

Dear Licensee,

We hope that this letter will make the enrollment process in the Delaware Professionals' Health Monitoring Program (DPHMP) easier for you. Participating in a monitoring program for professionals significantly improves outcomes for participants in early recovery from substance use and/or mental health disorders. You may have self-referred to the program or you may have been referred to the program by a Board/Commission order due to significant workplace performance problems which need to be addressed or you may have been referred by a third party. We hope this overview of DPHMP provides answers to some of your questions about enrollment. You can also find additional information on the website: delawaremonitoring.com where you can review guidelines and updates that will allow you to gain an even better understanding of the program.

General Information

Reliant Behavioral Health (RBH), the administrator of the Program, is committed to helping you in your recovery. In this effort, we want you to fully understand the program and the responsibilities you have so that you can be successful in all aspects of your professional work. Additional information will be given to you when you complete the telephonic enrollment intake which occurs following receipt of your signed enrollment packet. For more information regarding the enrollment packet and the telephonic enrollment intake, please read the sections below entitled *Enrollment Overview* and *Monitoring Requirements* respectively.

1. You are invited to speak with RBH staff to ask questions and get more information about DPHMP after reviewing this letter and at any point during the program. RBH staff is available at 855-575-9350 Monday-Friday from 9:00a.m.-10:00p.m. EST.
2. Once officially referred to the DPHMP you will be assigned an Agreement Monitor (AM) whose role is to assist you in meeting the requirements of your Monitoring Agreement and coordinating care with your treatment providers. The AM is also available to answer any questions throughout your participation in the DPHMP. RBH provides a team approach so that if you cannot reach your assigned AM, another AM will be able to assist you.
3. A requirement of enrollment is that all participants must have a recent third party evaluation that documents your care plan, including diagnosis in some cases. The evaluation must be reviewed and approved by the DPHMP Program. RBH will provide you with an individualized monitoring agreement addendum based on the recommendations of the third party evaluation. **Licensees who are transferring into the program but who have not had an evaluation or treatment may be required to complete an evaluation.**

4. You are required to refrain from the workplace until the third party evaluation has been completed and workplace recommendations are reviewed and approved. **This does not apply to licensees who transferred from the Division of Professional Regulation (DPR) program.**
5. You are required to pay for toxicology testing, treatment, and any additional evaluations that may be requested. Only toxicology testing is paid directly to RBH. All other fees should be paid directly to the party providing the service. See the Toxicology Testing section for additional information on payment.
6. By accessing delawaremonitoring.com you are able to complete your daily check-in to see if a test is required, and you can also review program guidelines and your own personal program information such as assigned collection sites, your history of daily check-ins, and your financial balance. You can even request additional paper chain of custody forms. To access the site, navigate to delawaremonitoring.com. On this opening page you can review generic information about the DPHMP. To access your personal information, click log-in in the upper right hand corner. Fill in your username and password which was assigned at intake and click “log-in.” You will now be on your own individual page. To see if a test is required, click on “Check now” in the box entitled “Is a test required today?” in the upper left hand side of the page.

Enrollment Packet Overview:

The enrollment packet consists of the following:

- credit card authorization form
- consent to communicate by email
- consent to release, use and exchange information
- addendum to release, use and exchange information for employer (if employed)
- consent to services enrollment agreement
- initial monitoring agreement
- agreement to refrain from practice, if applicable

All forms must be signed and returned to RBH Professionals’ Health Monitoring Program along with a \$180 deposit for toxicology testing (see “Payment for Toxicology Screens” below) within 10 business days of receipt. You are enrolled in the program once the signed forms and \$180 deposit are received. You can return the forms and send the deposit via mail (Reliant Behavioral Health, 1220 SW Morrison, Suite 600, Portland, OR 97205) or fax (877-730-5113) or email rbhmonitoring.com. Please carefully review these forms as they also will provide you with a good understanding of the monitoring program and your requirements regarding participation in the program.

LINE BY LINE INSTRUCTIONS FOR COMPLETION OF CONSENT 1

All participants regardless of referral type must complete this form. Each line in the form must be initialed and if the item does not apply to you put "NA" in the persons/entities line. Even if you are not required to test now, please initial for the toxicology testing as you may have to test at a future date.

1. On line 1, please write your name and date of birth
2. On line 2, write in your name again,
3. Please fill in the name and address of your third party evaluator and initial. If your evaluation occurred over one year ago, please leave blank.
4. Initial for the Medical Review Officer who reviews non-negative tests for the Program
5. If you are monitored by a monitoring entity outside the state of Delaware, you must put the name of the entity and the address and initial.
6. Initial for the laboratory that does the actual testing of the specimen
7. Name and number of your dentist
8. Name and number of your primary care physician
9. 9-11 name and number of all your treatment providers

Please initial **each** line under: **'The information to be released, used, exchanged and/or disclosed is.'** These entry lines are located on page 2 of *Consent #1*.

Monitoring Requirements

1. **Telephonic Intake:** If you are a board/commission referral, you are required to **call DPHMP within ten business days of your referral to DPHMP** by your licensing board **or by the date the board has given you to call** in order to complete a full telephonic intake. The DPHMP toll free number is 855-575-9350. The hours for completing enrollment intakes are 9:00am-5:00pmEST. You will be asked to provide demographic information, current care providers' names, addresses, and telephone numbers, employment, health, treatment history and current medications. For board/commission referrals, following completion of the telephonic case review, you will receive your enrollment packet. Third party and self-referrals will receive their enrollment packet following the initial contact with DPHMP.
2. **Third Party Evaluation:** Following completion of your telephonic intake you will be referred for a third-party evaluation. Following this evaluation, you will receive a second packet of information which will include your monitoring agreement addendum, medication management guideline and medication management form, additional consent forms for your treatment providers, a wallet card to be shown to the collector when you do your toxicology testing (if applicable) and forms for monitoring attendance to your program requirements that are described in your addendum to your monitoring agreement.
3. **Check in with Agreement Monitor:** You are required to initially contact DPHMP twice a month by telephone and speak with your agreement monitor. After three months, if you have been fully compliant with your Monitoring Agreement and any personal Addenda, you may contact the monitor

via email or voicemail all but one time per month: you are required to have at least one person-to-person telephone contact per month. At the time of each contact, you are to share with the agreement monitor the number of self-help meetings you attended, the frequency of contact with your sponsor and treatment providers and any changes to your employment, address, health, family, etc.

4. Documentation of Attendance: You are required to send documentation of attendance at treatment and other recovery activities that are contained in your Monitoring Agreement addendum directly to DPHMP. For example, if you are required to attend treatment groups, you will be required to send signed documentation of attendance on a weekly/monthly basis to DPHMP. Forms will be provided for treatment groups, individual sessions, physician appointments, psychiatric sessions, and your other recovery activities. You may report self-help attendance at the time of your twice a month check-in (as described above in #3)

Toxicology Screens

You are required to participate in the customized random Toxicology Testing Program while participating in DPHMP if:

- you were referred due to or diagnosed with a substance use disorder;
- you were ordered to have toxicology testing by your Board/Commission; or
- you were referred due to or diagnosed with a mental health disorder but toxicology testing was recommended by your third party evaluator or the Program's consulting physician.

Licensees with mental health disorders only will not be required to test unless it is recommended by the third party evaluator or the Program's consulting physician

As indicated previously, you will be charged a deposit of \$180 dollars prior to enrollment in the program. The fee of \$180 will be placed in your account and returned to you when you are no longer participating in DPHMP less any outstanding balance. The deposit may be applied to the cost of your final test.

- a. If you are paying the deposit by certified check or money order, this payment must accompany the signed documents that you return to DPHMP.
- b. If paying by credit card, the credit card authorization must be signed and included in the packet. Upon receipt of the packet, RBH will charge your credit card for \$180.

1. **You are not enrolled in the DPHMP program until you have paid the deposit.**
2. Once enrolled in the program, you will be given a collection site location closest to your home or work. You will give work and home addresses when you complete the telephonic intake. If you need an additional collection site, you can give the alternative address when you complete your telephonic intake.
3. You may be assigned to a collection site that is equipped with the capacity to provide electronic chain of custody forms (e-chain forms). If so you do not need to have a paper chain of custody form with you to

take a toxicology test. If your collection site is **NOT** equipped to provide the e-Chain service, you will be mailed paper chain of custody forms.

4. Please note: if a credit card is declined on two occasions, you will be charged an additional \$40 to cover administrative costs involved with a declined credit card.

Notification to Test

You are required to contact DPHMP daily (Monday through Friday, excluding Delaware state holidays) to learn if you are scheduled to test on a particular day. You can do so through an IVR (Interactive Voice Response) system, RBH's confidential website or through the iPhone App. You may access any of the notification systems between 5:00 a.m. and 7:00 p.m. EST to learn if a test is scheduled. **YOU MUST TEST PRIOR TO THE CLOSING OF YOUR ASSIGNED COLLECTION SITE. IT IS YOUR RESPONSIBILITY TO CONFIRM**

COLLECTION SITE HOURS OF OPERATION. IF YOU FAIL TO TEST AS SCHEDULED, YOU ARE IN VIOLATION OF YOUR MONITORING AGREEMENT. Once notified to test, you must test on that day. Failure to test on the date you are scheduled will be reported as non-compliance due to failure to test.

1. IVR system: To telephonically access the IVR system, call 855-575-9351. You will hear a prompt to enter your account number: *this will be assigned at the time of your intake call*. Then you will be prompted to enter your assigned pin number: *this will be chosen at the time of your intake call*. Once your account number and assigned pin number are entered, you will be informed if you are scheduled to test on that day. If you use a paper chain of custody form, the system will also tell you what panel must be checked on the paper chain of custody form. If your collection site is using an electronic chain of custody form, the appropriate panel will already be determined and will not be stated. The IVR system will record the date, time and telephone number from which you called. You will receive a confirmation number. It is recommended that you write this number down as it is an easy way for you to confirm that you checked to see if a test was required on a particular day.
2. The Website to learn if you are scheduled to test: Open your web browser and enter the following address: <http://www.delawaremonitoring.com>. This will open the generic page for the Delaware monitoring program. Click on "log in." You will need to log in with your account number which is assigned at the time of your intake call and your pin which you will choose at the time of your intake call. Then click on "Check in" in the box entitled "Is a test required today?" in the upper left hand side of the page. If you use a paper chain of custody form, the website will also indicate which panel must be checked on the paper chain of custody form. If your collection site is using an electronic chain of custody form, the appropriate panel will already be determined and will not be indicated. You will receive a confirmation number. It is recommended that you write this number down as it is an easy way for you to confirm that you checked to see if a test was required.
3. The iPhone App: "RBH Daily" is an iPhone app which allows users to check-in for their random testing. Go to the app store (or iTunes) on your phone and search for "RBH Daily." This will bring up the "RBH Daily" app – simply download it to your phone. Open the app. You will need to log in with your

account number which is assigned at the time of your intake call and your pin which you will choose at the time of your intake call. The system will then display if you are scheduled to test on that day. If you use a paper chain of custody form, the app will also indicate which panel must be checked on the paper chain of custody form. If your collection site is using an electronic chain of custody form, the appropriate panel will already be determined and will not be indicated. You will receive a confirmation number. It is recommended that you write this number down as it is an easy way for you to confirm that you checked to see if a test was required. (A version for Android users will be available soon).

You may use the website, IVR or App. You can use all methods if you want. The confirmation number you receive is the same regardless of which notification method you use. Reports are generated on a daily basis telling agreement monitors who failed to check to see if a test was required. You will receive an automated call following every missed contact.

Additional Testing Information

You will be receiving in a separate mailing a wallet card to ensure your specimen collection is done correctly. You must show this card to the collector to review. This is a requirement of the DPHMP. The following information is on the card:

- Licensee must have a photo identification card to test*
- To test, there must be an e-chain CCF or the licensee must have a paper CCF and check the appropriate panel for testing on the form (this information is provided when you learn if you are required to test by IVR or website)*
- All specimens must be split samples*

When your supply of paper CCFs is down to one (1) form, it is recommended that you order additional CCFs by calling DPHMP. A minimum of two (2) CCFs must be ordered each time. To request additional CCFs, all accounts must be current. You will not receive additional CCFs if you have an outstanding balance with DPHMP. CCFs are sent by USPS, or you can request that the CCFs be sent by overnight delivery at your own cost (\$10). If you are unable to complete a scheduled toxicology test because you do not have a CCF, you will be in violation of the Monitoring Agreement and you will be reported as non-compliant due to failure to test.

Key Guidelines

There are several guidelines with which you need to be familiar in order to be in compliance with your monitoring agreement. Please be sure to review the attached guidelines. There are additional policies on the DPHMP website: delawaremonitoring.com which we strongly recommend that you review. Included in your packet are the following guidelines:

- Call in Requirements
- Toxicology Testing and Inclement Weather

- Toxicology Exemption Guideline

Your licensing board/commission, DPR and the DPHMP team are committed to assisting you through the monitoring program. You can expect further communications to follow after you have completed the telephonic intake. Our processes have been designed to provide you with step by step guidance and support.

Your DPHMP Team