STATE OF SOUTH DAKOTA
HEALTH PROFESSIONALS ASSISTANCE PROGRAM
MONITORING PLAN

This Monitoring Plan is based on a signed Participation Agreement between HPAP and _____ The Monitoring Plan is classified as private data, and has been provided directly to the Participant and the treating professional/physician. The Participant's regulatory/licensing board may have access to this data if the Participant was referred by the Board, if the Participant refuses to cooperate with the Monitoring Plan, or if the Participant is terminated by HPAP. It will also be released to any other party to whom the Participant authorizes release in writing. The Participant may also provide a copy of this plan to any individual directly, but confirmation of compliance, etc., will be provided by the Health Professionals Assistance Program only upon written authorization of the Participant. This Agreement is based on an identified treatment focus of _____.

I. STANDARD CONDITIONS

A. The Participant agrees to:

1. Identify to HPAP a mutually acceptable treatment/continuing care plan and qualified treating professional/physician who will monitor and/or manage all care, consistent with participant's diagnosis. The Participant agrees to allow the treating professional/physician and the Health Professionals Assistance Program to exchange information related to Participant's illness;
2. Meet with treating professional/physician as prescribed in the treatment/continuing care plan. The treating professional/physician will provide at a **minimum, monthly reports** regarding treatment/continuing care and progress as related to Participant's diagnosis;
3. Meet with HPAP staff or designee of the Program to discuss the treatment/continuing care plan **quarterly and upon request**;
4. Provide to both the treating professional/physician and HPAP the name, address, telephone number of any other providers of care related to Participant's diagnosis. Participant also authorizes communication among all providers of care and HPAP staff as it relates to diagnosis;
5. Provide a written self-report **monthly**, summarizing efforts in addressing continuing care recommendations, employment issues, and future plans related to participant's practice;
6. Identify a work site monitor, who will provide an **initial work quality assessment and subsequent monthly reports** regarding overall work performance. This report will include, but not be limited to, record-keeping, punctuality, and professional demeanor to patients, colleagues, and other staff. Monitoring Plan will be provided directly to work site monitor;
7. Inform the Program of changes in employment/professional practice site **and** any change of personal address and phone number;
8. pay an initial participation fee and all other costs associated with physical, psychosocial, and other related evaluations, chemical dependency treatments, and unscheduled drug screens, pursuant to SDCL 36-2A-10; and
9. not commit any violations of local, state, or federal laws.

B. While involved in this Program:

1. Participant is responsible for the timely submission of all required reports, and;
2. Participant may authorize the release of information regarding enrollment, Monitoring Plan, and monitoring data to any third party. This authorization must be in writing and specify what information is to be provided.

C. If Participant has been mandated by a Board for monitoring, consistent with a formal Board action, the Program will submit progress reports to the Board upon their request. The Monitoring Plan has incorporated Board specified terms, conditions, and monitoring requirements. The Program will report non-compliance to the Board.

II. ILLNESS SPECIFIC: CONDITIONS / MONITORING REQUIREMENTS

A. Common Terms

1. Participant understands
   a. That the continuing care plan includes abstinence from the use of alcohol and any other mood-altering chemicals, unless they are lawfully prescribed or managed by a treating professional/physician or dentist who has been informed of Participant's diagnosis and history. Participant agrees to report any use of alcohol of non-prescribed mood-altering chemicals immediately to the treating professional/physician and to HPAP; and
   b. If the Participant is prescribed or dispensed any medication by a licensed practitioner, the individual agrees to request the practitioner prescribing the medication to complete a Medication Report form and return it to HPAP. The form will include the medication dose, any refills, and why it was prescribed.

2. Participant agrees to:
   a. Refrain from prescribing any drug for themselves or member of their family/household;
   b. Respond to unscheduled drug screens at the request of HPAP staff or designee. Participant agrees to collection and testing standards established by a Program designated laboratory. Participant will be responsible for all costs associated with collection procedures and required laboratory tests. There will be a **minimum of ____ drug screens per quarter**;
   c. Attend a self-help program, such ass AA or NA, in support of recovery at a **minimum of ___ meeting(s) per week** or more frequently as specified in the continuing care plan. Participant will provide written documentation on a **quarterly** basis regarding attendance;
   d. To obtain a Twelve-Step program sponsor and provide the HPAP with that person's first name and last initial. The sponsor is expected to submit **quarterly** reports as to the Participant's participation in the recovery process; and
   e. Attend a professional support group or professional organization related to recovery _____ or more frequently, as specified in the continuing care plan. The group facilitator will provide written documentation on a **quarterly** basis regarding Participant's involvement. Participant will be responsible for all costs associated with professional support group attendance.

B. Individual Terms: Participant agrees to individual restrictions/conditions (will be stated here). For example, a practice restriction appropriate to the illness and stage of recovery will be established (i.e. no direct access to controlled substances).

III. MODIFICATIONS OF TERMS: Changes in terms of this Agreement may be made by mutual agreement between Participant and the Program, but if referred by a participating Board, will never be less than what is established in the written Board Order. Such changes will be stated in an addendum to, or revision of, this Monitoring Plan.

IV. TERM – DISCHARGE

A. This Agreement will remain in effect for a **minimum** of _____ unless the treating professional/ physician establishes the need in writing for continued limitation and/or continued monitoring of Participant's practice beyond that time.

B. After the minimum term, Participant may request, in writing, a discharge from the Program. The documentation of compliance with all terms and conditions of the Agreement will be reviewed.

C. If referred by a participating Board, the Agreement will remain in effect for the duration of Participant's Board Order, which may be petitioned after _____.

V. BOARD REFERRED DISCHARGE: Participant understands that failure to comply with the terms of this Agreement shall result in a report to the appropriate licensing and/or regulatory Board, consistent with SDCL 36-9A-11.