

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. We hope this overview of DPHMP provides answers to some of your questions about enrollment. You can also find additional information on the website <https://delawaremonitoring.com> where you can review guidelines and updates that will allow you to gain an even better understanding of the program.

IBH Solutions, the administrator of the DPHMP, is committed to help 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 practice. Additional information will be given to you when you complete the telephonic intake, which occurs following receipt of your signed enrollment packet.

Enrollment

There are three ways a licensee can enroll in the DPHMP. You may have:

- self-referred to the program; or
- been referred to the program by a Board/Commission order due to significant workplace performance problems which need to be addressed; or
- been referred by a third party.

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
- MedTox Direct Mailing Consent Form
- Agreement to Refrain from Practice (*if applicable*)
- Abstinent Acknowledgment Agreement

All forms must be signed and returned to DPHMP along with a \$180 deposit for toxicology testing (see "Deposit" section 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 (IBH Solutions, 1220 SW Morrison, Suite 600, Portland, OR 97205) or fax (877-730-5113) or email monitoring@ibhsolutions.com. Please carefully review these forms as they will begin to 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; 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. Line 1: Write in your name and date of birth.
2. Line 2: Write in your name again.
3. Lines 3- 5: Initial for line 3 and either 4 or 5 depending on which Executive Director your profession falls under.
4. Line 6: Fill in the name and address of your third-party evaluator and initial. If your evaluation occurred over one year ago, please leave blank.
5. Line 7: Initial for the Medical Review Officer who reviews non-negative tests for DPHMP
6. Line 8: 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.
7. Line 9: Initial for the laboratory that does the actual testing of the specimen.
8. Line 10: Write the name and number of your dentist.
9. Line 11: Write the name and number of your primary care physician.
10. Lines 12-14: Write the name and number of all your treatment providers.
11. Please initial **each** line under: **‘The information to be released, used, exchanged and/or disclosed is.’**
These entry lines are located on the second page.
12. Sign and date the document at the bottom.

Deposit

You will be charged a total of \$180 dollars as a deposit as part of the program enrollment process. **You are not enrolled in the DPHMP program until you have paid the deposit.** The deposit must accompany the release of information forms that you are sending back to the DPHMP. The \$180 will be placed on deposit and returned to you when you are no longer in DPHMP, as long as you do not have an outstanding balance.

- a. If you are paying the deposit by certified check or money order, this payment must be received by DPHMP prior to the enrollment deadline.
- b. If paying by credit card, the credit card authorization must be signed and included in the packet. Upon receipt of the packet, your credit card will be charged \$180.

Next steps

- 1. Telephonic Intake:** All participants must complete a telephonic intake. The DPHMP toll free number is 855-575-9350. The hours for completing enrollment intakes are 9:00am-5:00pm EST. You will be asked to provide demographic information, current care providers’ names, addresses, and telephone numbers, employment, health, treatment history and current medications.
- 2. Third Party Evaluation:** Following completion of your telephonic intake, you *may* be referred for a third-party evaluation.

It is a requirement of enrollment that you have a recent third-party evaluation that documents your care plan, including any and all diagnoses. The evaluation must be reviewed and approved by the DPHMP Program. IBH 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.**

You *may* be required to refrain from working until the third-party evaluation has been completed and workplace recommendations are reviewed and approved.

3. Additional Information: You will be sent additional information including:

- Your monitoring agreement addendum;
- Medication management guideline and medication management form;
- Consent forms for your treatment providers; and
- Forms for monitoring attendance to your program requirements that are described in your addendum to your monitoring agreement.

If applicable, you will also receive for toxicology testing:

- Your collection sites;
- Chain of custody forms (CCFs);
- Paper and e-chain protocols (to show to the collector); and
- A MedTox wallet card to be shown to the collector.

You may receive a few CCFs directly from IBH prior to receiving a large supply directly from MedTox.

DPHMP Program Overview

General Information

You are invited to speak with IBH staff to ask questions and get more information about DPHMP after reviewing this letter and at any point during the program. IBH staff is available at 855-575-9350 Monday-Friday from 9:00am-8:00pm EST.

Once officially enrolled in 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 DPHMP. IBH utilizes a team approach so that if you cannot reach your assigned AM, another AM will be able to assist you.

Payment Information

1. You are required to pay for toxicology testing, treatment, and any additional evaluations that may be requested. Only toxicology testing is paid directly to DPHMP. All other fees should be paid directly to the party providing the service.
3. Payment can be made by certified check or money order made payable and sent to IBH; or you may place a credit card on file that can be charged. Full payment must be received prior to the initiation of any service for which you are responsible.

4. If you choose to have a credit card on file, please complete the credit card authorization form in your packet and return to DPHMP along with the other enrollment forms.

Toxicology

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 DPHMP’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 DPHMP’s consulting physician.

You will give DPHMP work and home addresses during the enrollment process and will be provided collection site locations closest to those addresses. If you need an additional collection site, you can give the alternative address when you complete your telephonic intake.

As mentioned under #3 of “Next Steps” (above), you will receive an initial mailing of CCFs. When your supply of CCFs is down to four (4) forms, it is recommended that you order additional CCFs by requesting them from your AM or from the DPHMP website (see “DPHMP Website” section below.) 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. You may be assigned to a collection site that is equipped with the capacity to provide electronic chain of custody forms (e-chain forms) in lieu of a paper chain of custody. If your collection site is **NOT** equipped to provide the e-Chain service, you will be required to use a paper chain of custody form.

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. 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. You may access the notification systems between 5:00am and 7:00pm Eastern Standard Time to be notified 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.**

Notification Systems Available: Three Methods to Check to See if a Test is Required

TELEPHONE: To telephonically access the Interactive Voice Response (IVR) system, call 855-575-9351. You will hear a prompt to enter your account number, which will be assigned at the time of your intake call. Then you will be prompted to enter your assigned PIN number, which 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 and if so, on which panel.

ONLINE: You can sign on to the website: <https://delawaremonitoring.com> to complete your daily testing check in. You log on using your assigned account number and PIN number. Then click on “Check in” in the box entitled “Is a test required today?” in the upper left-hand side of the page. You will see a screen that will notify you of whether you are selected to test that day, and if so, on which panel.

APP: We are pleased to provide both Apple and Android apps as another daily check in option. For Apple, search for “RBH Daily” in the App Store. For Android, search “RBH Daily” in the Google Play Store. Once you log in with your credentials (account number and PIN), you will be able to see whether you are selected to test, and if so, on which panel.

- All three notification systems record the date and time that you checked in. 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 in. Alternately, for the online method or app, you can take a screen shot.
- Reports are generated on a daily basis telling AMs who failed to check to see if a test was required. You will receive a call following every missed contact.

Testing Information

- You must have your photo identification card with you as the collector will need to see it.
- When you use a paper chain of custody form, be sure to check the box of the assigned panel. If your collection site is using an electronic chain of custody form, the appropriate panel will already be determined. It is highly recommended that you keep a copy of the chain of custody form for your records.
- The MedTox Wallet Card you received (See #3 of “Next Steps” above) is 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 given to you when you learn if you are required to test)*
 - All specimens must be split samples*

Monitoring Requirements

1. Check in with Agreement Monitor: You are required to initially contact DPHMP twice a month by telephone and speak with your AM. After three months, if you have been fully compliant with your Monitoring Agreement and any personal Addenda, you may contact the AM 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 AM 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.
2. 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 periodic 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 with your AM.

3. 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 all of the guidelines on <https://delawaremonitoring.com> (see below.)**

DPHMP Website

By accessing <https://delawaremonitoring.com> you are able to:

- complete your daily check-in to see if a test is required;
- review program guidelines;
- review your own personal program information such as assigned collection sites, your history of daily check-ins, and your financial balance; and
- request additional paper chain of custody forms.

To access the site, navigate to <https://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 are 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.

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