

Attachment L/Scope of Work – Impaired Pharmacist Asst Program

RFP #26-85172

Under 25-26-13-4.5, IBP (“Indiana Board of Pharmacy”) is required to assist in the rehabilitation of impaired or licensed pharmacists affected by the use or abuse of alcohol or other substances. This statute authorizes IBP to enter into agreements with non-state entities to identify and assist impaired and licensed pharmacists. The selected Respondent must develop and maintain a rehabilitation referral and monitoring program under the supervision of IBP. The program must fulfill two distinct but equally important roles: 1) to provide rehabilitation referral and monitoring to impaired pharmacists who have been ordered to participate by IBP as a disciplinary sanction while their professional licenses are placed on probation or suspension; and 2) to assist substance impaired licensed pharmacists who self-report a substance abuse disorder directly to the program without IBP intervention in obtaining rehabilitative referral and monitoring. The program 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 Respondent must also provide data and regular reports to IPLA and IBP when requested and assign knowledgeable personnel as well as individual case managers to regularly appear and testify at IBP administrative hearings

1.4.1 Practitioner Eligibility

Respondents must accept practitioners into the rehabilitation referral and monitoring program who are pharmacists in Indiana and who have been affected by the personal use or abuse of alcohol or other substances.

- a) A practitioner who has been affected by the use or abuse of alcohol or other substances is eligible for participation if the practitioner:
 - 1) Is currently licensed by IBP;
 - 2) has applied for licensure by examination, passed the examination, and paid the appropriate fees;
 - 3) is eligible for licensure by endorsement, filed an application, and paid the appropriate fees; or
 - 4) has submitted a renewal application and paid the appropriate fees.
- b) A practitioner must maintain a current Indiana license to remain eligible for participation.
- c) A practitioner who holds an Indiana license but who also holds 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.

- d) A practitioner who lives or works in another state that does not have a monitoring program is eligible for monitoring in Indiana if the practitioner maintains a current Indiana license.
- e) A practitioner who signs a contract with Respondent and moves to another state must be monitored by the other state unless the other state does not have a monitoring program.
- f) A practitioner who allows the practitioner's Indiana license to lapse while enrolled in a program shall be terminated from participation in the program until the practitioner's license is renewed.
- g) A practitioner whose license is revoked may no longer participate in the program at the expense of the State.

1.4.2 Referrals

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

a) **Involuntary Referral**

There are two (2) types of **Involuntary Referral**, as explained below.

- 1) A practitioner may be referred to the rehabilitation referral and monitoring program by order of IBP. If the eligible practitioner does not report as ordered for an assessment or undergoes an assessment but does not agree to participate in the program by entering into a contract, the Respondent shall immediately (within twenty-four (24) hours of the scheduled intake assessment) notify IBP in writing. IBP may then pursue additional legal action which may result in additional sanctions with regard to the practitioner's license. The practitioner shall be required to sign a written waiver consenting to the release of any and all information gathered and kept by the Respondent to IBP and IPLA, including but not limited to the results of assessments, evaluations, drug screens, attendance at required meetings or counseling sessions, work site or employer reports. The Respondent shall retain this waiver in the practitioner's file.
- 2) The rehabilitation referral and monitoring program may be contacted by individuals, supervisors, or professional organizations regarding an individual practitioner they believe is in need of assistance. The selected Respondent shall assist in developing individual strategies, including techniques for intervention to arrange a referral to the program. The rehabilitation referral and monitoring program shall be explained, and an appointment shall be scheduled for an initial intake screening by the

Respondent. If, in the judgment of the Respondent, the practitioner is impaired by the use of alcohol or other substances and needs to participate in the rehabilitation referral and monitoring program, a program shall be implemented for the practitioner. If the practitioner does not agree to participate in the program and, in the judgment of the Respondent, the practitioner needs to be in the rehabilitation monitoring program, a written complaint shall be filed by the Respondent with the Consumer Protection Division of the Office of the Attorney General.

b) Voluntary Referral

- 1) The rehabilitation referral and monitoring program may be contacted by individuals, supervisors, or professional organizations regarding individuals in need of assistance. The Respondent 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/her own. The rehabilitation referral and monitoring program shall be explained, and an appointment shall be scheduled for an initial intake screening by the Respondent. If, in the judgment of the Respondent, the practitioner is impaired by the use of alcohol or other substances and needs to participate in the rehabilitation referral and monitoring program, a program shall be implemented for the practitioner. If the practitioner does not agree to participate in the program and, in the judgment of the Respondent, the practitioner needs to be in the rehabilitation referral and monitoring program, a written complaint shall be filed by the Respondent with the Consumer Protection Division of the Office of the Attorney General.

1.4.3 Overview: Program Requirements

In fulfilling the above roles, the Respondent must provide a rehabilitation referral and monitoring program which provides--at a minimum—the specific services listed below. All practitioners must be monitored by the Respondent for compliance with the program. Respondent's program must include the following components:

- a) Treatment and therapy recommendations, including aftercare;
- b) treatment and therapy participation, including aftercare;
- c) professional support group participation;
- d) a 12-Step participation program, including, but not limited to, Alcoholics Anonymous or Narcotics Anonymous;
- e) family treatment, if appropriate;
- f) special treatment, such as pain management, psychiatric, or psychological treatment;
- g) work activities, including return-to-work issues and ongoing monitoring of work performance and compliance with work restrictions;

- h) random drug testing and reporting positive results. (The Respondent 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, a participant residing anywhere in the State of Indiana should not need to travel more than fifty (50) miles to reach a drop site collection point for urine drug screens);
- i) practitioners must pay for their own lab services (The State does not pay for the lab tests, nor does the Respondent); and
- j) termination from the rehabilitation monitoring program for failure to comply with any of the program requirements.

1.4.4. Respondent Requirements for Operation

- a) Provide intake and referral services for impaired practitioners referred to Respondent.
- b) Develop a network of appropriate treatment providers. The Respondent shall refer the practitioner to a facility that is able to provide the appropriate assessment and treatment for the individual. This assessment will 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 will be included.
- c) The following elements must be considered when selecting treatment providers:
 - 1) 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;
 - 2) the staff consists of a balance between both recovering and non-recovering members;
 - 3) the counselors are certified in the field of addiction and it is preferable that the staff members are certified in the field of addiction;
 - 4) a comprehensive assessment and 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;
 - 5) 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 Respondent should assist treatment programs in recognizing and addressing the special needs of practitioners;

- 6) 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 (C.A.R.F.), the Council on Accreditation of Services for Families and Children (C.O.A.), the Indiana Family and Social Services Administration (FSSA) and the Indiana State Department of Health (IDOH);
- 7) the treatment program offers and encourages participation in a structured family treatment component;
- 8) the treatment program has a structured curriculum addressing the spiritual, physical, mental, or emotional needs of the individual patient;
- 9) 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;
- 10) the treatment program can develop and maintain cooperative relationships with and provide consultation to the practitioner's employer, IBP, the Respondent, and others, as appropriate;
- 11) while the practitioner is in treatment, the practitioner is introduced to and attends appropriate self-help groups;
- 12) 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 handling, dispensing or possession of controlled substances, patient or non patient care; and other scope of practice delineations and the treatment provider will obtain appropriate releases so that discussions with the Respondent can take place (If the practitioner refuses to sign such releases, the provider agrees to notify Respondent and IBP of this refusal); and
- 13) treatment costs should be reasonable, and when possible, covered by the individual practitioner's insurance policy.

1.4.5 The Recovery and Monitoring Agreement ("RMA")

The Respondent must require all referred practitioners to sign and comply with a recovery monitoring agreement ("RMA") prepared by the Respondent tailored specifically for each individual practitioner. Each RMA must contain the information listed below:

- a) Set forth an individualized rehabilitation referral and monitoring program;

- b) set forth requirements for monitoring and supervision which must be met by the impaired practitioner;
- c) state conditions under which the rehabilitation monitoring program may be successfully completed or terminated due to lack of cooperation or compliance;
- d) require the practitioner to sign a waiver which will allow IBP and IPLA personnel to review random samples of practitioner files for practitioner program compliance and the auditing of the services provided by Respondent under this contract;
- e) require the impaired 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;
- f) 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 non-compliant with the RMA;
- g) any other information related to the rehabilitation and monitoring of the licensed practitioner; and
- h) intake documents must include a waiver allowing Respondent to share all information with IBP in the event of missed, positive, or diluted drug screens and other alleged violations of the terms of the RMA or IBP orders.

1.4.5. RMA Duration

 Respondent must tailor each practitioner's program to fit the following timelines.

- a) The length of a practitioner's RMA will last a minimum of three (3) years, except as provided in paragraphs b) and c) below. The requirements for monitoring will be more stringent in the first two (2) years and will be eased in the third year if the practitioner's recovery is progressing well.
- b) 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 case of extenuating circumstances. Participation in the monitoring program beyond the five (5) year maximum must receive preauthorization from IBP.
- c) Mitigating factors which may be considered for determining the length of an individual participant's RMA and may cause the RMA to last less than three (3) years include, but are not limited to, the duration and severity of the practitioner's drug or alcohol abuse and the time the practitioner has spent in a treatment facility or treatment program before executing the RMA.

1.4.6. Respondent Duties

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

a) **Case manager duties**—Each case manager must meet in person with each assigned practitioner at the outset of entry into the program. Thereafter, the case manager must meet with each assigned practitioner on a regular basis or as needed to assess the participant's progress in rehabilitation.

1) The case manager must require each practitioner to attend and provide documented proof of attendance at no less than one (1) 12-step meeting each week and may require practitioners to attend meetings more

frequently, if deemed necessary.

2) The case manager must obtain and review a written progress report from each practitioner's licensed addictions counselor no less than once per quarter.

3) All case managers must be available to testify in all IBP matters regarding their assigned practitioners. 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 Respondent violations or alleged violations of IBP orders.

4) The Respondent must require each practitioner to supply to his or her case manager with written documentation from practitioners with prescriptive authority copies of all current prescription medications the participant is taking. The case manager shall 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 drug screen.

b) **Drug Screens** — Each impaired practitioner must be subject to random drug screens as part of the monitoring program. Each practitioner must undergo drug screen testing no less than eighteen (18) to twenty-four (24) times per

year.

1) Costs of the drug screens and treatment costs are the responsibility of the impaired practitioner.

2) The Respondent must ensure that all screening laboratories have policies and procedures for chain of custody and shall provide results directly to the Respondent.

3) The Respondent's program for screening must include facilities at locations throughout the State of Indiana, but no practitioner

should need to travel
residence to reach a drop site
screens.

more than fifty (50) miles from his or her
collection point for urine drug

- 4) The Respondent must ensure that the panel of substances to be tested for in each practitioner's drug screen must include each practitioner's "drug(s) of choice," meaning any substance or substances which the practitioner is known to have been habitually ingesting. The Respondent must ensure that any drug screen "cutoff points," whether a urine drug screen ("UDS") or other type of test, must be set sufficiently low to guarantee accurate result.
- 5) The Respondent must require its laboratory (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.
- 6) The Respondent must require that all laboratories immediately report any missed drug or alcohol screens, adulterated, or diluted specimens submitted, or positive drug or alcohol tests to the Respondent.
- 7) The Respondent must require a Medical Review Officer ("MRO") to validate all positive screens prior to reporting test results to IBP. The MRO must be a service provider who has specialized addiction medicine training and is capable of testifying with regard to 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 Respondent's staff or the staff of the Respondent's drug screen vendor.

c) Work Site Report

The Respondent must require each practitioner 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 Respondent must obtain and evaluate work site reports from each practitioner's employer on no less than a quarterly basis. The Respondent 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 practitioner's supervisor or other designated employer representative. If a participant is not employed, the Respondent must require the practitioner to submit self-reports on no less than a quarterly basis. If a practitioner's work status changes (for example, a

practitioner becomes unemployed or obtains a new job), the practitioner must notify his or her case manager in writing within seventy-two (72) hours of this status change.

d) **Reporting Requirements for All Participants**

- 1) The Respondent must report **ALL** positive or dilute drug screens submitted as well as all missed drug screens to IBP within seventy-two (72) hours of being notified of the MRO validated drug screen results, a dilute specimen submitted by the impaired practitioner, or a missed drug screen.
- 2) The Respondent must report **ALL** missed or incorrectly submitted work site or self-reports to IBP within fifteen (15) days of the missed report deadline.
- 3) The Respondent **MUST** report within seventy-two (72) hours the name and license number of an impaired practitioner who has failed to comply with any other provisions of his or her 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 practitioner's work or home life, such as:
 - loss of a job, and the circumstanced attendant thereto;
 - a change in work assignment or employer;
 - any workplace disciplinary measures imposed on the practitioner and the circumstances which caused the discipline to be imposed; and
 - a new home address.
- 4) The Respondent shall report **ALL** relapses to IBP within seventy-two (72) hours of receiving notice. IBP 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.
- 5) The Respondent shall request from IBP an order to show cause hearing for any program participant that the program becomes aware of who is formally charged or convicted of a crime while participating in the program.

1.4.7. Other Respondent Duties

The Respondent will also be responsible for performing other duties as set forth below.

- a. Manage the rehabilitation monitoring program, including fiscal and administrative oversight.
- b. Appropriate staff services will be determined and provided by Respondent. The staff must be employees of Respondent.
- c. Establish and maintain electronic case management of practitioners.
- d. Develop guidelines to be used by staff for the intake and monitoring process.
- e. Maintain an access toll free phone line for receiving reports and calls from impaired practitioners and potential impaired practitioners.
- f. Employ or contract for the services of a Medical Review Officer ("MRO"), or ascertain that all labs to which practitioners are referred for drug screens employ or contract for the services on an MRO. The MRO may be an employee of the Respondent or a subcontractor. The MRO must have specialized training in addiction medicine.
- g. Maintain a website that must contain information about Respondent, including, but not limited to the following:
 - 1) Respondent contact and access information;
 - 2) statutes and rules pertinent to Respondent, health care professionals, and reporting requirements;
 - 3) Respondent policies and sample forms; and
 - 4) Links to professional websites that provide a comprehensive scope of information pertaining to recovery from substance use, abuse, and chemical dependency.
- h. Provide data and regular reporting to IPLA and IBP to facilitate program and impaired practitioner analysis, including a monthly written report on the activities of the program, including the following.
 - 1) Monthly, quarterly and year-to-date totals of the number of practitioners making initial contact with the program.
 - 2) The number of practitioners signing permanent RMAs.
 - 3) The number of practitioners released from the program upon successful completion of the program.
 - 4) The number of readmissions to the program by practitioners previously released upon successful completion of the program.
 - 5) The number and nature of relapses or other acts or omissions evidencing noncompliance of impaired practitioners, and actions taken thereon.
 - 6) The number of practitioners terminated from participation in the program for failure to comply with the requirements of the program.
 - 7) Demographic information, including raw numbers and percentages, concerning impaired practitioners including:
 - age;
 - gender;
 - county of residence;

- license status;
 - license type;
 - drug of choice;
 - practice/employment setting;
 - employment status;
 - employment position;
 - practice area; and
 - method of referral to the program.
- 8) Educational outreach activities planned and conducted.
 - 9) A status report on the transition to monitoring by the selected Respondent of practitioners who are or were participants in the program as operated by the previous contracted Respondent.
 - 10) A status report on staffing and other issues relating to the operation and administration of the program.
 - 11) Financial reporting of expenditures for operation of the program.
 - 12) Request and regularly utilize INSPECT reports from the State to ensure compliance of practitioners with their RMAs.
- i. Report to the State the name and license number of a practitioner who has failed to comply with the provisions of the rehabilitation monitoring program and the circumstances surrounding the failure to comply. The Respondent may release information to the State or to the Office of the Indiana Attorney General, Consumer Protection Division, in compliance with IC 25-26-13-4.5, and in compliance with all applicable State and Federal confidentiality laws and regulations. The Respondent shall request an order to show cause hearing for any practitioner that the program becomes aware of who is formally charged or convicted of a crime while participating in the program.
 - j. Conduct educational and outreach presentations via social media or other electronic media to increase awareness of (1) the diagnosis and treatment of alcohol and substance abuse and (2) the Respondent's program. Media used for such education and outreach initiatives may include, but are not necessarily limited to, Instagram, 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 the program is the monitoring of its impaired practitioners.
 - k. Assign a knowledgeable representative (in addition to individual case managers) to attend all IBP board meetings and be prepared to provide testimony as needed. The Respondent should also expect to attend occasional meetings with designated representatives of IPLA and IBP to review, develop, and plan implementation of program policy.

- l. Disclose to the practitioners that are participating in the Respondent's program any interest the Respondent has in a facility, service, or laboratory to which the practitioner is referred.
- m. Disclose to IBP, through IPLA, any interest the Respondent has in a facility, service, or laboratory to which a practitioner is referred.
- n. Maintain records in accordance with all state and federal confidentiality laws and regulations. Included in this requirement, the Respondent shall, upon the written request of a practitioner, purge the practitioner's records provided 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 substances, pursuant to IC 16-39. The Respondent may purge all records after seven years as provided for in IC 16-39.
- o. Keep records in such a manner that a designee of IPLA or IBP is able to review random samples of practitioner files for compliance by practitioners who are referred to the rehabilitation monitoring program by IBP. IBP will determine the percentage of files it will review whenever a request to review files is made.
- p. Any records maintained pursuant to this contract shall be made available at the IPLA offices within forty-eight (48) hours of receiving a request from the State.
- q. 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 of time. The practitioner is directly responsible for the cost of all monitoring conducted by Respondent. Monitoring of these individuals shall not be assessed to the State.

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IPLA currently has a contract in place with a Respondent to provide rehabilitation and referral services for impaired pharmacists. The State has budgeted no more than thirty-six thousand dollars (\$39,240.00) annually to be paid to the selected Respondent at the rate of three thousand dollars (\$3,270.00) per month for rehabilitation and monitoring services. This is a flat fee regardless of the number of program participants. There are currently approximately forty (40) pharmacists enrolled in the program. The State is not in a position to guarantee the number of participants in the future and the State cannot guarantee future spending will be at this level. This amount is merely provided as an aid to potential Respondents in responding to this solicitation.

Though pharmacist interns and pharmacy technicians who meet eligibility requirements may participate in the program, interns and technicians are financially responsible for their own fees to the Respondent; IBP is statutorily authorized only to provide funding for impaired and licensed pharmacists. Also, all pharmacists, pharmacist interns, and technicians are responsible for their own fees for the cost of drug screens.

The Respondent selected for this contract must be willing to enter into a written contract with the State for a specified term. At this time, the State anticipates the term of the contract will be two (2) years with a provision allowing one (1) renewal for a period of no more than two (2) years at the State's option. The anticipated award date is September 30, 2022. The cost to the State cannot exceed thirty-six thousand dollars (\$36,000.00) per year.

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).**