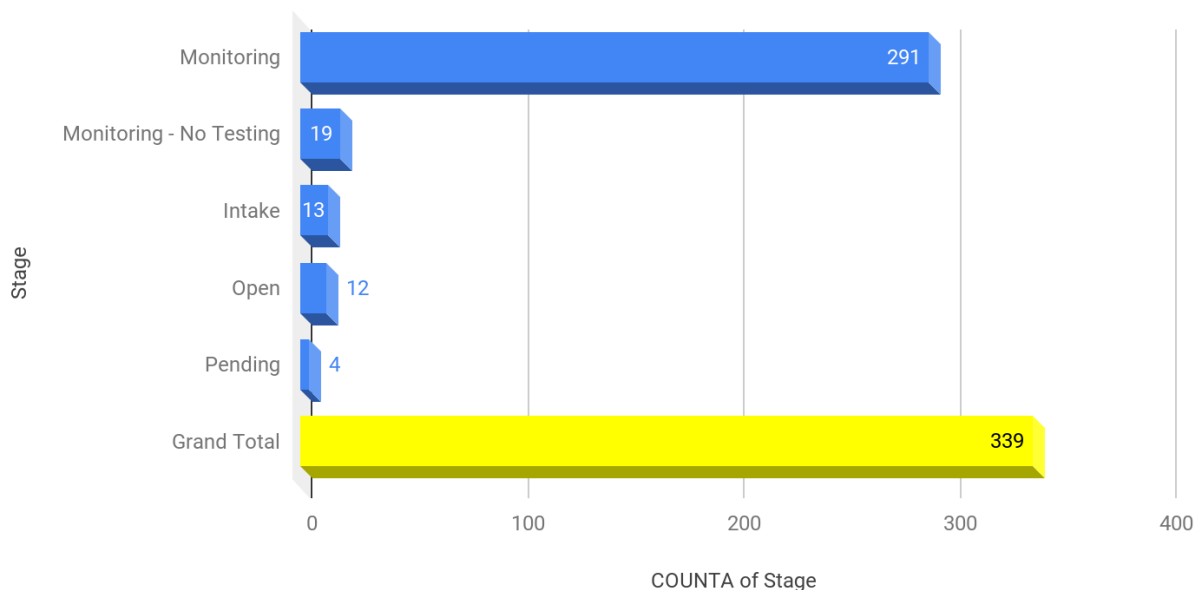
Indiana State Nursing Assistance Program  
Administered by Indiana Professionals Recovery Program  
Board of Nursing Report  
April 21, 2022

## Professionals Served

As of this writing ISNAP has 339 participants in active or open status. Individuals in monitoring have been placed into an RMA (Recovery Monitoring Agreement). Individuals in intake have completed their initial interview and we are awaiting their initial drug screens, or they are due to be discussed at our next clinical staffing meeting. Individuals in open have been scheduled for an upcoming intake evaluation. Individuals in monitoring-no testing are either out of state or in a treatment facility. Drug testing is still required in this case but is done outside of the Affinity system.

## IPRP Participants in Active/Open Status

Current Census



### Intake/Evaluation

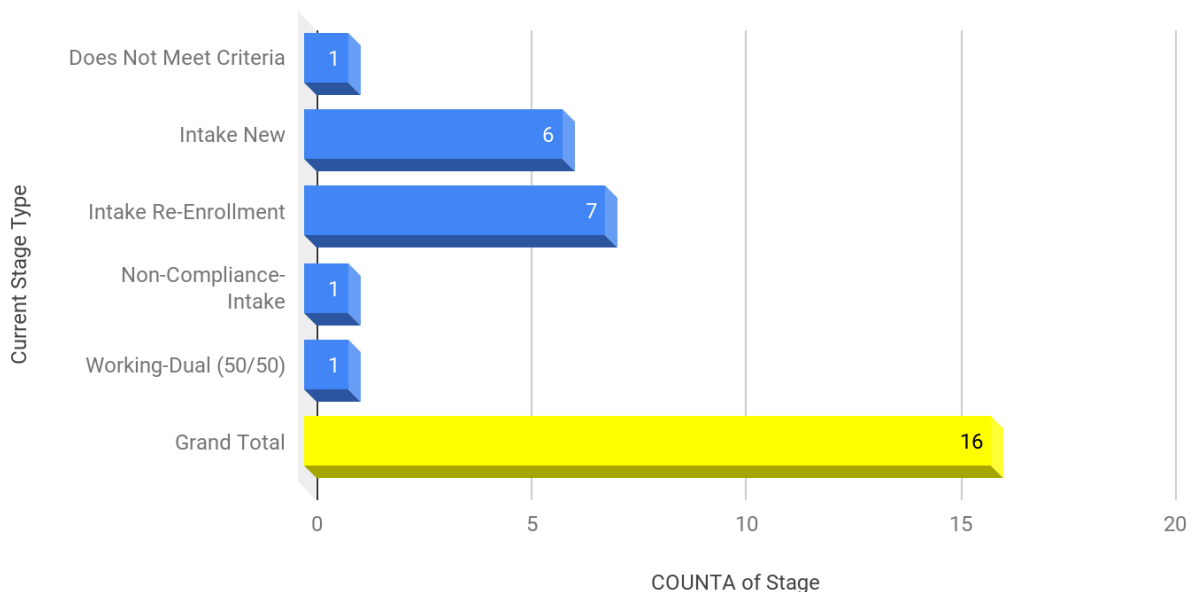
IPRP requires a clinical evaluation, at no charge, from one of our clinical team members prior to entering the ISNAP monitoring program. IPRP has added two objective measures to the intake/evaluation process. All intake/evaluations done by IPRP remain confidential as part of our work product. This ensures all participants are being evaluated utilizing the same clinical tools, objective testing and drug screening prior to determining the length of the Recovery Monitoring Agreement (RMA).

### Clinical Evaluation Results

During the last month there were 16 scheduled intake/evaluations. The intake/evaluation results are listed below:

#### IPRP Participant Intakes

Last 30 Days



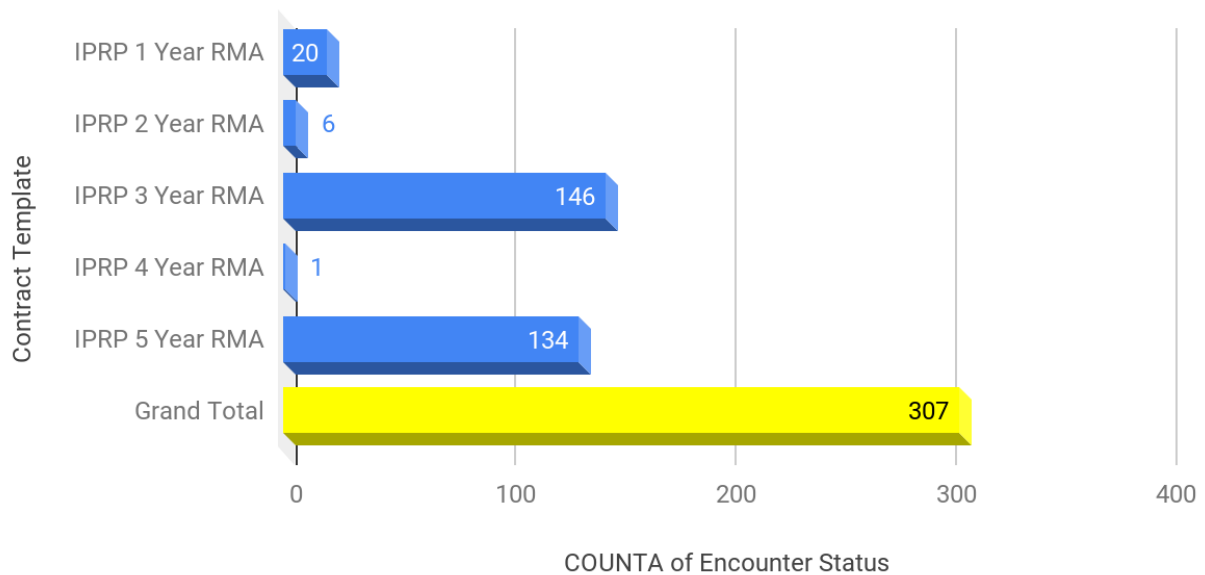


## RMA Adherence

Clinical Case Managers routinely follow up with participants via Affinity messaging system or phone calls for all non-compliance issues. This ensures the participant, and the Clinical Case Managers have clear and concise communication on adherence to the terms of each RMA. The 3-year RMA remains the most common length of RMA issued by IPRP. There are times, with clinical justification, a participant will be placed in a shorter RMA length or may be placed in a 5-year RMA.

## IPRP Participants in Monitoring

By RMA Length

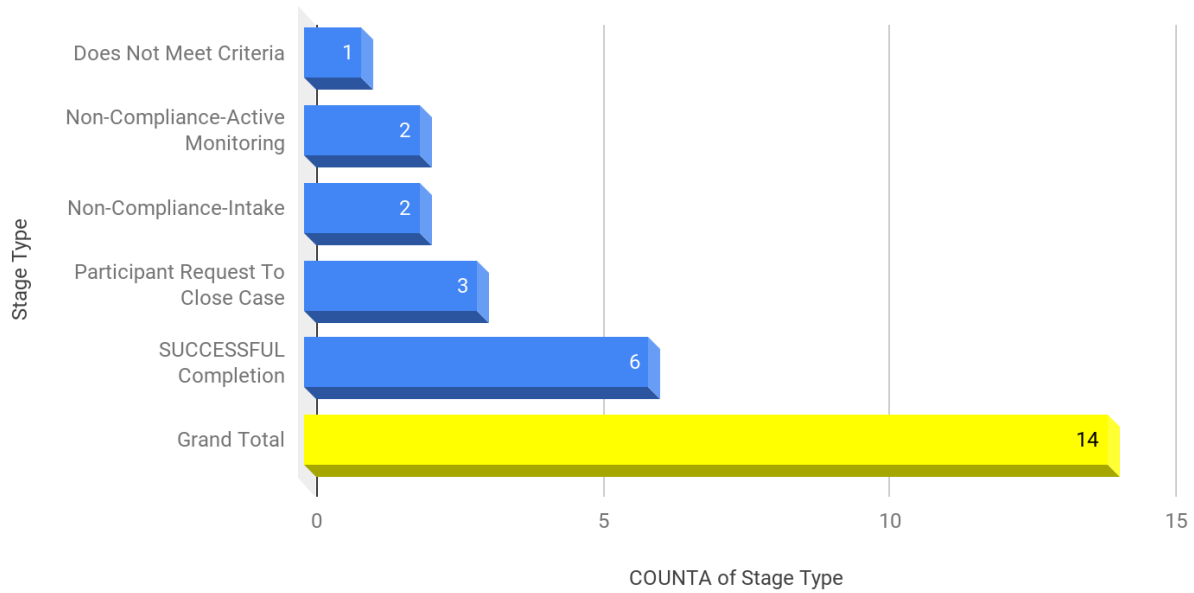


## Discharges/Completion

IPRP continually audits the existing Affinity records and moves participants who have successfully completed the program or are in non-compliance to discharge. In the last 30 days IPRP was able to discharge 14 outstanding cases.

### IPRP Participant Discharges

Last 30 Days



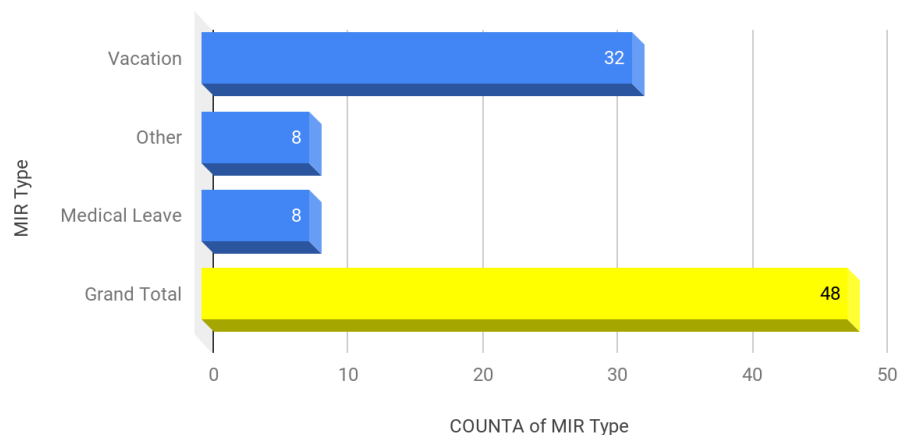
## Monitoring Interruptions

An ISNAP participant that submits a vacation request through the Affinity system must state the dates they will be gone, the location they will be traveling to, and they are required to contact Affinity to find a lab within driving distance of their vacation spot in the event they are selected for a random urine drug screen. The name and location of the lab must also be listed in the request. IPRP participants are required to check-in while they are traveling.

Monitoring Interruptions are only granted during hospitalization, recovery from surgery, or after giving birth. These monitoring interruption requests require proper documentation from the ISNAP participant's health care providers. Once the required documentation has been submitted a participant will be granted time off from checking in and drug testing. Prior to the participant returning to work they must provide a clean UDS.

### IPRP Monitoring Interruptions by Type

Last 30 Days

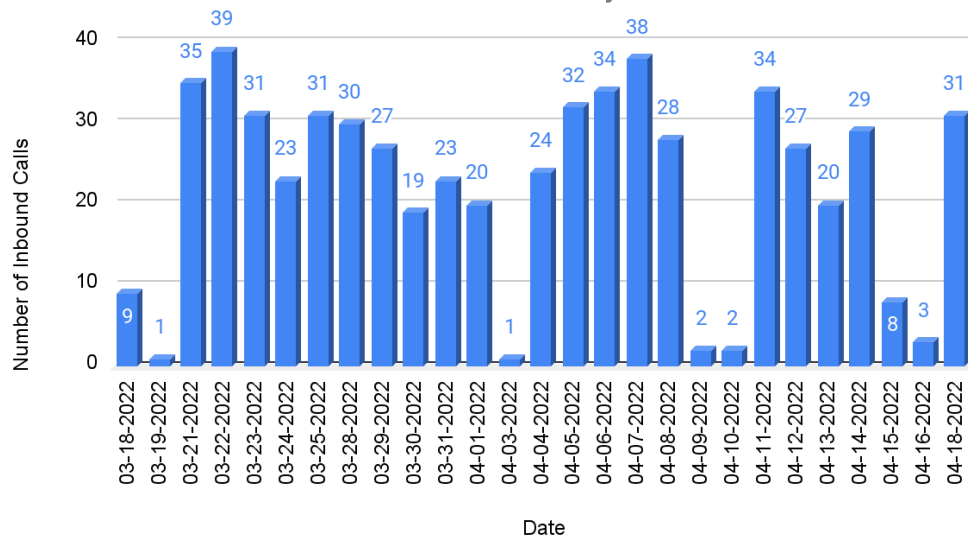


## IPRP Phone and Case Management Workloads

IPRP uses Grasshopper, a VOIP (Voice Over Internet Protocol) phone system to handle all participant phone interactions. IPRP uses Affinity/Spectrum case management software to track and document all aspects of a participant's progress through monitoring. The following two graphs are meant to give the Board some insight into the daily interactions with participants.

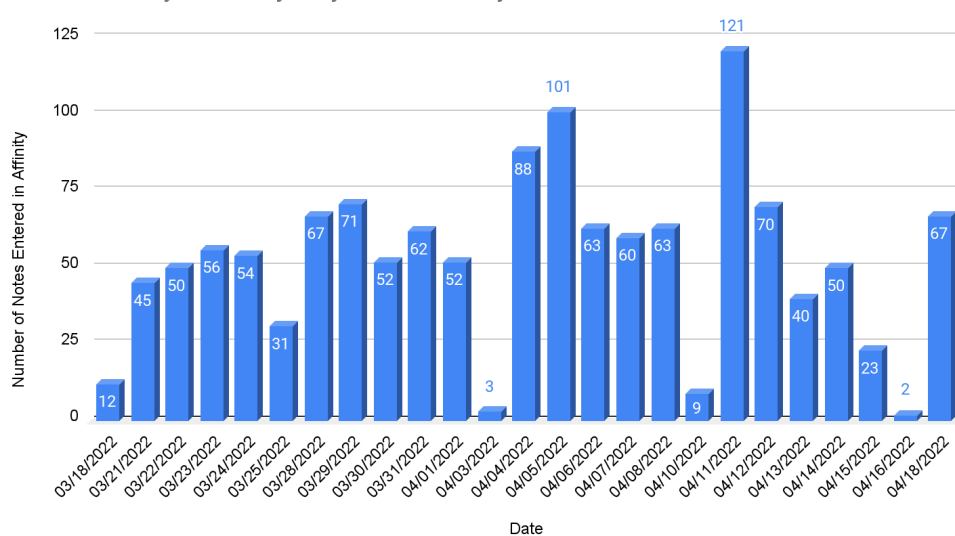
IPRP received 601 inbound phone calls on the Grasshopper phone system in the last 30 days.

### IPRP Inbound Phone Calls - Last 30 Days



IPRP entered 1312 participant notes into Affinity in the last 30 days.

### IPRP - Affinity Notes by Day - Last 30 Days



**Closing**

Thank you once again for allowing us to serve the Indiana State Nursing Assistance Program. Together we have created meaningful, working relationships between the members of the Board of Nursing, the Deputy Attorney Generals representing the Office of the Attorney General and the Clinical Case managers of Indiana Professionals Recovery Program. My goal is not only to continue to provide the structure and the accountability necessary for people struggling with addiction but to enhance and expand the services we provide.

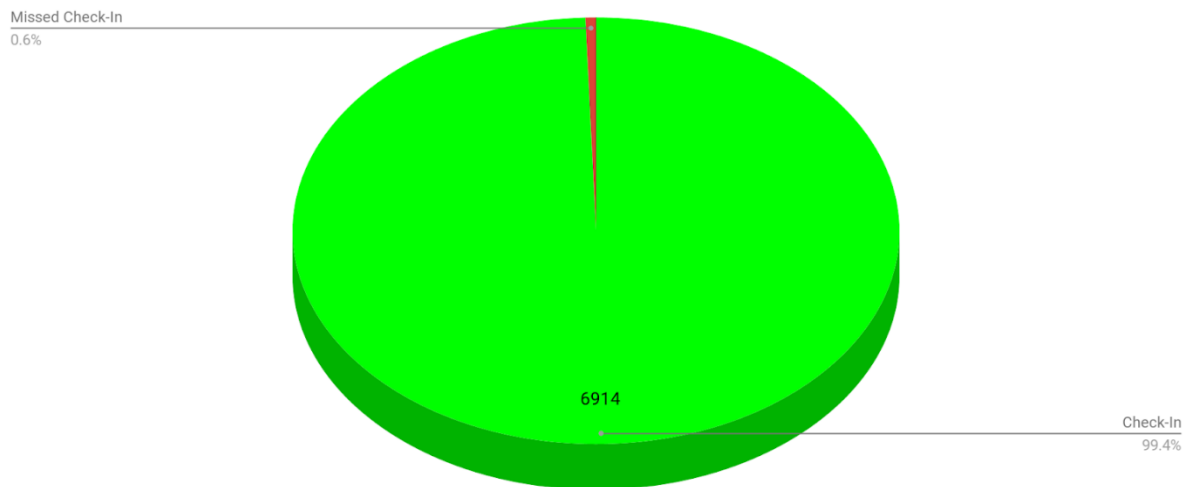
Tracy Traut, MS, LCAC  
Indiana Professionals Recovery Program  
Program Director  
[ttraut@inprp.org](mailto:ttraut@inprp.org)  
219.707.8081 ext. 5

## Other Data Points

ISNAP participants are required to check in daily and are highly compliant. 99.4% of check-ins were completed successfully in the last 30 days.

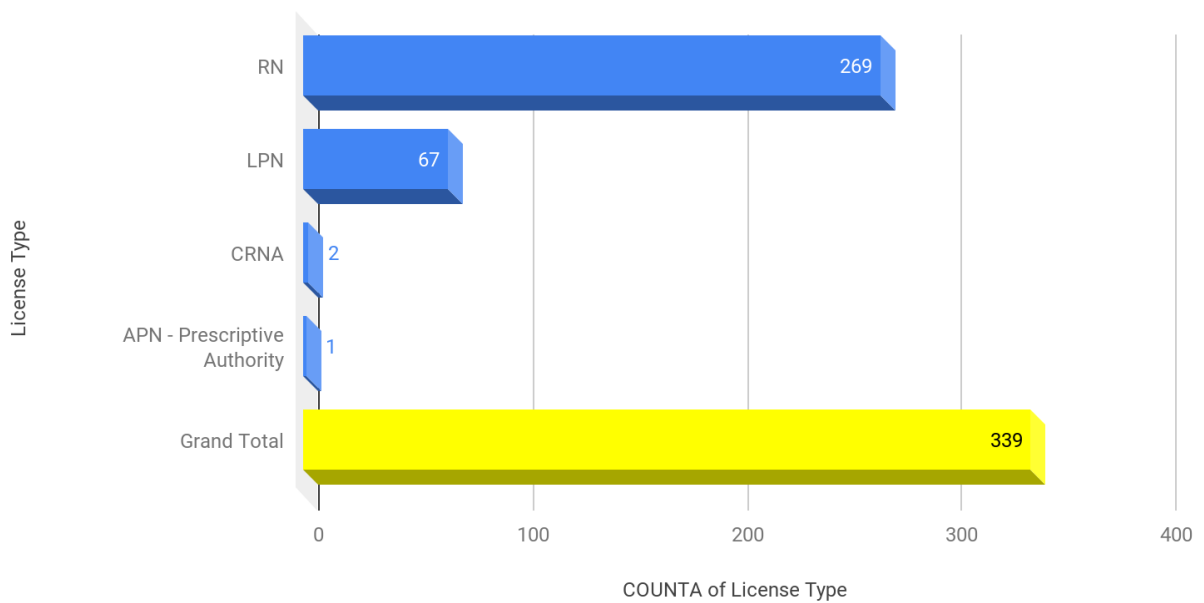
### IPRP Participants

Check-Ins Last 30 Days



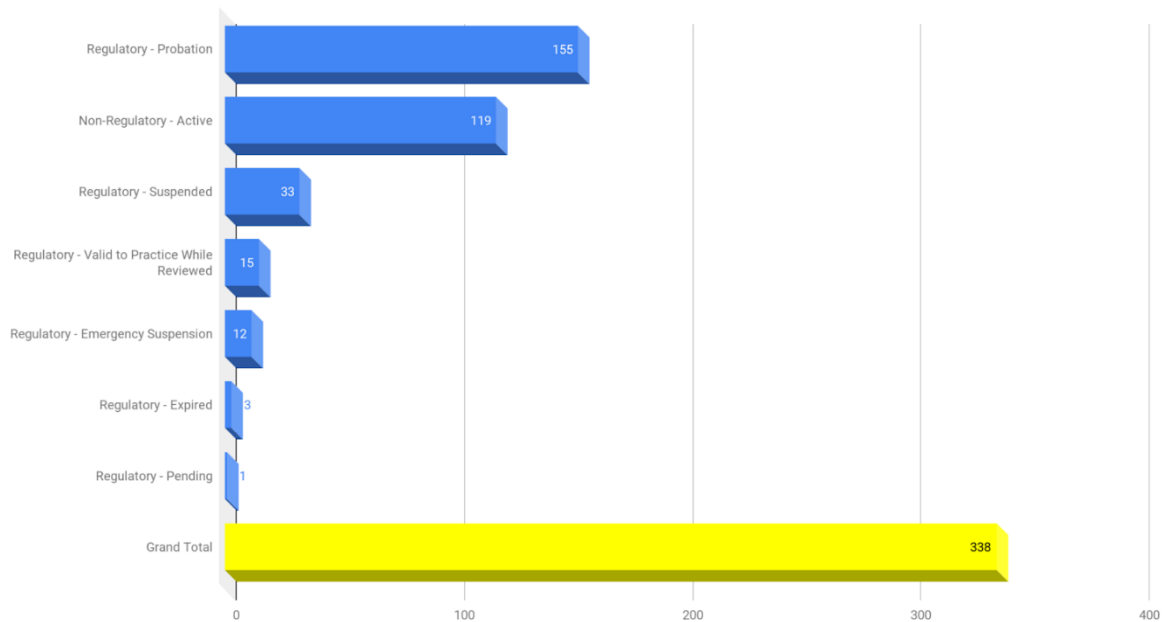
### IPRP Active/Open Participants

By License Type



### IPRP Active/Open Participants

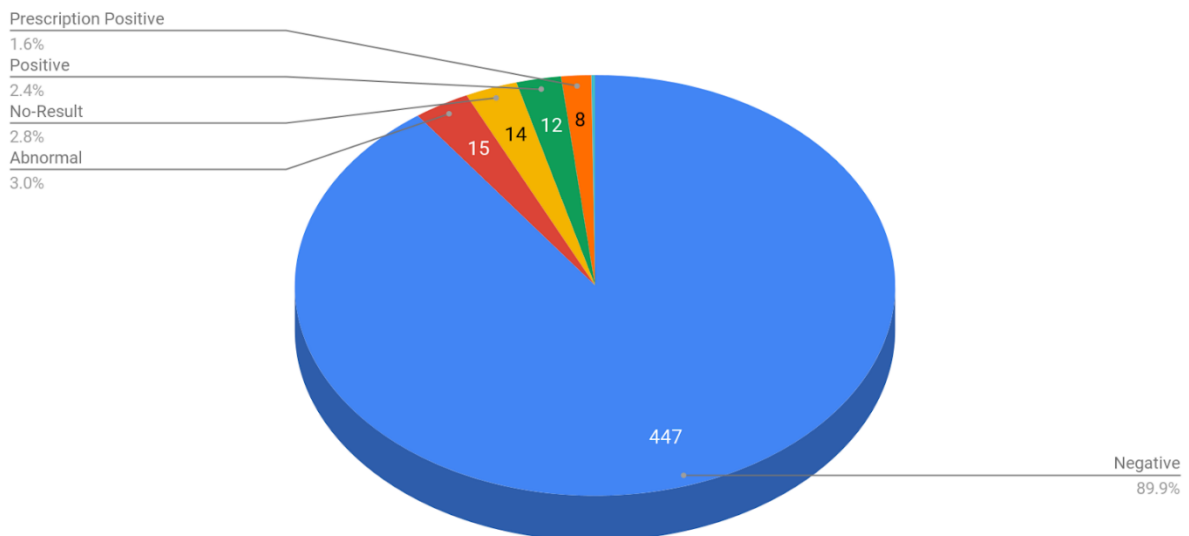
By License Status



Here is a summary of drug test results from the last 30 days.

### IPRP Participants Drug Test Results

Last 30 Days



Positive and prescription positive results.

<i>Drug</i>	COUNTA of Drug	COUNTA of Drug
Opiates P	4	20.00%
Buprenorphine P	3	15.00%
ETG P	2	10.00%
Benzodiazepines P	2	10.00%
Phosphatidylethanol (PEth) (76)	1	5.00%
Phosphatidylethanol (PEth) (24)	1	5.00%
Phosphatidylethanol (PEth) (149)	1	5.00%
Oxycodone P	1	5.00%
Naltrexone	1	5.00%
Fentanyl P	1	5.00%
Cannabinoids P	1	5.00%
Amphetamine, Amphetamine (3154), AMPHETAMINES, Hydrocodone, Hydrocodone (162), Noroxycodone, Noroxycodone (341), OPIATES, OXYCODONE, Oxycodone (1550)	1	5.00%
Amp/Methamp/MDMA P	1	5.00%
<b>Grand Total</b>	<b>20</b>	<b>100.00%</b>

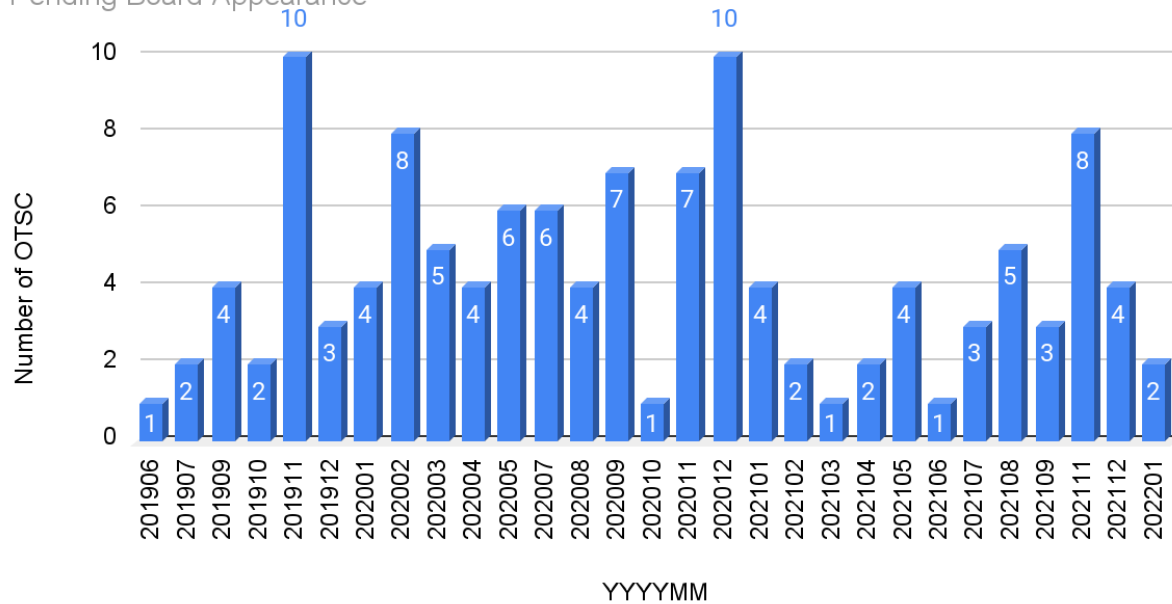


## Order to Show Cause Filings

IPRP continually audits the existing Affinity records to monitor Order to Show Cause notices that have been filed as well as resolved.

### Order to Show Cause Filed by Month

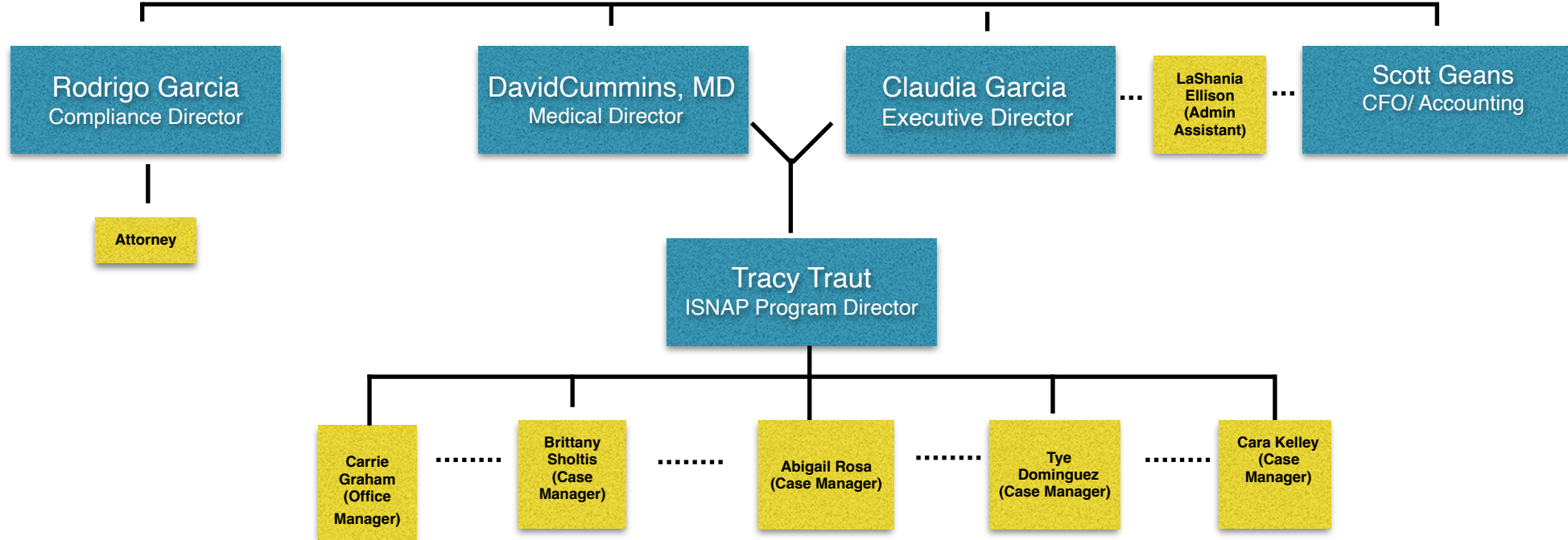
Pending Board Appearance



## APPENDIX M

### ORGANIZATIONAL CHART

## PARKDALE AFTERCARE, LLC (ISNAP PROGRAM)



Directors



Parkdale Aftercare (ISNAP) Staff

## APPENDIX N

### LEADERSHIP RESUME

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

## + PROFESSIONAL PROFILE

- ⦿ **Execution:** Implementation of the first professional's addiction treatment program in the State of Indiana. Co-Founder of dual diagnosis addiction treatment center serving those suffering from addictions from across the country. Instrumental in instituting change and compliance in the area of best practice standards for addiction prevention as well as aftercare monitoring. Successfully partnered with several local and national organizations to expand access and services to the addiction community.
- ⦿ **Leadership:** Currently leads a team of highly trained addiction professionals providing services to nearly 700 in the State of Indiana alone and several hundred more nation-wide. Leadership strengths apparent when implementing system-wide programs and policy change within numerous hospital systems. Implemented programs continue to positively affect and safeguard thousands of patients nation-wide.
- ⦿ **Awards and Recognition:** Recipient of several awards and acknowledgments from industry leaders in mental health and addiction treatment including recent public recognition from the **National Safety Council**. Most recently awarded the prestigious **National Mental Health of America, HERO** award for his work with patients in the addiction and mental health fields.
- ⦿ **Multi-disciplinary:** Formally trained in several areas including nursing, anesthesia, substance use disorders, business, emergency room, intensive care, trauma, and medically assisted treatment. Draws on experience from multiple specialties to consistently ensure that a comprehensive problem-solving approach is achieved.
- ⦿ **Communication:** Sought out national speaker on substance use disorders and addiction. Has presented for or has been a keynote speaker for tens of thousands of people and organizations across the country. Appreciated for his personal story of addiction and recovery as well as the intellectual and thought-provoking messages delivered. Published author in several peer-reviewed journals and editorials. Languages spoken, Spanish and English.
- ⦿ **Personal:** Has overcome a personal battle with substance use disorder and now continues to work with individuals and family systems experiencing similar challenges. He continues to share his experience and provide support to those that need it the most. Rodrigo is a married father of four and lives in Valparaiso, Indiana where he and his wife Claudia have continued to raise their family.

## + PROFESSIONAL EXPERIENCE

- ⦿ Jan. '13 – present      **Parkdale Center for Professionals**      **Chief Executive Officer**      **Chesterton, IN**
  - Responsible for oversight of the daily operations and development of Parkdale Center, a dual diagnosis addiction treatment center for professionals.
  - Implementation of best practice standards for addiction treatment and recovery for patients across the country.
  - Relationship development with local, state, and national organizations and agencies to improve access to care and resources to those in need of addiction treatment services.
  - Development of community outreach and educational programming to interface treatment with prevention and education.
  - Responsible for patient acquisition and relationship development to improve access to care for providers with impaired practice within the health care community across the country.
  - Responsible for the facilitation of advocacy between Parkdale Center and state boards of nursing, medicine, and pharmacy across the country. Maintaining compliance requirements and expectations of every individual state health care board and regulatory organization across the country.

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

- ⦿ Jan. '17 – present      **Parkdale Consulting**      **Lead Investigator**      **Chesterton, IN**
  - Team leader for the drug diversion prevention *Health Experts in Loss Prevention* (H.E.L.P.) program. Responsible for leading a team of highly trained diversion experts in evaluating hospital systems and reducing diversion incidences by impaired health care providers.
  - Responsible for formulating comprehensive educational and prevention programs and policies for health care institutions.
  - Leads a team of expert speakers and presenters aimed at providing education and outreach to organizations and corporations looking to learn about and prevent addiction in the workplace.
  
- ⦿ May '18 – present      **IN Professional's Recovery Program**      **Compliance Director**      **Valparaiso, IN**
  - Leadership for the *Indiana Professional's Recovery (IPRP) monitoring program* in Indiana for impaired nurses, pharmacists, and podiatrist. Responsible for the oversight, compliance, standards, and implementation of the state-wide services for health care professionals.
  - Responsible for the coordination and implementation of annual educational symposiums, outreach, training, and resource allocation between IPRP and outside vested organizations.
  - Leads a highly trained team of addiction and mental health experts diagnosing and monitoring nearly 700 participants in the INPRP program.
  - Responsible for the implementation and oversight of best practice standards and evidenced based treatment and diagnostic parameters for the state sanctioned IPRP program.
  
- ⦿ Oct. '19 – present      **WV Restore Program**      **Compliance Director**      **Charleston, WV**
  - Leadership for the *West Virginia Restore monitoring program* in WV for impaired nurses. Responsible for the oversight, compliance, standards, and implementation of the state-wide services for health care professionals.
  - Responsible for the coordination and implementation of annual educational symposiums, outreach, training, and resource allocation between Restore and outside vested organizations.
  - Leads a highly trained team of addiction and mental health experts diagnosing and monitoring nearly 200 participants in the Restore program.
  - Responsible for the implementation and oversight of best practice standards and evidenced based treatment and diagnostic parameters for the state sanctioned Restore program.
  
- ⦿ Jan '14 – present      **Alkermes Pharmaceutical**      **M.A.T. Expert Consultant**      **Nationally**
  - Provides expert discussion and education on medically assisted treatment (MAT), addiction, and substance use disorders. Responsible for the education and program delivery for health care professionals or regulatory institutions seeking information on medically assisted treatment for the malmanagement of opioid or alcohol addiction.
  
- ⦿ Nov '11 – present      **Great Lakes Anesthesia**      **Chief Nurse Anesthetist**      **Warsaw, IN**
  - Worked as an advanced practice nurse specializing in the administration of anesthesia.
  - Chief anesthetist at a critical care hospital assisting the underserved community.
  - Responsible for surgery scheduling, staffing, training, education, and administration of anesthesia to surgical, obstetric, and emergency patients.
  - Provides general, local, monitored, or regional anesthesia to pediatric, geriatric, emergency, obstetric, and trauma patients. Responsible for the welfare of the patient while under anesthesia and immediately after during the post anesthesia recovery phase.

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

- Provides hospital-wide educational programs and monthly competencies to various departments and employees.
- Maintains annual continuing education hours, education, training, and competency training to ensure best practice standards in the delivery of anesthesia is maintained.

⦿ Aug '04 – 2011

## St. Catherine Hospital

Chief Nurse Anesthetist

East Chicago, IN

- Worked as an advanced practice nurse specializing in the administration of anesthesia.
- Initiated and maintained a residency program for student nurse anesthetist between *Northwestern University School of Anesthesia* in Chicago, IL and St. Catherine Hospital in East Chicago, IN. Responsible for the training, compliance, education, and evaluation of student skills, progress, and training.
- Chief anesthetist at a critical care hospital assisting the underserved community.
- Responsible for department hiring, surgery scheduling, staffing, training, education, and administration of anesthesia to surgical, obstetric, and emergency patients.
- Provided general, local, monitored, or regional anesthesia to pediatric, geriatric, emergency, obstetric, and trauma patients. Responsible for the welfare of the patient while under anesthesia and immediately after during the post anesthesia recovery phase.
- Provided hospital-wide educational programs and monthly competencies to various departments and employees.
- Maintained annual continuing education hours, education, training, and competency training to ensure best practice standards in the delivery of anesthesia is maintained.

⦿ May '96 – 2004

## Methodist Hospital

Registered Nurse

Gary, IN

- Provided services as a registered nurse at a Trauma Center in an underserved community
- 1996-1997: Worked as an emergency room RN providing emergency care to pediatric, trauma, geriatric, obstetric, and triaged patients.
- 1997-2001: Promoted to shift supervisor. Responsible for the hiring, training, management, scheduling, and staffing of more than 80 emergency department health care providers. Also responsible for the quality improvement and quality check of department process and policy implementation.
- Implementation of various programs including patient education, staff training, and monthly departmental competencies.
- 2001-2004: Provided nursing services in the intensive care unit and critical care units. Responsible for providing care to critical patients in the acute and chronic states of the disease process. Highly competent in invasive monitoring, advanced disease management, and critical care pharmacology.

⦿ Aug '98 – Present

## University / Faculty

Clinical Preceptor

Indian/ Illinois

- 2005-2010
  - ***Evanston Northwestern, School of Anesthesia*** Clinical Instructor. Responsible for the planning, development, curriculum, and implementation of an anesthesia residency training program for student registered nurse anesthetist. Responsible for the supervision, education, and clinical experience for undergraduate nursing students in the hospital setting.
- 1999-2003

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

- **Methodist Hospital, Instructor.** Certified Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) Instructor. Responsible for the training, education, and verification of competency for health care providers receiving ACLS and BLS training.
- 1998-2000
  - **Valparaiso University, School of Nursing** Clinical Instructor. Responsible for the supervision, education, and clinical experience for undergraduate nursing students in the hospital setting.
- 1996-1998
  - **Ivy Technical College, School of Nursing** Clinical Instructor. Responsible for the supervision, education, and clinical experience for undergraduate nursing students in the hospital setting.

## + EDUCATION

⦿ 2013	<b>Master Business Administration, MBA</b>	Indiana Wesleyan University	Indiana
	Special Focus, Health Care Administration Summa Cum Laude GPA 3.95/4.0		
⦿ 2004	<b>Board Certification, Anesthesia</b>	NBCRNA	Board Certified
	Certification and credential renewed every two years and in good standing, fully accredited.		
⦿ 2004	<b>Certification in Anesthesia, CRNA</b>	Northwestern University	Chicago, IL
	Anesthesia Residency and Training Program Magna Cum Laude GPA 3.80/4.0		
⦿ 2004	<b>Master of Science in Nursing MSN, APN</b>	DePaul University	Chicago, IL
	Accelerated Nursing Program Graduated Sigma Theta Tau, Magna Cum Laude GPA 3.80/4.0		
⦿ 1996	<b>Board Certification, Nursing</b>	NCSBN	Board Certified
⦿ 1996	<b>Bachelor of Science in Nursing BSN</b>	Valparaiso University	Valparaiso, IN
	Accelerated Nursing Program Graduated Sigma Theta Tau GPA 3.63/4.0		

## + ORGANIZATION/ MEMBERSHIP

⦿ Jan. '18 – present	<b>American Association of Nurse Anesthetists</b>	PAAC	National Organization
----------------------	---------------------------------------------------	------	-----------------------



# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

- Part of a 7-person Peer Assistance Advisors Committee (PAAC) tasked with policy formation, educational outreach, program implementation, and resource allocation for the association's nearly 60,000 members nation-wide.

⦿ 2014 – present

## National Safety Council

Delegate

National Organization

- Appointed delegate and survivor advocate for the National Safety Council's initiatives on drug diversion awareness and preventable overdoses/ accidental deaths. Continue to work on national campaigns with the safety council as a survivor, an expert in addictions, and an advocate for those currently suffering from substance use disorder.

⦿ 2013 – 2018

## Indiana Office of the Attorney General    Addiction Treatment/ Policy    Drug Task Force

- Appointed drug task force member under the term of Indiana Attorney General Greg Zoeller and reappointed under Indiana Attorney General Curtis Hill. Sat on the treatment, education, and policy formation committees responsible for establishing Indiana's position on the opioid epidemic and the resources allocated for it. Helped establish programs to increase access to treatment including aftercare support. Provided the keynote address or a general assembly presentation for the Indiana Attorney General Drug Task force annual symposium 4 years in a row. Topic included addiction and access to care.

⦿ 2004 – present

## American Association of Nurse Anesthetist, Member

⦿ 2005 – present

## Indiana Association of Nurse Anesthetist, Associate Member

⦿ 2014 – present

## Porter County Substance Abuse Council, Associate Member

⦿ 2016 – present

## National Association of Drug Diversion Investigators, Associate Member

⦿ 1996 – present

## Indiana State Nurses Association, Associate Member

## + AWARDS/ RECOGNITIONS

⦿ 2018

## National Safety Council

- Nominated and recognized at the annual *National Safety Council Green Award Ceremony* in Chicago, IL. Presented with this prestigious award by National Safety Council President, Deb Hershman, for his contributions to the treatment field and for his advocacy for those suffering from substance use disorder.

⦿ 2017

## Mental Health America

- Awarded the prestigious and Nationally recognized "Heroes" award for his work in the addiction and mental health field. Recognized by industry leaders for his contribution to the field.

⦿ 2015

## National Safety Council

- Appointed as a National delegate for the survivors advocacy network with the national council. Recognized for his work across the country in raising awareness and education on addiction and accidental overdose.

⦿ 2004

## Illinois State Association of Nurse Anesthetist

- Elected as the student state representative representing the students throughout the State of Illinois who were soon entering the field of Anesthesia as advanced practice providers.

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

## + PRESENTATIONS, KEYNOTES, OUTREACH

### UPCOMING PRESENTATIONS

#### CALENDAR YEAR 2019

- JAN 15-JAN 16. UTAH, SLC- HCA MOUNTAIN DIVISION. *CATCH ME IF YOU CAN*
- JAN 17-18. JACKSON, MISSISSIPPI. BON – INVESTIGATOR TRAINING
- FEBRUARY 24-25, TUPELO, MISSISSIPPI. BON – INVESTIGATOR TRAINING
- MARCH 24-25. NATCHEZ, MISSISSIPPI. BON – INVESTIGATOR TRAINING
- MARCH 26-28. SEATTLE, WASHINGTON. WA RURAL HEALTH SYMPOSIUM. *CATCH ME IF YOU CAN*
- MARCH 31-APRIL 1. GREENWOOD, MISSISSIPPI. BON – INVESTIGATOR TRAINING
- APRIL 9-11. NASHVILLE, TN. HCA- INTERNAL AUDITS TRAINING “CATCH ME IF YOU CAN”
- APRIL 16-17. DES MOINES, IA. ANNUAL GOVERNOR’S CONFERENCE “THE ADDICTED SOCIETY”
- APRIL 23-24. TERRA HUATE, IN . INDIANA UNIVERSITY SCHOOL OF MEDICINE “THE IMPAIRED PROVIDER” “PEBBLE IN A POND”
- APRIL 28,29. LAS VEGAS. FAR WEST DIVISION HCA. *CATCH ME IF YOU CAN.*
- JUNE 3-4, 2019. GULFPORT, MISSISSIPPI. *BON – INVESTIGATOR TRAINING*
- JUNE 12-13, 2019 NEW, JERSEY. BD HEALTH CARE. *DIVERSION PREVENTION PROGRAM.*
- JUNE 24-25, 2019. RICHMOND VIRGINIA. HCA. *CATCH ME IF YOU CAN.*
- JUNE 28. DAYTON, OH. ALKERMES. EXPERT SPEAKER. “MEDICALLY ASSISTED TREATMENT”.
- SEPTEMBER 20, 2019. NORTHEASTERN UNIVERSITY. *THE IMPAIRED HEALTH CARE PROVIDER.*
- SEPTEMBER 26-29, 2019. ALASKA, ANCHORAGE HCA. *THE ADDICTED PROVIDER.*
- OCTOBER 4-5, 2019. NCSBON. CHICAGO, IL. *CATCH ME IF YOU CAN.*
- OCTOBER 22, 2019. MIAMI FLORIDA. *CATCH ME IF YOU CAN.* HCA, FLORIDA DIVISION.
- MARCH 20-24, 2020. SEATTLE, WASHINGTON. *ADDICTION IN OUR COMMUNITIES.*

#### CALENDAR YEAR 2018

- FEB 1, 2018. SPRINGFIELD, IL. MEMORIAL CENTER FOR. LEARNING AND EXCELLENCE **KEYNOTE ADDRESS “CATCH ME IF YOU CAN”**
- FEB 24-26, 2018. HOSPITAL CORPORATION OF AMERICA. DALLAS, TX. KEYNOTE ADDRESS “THE IMPAIRED HEALTHCARE PROFESSIONAL”
- MARCH 2018, NOAP. *IMPAIRED NURSES PROGRAM*
- APRIL 23-26, 2018. MINNEAPOLIS, MN. NATIONAL ASSOCIATION OF DRUG. “CATCH ME IF YOU CAN”
- MAY 8, 2018 . WEST CENTRAL HIGH SCHOOL . **ADDICTION AND RECOVERY STUDENT BODY KEY NOTE ADDRESS**
- JUNE 2018. NATIONAL COUNCIL ON STATE BOARDS OF NURSING (NCSBN). KEYNOTE ADDRESS “**THE IMPAIRED HEALTH CARE PROVIDER**”
- JULY, 2018 HOSPITAL CORPORATION OF AMERICA. ASHVILLE NC. *CATCH ME IF YOU CAN*
- AUGUST , 2018 . KEY LARGO. FL . HOSPITAL CORPORATION OF AMERICA. **CATCH ME IF YOU CAN**
- AUGUST 22,2018 INDIANA CENTER FOR NURSES. *CATCH ME IF YOU CAN*
- SEPTEMBER 2018 . OR LIVE MAGAZINE. **KEY NOTE ADDRESS “CATCH ME IF YOU CAN”** MEMPHIS, TN
- SEPTEMBER 2018 BUILDING COMMUNITIES OF RECOVERY, KEYNOTE ADDRESS. “CATCH ME IF YOU CAN” NATIONAL SYMPOSIUM ATLANTA, GEORGIA
- SEPTEMBER , 2018. WEST VIRGINIA RESTORE PROGRAM. KEY NOTE ADDRESS. *THE IMPAIRED PROVIDER*
- OCTOBER 4. COMMUNITY HOSPITAL SYSTEM . INDIANAPOLIS, IN . *CATCH ME IF YOU CAN*

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

- OCTOBER 5, 2018, CHICAGO, IL . CATCH ME IF YOU CAN. NCSBN BASIC BOARD OF NURSING INVESTIGATOR TRAINING
- DECEMBER 3-4, 2018. HOLLYWOOD, FL. HOSPITAL CORPORATION OF AMERICA. **CATCH ME IF YOU CAN ; KEYNOTE**
- DECEMBER 26-27 2018. TUCSON ARIZONA-SIERRA TUCSON. PROGRAM PRESENTATION

## CALENDER YEAR 2017

- MARCH 1, 2017 ALKERMES PRESENTATION. "EFFECT OF VIVITROL" RECOVERY WORKS MERRILLVILLE, IN.
- MARCH 2, 2017 PARK RIDGE IL. AANA, POLICY FORMATION. "PROFESSIONAL REENTRY"
- MARCH 30, 2017 NATIONAL ORGANIZATION OF ALTERNATIVE PROGRAMS (NOAP) **KEYNOTE ADDRESS, "CATCH ME IF YOU CAN"** SAN ANTONIO
- APRIL 22 OHIO ASSOCIATION OF NURSE ANESTHETISTS, OHIO OFFICE OF ATTORNEY GENERAL "CATCH ME IF YOU CAN". CINCINNATI, OHIO
- MAY 6, 2017, MICHIGAN ASSOCIATION OF NURSE ANESTHETIST "CATCH ME IF YOU CAN" GRAND RAPIDS, MICHIGAN
- MAY 23, 2017. INDIANA ASSOCIATION OF EAP'S. PRESIDENTIAL SYMPOSIUM "MEDICALLY ASSISTED TREATMENT"
- "CATCH ME IF YOU CAN". INDIANAPOLIS, INDIANA
- MAY 27, 2017 NATIONAL SAFETY COUNCIL GREEN EVENT . **KEYNOTE REMARKS, A SURVIVORS STORY.**
- AUGUST 24, 2017. CHICAGO, IL. AANA JCC FALL LEADERSHIP "THE IMPAIRED PROVIDER, WHAT TO DO"
- AUGUST 28, 2017 . SHRM CONFERENCE . CATCH ME IF YOU CAN. THE IMPAIRED PROVIDER
- AUGUST 30, 2017. KANSAS STATE UNIVERSITY . SCHOOL OF ANESTHESIA. PERSPECTIVE IN RECOVERY
- SEPTEMBER 7-8 2017, PHOENIX ARIZONA. APSF NATIONAL SYMPOSIUM. "WHITE COAT SYNDROME"
- SEPTEMBER 9-13 2017. SEATTLE, WASHINGTON. AANA ANNUAL CONFERENCE. "PROFESSIONAL REENTRY"
- "IMPAIRED PROFESSIONAL"
- OCTOBER 12-14, 2017. SEATTLE, WASHINGTON. WASHINGTON BOARD OF NURSING. ALTERNATIVE PROGRAM
- "THE IMPAIRED PROFESSIONAL"
- SEPT 22-24, 2017. AANA PAC WELLNESS. "TREATMENT OPTIONS FOR APNs"
- OCT 6, 2017. NWI RESEARCH CONSORTIUM. MERRILLVILLE, INDIANA. "CATCH ME IF YOU CAN"
- OCTOBER 9-10, 2017. OR EXCELLENCE MAGAZINE. "CATCH ME IF YOU CAN". LAS VEGAS, NV
- OCTOBER 30-31, 2017. OFFICE OF THE ATTORNEY GENERAL. INDIANAPOLIS, IN. "ADDICTION IN THE WORKPLACE, THE IMPAIRED PROVIDER"
- NOVEMBER 7, 2017. NORTHER INDIAN NURSING RESEARCH. SOUTH BEND, INDIANA. "THE IMPAIRED HEALTH CARE PROFESSIONAL"
- NOVEMBER 15, 2017. WINAMAC HIGH SCHOOL. PULASKI COUNTY, IN "CATCH ME IF YOU CAN"
- NOVEMBER 2018. LA PORTE, INDIANA . PHYSICIAN NETWORK . CATCH ME IF YOU CAN
- DECEMBER 7, 2017. SPARROW HEALTHCARE SYSTEM. LANSING MICHIGAN. "THE IMPAIRED HEALTH CARE PROVIDER"

## CALENDER YEAR 2016

- MARCH 18, 2016 ALKERMES PHARMACEUTICAL. EXPERT SPEAKER "OPIOIDS, ADDICTION, AND VIVITROL"
- MAY 5,6 2016. STAFFORD NURSING SYMPOSIUM **KEY NOTE ADDRESS, DIVERSION IN HEALTH CARE** FARGO, ND
- JUNE 21,22 2016. INDIANA RURAL HEALTH **KEY NOTE ADDRESS "DIVERSION PREVENTION"**. FRENCH LICK, INDIANA

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

- JUNE 23, 24. NATIONAL SAFETY COUNCIL ANNUAL WORKSHOP. **KEYNOTE SURVIVOR WORKSHOP**
- AUGUST 26, 2016. ISNAP **KEYNOTE PRESENTATION "CATCH ME IF YOU CAN"**
- SEPTEMBER 9-13, 2016 AANA, WELLNESS DIVISION. *THE ADDICTED PROVIDER, DISEASE TO RECOVERY* WASHINGTON, DC
- SEPTEMBER 23, 2016 INDIANA PHARMACY ASSOCIATION *"UNDER THE BRIDGE"- TODAY'S ADDICT* INDIANAPOLIS, IN
- OCTOBER 11, 2016. OFFICE OF ATTORNEY GENERAL BITTER PILL ANNUAL SYMPOSIUM POLICY FORMATION, PRESENTATION *"IMPAIRED PROFESSIONAL"*

## CALENDER YEAR 2015

- JANUARY 21, 2015, SENATE HEARING *CONGRESSIONAL TESTIMONY* ADDICTION TREATMENT/VIVITROL
- FEBRUARY 5, 2015- MIONE 1PM PULASKI HOSPITAL *THE IMPAIRED PROVIDER*.
- FEBRUARY 26, 2015. WEST CENTRAL HIGHSCHOOL STUDENT BODY *"IT COULD HAPPEN TO YOU"*
- MARCH 21, 2015. INDIANA ASSOCIATION OF NURSE ANESTHETIST. *ADDICTION IN ANESTHESIA* FORT WAYNE, INDIANA
- MARCH 24, 2015. IND OAG- ATTORNEY GENERAL. *COMMUNITY OUTREACH* SOUTH BEND, IN
- APRIL 12, 2015, WISCONSIN ASSOCIATION OF NURSE ANESTHETIST CRNA. *CATCH ME IF YOU CAN*.
- MAY 15, 2015. TERA TREATMENT CENTER ISNAP *"ADDICTED PROFESSIONAL"*
- MAY 27-28, 2015. NATIONAL SAFETY COUNCIL. NATIONAL SYMPOSIUM *"ADDICTION ADVOCATION"*
- MAY 2015. KROGER PHARMACEUTICAL. ANNUAL SYMPOSIUM *"CATCH ME IF YOU CAN"*
- SEPT 17. INDIANA PHARMACY ASSOCIATION. *CATCH ME IF YOU CAN*. FRENCH LICK, INDIANA
- SEPTEMBER 26,27. ILLINOIS ASSOCIATION OF NURSE ANESTHETISTS ILLINOIS FALL ASSEMBLY~ 2-HOUR PRESENTATION
- SEPTEMBER 28 NATIONAL SAFETY COUNCIL, ANNUAL SYMPOSIUM. *CATCH ME IF YOU CAN* .
- AANA ANNUAL SYMPOSIUM, PEER ADVISOR WELLNESS, SALT LAKE CITY, UT
- SEPTEMBER 30, MUNCIE, INDIANA, PURDUE UNIVERSITY . *STATE WIDE EDUCATIONAL TRAINING PROGRAM*.
- OCT 7, OFFICE OF THE ATTORNEY GENERAL. COMMUNITY OUTREACH 2- 1 HOUR PRESENTATIONS FORT WAYNE, INDIANA WELLS COUNTY
- OCTOBER 28, 2015, OAG ANNUAL SYMPOSIUM **KEY NOTE SPEAKER "CATCH ME IF YOU CAN"**
- OCTOBER 29, 2015 ALKERMES PHARMACEUTICAL EXPERT SPEAKER. *"OPIOIDS, ADDICTION, AND VIVITROL"*
- NOVEMBER 7, 2015 NATIONAL SAFETY COUNCIL. OFFICE OF ATTORNEY GENERAL PRESS CONFERENCE/ INTERVIEW *"ADDICTION IN HEALTHCARE"*
- NOVEMBER 8, 2015. GOVERNOR DRUG TASK FORCE **KEY NOTE SPEAKER "ADDICTION IN HEALTH CARE"**

## CALENDER YEAR 2014

- April 28, 2014, Indiana Drug Task Force. *Addiction in the workplace*, Indianapolis, IN
- May 15, 16 2014, NADDI Diversion Conference. *Diversion in the Workplace-speaker* Rising Sun, Indiana
- July 22, 2014, Indiana Drug Task Force. *The Impaired Provider* Indianapolis, IN
- August 27, 28 2014 NADDI Health Facility Training Conference. *Diversion and Addiction* Columbus, Indiana
- September 11, 2014 ISNAP Fall Conference. *The Addicted Professional*. Fairbanks Treatment Center
- October 17, 2014. Attorney General Drug Task Force Symposium-*Addiction in Health care*
- October 22, 2014 2:30pm. Indiana Organization of Nurse Executives. *Addiction at Work* French Lick, Indiana

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

- October, 23, 2014 10am. Kroeger Company Blue Ash, Ohio Diversion techniques in *Health Care-Loss prevention*

## ○ MEDIA, INTERVIEWS, PUBLICATIONS

- NPR Barbara Harrington NPR Radio Interview  
<http://wbaa.org/post/prescription-drug-abuse-among-nurses-growing-problem>
- NPR TV interview  
<https://www.youtube.com/watch?v=hgR3DpZWYHk>
- ISNAP TV Interview  
<https://www.youtube.com/watch?v=qtqJZDRRk-s>
- NWI Times  
[http://www.nwitimes.com/news/local/porter/valparaiso/community-matters-preventing-substance-abuse/article\\_9b558fba-343c-52a2-b7b8-4faf02fddb7a.html](http://www.nwitimes.com/news/local/porter/valparaiso/community-matters-preventing-substance-abuse/article_9b558fba-343c-52a2-b7b8-4faf02fddb7a.html)
- South Bend, IN ABC 57  
<https://abc57.com/news/nurse-overcomes-opioid-addiction-to-help-others>
- W5 National News, Canada  
<https://www.youtube.com/watch?v=ho7Snsmpblw&sns=em>
- National Safety Council Campaign  
<https://www.facebook.com/NatlSafetyCouncil/videos/10155221246472339/>
- Center of Excellence Keynote, Springfield IL 2018  
<https://parkdalecenter.sharefile.com/d-sdc171635137495a8>
- NSC- Award Interview  
[https://nscftp.nsc.org/public/file/sPe\\_Lc2is0SiTziMUnOlug/Rigo\\_V2.1\\_MASTER.mp4](https://nscftp.nsc.org/public/file/sPe_Lc2is0SiTziMUnOlug/Rigo_V2.1_MASTER.mp4)
- NCBON June 5-8 2018  
<https://www.ncsbn.org/12269.htm>  
<https://www.ncsbn.org/12540.htm>
- NBC Chicago  
<https://www.nbcchicago.com/blogs/making-a-difference/how-to-fight-opioid-addiction-from-someone-whos-been-there-488754701.html>
- Indiana University, Interview and Q&A  
<https://www.iun.edu/news/2018/mscc-part-ONE.htm>
- Article, OR Today Magazine  
<http://ortoday.com/experience-equips-experts-against-epidemic/>
- Article  
<https://www.beckershospitalreview.com/opioids/the-opioid-crisis-hits-hospitals-and-healthcare-professionals-the-hardest.html>
- Article, "A Consistent Approach to Treatment and Reentry for CRNA's with Substance Use Disorder"  
[https://www.journalofnursingregulation.com/article/S2155-8256\(15\)30388-4/abstract](https://www.journalofnursingregulation.com/article/S2155-8256(15)30388-4/abstract)

## ADDITIONAL CERTIFICATIONS/ TRAINING

- Advanced Cardiac Life Support Certified
- Trauma Nurse Specialist
- Basic Life Support Certified
- Pediatric Life Support Certified
- Neonatal Advanced Life Support Certified

# Rodrigo Garcia MBA, APN-BC, MSN, CRNA

117 N. Barker Ct., Valparaiso, IN 46385 | 219.743.2477 | rgarcia@parkdalecenter.com

- Advanced 12-Lead EKG
- Certified Addiction Counselor/ Training (ACIT)
- Emergency Airway Access

## + ADDITIONAL SKILLS

---

- Excellent Computer Skills
- Bilingual; Spanish/ English
- Public Speaking
- Composition / Publications
- Trained in Research
- Excellent Leadership Qualities

*References Available Upon Request.*

# Tracy Traut

## Licensed Addictions Counselor

Valparaiso, IN 46385

tracy84425\_sdo@indeedemail.com - 219.477.0781

Authorized to work in the US for any employer

## WORK EXPERIENCE

### Indiana Professional Recovery Program (IPRP)

2018-Present Program director overseeing a licensed clinical team responsible for the state monitoring of nearly 500 nurses and pharmacists in the State of Indiana.

Directly responsible for board point of contact, program development and growth, and program improvement.

Successfully lead a team to a second contractual term with both the board of nursing and board of pharmacy.

Supervise the intake, assessment, clinical staffing, treatment recommendations, and contract formation of every state-wide participants.

### Addictions Counselor

Pink Freud's Couch - Valparaiso, IN -

2016-05 - Present

Trained in substance abuse, co-occurring disorders, and the effect of employment and housing issues on mental health.

- Successful private practice specializing in addiction and recovery
- Maintained case load of 20-25 clients in individual, family and group settings
- Intervention for families dealing with addicted family members
- Recovery Coaching
- Assist Problem Solving Courts with access to mental health and addictions services for program participants
- Design and implement CBI and process group at men's sober living home
- Training and development for outside agencies in areas of addiction and treatment

### Group Counselor

Moraine House - Valparaiso, IN -

2011-01 - Present

Provide twice weekly group therapy services for clients residing and participating in the Moraine House. Responsible for program development, grant writing, data collection, report writing and implementation of Cognitive Behavioral Interventions for Substance Abusers programming.

- Conduct Psychosocial assessments with residents upon admission to facility within 72 hours of admission to the facility.
- Provide group therapy.
- Collaborate with other staff in coordinating therapeutic services.
- Coordinate group activities to ensure that treatment plan goals and objectives are met.
- Maintain accurate, complete, timely, and appropriate clinical records and other required information.
- Maintain communication with Executive Director.
- Coordinate with Executive Director and Assistant Directors to evaluate the needs of each client and obtain resources to meet those needs.
- SBIRT-Screening and Brief Intervention and Referral to Treatment Services

### Assistant Executive Director

Moraine House - Valparaiso, IN -

2015-01 - 2016-05

Contracted position to assist the Executive Director in the day to day operations of a Community Mental Health Center. Responsible for program development, grant research and writing, policy and procedure maintenance and implementing community-based strategies to address addiction issues.

- Maintained a case load of 15-20 direct service hours a week.
- Provided evidence-based therapy services to clients in individual, couples family and group settings
- Assisted in the hiring of effective clinical staff members and interns on an annual basis
- Secured \$30k of grant funding in first five months
- Designed and implemented outcome reporting measures
- Supervision of undergraduate and master's level interns
- Led educational seminars and lectures at local community mental health centers to expand awareness of mental health symptoms and issues.
- Designed and implemented Drug Testing Policy for Dayspring Women's Center
- Assisted in the evaluation of clinical staff members to ensure appropriate paperwork was submitted

### **Administrator of Addiction & Recovery Services**

Moraine House - Valparaiso, IN -

2014-01 - 2015-01

A contracted position where I was responsible for the creation and implementation of Recovery Connection's Addiction and Recovery Support Services, including community outreach, group counseling, individual counseling and education projects.

- Implementation of PACT's Addiction and Recovery Support Services
- Grant Writing
- Design and implementation of policies and procedures
- Development of Peer to Peer Recovery Program
- SMART Recovery
- Family outreach and support
- Development of community workshops and seminars
- Design, implement and coordinate trainings for PACT Staff

### **Executive Director**

Porter County Family Counseling Center - Valparaiso, IN -

2007-04 - 2013-12

Responsible for overall management, operation and protection of the organization's financial assets while ensuring compliance with board directives and applicable grantor, federal and state requirements. Produce and manage agency budget. Responsible for collaborating and bringing together stakeholders in the increasingly diverse community of Northwest Indiana to provide resources and educational services. Responsible for all aspects of human resource management including but not limited to hiring and termination, developing position descriptions and setting compensation. Work directly with local universities acting as a liaison for psychology graduate students completing their degree course work.

- Increased customer population by 40%.
- Rebranded agency with new logo and strong marketing/public relations strategy
- Built successful collaborations with local businesses, community stakeholders and other non-profits.
- Increased efficiency by designing and developing successful programming to enhance services offered to customers.



# DAVID CUMMINS, MD, FAAEM, FASAM

Phone: (219) 628-3756  
[Dr.David.Cummins@gmail.com](mailto:Dr.David.Cummins@gmail.com)

2410 Nottingham Dr.  
Valparaiso, IN 46383

## EDUCATION

---

<b>MD</b>	Indiana University School of Medicine Gold Humanism Honor Society Janice M Pascuzzi Scholar	June 2008
<b>BA</b>	University of Illinois, Urbana-Champaign Major - U.S. History	June 1995

## RESIDENCY/PROFESSIONAL TRAINING

---

Emergency Medicine Residency University of Illinois Chicago – Christ Hospital EM Program Oak Lawn, IL	2011
-------------------------------------------------------------------------------------------------------------	------

## BOARD CERTIFICATIONS

---

<b>American Board of Emergency Medicine</b> Specialty – Emergency Medicine	2012
<b>American Board of Addiction Medicine</b> Specialty – Addiction Medicine	2015
<b>American Board of Preventative Medicine</b> Subspecialty – Addiction Medicine	2018

## PROFESSIONAL SOCIETIES

---

Fellow - American Academy of Emergency Medicine  
Fellow – American Society of Addiction Medicine

## LICENSURE

---

**Indiana Professional Licensing Agency**  
Physician – License # 01068420A (active, unrestricted)  
Controlled Substances Registration – License #01068420B (active, unrestricted)

**Drug Enforcement Agency**

Controlled Substances Certification – Practitioner #FC2069462 (active, unrestricted)

Buprenorphine Prescribing Endorsement- #XC2069462 (100 patient waiver)

---

**CLINICAL EXPERIENCE**

---

<b>Porter Regional Hospital</b> , Valparaiso, Indiana Emergency Physician	2011 to Present
<b>Franciscan Health System</b> , Michigan City, Indiana Emergency Physician	2017 to Present
<b>St Catherine Hospital</b> , East Chicago, Indiana Emergency Physician	2016 to Present
<b>Parkdale Center</b> , Chesterton, Indiana Addiction Medicine Physician	2015 to Present
<b>Indiana University School of Medicine</b> Clinical Instructor	2012 to 2017

---

**MEDICAL DIRECTORSHIPS**

---

**Indiana Professionals Recovery Program – 2018 to Present**

Direct statewide monitoring agency for health care professionals recovering from addiction. Oversee over 500 Nurses and Pharmacists throughout state of Indiana.

**Illinois Professionals Health Program – 2017 to Present**

Clinical Advisor to statewide monitoring agency for healthcare professionals recovering from addiction. Agency oversees 600 Nurses, Physicians, Dentists and Pharmacists in state of Illinois.

**Parkdale Center for Professionals – 2015 to Present**

Direct all clinical operations for residential addiction treatment facility.

**Porter Regional Hospital EMS System – 2011 to 2015**

Directed county-wide EMS system with both ambulance and fire department services. Oversee all aspects of EMT and Paramedic out of hospital care.

---

**CORPORATIONS FORMED**

---

**Parkdale Family of Companies**

Nationally branded consortium that works in the field of addiction and recovery. Areas of specialty include education, outreach, treatment, consulting and workplace reintegration.

## **Porter South Shore Properties LLC**

Real Estate investment company that owns and manages numerous residential rental properties and rehabilitates and resells distressed properties.

### **AREAS OF PROFESSIONAL INTEREST**

---

- Addicted healthcare professionals
- Neuroscience of addiction and other dysfunctional human behaviors
- Mindfulness
- Community Paramedicine
- PTSD and addiction in public safety workers
- Safe prescribing of controlled substances
- Integration of care from ambulance call to discharge from hospital
- Critical Care medicine
- Evidenced-based medicine, best-practice guidelines
- Medical errors

### **CERTIFICATIONS**

---

**Advanced Trauma Life Support** – current  
**Advanced Cardiac Life Support** – current  
**Pediatric Advanced Life Support** – current  
**Healthcare Provider CPR** – current

### **LANGUAGES**

---

**English:** Native Language

**Spanish:** Intermediate Listener, Novice Speaker, Reader and Writer

### **COMPUTER SKILLS / ELECTRONIC HEALTH RECORDS**

---

Proficient with Word, Outlook, Power Point, Excel, Dragon Medical  
Proficient with numerous EHRs including Epic, McKesson, Cerner, Medics Cloud  
Proficient understanding of data protection, encryption, cloud computing and storage

### **ANNUAL COMPETENCY TRAININGS**

---

HIPPA privacy laws  
Patient centered care  
Evidence based practice  
Quality Improvement  
Informatics in Healthcare

Medical Billing compliance  
EMTALA guidelines  
Medical fraud  
Medical malpractice

**Claudia Garcia,**  
**MBA,BSN,RN,LAC,CADACII**

117 North Barker Ct. Valparaiso, IN 46385

T: (219) 743-4201 E: [Cgarcia@parkdalecenter.com](mailto:Cgarcia@parkdalecenter.com)

## **Education**

### **November, 2013**

Indiana University, Wesleyan-Master of Business (MBA)  
Administration Health Care Administration Focus GPA 3.94

### **January 2015**

Indiana Counselor's Association on Alcohol and Drug Abuse  
Licesneced Addiction Counselor, (LAC)

### **March 2014**

Indiana Counselor's Association on Alcohol and Drug Abuse  
Certified alcohol and addiction drug counselor (CADAC II)

### **May, 2004**

Indiana University, Bachelor of Science in Nursing (BSN)  
Minor in Language Art, Spanish. Sigma Theta Honors. GPA 3.90

## **Professional Experience**

### **Parkdale Center for Professionals, COO**

#### **2015-Present**

Co-founder and Executive Director of Family Services and community Outreach. Responsible for the coordination of all Parkdale speaking engagements and community involvement. Development of family programing adhering to the guidelines of the American Society of Addiction Medicine. Also serves as the direct line supervisor of ancillary staff, human resources, and recruiting.

### **West Virginia, RESTORE monitoring program**

#### **2019- Present**

Executive director of the state-wide Indiana monitoring program for impaired nurses, pharmacists, and other health care specialists. Responsible for the coordination, evolution, oversight, and compliance of the program which is responsible for monitoring nearly 150 health care professionals state-wide. Interfaces regularly with multiple state agencies.

### **Indiana Professional's Recovery Program (IPRP)**

#### **2018-Present**

Executive director of the state-wide Indiana monitoring program for impaired nurses, pharmacists, and other health care specialists. Responsible for the coordination, evolution, oversight, and compliance of the program which is responsible for monitoring nearly 500 health care professionals state-wide. Interfaces regularly with multiple state agencies.

### **Parkdale Solutions**

#### **2017-Present**

Lead investigator in the Health Experts in Loss Prevention (H.E.L.P.) program. Responsible for leading a team of diversion prevention consultant experts working with hospitals and health care facilities to prevent diversion, identify impairment, intervene on suspected providers, and establish best practice reentry standards.

**Lake Park Surgical Center**

**Merrillville, Indiana**

**2013-2018**

Registered nurse in surgical department. Direct patient care for various demographics of patients, ranging from pediatric through geriatric. Multi- specialty trained including ophthalmic, orthopedic, open heart, cardiovascular, urological, and pediatric.

**St. Anthony Hospital**

**Crown Point, Indiana**

**2012- 2013**

Registered nurse in surgical department. Direct patient care for various demographics of patients, ranging from pediatric through geriatric. Multi- specialty trained including ophthalmic, orthopedic, open heart, cardiovascular, urological, and pediatric.

**St. Catherine Hospital**

**East Chicago, Indiana**

**2002-2013**

Registered nurse in surgical department. Multi- specialty trained including ophthalmic, orthopedic, open heart, cardiovascular, urological, and pediatric. Five years of charge/ supervisor nurse experience. Multi-specialty team leader, responsible for ordering supplies and medications, coordination of patient flow throughout the surgical visit, evaluation of daily staffing patterns, new employee precepting, and assisting in the interviewing and hiring process.

## **Memberships and Certifications**

- Indiana Office of the Attorney General Prescription Drug Task Force, Member.
  - Education Subcommittee
  - Addiction treatment Subcommittee
- Indiana State Nurse Association, Active Member
- National Association Drug Diversion Investigators, Associate Member
- American Journal of Nursing, Active Member
- Gift of Hope, Committee member
- Porter County Substance Abuse Council
- National Safety Council, Survivor Advocate
- Mental Health of American, Hero Award Recipient, 2017
- 40 Influencers under 40, Times Business award, 2018
- Advanced Cardiac Life Support Certified
- Epic trained, super user
- Basic Life Support Certified
- Fluent in Spanish
- Pediatric Advanced Life Support Certified
- Port-a-Cath access certified

***References available upon request***