

**INDIANA STATE NURSES
ASSISTANCE PROGRAM
(ISNAP)**

**PARTICIPANT
HANDBOOK**

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INTRODUCTION

Welcome to the **Indiana State Nurses Assistance Program (ISNAP)**, a monitoring program designed to support your recovery from the treatable diseases of substance abuse or dependency. The Indiana State Nurses Association (ISNA) has contracted with the Indiana's Professional Licensing Agency (IPLA) to administer the program. Many nurses have successfully entered into recovery from these diseases and maintained their nursing licenses as a result of their participation in ISNAP.

The ISNAP 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 nurse's license renewal fee goes to support the administrative and monitoring costs of this program, although **treatment and random urine drug screen costs are your responsibility.**

When a nurse reports him or herself to ISNAP, participation is not shared with the public or the Board of Nursing without an appropriate release of information (ROI). This is a real asset to you and your career. If the Indiana State Board of Nursing (ISBN) takes action against your license and mandates your involvement with ISNAP as a result, or if the ISBN takes action on your license following case closure due to noncompliance, the Board action becomes public knowledge.

Helpful tips which will support your participation during ISNAP monitoring are highlighted throughout the Handbook. Here are your first two tips:

TIP: *Immediately start a file folder to organize all of your ISNAP materials. You can include this Handbook, your recovery monitoring agreement, a set of blank forms, copies of the forms you submit to ISNAP, important phone numbers and receipts for your drug tests. **Remember to make a copy of every document relevant to your case for your own use.***

TIP: *Whenever you have questions about your monitoring program, write them down and contact us via the Affinity Online Solutions (AOS) web link or e-mail. Telephoning should be your last option.*

We look forward to supporting you in your recovery and to your return to a safe nursing practice!

MONITORING PROCESS

ISNAP is designed to facilitate your recovery from substance abuse or addiction in a supportive and non punitive manner and to allow you to return to work as a *safe and productive nurse*. In order to monitor and support your recovery, ISNAP has established a process designed to communicate clear expectations for you and anyone involved in your Recovery Monitoring Agreement (RMA).

The RMA is a crucial part of your monitoring and recovery process. ***The RMA is a mutual understanding between you and ISNAP.*** The purpose of the RMA is to describe the specific conditions of your monitoring. You ***must*** 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 Addictionist, Sponsor, Therapist and Work Site Monitor) have a copy of your RMA. Once

these individuals have a copy of your RMA and read it, they will have an understanding of their obligations to support your monitoring and recovery process.

Your monitoring in ISNAP is determined by the substance abuse assessment completed by your evaluator and ISNAP. If you have established and documented recovery work done prior to ISNAP, you may speak to ISNAP about this. You should know that *noncompliance with the RMA may lengthen the duration of your agreement.*

The conditions written in your Recovery Monitoring Agreement are determined following a review of your comprehensive assessment by ISNAP'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 nurse.**

TIP: *Refer to your Recovery Monitoring Agreement often. If you have any questions about any of the specific conditions contained within your RMA, contact your ISNAP case manager.*

RELEASE OF INFORMATION

A Release of Information (ROI) is your consent for ISNAP to share information with a third party and is an important component of your monitoring program. ISNAP staff needs to communicate with all the individuals who are supporting your recovery and your safe return to work as a nurse. These individuals can include the Therapist who completed your substance abuse assessment and/or with whom you are in treatment. It may also include your Addictionist, twelve-step Sponsor and Work Site Monitor. In addition, ROI's will be obtained to Witham Laboratory; AOS, ISNAP's third-party administrator; the Professional Licensing Agency; and the Attorney General's staff. The consents to release information to the Professional Licensing Agency and the Attorney General's office will not be used *unless* you were referred to ISNAP via the Attorney General's office or the Board of Nursing, or you become noncompliant with the terms of your RMA. You will be requested to sign a new ROI if the individuals involved in your RMA change (e.g. new worksite monitor).

EMPLOYMENT

Compliance with your ISNAP Recovery Monitoring Agreement enhances your safe return to work as a nurse. ***Any employment for which you use your nursing license or any employment in a healthcare setting must be preapproved by ISNAP. This includes volunteer, part-time, prn and full-time 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. ISNAP looks to your present providers to make recommendations for these conditions. 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. Call ISNAP **to ensure you have initial approval to return to work as a nurse.**

2. As appropriate, talk with your Therapist, Addictionist, and Nurse Support Group about returning to work.
3. If requested by ISNAP, you need to ask your **Therapist** and/or **Addictionist to complete a “return to work assessment”** and send it to ISNAP.

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 ISNAP.
2. If you are offered a position, immediately call ISNAP and provide us with the name of the person you interviewed with and/or the person who will be your worksite monitor. You will need to provide ISNAP with a release of information. ISNAP will contact this person to confirm your involvement with ISNAP and obtain further information about your prospective job.

AFTER APPROVAL OF THE JOB DESCRIPTION:

Once the “return to work” assessment has been received and ISNAP has contacted the prospective Work Site Monitor, ISNAP will contact you if the position has been approved. If approved, an addendum to your Recovery Monitoring Agreement will be mailed to you. The addendum describes your work setting and your working conditions. After this is completed, you may return to work in the approved position and capacity. Keep the addendum with your RMA as it is an extension of the RMA.

REGARDING ANY CHANGES IN WORK:

If you anticipate or wish to change any of the conditions of your work, you must obtain approval from ISNAP. This applies to changes in hours, shifts worked, your identified worksite monitor, or your place of employment.

Remember: You must have ISNAP’s approval before any return to employment, changes in employment, or changes in working conditions.

TIP: *ISNAP will help you understand the return to work process or the rationale for certain monitoring restrictions on your nursing practice. Contact your ISNAP case manager!*

MOOD-ALTERING AND CONTROLLED SUBSTANCES

ISNAP IS AN ABSTINENCE-BASED PROGRAM. Indiana’s State Legislature has determined that ISNAP is an abstinence-based program (848 IAC 7-1-3 and 7-1-6). **Abstinence is defined as refraining from the use of any mood-altering or controlled substance.**

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**. Abstinence means **absolutely no use of any alcohol and illicit drugs** (i.e. marijuana, methamphetamine, ecstasy, crack/cocaine, hallucinogens, etc). 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 ISNAP or your Addictionist before use).* **The short-term use of controlled substances** (e.g. opiates, benzodiazepines)

must be approved by ISNAP and your Addictionist. Anyone who must be on controlled substances for an extended period of time is not eligible for monitoring with ISNAP.

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.

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 consideration. If you are experiencing significant and acute pain, you deserve pain relief. ***However, those medications should only be prescribed by your Addictionist or from your attending physician who, when appropriate, is in consultation with your Addictionist.*** This is to ensure that the medication is as safe as it can be for your recovery.

It is essential that you inform ISNAP 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).

When visiting a health care practitioner (MD, DO, DD, NP), you must inform them that you are in monitoring with ISNAP. Bring the ***“Use of Controlled Substances while in a RMA”*** form with you if there is a possibility you may be prescribed a controlled substance.

Before prescribing any controlled substance, the attending practitioner must list any attempted non narcotic alternatives that were pursued prior to prescribing a narcotic medication. NOTE: Suboxone is not approved, and Tramadol is treated as a controlled substance.

You must send ISNAP a copy of the prescription and a copy of the physicians report, including the record of medications ordered. ***Most importantly, you must be off of work for a period of 24-hours after medication use.***

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

A requirement of your Recovery Monitoring Agreement is to inform your Addictionist and ISNAP 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 pharmacist or ISNAP before use.

REPORTS TO ISNAP

You are required to send or to ensure that certain reports are sent to ISNAP in a regular and timely fashion as part of your Recovery Monitoring Agreement.

MONTHLY REPORTS:

Your self-report, twelve step (AA/NA) meeting logs and/or Nurse Support Group (NSG) meeting logs **are due to ISNAP by the 10th day of the following month** (for example, February monthly reports are due by March 10).

QUARTERLY REPORTS:

Your Sponsor's report, Work Site Monitor's report, Addictionist's report, and Therapist's report (as long as you are in therapy/continuing care) **are due on the 10th of the third month** from the date you entered ISNAP, unless you are directed otherwise through an addendum. **It is your responsibility to ensure that all reports are submitted to ISNAP when they are due.**

TIPS:

- Put your first and last name **on all reports** that you submit.
- Make copies of all reports you send to ISNAP (this will provide you with back-up copies if mail loss occurs.)
- Check periodically with ISNAP to ensure all your reports are current.
- Ask your Sponsor, Therapist, Work Site Monitor, and Addictionist to send a copy of their ISNAP report to you so that you can ensure it has been sent to ISNAP.

DRUG TESTING

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 change in employment status, relapse, progress through the monitoring program, etc. **As you establish a pattern of compliance** with your monitoring requirements, you may request in writing a decrease in your drug testing frequency every three (3) months. You must obtain approval from all providers still involved in your RMA (e.g. sponsor, worksite monitor, therapist, &/or addictionist). All nurses are required to test at least at a minimum of sixteen (16) times per year.

LABORATORY:

Affinity Online Services (AOS) is ISNAP's third-party administrator. AOS manages all aspects of the urine drug screening. You can contact AOS online at AffinityHealth.com or by phone. Their client support representatives (CSR) will be happy to assist you with any issues you might encounter to ensure successful participation in your compliance program. AOS's toll free number is 1-877-267-4304. You may only use drug testing collection sites approved by AOS. AOS has certified drop sites throughout the state. AOS staff will work with you to identify a local collection site more convenient for you. AOS uses Witham Toxicology Laboratory, 1400 Dan Conn Drive; Lebanon, Indiana, 46052; 800-752-8822, fax #: 765-483-1806, to process the UDS's for ISNAP.

AOS manages the randomization of your drug testing frequency. AOS or ISNAP will send out a packet of information with complete instructions once you have signed your RMA with ISNAP.

For information on your drug test, you must call the toll-free number 877-267-4304 or go online at AffinityHealth.com between 5 am and 5 pm seven days per week. If you are scheduled for a UDS, you must complete the details for the proper chain of custody to be sent to your identified drop site. You are then required to do your urine drug screen by 8 pm EST. If you are instructed to do a screen on Saturday, Sunday, or a holiday, you are asked to drop at a 24-hour drop site unless you have verified with ISNAP that there is no available 24-hour drop site within 30 miles of where you reside. If called on a weekend or holiday, with approval from ISNAP staff, you may do your screen by noon the next business day. At a minimum, all nurses are required to do an observed urine drug screen once every month. You are the person accountable for your own recovery, and when you call each day to determine if you need to provide a drug test, you reinforce your accountability. *You are required to call or go online daily, as AOS has a means of recording whether or not you have checked in. If you are unable to do a urine drug screen when you are directed, contact your case manager to discuss the issue.*

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.*

POSITIVE OR ABNORMAL DRUG SCREEN RESULTS

A sequence of events will occur whenever ISNAP receives a positive or abnormal drug screen result from a drug screening specimen you submitted for testing.

POSITIVE DRUG SCREENS:

If a positive drug screen result is received, ISNAP will notify you. ISNAP will identify the date of the specimen and will ask you for the reason your drug screen was positive. Depending upon the reason for the positive drug screen, ISNAP may direct you to discuss the positive screen with your Sponsor, Therapist, and/or Addictionist. If you are working as a nurse, ISNAP will inform your Work Site Monitor of the positive screen and may require that you stop working. ISNAP will be asking the Work Site Monitor to report any possible changes in your work habits or effectiveness. You may also be directed to make an appointment with your Therapist and/or Addictionist for a re-assessment. ISNAP's clinical team will discuss information received from the above and present you with recommendations and possible changes to your RMA. ***If the positive UDS is the result of a valid prescription, ISNAP must have a copy of that prescription on file.***

DILUTE AND ADULTERATED UDS'S:

A urine drug screen may be considered abnormal if the results appear to have been diluted, adulterated, or invalid/substituted (e.g. outside normal temperature range). ISNAP will inform you when an abnormal result is received. The first time a dilute specimen is received, you will be given directions to assist you in routinely providing concentrated drug screening specimens. Refraining from drinking excessive fluids two to three hours before submitting the screen will help to concentrate your urine. If your drug screening specimens continue to be dilute, you will be directed to make an appointment with your Addictionist and/or PCP/Specialist (e.g. nephrologist) to see why you cannot produce a concentrated screen.

All adulterated and substituted drug screening specimens will be considered positive drug screens and will be handled per the above procedure for a positive drug screen.

ISNAP staff reviews all the positive urine drug screen results and will be contacting you via the telephone to investigate the positive drug screen. If there is not an explanation for the positive UDS (script on file, admitted use), the UDS will be ruled positive and further consequences will result. If you deny use or there is no valid explanation, you will be referred to the medical review officer (MRO) for AOS. There is a \$50 charge for a MRO review. If you have a prescription to substantiate the positive urine drug screen (e.g., ER visit, dental work), please contact ISNAP immediately and submit the appropriate documentation.

TIP: *Do not miss a drug screen! If an emergency delays or prevents you from providing a drug screening specimen on a required day, call ISNAP immediately!*

THE COSTS OF MONITORING

When you sign the recovery monitoring agreement, you are agreeing to comply with all aspects of monitoring. You are responsible for the costs of all therapy and Addictionist appointments and drug testing. This is a responsibility which requires financial planning.

Some healthcare insurance policies may cover part of the cost. Upon request, ISNAP will provide you with a statement that identifies your drug testing history. This can be done quarterly. ISNAP strives to keep the cost of drug testing low, while maintaining forensic accountability. Due to the nature of some of the drugs used by nurses with addiction, an extensive drug panel is required to ensure forensic accountability. Some individuals may require additional screens at an additional charge. If this is the case, the specifics will be discussed with you individually. If you are having drug screens done routinely elsewhere (e.g., occupational health where you work, probation, EAP's), ISNAP will do what we can to use those as supplemental tests in order to decrease the number of Witham screens and lower the costs to you.

It is your responsibility to keep enough money in your account to process upcoming UDS's. If you do not have sufficient funds in your account, AOS will not allow you to test and will notify ISNAP. Missed UDS's will be viewed by ISNAP as non compliant with your RMA.

When providing a drug screening specimen, you are required to follow the "chain-of-custody" (COC) process. The collection site will have the COC forms needed to document the secure collection of your drug testing specimen. **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 at 877-267-4304.

NEEDS ASSISTANCE FUND (NAF) for UDS's

The NAF is available for the nurse who meets criteria to assist them with a portion of the payment of their urine drug screen (UDS). To be eligible, the nurse must meet 150% of the 2011 Federal poverty guidelines. A nurse automatically qualifies if he/she receives State need-based assistance (e.g. food stamps).

To be considered for the NAF, the nurse must complete an application and provide required documentation as spelled out in the application. The nurse must also maintain compliance with the recovery monitoring agreement (RMA). The nurse must demonstrate full compliance with all aspects, with the possible exception of UDS's, of his/her RMA.

For more information on the NAF, please contact an ISNAP staff member.

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.

Both Alcoholics Anonymous and Narcotics Anonymous meetings are widely available throughout the state of Indiana. **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 on a form provided by ISNAP. The chairperson or designee of the meeting will sign your log to verify your attendance. You are required to mail these logs to ISNAP along with your monthly self-report, every month, by the 10th of the following month. (i.e. mail your June log by July 10).

Attending Nurse Support Group (NSG) meetings may be another requirement of your RMA. These are modeled upon the Caduceus meetings begun by Dr. Doug Talbot over 25 years ago. These meetings are 12-step recovery based, mutual support meetings intended to provide nurses/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 as a whole is a function of the group. **Your required frequency of attendance in NSG's is identified in your RMA.**

SPONSORSHIP

Most RMA's require obtaining a 12-step Sponsor and you must identify this person to ISNAP **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.

An additional requirement of the Sponsor is the Sponsor's willingness to send ISNAP 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. ISNAP does request you sign a release of information to permit ISNAP to communicate with your Sponsor via the Sponsor's quarterly reports. On rare occasion, ISNAP may contact the Sponsor directly.

TIP: *If you are experiencing difficulty in identifying a person to be a Sponsor, you can always ask the chairperson at a meeting for suggestions.*

THERAPY - CONTINUING CARE/AFTERCARE

Treatment and Continuing Care is an essential component of your recovery monitoring agreement. You may be required to participate in group and/or individual therapy as part of your RMA. Generally, continuing care is required for a period of six months following your primary treatment. This may involve individual and/or group therapy. Your individual/group therapist will send quarterly reports to ISNAP. When your therapist supports completion of aftercare, you and your therapist need to communicate this to ISNAP. Your therapist will be asked to provide a written discharge summary to ISNAP.

Another aspect of your RMA may be to identify a physician who specializes in addiction medicine, commonly known as an Addictionist. An Addictionist is an M.D. or D.O. who has certification as an Addictionist through the American Society of Addiction Medicine, the Academy of Addiction Psychiatry or the American Osteopathic Association. A requirement of your monitoring is that you visit your Addictionist quarterly, or as designated in your RMA. The Addictionist submits quarterly reports to ISNAP. ISNAP maintains a list of Addictionists in your area. In a rural community where there may not be an Addictionist, ISNAP may approve a Nurse Practitioner to serve in the role of the Addictionist.

Your Addictionist 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 Addictionist of the names and phone numbers of all of your healthcare providers as well as sign a release of information for your Addictionist to communicate with all of your healthcare providers. You need to inform your Addictionist of all of your prescription and over-the-counter medications. Depending upon their clinical specialty, your Addictionist may also be your primary-care physician or your psychiatrist.

RELAPSE

Although ISNAP'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 very important for you to know what to do in the event of a relapse in your recovery. You must contact ISNAP immediately. The ISNAP 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 Addictionist or your case manager.** You should also inform your healthcare providers of your need to avoid, if at all possible, the use of a controlled substance prescription. When appropriate, a consultation between your Addictionist 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 and opioids, tramadol, suboxone, psycho-stimulants 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 Indiana Board of Nursing has established that in order for a nurse to remain in the ISNAP 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 ISNAP immediately.

In the event of a simple cold or flu, ISNAP 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 actually 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 nurses 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 Work Site Monitor report behaviors that are of concern, you will be asked to visit your therapist and/or Addictionist, who will attempt to intervene before actual substance use occurs.

STEPS TO TAKE IF YOU HAVE RELAPSED:

- Call ISNAP 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 Work Site Monitor and inform him/her about what happened and that you cannot work at this time. ISNAP will also contact your Work Site Monitor. You will be directed not to work until ISNAP has received a re-assessment from your treatment provider(s). Do not return to work until you have received approval from ISNAP 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 nursing as well as maintaining your life.

GRIEVANCE PROCEDURE

Wherever possible, resolution should occur at the lowest possible level. If you disagree with a decision made by ISNAP, you may follow the grievance procedure:

- 1) Verbal discussion at the time of disagreement. The Case Manager will notify the nurse within **three business days** of the decision.
- 2) You must file a written appeal within **three business days** of notification of the intake/case manager's decision. ISNAP's CT will respond to the appeal within **three business days** of receipt of the appeal.
- 3) You must file a written appeal within **five business days** of the CT's decision. The Executive Director will respond within **five business days** of receipt of the appeal.
- 4) If the Executive Director denies the appeal, ISNAP will close the nurse's file within **ten business days** of the Executive Director's decision.

Decisions of the Executive Director are final and will be rendered within five business days. If the initial decision includes disclosure of your case to the Attorney General's Office or the Indiana State Board of Nursing, if your license is active, your case will be closed and forwarded to the Attorney General's Office. If your license is on probation, an OTSC hearing will be scheduled and your case will remain open until further direction from the ISBN.

VACATIONS

ISNAP must be informed of your vacation plans **at least two (2) weeks in advance** of the start of your vacation. You can go online to AOS and complete a “monitoring interruption” request. You will need to discuss vacation plans with your Sponsor, Work Site Monitor, Therapist and/or Addictionist. Your vacation request must also be signed by one of the above persons still active in your RMA. As part of your vacation planning, an AA/NA meeting plan and a drug testing plan will be developed. This may involve excusing your drug screening while on vacation or the identification of an alternate drug testing site during your vacation. Once you have submitted your monitoring interruption form, please check with ISNAP to ensure that support has been received and your vacation approved.

Emergency absences from your home area need to be communicated to ISNAP directly by phone and at your earliest opportunity.

Tip: *Remember to provide ISNAP with a completed monitoring interruption request form with support from one of the following: Sponsor, Work Site Monitor, Therapist or Addictionist at least two weeks in advance of the start of the vacation.*

CASE REVIEW/CLINICAL TEAM

The ISNAP Clinical Team reviews matters which arise during the course of your RMA. The clinical team is comprised of the Program Director, the Intake Coordinator, the Case Manager, and the Assistant Case Managers, as appropriate. The Executive Director of ISNA may be asked to mediate difficult issues. Common matters discussed by the Case Review Team include participants’ eligibility for monitoring, return-to-work issues, the needs assistance fund, relapse(s), noncompliance with the terms of your Recovery Monitoring Agreement (RMA), and successful completion. The Clinical Team meets daily during the week.

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).

When requesting a change in the terms of your RMA, please do the following:

1. Discuss the desired change with your treatment providers, Work Site Monitor, and Sponsor before you request the change.
2. Submit a written request for the change to ISNAP using the **“Request for Change to the RMA”** form. It can be found at www.indiananurses.org. Go to the ISNAP link and click on **“Participant Info.”** All ISNAP forms can also be found in the AOS web link for ISNAP.
3. Request that your treatment providers, Work Site Monitor, and Sponsor provide ISNAP with their written support about the requested change.

Following receipt of the above, ISNAP 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 and a copy of the addendum will be mailed to you.

CONTACTING ISNAP AFTER BUSINESS HOURS

If an emergency occurs after usual business hours or on a weekend or holiday, you may contact an ISNAP staff member by using the ISNAP emergency contact service. You can access the emergency contact by dialing the ISNAP phone number, 1-800-638-6623, and following the “after hours emergency” instructions to be connected to the staff member on call. ***This should be used for urgent matters only.*** Forgetting to check-in or do a UDS is NOT considered an emergency.

NON-COMPLIANT CASE CLOSURE

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 will be closed. If this occurs, a memo summarizing your involvement with ISNAP and your non compliance which led to your case closure will be completed. This letter and portions of your file will 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 Board of Nursing for possible action on your nursing license.

SUCCESSFUL COMPLETION

The successful completion of your ISNAP monitoring is represented by the end date of your Recovery Monitoring Agreement (RMA) or subsequent addendum(s). The process to successfully complete your RMA includes the following:

1. Contact ISNAP three months prior to your completion date to ensure you are in compliance with all aspects of your RMA and that all reports and drug screens have been received to date.
2. Request written support for your successful completion from the individuals who are still involved in your monitoring. Submit a written personal relapse prevention plan/healthy recovery plan to ISNAP.
3. Submit the above documentation no sooner than three weeks prior to your RMA completion date.

ISNAP will review your file and the submitted documentation. On or after your completion date, ISNAP’s Clinical Team will review your compliance and urine drug screens, your relapse prevention plan and all letters of support. ***NOTE: You must have at least six months of “full compliance” to be eligible for completion. This includes all negative UDS’s. A positive UDS in the last six months of monitoring, even with a valid prescription, may extend your RMA.*** Your case manager will contact you with ISNAP’s decision. If you are approved for successful completion, you will no longer need to call for drug testing. However, you will not complete the monitoring program until all pending drug screens have been received by ISNAP through your RMA completion date.

Once all drug screens have been received, you will 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 ISNAP monitoring. All records are destroyed after 7 years.