

Attachment K/Scope of Work – ISNAP

RFP #26-85175

The State is required by law (IC 25-23-1-31) to provide a program to assist in the rehabilitation of nurses impaired by their use of alcohol or drugs. This program (a.k.a., ISNAP) operates under the direct supervision of ISBN (“Indiana State Board of Nursing”). The selected vendor must develop and maintain a rehabilitation and monitoring program which meets the requirements established by the State. The program must fulfill three distinct roles: 1) as an alternative to discipline to provide rehabilitation and monitoring to nurses who voluntarily submit to treatment as an alternative to professional discipline; 2) to provide rehabilitation and monitoring services to nurses who have been ordered to participate in ISNAP by ISBN as a disciplinary sanction; and 3) to assist nurses who self-report a substance use disorder directly to ISNAP without ISBN intervention to obtain referral for rehabilitative treatment and monitoring. ISNAP must include a drug testing component, intake and referral services, outreach and education, and maintenance of a toll-free number and a website for clients, potential clients, and interested parties. The selected vendor must provide data and regular reports to IPLA and ISBN. The selected vendor must also assign knowledgeable personnel, including individual case managers, to regularly appear and testify at ISBN administrative hearings and at other times when requested by ISBN or IPLA.

1.3.1 ISNAP Participant Eligibility

ISNAP must accept participants into its 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.

1.3.2 Referrals to ISNAP

ISNAP must accept practitioners who meet the above criteria into the rehabilitation referral and monitoring program either by voluntary referral or by involuntary referral.

1. Voluntary Referral

The program may be contacted by individuals, supervisors, or professional organizations regarding individuals in need of assistance. The selected vendor shall assist in developing individual strategies including techniques for intervention to arrange a referral to the program. A practitioner who meets the above eligibility criteria may contact the program on his or her own. The rehabilitation and monitoring program shall be explained, and an appointment shall be scheduled for an initial intake screening by the vendor. If, in the judgment of the selected vendor, the practitioner is impaired by the use or abuse of alcohol or drugs and needs to participate in the rehabilitation and monitoring program, a program shall be implemented for the practitioner.

2. Involuntary Referral (Alternative to Discipline Program or ISBN Ordered Probation)

A practitioner may be referred to the program by order of ISBN. Under an involuntary referral, if the eligible practitioner does not report as ordered for an ISNAP assessment or undergoes an assessment but does not agree to participate in ISNAP and enter into an RMA, the vendor shall immediately (within twenty-four (24) hours of the scheduled intake assessment) notify ISBN in writing. ISBN may then pursue additional sanctions against the practitioner's license. The practitioner shall be required to sign a written waiver consenting to the release to ISBN and IPLA of all ISNAP information gathered by and kept by the vendor, including but not limited to, the results of assessments, evaluations, drug screens, attendance at required meetings or counseling sessions, and work site or employer reports. The vendor shall retain this waiver in the practitioner's ISNAP file.

1.3.3 Overview: ISNAP Program Requirements

In fulfilling the above roles, the selected vendor must provide a program which provides, at a minimum, the specific services listed below. All practitioners must be monitored by the vendor for compliance with the program. ISNAP must include the following:

1. Treatment and therapy recommendations, including aftercare;

2. Treatment and therapy participation, including aftercare;
3. Professional support group participation;
4. Family treatment, if appropriate;
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;
7. Random drug testing and reporting positive results (the vendor does not need to contract with any lab). A practitioner may be referred to any lab in the state which is able to meet the testing and reporting criteria stated herein; however, no practitioner should be required to travel more than fifty miles to reach a drop site collection point for urine drug screens. Practitioners must pay for their own lab services. Neither the State nor the vendor is liable to pay for a practitioner's lab tests; and
8. Termination from ISNAP for failure to comply with any of the program requirements.

1.3.4 Vendor Requirements: ISNAP Rehabilitation and Monitoring Program

1. Provide intake and referral services for practitioners referred to ISNAP.
2. Develop a network of appropriate treatment providers. The selected vendor shall refer the practitioner to a facility that is able to provide the appropriate assessment and treatment for the individual. This assessment must include aftercare, monitoring, and re-entry after treatment. Specific recommendations concerning the scope of practice; restrictions concerning handling, administration, or possession of narcotics; patient versus non-patient contact; or length of time away from any form of practice are also to be included.
3. 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); and
- n. Treatment costs should be reasonable, and when possible, covered by the individual practitioner's insurance policy.

1.3.5 The Recovery and Monitoring Agreement ("RMA")

The vendor must require all referred practitioners to sign and comply with a recovery monitoring agreement ("RMA") prepared by the selected vendor

tailored specifically for each individual practitioner. Each RMA must contain the information listed below:

1. Set forth an individualized rehabilitation and monitoring program;
2. Set forth requirements for monitoring and supervision which must be met by the practitioner;
3. State conditions under which the program may be successfully completed or terminated due to lack of cooperation or compliance;
4. Require the practitioner to sign a waiver which will allow the ISBN and IPLA personnel to review random samples of practitioner files for practitioner program compliance and the auditing of the services provided by the vendor under this contract;
5. Require the practitioner to sign a release to seek information or records related to the licensed practitioner's impairment, which information may come from family, peers, medical personnel, pharmacies, employers, or treatment providers;
6. Set forth the amount of money to be assessed to the practitioner for participation in the program, including additional amounts that may be assessed if the practitioner is noncompliant with the RMA;
7. Any other information related to the rehabilitation and monitoring of the practitioner; and
8. Intake documents must include a waiver allowing ISNAP to share all information with ISBN in the event of positive or diluted drug screens and other alleged violations of the terms of the RMA or ISBN orders.

1.3.6 RMA Duration

The vendor must tailor each participant's program to fit the following timelines.

1. The length of a participant's RMA program probation program will be determined by the ISBN and can range from six (6) months to five (5) years.
2. The program length for RMA voluntary, non-discipline participants in ISNAP will be determined by the vendor at the discretion of the ISNAP clinical team.
3. Relapses and other failures to comply with the terms of the RMA may result in a longer period of monitoring. An addendum to the RMA may be initiated when appropriate. The monitoring program shall not exceed five (5) years except in cases with extenuating circumstances. Participation in the monitoring program beyond the five (5) year maximum must receive preauthorization from ISBN.
4. Factors to be taken into consideration for deterring the length of an individual participant's RMA include, but are not limited to, the duration and severity of the practitioner's illegal drug or alcohol use and the time the practitioner has spent in a treatment facility or treatment program before executing the RMA.

1.3.7 ISNAP Vendor Duties

The selected vendor must have the appropriate facilities and sufficient trained personnel necessary to carry out the required duties as stated below.

1. Case Manager Duties.
 - a. Each case manager must meet with each assigned participant at the outset of entry into the ISNAP. Thereafter, the case manager must meet with each assigned participant on a regular basis or as needed to assess the participant's progress in rehabilitation.
 - b. The case manager must require each participant to attend and provide documented proof of attendance at no less than three (3) 12-step meetings each week. ISNAP may require participants to attend meetings more frequently, if deemed necessary.
 - c. The case manager must obtain and review a written progress report from each participant's licensed addictions counselor no less than once per quarter.
 - d. All case managers must be available to testify in all ISBN matters regarding their assigned participants. This includes hearings for possible withdrawal of probation and orders to show cause based on alleged violations of a participant's license probation, whether the alleged violations concern ISNAP violations or alleged violations of ISBN orders.
 - e. The vendor must require each participant to supply to his or her case manager with written documentations from practitioners with prescriptive authority copies of all current prescription medications the participant is taking. The case manager must require each participant to self-report, in writing, any over-the-counter medicines the participant has taken within seventy-two (72) hours prior to a urine drug screen ("UDS")
2. Drug Screens
 - a. Each participant must be subject to random UDS as part of ISNAP.
 - b. Each participant must undergo a UDS no less than eighteen (18) to twenty-four (24) times per year.
 - c. Costs of the drug screens and treatment costs are the responsibility of the impaired practitioner; however, the vendor must develop and implement a needs assistance fund with objective criteria to fund lab services for those participants who meet the criteria for reduced cost and/or free lab services.
 - d. The vendor must ensure that all screening laboratories utilized for UDS have policies and procedures for chain of custody and shall provide results directly to the vendor.
 - e. The vendor's program for screening must include facilities at locations throughout the State of Indiana located no more than fifty miles from the residences of the program practitioners.

- f. The vendor must ensure that the panel of substances to be tested for in each participant's UDS must include each participant's "drug(s) of choice," meaning any substance or substances which the participant is known to have been habitually ingesting.
- g. The vendor must ensure that any UDS "cutoff points" must be set sufficiently low to guarantee accurate results.
- h. The vendor must require the laboratory vendor (or third-party administrator of laboratory services) to provide the capability of obtaining a witnessed urine specimen. Appropriate policies and procedures shall be in place to accomplish this objective. The confirmation test for a specimen initially testing positive for a prohibited substance must be capable of providing the requisite specificity, sensitivity, and qualitative accuracy. Confirmation for alcohol will be gas chromatography and confirmation for all other substances will be gas chromatography and mass spectrometry.
- i. The vendor must require that all laboratory vendors immediately report any missed drug or alcohol screens, adulterated, or diluted specimens submitted, or positive drug or alcohol tests to the vendor.
- j. The vendor must require a Medical Review Officer ("MRO") to validate all positive screens prior to reporting test results to the ISBN. The MRO must be a practitioner who can testify about the accuracy of a drug screen and with reasonable scientific certainty rule out any possible alternative causes of a positive drug screen result. The MRO may either be on the vendor's ISNAP staff or the staff of the vendor's ISNAP UDS vendor.

3. Work Site Reports

- a. ISNAP must require each participant to keep his or her case manager informed of his or her current place of employment, including the employer's name, address, telephone number, and supervisor's name. The vendor must obtain and evaluate work site reports from each participant's employer on no less than a quarterly basis. ISNAP may not accept any work site report which is not on the employer's letterhead stationery and/or does not bear the signature of the participant's supervisor or other designated employer representative. If a participant is not employed, the vendor must require the participant to submit self-reports on no less than a quarterly basis. If a participant's work status changes (for example, a participant becomes unemployed or obtains a new job), the participant must notify his or her case manager in writing within seventy-two (72) hours of this status change.

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;
 - ii. Any missed case manager meetings;
 - iii. Any failure to comply with case manager requests for required information;
 - iv. Any failure to participate in assigned rehabilitation counseling and treatment;
 - v. Any substantial change in the participant's work or home life, such as:
 - 1. loss of a job, and the circumstanced attendant thereto;
 - 2. change in work assignment or employer;
 - 3. any workplace disciplinary measures imposed on the participant and the circumstances which caused the discipline to be imposed; and
 - 4. a new home address.
 - 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.
 - e. The vendor shall request from the ISBN an order to show cause hearing for any ISNAP participant that the program becomes aware of who is formally charged or convicted of a crime while participating in the ISNAP program.

1.3.8 Other Vendor Duties

The selected vendor will be responsible for performing other ISNAP duties as set forth below.

- 1. Manage the rehabilitation monitoring program, including fiscal and administrative oversight. Appropriate staff services will be determined and provided by vendor. The staff will be employees of vendor.
- 2. Establish and maintain electronic case management of ISNAP participants.
- 3. Develop guidelines to be used by ISNAP staff for the intake and monitoring process.

4. Maintain a single point of access toll free phone line for receiving ISNAP reports and calls from current and potential participants.
5. Employ or contract for the services of an MRO or ensure that all labs to which participants are referred for UDS employ or contract for the services on an MRO. The MRO for the ISNAP may be an employee of the vendor or a subcontractor. The MRO must have specialized training in addiction medicine.
6. Maintain an ISNAP website that must contain information about the ISNAP, including, but not limited to the following:
 - a. ISNAP contact and access information;
 - b. Statutes and rules pertinent to ISNAP, health care professionals, and reporting requirements;
 - c. ISNAP policies and sample forms;
 - d. Links to professional websites that provide a comprehensive scope of information pertaining to recovery from substance use, abuse, and chemical dependency. The content of this page is reviewed and approved by ISBN; and
 - e. Video tutorials regarding the following:
 - i. enrollment in the ISNAP process;
 - ii. monitoring in the ISNAP;
 - iii. specific training modules for worksite monitors; and
 - iv. information regarding applying for the needs assistance fund.
7. Provide data and regular reporting to IPLA and ISBN to facilitate program and participant analysis, including a monthly written report on the activities of the program, including:
 - a. Monthly, quarterly and year-to-date totals of the number of practitioners making initial contact with the program;
 - b. The number of practitioners signing RMAs;
 - c. The number of practitioners released from the program upon successful completion of the program;
 - d. The number of readmissions to the program by practitioners previously released upon successful completion of the program;
 - e. The number and nature of relapses or other acts or omissions evidencing noncompliance of program participants, and actions taken thereon;
 - f. The number of practitioners terminated from participation in the program for failure to comply with the requirements of the program;
 - g. Demographic information, including raw numbers and percentages, concerning program participants including:
 - i. age;
 - ii. gender;
 - iii. county of residence;
 - iv. license status;
 - v. license type;

- vi. drug of choice;
 - vii. practice/employment setting;
 - viii. employment status;
 - ix. employment position;
 - x. practice area; and
 - xi. method of referral to the program;
 - h. Educational outreach activities planned and conducted;
 - i. A status report on the transition of practitioners to monitoring by the selected vendor who are or were participants in the program as operated by the predecessor selected vendor;
 - j. A status report on staffing and other issues relating to the operation and administration of the program; and
 - k. Financial reporting of expenditures for operation of the program;
8. Request and regularly utilize INSPECT reports from the State to ensure compliance of practitioners with their RMAs;
 9. Conduct educational and outreach presentations via social media or other electronic media to increase awareness of (1) the diagnosis and treatment of alcohol and drug abuse and (2) ISNAP. Media used for such education and outreach initiatives may include, but are not necessarily limited to, Skype, YouTube, Facebook, or Twitter. The utilization of face-to-face education and outreach may be used, but should be limited, as the main purpose of ISNAP is the monitoring of its participants;
 10. Assign a knowledgeable ISNAP representative (in addition to individual case managers) to attend all ISBN board meetings and be prepared to provide testimony as needed. The selected vendor should also expect to attend occasional meetings with designated representatives of IPLA and ISBN to review, develop, and plan implementation of program policy.
 11. Disclose to the practitioners that are participating in the ISNAP program any interest the selected vendor has in a facility, service, or laboratory to which the practitioner is referred.
 12. Disclose to ISBN, through IPLA, any interest the selected vendor has in a facility, service, or laboratory to which a practitioner is referred.
 13. Maintain records in accordance with all state and federal confidentiality laws and regulations. Included in this requirement, the selected vendor shall, upon the written request of a practitioner, purge participant records provided that no additional occurrences of alcohol or other drug-related violations have been reported to the State over a period of seven (7) years from the practitioner's last use of alcohol or other drugs, pursuant to IC 16-39. The selected vendor may purge records after seven years as provided for in IC 16-39.
 14. Keep records in such a manner that a designee of IPLA or ISBN can review random samples of practitioner files for compliance by practitioners who are referred to the rehabilitation monitoring program by ISBN. ISBN will determine the percentage of files it will review whenever a request to

review files is made.

15. Pay to the State and deposit in the Impaired Nurses Account, as created by IC 25-23-1-34, any fees assessed to the practitioner for participation in the monitoring program. This does not apply to fees for voluntary continuing participation in the rehabilitation monitoring program.
16. After a practitioner has completed the recovery monitoring agreement period, upon the practitioner's request, the practitioner will be permitted to voluntarily sign a subsequent agreement for an additional period. The practitioner is directly responsible for the cost of all monitoring conducted by selected vendor. Monitoring of these individuals shall not be assessed to the State.
17. 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.

IPLA currently has a contract for the ISNAP. The State expects to spend an amount not to exceed six hundred and sixty thousand dollars and zero cents (\$719,400.00) per annum to the selected vendor on ISNAP rehabilitation and monitoring services. This amount is based on past and current usage, but as future usage may fluctuate, the State is not able to guarantee future spending at this level. This amount is provided only as an aid to vendor in responding to this RFP.

These figures are only an estimate and are not to be construed as an amount to be offered under this solicitation. **However, when completing Minority and Women's Business Enterprises Participation Plan Form (Attachment A), Indiana Veterans' Participation Plan Form (Attachment A1), and the Indiana Economic Impact Form (Attachment C) please use the total bid amount from the Cost Proposal (Attachment D).**