
Client Handbook

Nursing Peer Health Assistance/ Nurse Alternative to Discipline Program

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Peer Assistance Services

Start believing.

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Chapter 1

Introduction

Welcome to the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program (NPHAP). This handbook provides information that will support clients in understanding their roles and responsibilities with NPHAP.

Please read this handbook carefully. This handbook outlines the policies and procedures for participation in the program. Clients are responsible for understanding and following individual contract requirements. For further clarification of the information provided in this handbook, please contact an NPHAP case manager at 1-866-369-0039 or 303-369-0039.

NPHAP provides nurses with the opportunity to improve their health, while pursuing their nursing practice safely. The program provides for rigorous monitoring of each client. The program may feel overwhelming and very structured at first. As a client progresses through the program the external structure of the monitoring decreases, pending compliance with the program. Drug/alcohol testing, practice restrictions, treatment, and the documentation required of each client while in NPHAP will validate recovery and safe nursing practice.

Mission of Peer Assistance Services, Inc.

Peer Assistance Services, Inc. (PAS) is dedicated to quality, accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues.

Purpose of NPHAP

Safe, caring and confidential, NPHAP is a proven, peer-assisted approach that has helped hundreds of nurses. The program enhances the Colorado Board of Nursing (Board) mission to safeguard the public, rehabilitate healthcare professionals, and avoids increasing the disciplinary caseload. NPHAP provides a continuum of prevention and intervention services to address various personal problems that may affect practice through comprehensive assessment, referral to treatment, and rehabilitation contracts with rigorous monitoring.

Introduction to Peer Assistance Services, Inc.

Peer Assistance Services, Inc. is a statewide, non-profit 501(c)(3) organization founded in 1984. PAS was founded to serve RNs and LPNs with substance use disorders and related problems. Originally incorporated as N.U.R.S.E.S. (Nurses United for Recovery, Support, and Education Successfully) of Colorado Cooperation, PAS has dedicated itself to substance abuse and related issues for 25 years.

Historical, Regulatory, and Organizational Perspectives

Legislation enacted in Colorado during the late 1980s and in other states has permitted regulatory boards to utilize an alternative to the disciplinary process to rehabilitate licensed healthcare professionals while at the same time providing for rigorous monitoring to protect the public. In the late 1970s and early 1980s peer assistance programs were sponsored by state professional nurses associations as a mechanism to help colleagues get into treatment. Two of the first states to employ the employee assistance program model of service delivery were Rhode Island and Colorado. This provided for services along the continuum of prevention and intervention and referral to treatment, as well as to address other problems that may affect professional practice and put the public at risk. The workplace focused strategy has been successfully employed in Colorado with physicians, pharmacists, and dentists.

The background of the nurse “alternative” or “diversion” programs and peer assistance programs reflects the policy or position of the National Council of State Boards of Nursing (NCSBON), the American Nurses Association, state nurses associations, and other professional groups. Over the years terminology and scope of services has been debated. Historically, these programs were intended to address alcohol and other drug abuse or addiction.

The NCSBON recommendations, while focused on chemical dependency, include “promoting public safety by facilitating early intervention and entry into a non-punitive and non-public process for monitoring recovery, promoting early identification, decreasing time between acknowledgment of a problem and entry into treatment, compliance, assuring public safety, and education to nurses, schools, and employers.”

The Colorado change in law that resulted from the passage of HB 07-1102 has broadened the scope of services to be provided. The NPHAP fulfills the statutory requirement and provides the State Board of Nursing and Colorado’s nurses a colleague-to-colleague approach, a continuum of prevention and intervention with the ability to address personal problems that may affect practice, and an alternative to discipline program providing for comprehensive assessment, treatment, and long-term rehabilitation contracts with rigorous monitoring.

NPHAP Program Overview

NPHAP

- Is the alternative to discipline program created in statute for the State Board of Nursing.
- Provides assistance and education to nurses concerning recognition, identification, and prevention of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provides for intervention.
- Is a recognized peer health assistance organization under the Colorado Nurse Practice Act.
- Is a program that allows nurses to demonstrate safe nursing practice through formal monitoring.
- Provides a 24-hour, on-call staff member for telephone support.

Case Managers

- Provide support and information for nurses.
- Assess and refer nurses to appropriate treatment.
- Act as liaisons between clients, treatment providers, employers, and the State Board of Nursing.
- Monitor client's work performance, program compliance, and progress.
- Provide education for employers and the Colorado nurse community.

Rights and Responsibilities

Client Rights

- To be treated with respect and dignity.
- To confidentiality in accordance with state and federal guidelines.
- To terminate participation at any time and to be informed of the consequences.

Client Responsibilities

- To assume personal responsibility for participation and progress by:
 - ♦ Adhering to the terms of the rehabilitation contract.
 - ♦ Following treatment recommendations.
 - ♦ Being accountable to oneself and to the nursing profession.

Chapter 2

How to get started?

Any nurse who has a problem affecting his or her ability to practice nursing with reasonable skill and safety may participate in NPHAP. The problem may involve a substance use or a mental health disorder, but it is not limited to these two categories.

Some nurses who participate in NPHAP have a complaint against their nursing license, but nurses may apply in the absence of any license complaint with the State Board of Nursing. For a nurse who has a current or pending complaint against his or her license, NPHAP participation may be a voluntary alternative to the Board's usual complaint resolution process. Completion of the NPHAP program allows nurses to maintain their license and avoid a public record of license discipline.

NPHAP is free of charge to registered nurses and licensed practical nurses with active Colorado licenses. RNs and LPNs without active Colorado licenses are fee-for-service clients. Students of nursing are also fee-for-service clients. Please contact NPHAP for current rates.

The Denver PAS office is open Monday-Friday from 8:00am to 5:00pm. The Grand Junction PAS office will be open Monday-Friday from 8:00am to 5:00pm beginning the summer of 2009. Please call (303) 369-0039, ext. 247 or 1-866-369-0039 to schedule an intake appointment.

NPHAP Phases

The NPHAP case management staff guides clients through the phases of the rehabilitation contract. The process provides a client with levels of structure throughout the monitoring process. Rehabilitation contract requirements and monitoring fluctuate throughout the phases based on individual client needs. The process provides stringent monitoring and strong support on an individual basis throughout the entire contract period. As a client progresses through the stages of monitoring, contract requirements are gradually decreased to guide clients toward discharge.

NPHAP Phases

Phase 1—Intake and assessment

Phase 2—Develop and sign contract

Phase 3—Rigorous and structured monitoring (to include treatment)

Phase 4—Rigorous, but less structured monitoring (may include treatment)

Phase 5—Discharge

Phase 1

- Intake
 - ♦ Contact NPHAP to schedule a bio-psychosocial assessment with a NPHAP case manager
 - ♦ Items to bring with you for the intake assessment:
 - Driver's License
 - Nursing License
 - State Board of Nursing documentation
 - Documentation of treatment/therapy
 - Court documents
 - A current resume
 - Any other pertinent documentation related to your referral to PAS
- Assessment
 - ♦ Complete a full bio-psychosocial assessment with a NPHAP case manager.
 - ♦ Refer and complete any required third-party evaluations.

Phase 2

- Sign Contract
 - ♦ A NPHAP case manager will contact you to schedule an appointment to review the program process and your rehabilitation contract in detail.

Phase 3

- Rigorous structured monitoring. Clients maintain compliance by adhering to all rehabilitation contract requirements including but not limited to:
 - ♦ Signing appropriate releases of information.
 - ♦ Following through with referrals to therapists, pain specialists, psychiatrists, evaluators, treatment centers, or other third-party providers as requested.
 - ♦ Timely submission of all monthly and quarterly paperwork.
 - ♦ Following the drug/alcohol testing schedule and providing valid negative urine screens at the assigned frequency.
 - ♦ Clients must maintain 12 consecutive months of compliance prior to moving to Phase 4.

Phase 4

- Rigorous less structured monitoring. Following 12 consecutive months of compliance, clients and the case manager team will discuss adjusting contract requirements on an individual case-by-case basis. Clients are encouraged to request a contract requirement change by following the contract requirement change request procedures.
- See page 14 for the contract requirement change request procedure.
- In the event of a relapse or non-compliance with the rehabilitation contract, the client would repeat Phase 3. Client rehabilitation contract requirements will be changed to provide the necessary structure based on the individual circumstances of the event.

Phase 5

- Discharge. Discharge requirements will be discussed and formalized with clients 6 months prior to discharge.
- See page 14 for discharge requirements.

Terms of Participation

All nurses who require monitoring in the NPHAP must sign a rehabilitation contract.

All clients participating in NPHAP agree to follow the terms of their rehabilitation contracts. Each rehabilitation contract is tailored to the individual client. This handbook outlines the terms of the rehabilitation contracts and should be used as a reference. For any questions about the rehabilitation contract or this handbook, please contact your NPHAP case manager.

Client Communication

- Clients must complete and submit all required documentation in a timely manner. Failure to do so may result in referral to the Board.
- Clients are responsible for maintaining communication with their NPHAP case manager, health care provider(s), and employer, including notifying the NPHAP case manager in writing of:
 - ♦ Receipt or use of prescriptions within 24 hours
 - Change in health care providers within 72 hours
 - Change of address/phone numbers within 72 hours
 - Change of employment within 72 hours
 - Change of supervisor within 72 hours
 - Change of sponsor within 72 hours

E-Mail Communication

- Please note that e-mails are accepted, however this form of communication is not secure and confidentiality cannot be guaranteed.

Website Updates

- Please check the PAS website www.peerassistanceservices.org for changes, updates and announcements related to Peer Support Groups, inclement weather, etc. Current/updated client forms are also available on this site.

Assessment and Treatment

All clients are initially assessed by a NPHAP case manager. If necessary, clients must obtain an assessment and treatment by a qualified, NPHAP-approved health care provider. The frequency of visits to the health care provider is outlined in the rehabilitation contract. These health care providers may include, but are not limited to:

- Medical doctor
- Psychiatrist
- Psychologist
- Eating Disorder Specialist
- Pain Management Specialist
- Addiction Specialist
- Neuro-Cognitive Specialist

If necessary, clients must participate in and complete a formal treatment program, including but not limited to:

- Residential treatment
- Inpatient treatment
- Outpatient treatment
- Intensive outpatient treatment
- Aftercare/continuing care for a minimum of one year

If necessary, clients must participate in individual therapy sessions. The frequency of therapy is dependent on the outcome of NPHAP assessment and input from third-party providers.

All clients must successfully complete appropriate treatment. Clients who do not successfully complete treatment may be referred to the Board. As a part of a treatment program, clients may be required to use monitored Antabuse, Naltrexone, Methadone, or Suboxone. This is another way of providing external support to a client in recovery. Clients may be required to document the administration of these medications on the Medication Log Form. Assessment and treatment costs are the responsibility of the client.

Release of Information and Consent

Clients must complete any consent form needed to permit disclosure. Failure to complete required consent forms may result in referral to the Board.

With appropriate consent, NPHAP exchanges information with treatment providers, employers, sponsors, drug/alcohol test sites, criminal justice authorities, the Board, and emergency contacts.

Self-Help Group Attendance

Clients must participate in twelve-step group meetings, or its equivalent. These groups may include Alcoholics Anonymous, Narcotic Anonymous, Cocaine Anonymous, Marijuana Anonymous, Crystal Meth Anonymous, Co-dependents Anonymous, or Overeaters Anonymous.

Daily 12-Step meetings for 90 consecutive days may be required initially or following relapse. Attendance is recorded on Monthly Attendance Sheets.

Peer Support Groups

Clients must participate in Peer Support Groups. These are confidential forums and are modeled on a system of colleague helping colleague. Peer support groups are not intended to replace treatment, therapy, or self-help groups. Groups convene for one hour and begin and end on time.

Groups are confidential. What is said in the group stays in the group. The exception to this is evidence of danger to self or others. If a group participant demonstrates an imminent danger to self or others, please confer with the facilitator or contact a PAS staff member, 303-369-0039 or 1-866-369-0039 (during regular business hours) or 303-392-4098 (after hours pager.)

No childcare is provided. Please make other arrangements for your children. Attendance is recorded on Monthly Attendance Sheets.

Family Treatment

NPHAP recognizes that a client's problem affects everyone in a family system. While NPHAP only requires NPHAP clients to follow through with a rehabilitation contract, we encourage family participation in treatment and self-help groups. Participation in these activities is supportive to the nurse client and helpful in the recovery of family members as well.

Travel

Clients must submit a travel request form two weeks prior to travel to allow for time to arrange for drug/alcohol test sites while traveling. Exceptions will be made for emergency travel situations.

Annual All-Nurses Meeting

All clients are required to attend the half-day Annual All-Nurses Meeting in Denver.

Returning to Work

All positions in which a nursing license is required must be approved by the NPHAP case manager prior to accepting the job.

Before NPHAP will approve any employment in nursing, clients must:

- Submit all required treatment documentation.
- Be engaged in treatment and submit approval to return to work from appropriate treatment providers, if applicable.
- Notify potential or current employer of their participation in NPHAP.
- Provide NPHAP with a signed release of information for the employer.

A Work Agreement/Return to Work Agreement must be completed and signed by the NPHAP case manager, nurse client, and the nurse supervisor prior to the first day of work.

Nurse supervisors are required to submit a Nurse Supervisor Report on a monthly basis.

Clients must be working in a position in which a nursing license is required for at least 16 hours per week for the majority of the rehabilitation contract.

Failure to notify the NPHAP case manager of employment in nursing or failure to complete a Return to Work Agreement may result in referral to the Board.

Restrictions on Practice

Restrictions are enforced to help assure safe nursing practice. Modification of any restriction will occur only as mutually agreed upon by NPHAP, the client, employer, and treatment providers.

Clients agree:

- Not to function in an autonomous or unsupervised role.
- Not to work over 40 hours per week or to take on-call assignments.
- Not to work shifts longer than 12 hours in a 24-hour period.
- Not to work night shifts.
- Not to float to other units or to rotate shifts.
- Not to work for multiple employers.
- Not to accept employment with staffing agencies, home health care facilities, or hospice facilities.
- Not to have access to controlled substances **at least** during the first 6 months of work in nursing, if applicable.
- No access to controlled substances includes, but is not limited to:
 - ♦ Not counting or administering controlled substances.
 - ♦ Not having access to narcotic keys or Pyxis codes.
 - ♦ Not witnessing wastage, signing pharmacy receipts for controlled substances, or having the ability to access storage areas for controlled substances.
 - ♦ Not calling, faxing, or otherwise electronically authorizing prescriptions for controlled substances.

Mood/Mind Altering Substances

Clients must abstain completely from the use of all mood/mind altering substances. Potentially addicting substances include, but are not limited to alcohol, illicit substances, controlled substances (with or without a prescription), uncontrolled substances (prescription or over-the-counter medications that contain alcohol or other abusable substances.)

All clients must fax prescriptions to their case manager within 24 hours of receipt of the prescription.

- Unreported use of mood/mind altering medications or failure to disclose prescriptions at the time they are obtained may result in referral to the Board.

If medication for pain management is needed:

- Clients must notify their NPHAP case manager about the prescription within 24 hours of receipt of the prescription.
- Clients must refrain from nursing practice until approved to return to work by NPHAP and treatment providers.
- NPHAP will enforce the Chronic Pain Management Agreement for each client who requires the use of on-going mood/mind altering medications. See the Chronic Pain Management section for details.

Please refer to the Talbott Recovery Campus Medication Guide for a comprehensive listing of potentially addicting medications, substances containing alcohol, and safe alternatives.

Please note:

- Poppy seeds and hemp seeds/oil products are substances that may cause a positive drug test result. Eating these products will not excuse a positive drug screen, therefore clients must not eat these foods.
- Alcohol-containing products will cause a positive drug test. Clients must abstain from alcohol including over-the-counter medications containing alcohol, such as liquid cold medications, alcohol-based mouthwashes, and food containing alcohol.
- Certain hand sanitizers have also been known to produce a positive test.
- The use of any of these above mentioned will not excuse a positive test.

Chronic Pain Management

Clients with conditions requiring the long-term use of mood/mind altering medications must sign the Chronic Pain Management Agreement.

The Chronic Pain Management Agreement outlines how the client facilitates his or her health care between a Pain Management Provider, Addiction Specialist, Neuropsychologist, and therapist.

A client who signs the Chronic Pain Management Agreement must comply with all requirements set forth in the Pain Management Plan.

Pain Management Agreement

- Agreement to comply with the Pain Management Plan as developed with the Pain Management Provider and the Addiction Specialist. The Pain Management Plan must include:
 - ♦ Identification of pain precipitants and stressors.
 - ♦ Use of non-pharmacological, non-opioid analgesic interventions to manage the pain.
 - ♦ The inclusion of adjunctive approaches to the management of pain, that may include acupuncture, massage, physical therapy, and other appropriate measures.
 - ♦ Clear indications for when the client shall use the mood/mind altering medications.
 - ♦ A plan to handle break-through pain.

- All mood/mind-altering medications shall be a limited quantity of the prescription, no automatic refills, no mail-order, no phone or call-in refills. Clients must see their Pain Management Provider for all refills.
- All medications prescribed must have the approval of the Addiction Specialist.
- Agreement to use only one pharmacy for all medications and refills.
- Agreement not to use emergency departments for the management of chronic pain and to have a specific plan for managing break-through pain.
- Agreement not to procure medications from family and friends or divert medications from the workplace.
- Agreement to abstain from alcohol or other drugs.

Consult your NPHAP case manager for specific details about the Chronic Pain Management Agreement.

Drug/Alcohol Screens

All clients must submit random substance drug/alcohol screenings.

- Drug and alcohol screenings are tangible evidence of a client's sobriety.
- Drug and alcohol tests are the responsibility of the client.
- Clients are responsible for understanding NPHAP's urine drug screening guidelines.
- Clients must access the test line every day of the week between the specified call-in hours.
- Clients must provide a random urine specimen for drug tests as requested by NPHAP or the random system.
- Specimens must be provided on the day of the random request.
- All specimen collections must be witnessed by a same-sex observer.
- Clients should retain a copy of all chain of custody forms when submitting a drug/alcohol screen.
- If a client forgets to call the random system, the client must submit a test the same day.

Dilute Specimens

Urine specimens with low creatinine levels are interpreted as positive test results. To avoid producing dilute specimens, submit urine specimens early in the day – before noon, before drinking excessive amounts of water, and/or prior to consuming any caffeinated beverages or other diuretics. Multiple dilute tests may result in a referral to the Board. The NPHAP case manager will apply the Dilute Urine Screen Policy when appropriate. The policy applies to number of dilutes within any given six month time frame.

Dilute Urine Screen Policy

- First Dilute Specimen:
 - ♦ Case manager will call client and have the client submit another urine specimen and submit a written explanation of what the client believed caused the dilute screen.
 - ♦ Case manager will mail client a letter offering suggestions to avoid dilute urine screens and explaining consequences of subsequent dilute urine screens.
- Second Dilute Specimen:
 - ♦ Case manager will call client and have the client submit another urine specimen and submit a written explanation of what the client believed caused the dilute screen.

- ◆ Client will be required to maintain a hydration log for one month.
- Third Dilute Specimen:
 - ◆ Case manager will call client and have the client submit another urine specimen and submit a written explanation of what the client believed caused the dilute screen.
 - ◆ Client will be required to maintain a hydration log and undergo a medical evaluation to determine cause of dilute urine screens.
 - ◆ The number of urine screens will also increase.
- Subsequent Dilute Specimens will be reviewed and managed by the NPHAP case manager team.

Missed Specimens

Failure to provide a specimen for alcohol/drug testing is considered a positive result and may result in increased drug testing and/or referral to the Board.

Reasonable-Cause Drug Screens

NPHAP may request urine drug/alcohol screens for reasonable cause. Reasonable-cause specimens must be collected within two hours of request. If a narcotic discrepancy occurs at work, the client will submit a drug/alcohol test on the same day of the discrepancy. Employers may request additional drug/alcohol screens in accordance with facility policy.

Positive Drug/Alcohol Test Results

NPHAP will notify the client and the employer when positive tests are received. Clients with positive test results must immediately cease nursing practice and submit another drug/alcohol screen within four hours of notification from NPHAP. Rehabilitation contracts will be revised to reflect the positive drug screen. The following changes in the rehabilitation contract may occur:

- Assessment by the NPHAP case manager
- Evaluation by a NPHAP approved health care provider
- Increase in the frequency of drug/alcohol screens
- Increase in attendance of twelve-step meetings
- Increase in therapy sessions
- Participation in residential, outpatient, and/or intensive outpatient treatment
- Participation in aftercare

Clients must be cleared to return to nursing practice by the NPHAP case manager team. A positive drug/alcohol screen may also result in a referral to the Board.

Length of Program

Clients must remain with NPHAP for the duration of their rehabilitation contracts. Rehabilitation contracts vary in length from one, three, to five years.

Advanced Practice Nurse clients (APN) must remain in NPHAP for a minimum of five years. APNs include NPs, CRNAs, CNSs, and Nurse Midwives.

All clients must be practicing in a position for which their license is required for 16 hours per week for the majority of the rehabilitation contract.

NPHAP reserves the right to extend the rehabilitation contract in the case of relapse and/or non-compliance.

Request for Rehabilitation Contract Changes

All requests for contract changes must be forwarded in writing to the NPHAP case manager.

Contract changes will only be considered after a client has demonstrated compliance with all rehabilitation contract requirements for 12 months prior to the initial request. Subsequent contract changes may be submitted at 6 month intervals providing clients are in full compliance with the contract.

Clients will be asked to provide supporting recommendations regarding the request from therapists, employers, etc.

All change requests are reviewed by the NPHAP case manager team. Approved contract changes will be forwarded to the client for signature and returned to the NPHAP case manager. An original copy of all contract changes will be attached to the client's rehabilitation contract. Clients are responsible for making copies of the contract changes.

All rehabilitation contract requirements remain in place and must be adhered to until officially changed by NPHAP and the client is in receipt of a completed, signed contract change.

Discharge Criteria

Provided the client has fulfilled all the terms of the rehabilitation contract, at six months prior to the scheduled contract end date, discharge requirements will be presented to the client. These specific discharge requirements may include, but are not limited to: a letter of request for discharge, a relapse prevention plan, and supporting letters from supervisors and treatment providers. NPHAP reserves the right to extend the contract as necessary.

Withdrawal and Dismissal from Program

A client may withdraw from the program at any time by notifying NPHAP.

The client's employer will be notified of a client's withdrawal. The client will be referred to the Board.

A client may be dismissed from NPHAP for threatening NPHAP Staff.

Referral to the State Board of Nursing

A client's identity and other relevant information may be reported to the Board of Nursing (Board) under the following conditions:

NPHAP may refer a client to the Board if NPHAP cannot assure that the client is safe to practice nursing with reasonable skill and safety. Clients may be referred to the Board if they:

- Have two positive drug screens
- Are consistently noncompliant with their NPHAP rehabilitation contracts for over a two month time frame
- Have a positive drug/alcohol screen in the context of nursing practice or complaint from work that client is under the influence of drugs/alcohol while practicing as a nurse
- Withdraw from NPHAP
- Work using nursing license without informing NPHAP
- Are unsafe to practice as determined by third-party provider
- Endanger patients or compromise patient safety
- Move to another state without NPHAP and Board permission

Moving Out of State

All clients must inform NPHAP if they plan to move out of state. In most cases, clients must seek permission from NPHAP, the State Board of Nursing in Colorado, the peer assistance program of the remote state, and the State Board of Nursing in the remote state. Moving requirements vary depending on the compact status of the remote state and the client's status with the State Board of Nursing in Colorado. Consult your NPHAP case manager for further details.

Failure to make timely arrangements for transfer will result in referring the client to the Board in Colorado and in the remote state.

Cost and Fees

Clients are responsible for payment of the following costs associated with NPHAP participation:

- Assessments, evaluations, therapy, and treatment programs
- Drug/alcohol testing

NPHAP monitoring and case management services are free of charge to registered nurses and licensed practical nurses with active Colorado licenses. RNs and LPNs without active Colorado licenses are fee-for-service clients, including those nurses who have surrendered their license or the license is revoked or lapsed. Students of nursing schools are also fee-for-service clients. Please contact NPHAP for current rates.

NPHAP Client Outcomes

At the end of the rehabilitation contract, it is expected that clients will be practicing as nurses without restrictions in practice and that they will have the necessary tools to remain healthy.

Chapter 3

Required Documentation

The following section outlines documentation, as applicable, that needs to be completed and submitted in a timely manner in order to participate in NPHAP and to be compliant with the program.

Monthly Documentation

- The following reports are due on a monthly basis:
 - ♦ Self-Status Report
 - ♦ Monthly Group Attendance Sheet
 - ♦ Sponsor Report
 - ♦ Nurse Supervisor Report
 - ♦ Therapist Report
 - ♦ Pain Management Provider Report
 - ♦ Medication Log
 - ♦ Prescription/Pharmacy Log
 - ♦ Hydration Log
 - ♦ Psychiatrist Report
- The above mentioned reports are due as outlined in the following schedule:
 - ♦ If a client's last name begins with A through L, the reports are due on the 1st of the month. Reports due on the 1st of the month reflect the previous calendar month.
 - ♦ If a client's last name begins with M through Z, the reports are due on the 15th of the month. Reports due on the 15th of the month reflect the previous 30 calendar days.
- Clients are responsible for submitting the reports on the due date.
- All reports are due a monthly basis unless otherwise officially changed in writing by the NPHAP case manager.
 - ♦ Quarterly reports are due – March, June, September, and December.
 - ♦ If a client's last name begins with A through L, the reports are due on the 1st of the month.
 - ♦ If a client's last name begins with M through Z, the reports are due on the 15th of the month.

Periodic Documentation

The NPHAP case manager will prescribe the deadlines for the following documentation:

- Releases of Information/Consent to Disclose Information
- Return to Work Agreement
- Formal intake evaluation, treatment plan, discharge summary, and progress reports
- Relapse Prevention Plan