RFP 22-70538
TECHNICAL PROPOSAL
ATTACHMENT F

Instructions: Please supply all requested information in the areas shaded yellow and indicate any attachments that have been included to support your responses.

2.4.1 General Requirements and Definitions

2.4.1.1 Please list any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award during contract finalization and implementation.

Rehabilitation of Impaired Pharmacy Professional's Program (IPRP)

There are no additional terms or definitions used by our company that we would like the State to consider incorporating in the contract.

2.4.1.2 Please confirm you have carefully reviewed all requirements listed in RFP Section 1.4. Should your company have any exceptions, substitutions, or conditions for the State's consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation.

Rehabilitation of Impaired Pharmacy Professional's Program (IPRP)

I hereby confirm that we have carefully reviewed all requirements listed in RFP Section 1.4 and have agreed to all requirements. We do not have any exceptions, substitutions, or conditions for the State's consideration. *Rodrigo Garcia*

2.4.2 Program Criteria

2.4.2.1. Please describe in detail your company's experience and expertise in providing rehabilitation referral and monitoring programs for impaired professionals and/or individuals who have been affected by the use of alcohol or other substances. The response should include a narrative that supports your company's ability to meet the scope of work and available resources related to the provision of the rehabilitation referral and monitoring program.

Rehabilitation of Impaired Pharmacy Professional's Program (IPRP)

Company's experience and expertise in providing rehabilitation referral and monitoring programs for substance-impaired healthcare professionals

Parkdale Aftercare has quickly become a leader in the monitoring and referral industry for health care providers. In 2018, Parkdale Aftercare was awarded the Indiana State Nurse Assistance Monitoring program (IPRP Indiana 2018 RFP RFP 18-055). In 2018, Parkdale Aftercare was also awarded the Indiana Board of Pharmacy monitoring program, or the Pharmacy Recovery Network (PRN). An indication of the quality of service and effectiveness of the program, the contracts were automatically renewed by the state in 2019, 2020, and 2021. In 2019, Parkdale Aftercare was accepted as a resource for the Indiana Board of Podiatry. In 2019 Parkdale Aftercare was also awarded the West Virginiana Board of Nursing's Restore Program for Nurses. The Restore program is an alternative to discipline and referral program for impaired nurses in West Virginia. The West Virginia Restore Program was also automatically renewed by the West Virginia Board of Nursing in 2020 and 2021. As a testament to the success of our programs, Parkdale Aftercare has been contacted by several states with the offer to bid for their state's alternative to discipline programs. In addition, the Parkdale Aftercare leadership team has provided diversion and monitoring training for the National Council of State Boards of Nursing, twice a year, beginning in 2019.

An often-overlooked component of a successful monitoring and referral program is relationship building. Our leadership team has dedicated and continues to dedicate efforts in strengthening relationships with all vested parties. This would include boards of pharmacy, office of the attorney general, investigators, and employers. By budling a program to include transparency in communication, we have achieved the goal of working together in the best interest of the public and of the struggling health care provider.

Parkdale Aftercare continues to lead the industry of monitoring and referral services for impaired health care professionals. By utilizing companywide resources (see below), Parkdale Aftercare has developed a vast network of local, state, and national resources and health care providers. These vetted and approved providers understand the complexities of managing an impaired health care provider and have become an integral component in supporting the rehabilitation and reentry of the pharmacist. As we continue to enhance, improves, and add additional resources to our monitoring and referral programs, the state, employers, pharmacists, and patients will reap the benefits.

(The program may be interchangeably referred to as IPRP or PRP throughout this submission)

Company resources available to the vendor to accomplish referral and monitoring programs for those who have been affected by the use of alcohol or other drugs.

Since 2014 Parkdale has been assisting in or providing the appropriate initial evaluation and diagnosis, treatment support, professional advocacy, treatment referral , and long-term monitoring of health care professionals afflicted with substance use disorder. Parkdale has demonstrated effectiveness in all aspects of care from the onset of the initial evaluation, to an appropriate treatment of referral for treatment and continued long term monitoring. An initial comprehensive multidisciplinary assessment (CMA) approach has been used to consider all factors that ultimately contribute to the disease as well as help outline a treatment plan which increase the likelihood of sustained sobriety. The ability to maintain this initial assessment standard of care (CMA) is imperative in the early onset management of the impaired healthcare professional and subsequent referral to appropriate care. In addition, the resources are readily available to assist in the management of the often-present dual diagnosis, a behavioral component often present but often omitted from the treatment, referral, and management of those struggling with substance use disorder (SUD). Areas of focus in conducting the CMA may include:

Substance Use Disorder Diagnosis (SUD)
An accurate and appropriate diagnosis is the most important component of a successful care and management plan for the impaired provider. All SUD diagnosis is approved by an addiction medicine board certified physician after a clinical team collaboration and staffing session. Standards of care follow the American Society of Addiction Medicine criteria and adhere to all standards of care and evidenced based information. From this diagnosis, duration of RMA, treatment recommendations, aftercare, medically assisted treatment, and ancillary support measures are determined.

Comprehensive Substance Use Assessment Screening
This comprehensive self-report is conducted by an experienced addiction specialist in good licensure standing with the State of Indiana. The self-report is derived from objective observations, self-reporting, and per an interview with the pharmacist. Information obtained is an important contributing factor in the subsequent diagnosis.

Medical Health and Physical Screening
Physical wellness and the ability to tolerate treatment is evaluated by an advanced practice pharmacist with specialized training and reviewed/ signed off by a medical physician. Medication, further testing, or delay in treatment may be required.

Cognitive Psychological Screening
Comprehensive cognitive testing is conducted by a psychologist in good licensure standing in the state of Indiana. Testing includes SSASSI, MMPI, DAS, and personality disorders to name a few. Testing is imperative for the discovery of an underlying dual diagnosis.

Behavioral Health Screening

Comprehensive psychiatric testing performed by a Psychiatrist MD or a board certified psychiatric nurse practitioner. Testing is imperative for the discovery of an underlying dual diagnosis.

Family Systems Screening
Family and support systems are interviewed by a licensed clinical in good standing with the State of Indiana. All information is to corroborate, enlighten, or dispute claims made by the impaired pharmacist.

Professional Advocacy Screening
Interview goal is to ascertain the level of professional, employment, legal, investigative, or licensure issue present as a result of the SUD. The information is used to promote transparency between all vested entities.

Comprehensive Substance Abuse Testing
Hair, urine, blood, and nail testing can be performed on an individual basis. Comprehensive screening parameters are used specific to the pharmacist, their access to medications, and their drug of choice.

Once the information is comprehensively obtained and diagnosed by a board-certified addiction physician, the recommendation and subsequent referral process begins. Specific areas of consideration when referring to treatment providers include:

- Severity of Disease
- Level of Care Required
- Geographic Location of the Pharmacist
- Financial Situation of the Pharmacist
- Employment Status of the Pharmacist
- Pending Legal consequences of the Pharmacist
- BOP requirements
- Alternative to Discipline Program Requirements
- Collateral information for vested parties

Parkdale has developed not only a State-wide network of providers and treatment facilities to meet the considerations listed above but also a Nation-wide network of providers and treatment centers to meet the same needs. When assessing individual treatment providers or facilities, the level of care they can offer is the first consideration. Below is a partial list of the specific areas assessed when developing our referral network of treatment providers and treatment centers.

Detoxification Program Referrals are Determined By
- State Licensure Required
- Private Insurance/ State Insurance/ Cash Option

- Accredited Program
- Physician (MD or DO) Supervised and Operated
- (average length of time, 3-5 days)

In-Patient/ Partial Hospitalization Referrals are Determined By

- Length of Program
- Licensed Clinicians to Provide Care
- State Licensure Required
- Private Insurance/ State Insurance/ Cash Option
- Accredited Program
- Ability to Provide Medically Assisted Treatment
- Dual Diagnosis Management Capabilities
- Program is 12 Step Abstinence Based
- Capability to Provide Urine, Hair, Blood , Nail Drug and Alcohol Testing
- Experience treating health care professionals
- Experience working with the BOP and State ATD program
- (average length of time, 4-6 weeks)

Intensive Outpatient

- Geographic Location
- Length of Program
- Licensed Clinicians
- State Licensure Required
- Private Insurance/ State Insurance/ Cash Option
- Accredited Program
- Capability to Provide Urine, Hair, Blood, Nail Drug and Alcohol Testing
- Program is 12 Step Abstinence Based
- Experience treating health care professionals
- Experience working with the BOP and State ATD program
- (average length of time, 8-12 weeks)

Monitoring also begins at the level of care. Length of RMA to be 6mo.- 5years

Individual Therapy/ Aftercare

- Geographic Location
- Licensed/ Certified Clinicians
- Private Insurance/ State Insurance/ Cash Option
- (average length of time, 1-2 years)
- Experience treating health care providers.

*** General speaking, once the initial level of care is determined, subsequent levels are to follow in the "step down" order listed above until the RMA is complete.* ***ALL treatment recommendations and placement follows the American Society of Addiction Medicine (ASAM) placement levels of care****

The next important step to the referral and monitoring process is the ability to maintain transparency with all vested entities. The theme of "transparency" will be apparent throughout this proposal as it reflects and supports continued long-term sobriety and successful completion of the monitoring program. As a result, numerous releases of information ***(Appendix E)*** will be obtained and executed to ensure all vested entities remain current with the progress of the participant through the entire spectrum of treatment, aftercare, reentry, and/ or monitoring.

A general overview of our monitoring programs and the reason for its' success can be explained with the following steps

1. Appropriate initial diagnosis
2. Appropriate, timely, and individualized referrals to vetted and approved treatment providers.
3. When appropriate, completion of the detoxification and inpatient/ PHP levels of care.
4. Transparent and timely collaboration with all treatment providers to determine length of monitoring. Areas of consideration include the participants' profession, severity of disease, drug of choice, and regulatory requirements.
5. Monitoring contract includes self-reports, signature reports from involved parties, scheduled assessment/evaluations by addiction clinicians, and random drug screening.
6. Drug Screening have historically been executed by the *Affinity Online* Solutions (AOS) testing program.

Comprehensive and timely reporting to all vested entitled including employers, boards of pharmacy, office of the attorney general, and any other regulatory or licensing body involved in the case.

2.4.2.2 Please describe in detail the evaluation techniques that you plan to use in your intake and referral process, including, but not limited to:

A. Admission criteria;
B. practitioner's risk of continuing to work;
C. treatment recommendations;
D. referral recommendations;
E. reasons for discharge from the program and referral of case to IBP or Office of the Attorney General, as appropriate; and
F. criteria for readmission to the program, if discharged.

Admission Criteria 2.4.2.2A

In order to participate in the program, the participant must meet the criteria for admission as listed in section of RFP 22-70538.

We agree to accept participants into the rehabilitation and monitoring program who are registered pharmacists in Indiana; who have been impaired by their personal use of alcohol or drugs; and who meet the criteria described below.

1. A practitioner who has been affected by the use or abuse of alcohol or drugs is eligible for participation in IPRP if the practitioner:

a. is currently licensed by BOP;
b. has applied for licensure by examination, passed the examination, and paid the appropriate fees;
c. is eligible for licensure by endorsement, filed an application, and paid the appropriate fees; or
d. has submitted a renewal application and paid the appropriate fees.
2. A practitioner must maintain an active Indiana license to remain eligible for participation in IPRP.
3. A practitioner who holds an Indiana license and a license in another state and who lives or works in another state may be monitored by the state in which the practitioner lives or works if the other state has a monitoring program.
4. A practitioner who lives or works in another state that does not have a monitoring program is eligible for monitoring by IPRP if the practitioner maintains an active Indiana license.
5. A practitioner who signs a Recovery Monitoring Agreement ("RMA") with IPRP and moves to another state must be monitored by the other state unless the other state does not have a monitoring program.
6. A practitioner who allows his or her Indiana license to lapse while enrolled in IPRP shall be terminated from participation in IPRP until the practitioner's license made active.
7. A practitioner whose license is revoked may no longer participate in the program at the expense of the State.
8. Any practitioner that the Indiana State Board of pharmacy refers into the program.

Once the above criteria has been established, those that wish to enter the program may do so, either voluntary or by board order.

Intake, & Referral Process

The Participants will be first required to contact the intake coordinator at the IPRP program. The intake coordinator will collect demographic and contact information and will secure the proper release of information documentation. They will also begin the collection of collateral information including employer information and circumstances

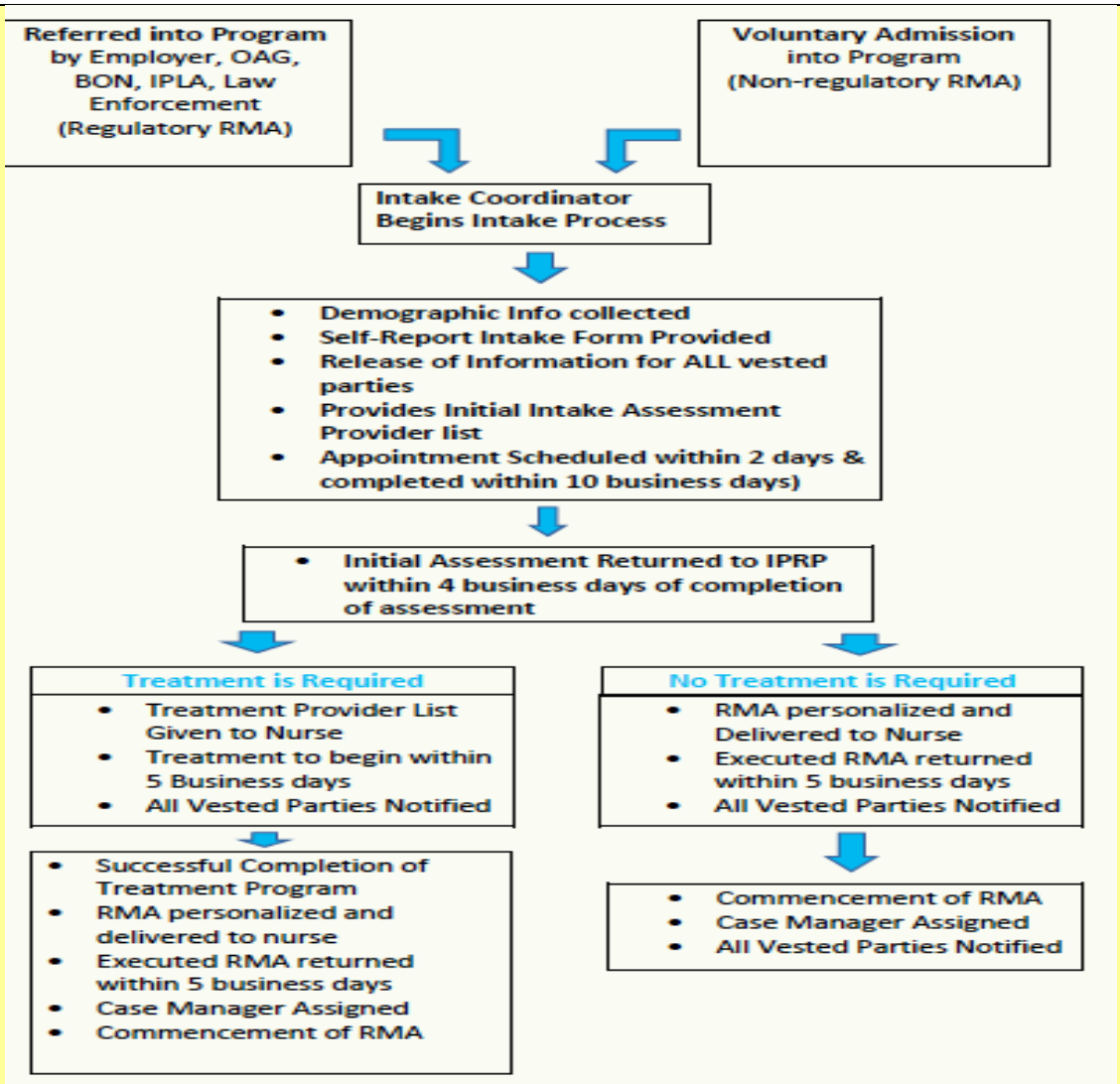
leading up to the initial call to IPRP. The pharmacist will be required to submit a request for services questionnaire ***(Appendix A)*** and an informed consent form ***(Appendix B).*** The pharmacist will then be directed to obtain an initial evaluation, diagnosis, and treatment recommendation from the IPRP approved board-certified addiction physician (MD or DO), board-certified addiction psychiatrist (MD or DO), or addiction treatment provider. This initial evaluation appointment must be made within 2 business days, must be complete within 10 business days, and must be returned to IPRP within 14 business days of the initial call. If the pharmacist is not able to secure an initial assessment within the time frame, if they are financial unable to pay for the assessment, or if they voluntarily choose to do so, they can receive the initial assessment by the IPRP/IPRP clinical team.

Referral will be managed through the vast network of providers established by the Parkdale Aftercare team since 2012. Providers will be located throughout the state of Indiana and will collectively offer services that span the American Society of Addictions Medicine established levels of care. All prospective providers of the IPRP program will be required to submit an application ***(Appendix C)*** which will be approved by the IPRP clinical team to ensure all criteria is met. Providers will remain on the list as long as criteria continues to be met, including weekly updates ***(Appendix D)*** of all IPRP participants if they are currently receiving ongoing inpatient or intensive outpatient treatment from them. All criteria listed in section 1.4.4.(3) will be met when approving treatment providers.

Following receipt of the initial evaluation, the participant will be expected to complete an IPRP/PRP intake assessment with the clinical team. Completion of all intake paperwork will be expected at this time including execution of all releases of information ***(Appendix E),*** completion of the intake check list ***(Appendix F),*** and submission to initial drug testing. Shortly thereafter (3-5 days), the IPRP clinical team will review and provide the participant with remaining program documents and paperwork ***(Appendix G)*** , including their recovery monitoring agreement ***(Appendix BOP)***. After execution of the RMA, the pharmacist will have completed the intake, referral, and admission portion of the program.

*****If provided by the IPRP clinical team, the initial assessment will be free of charge and will satisfy all initial assessment requirements.*****

The following illustration depicts a typical admission process,
subject to change on an individual basis.



Assessing a practitioner's risk of continuing to work 2.4.2.2 (2)

Before the pharmacist is permitted to return to work, they must first obtain approval from their IPRP case manager. The pharmacist must first be assessed for risk for return to work by the IPRP clinical team and/or the participants prescribing health care provider or team member (if applicable). Minimum requirements for an approval for return to work including the following:

a. All participants must be in full compliance with all aspects of their RAM for a minimum duration of time (TBD) before a return to work will be considered. This may include treatment completion, testing compliance, and all other criteria outlined in their RMA.
b. The participant will be required to complete their portion of the return-to-work questionnaire ***(Appendix I).***
c. The pharmacist will be required to designate and execute a release of information

with their selected work site monitor.

d. Agree to IPRP recommended terms of reentry including the possibility of limited hours, selective shifts, practice restrictions, or refrain from specific departments.
e. All drug testing results must support a safe return to work recommendation.
f. Some participants may be required to undergo additional cognitive testing or screenings before returning to practice. In addition, standard drug or advanced drug testing (hair or nail) may be required for some participants and will be the financial responsibility of the participant.
g. For participants that are currently prescribed a controlled substance by their health care provider and have remained compliant with their medications, they will be required to complete a return-to-work assessment with their prescribing health care provider. In addition, the prescribing practitioner will be required to fill out an acknowledgment and return to work compliance report form provided by the IPRP case manager. For these cases, IPRP will determine program compliance and the prescribing health care provider will determine return to work status. For regulatory RMA's, once the IPRP clinical team determines monitoring compliance and the prescribing practitioner approves return to work, the board of pharmacy will be forwarded all information. We would support the board of pharmacy as they provide final approval for a safe and effective return to work recommendation after review of all collateral information.

The following RTW details can be seen in its entirety at (Appendix K pg. 4-6)

EMPLOYMENT
"Compliance with your IPRP RMA enhances your safe return to work as a healthcare professional. Any employment for which you use your professional license or any employment in a healthcare setting, must be pre-approved by IPRP. This includes volunteer, part-time, prn and fulltime 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. 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. Please refer to your RMA and verify whether you are required to complete a return-to-work assessment or not.
2. If applicable, the return-to-work assessment must be completed with the Program Director before you may begin looking for work. Once you have completed your return-to-work assessment, you will then receive a letter containing guidelines you must follow to return-to-work. You will need to contact

your CCM on the next steps after receiving your guidelines.
3. If a return-to-work assessment is not required per your RMA, you will need to contact your CCM immediately to inform them of a possible new employer. You will be required to complete a release of information and give your CCM your new worksite monitor's full name, phone number, and email address. You will also be required to give your new worksite monitor a copy of your RMA and have them review it, sign it, and send your RMA directly back to your CCM.
4. As appropriate, talk with your therapist, addiction MD, and pharmacist support group about returning to work."

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 IPRP. "
2. "If you are offered a position, immediately call IPRP and provide us with the name of the person you interviewed with and/or the person who will be your worksite monitor. "
3. "You will need to provide IPRP with a release of information. IPRP will contact this person to confirm your involvement with IPRP and obtain further information about your prospective job."
4. "You are also required to give a copy of your Recovery Monitoring Agreement (RMA) to your worksite monitor. Your worksite monitor will need to review and sign a copy of your RMA and send the signed copy back to your Clinical Case Manager."

Return to work may be modified, rescinded, or altered if the participant becomes non-compliant with any portion of their RMA, if new accusations arise, or if investigations result in additional findings.

A return-to-work status may be denied or delayed for the following reason (to name a few):

a. The employer has reported the pharmacist and has ongoing concerns about fitness for duty.
b. The BOP has referred the pharmacist and has ongoing concerns about fitness for duty.
c. The OAG has referred the pharmacist and has ongoing concerns about fitness for duty.
d. The pharmacist was referred by any other means with concerns of fitness for duty.
e. Diversion is suspected or confirmed from the workplace.
f. A legal investigation in pending for suspected work place issues, including diversion.
g. The pharmacist is under legal, professional, or licensure investigation with resolution of claims still pending.

h. The pharmacist may be asked to refrain from work until collateral information can be obtained.
i. The participants prescribing physician refuses to clear the participant back to work.
j. The participant in non-compliant with any part of their RMA.

Determining referral and treatment recommendations 2.4.2.2 (3)

It is imperative that participants be provided with access to consistent, appropriate, and quality providers to serve their needs. By following the American Society of Addiction Medicine and best practice standards, the following description outlines the methodology to achieve these objectives. The program will continue to maintain and update two separate referral documents (outpatient approved providers and inpatient/PHP treatment centers). This information will also be maintained and updated on the program website. In addition, providers or centers that wish to be on the referral list(s) will have a clear, concise, and systematic way to achieve referral status ***(Appendix C) .*** The first list will include providers that have the ability to provide not only an initial assessment but also a medical diagnosis of substance use disorder with the subsequent treatment recommendations and levels of care. This list will include board certified addiction medicine physicians, board-certified addiction psychiatrists, or approved licensed addiction clinicians. In order to promote consistency and appropriateness of diagnosis, it is imperative that the initial evaluation for substance use disorder be carried out by this highly specialized and trained group of clinicians. Understanding that this requirement may, in certain cases, be financially challenging or difficult to schedule, INPRP may (at times) provide this initial evaluation free of charge.

The second referral list includes treatment centers capable of treating the health care professional with a diagnosis of substance use disorder. All levels of care will be referred out including detoxification, inpatient, partial hospitalization, intensive outpatient, outpatient, aftercare, and individual therapy services. All providers must submit practice information to be reviewed and subsequently included on the referral list.

Criteria to be included for approved treatment providers is outlined in this RFP. Parkdale Aftercare understands and agrees to all points listed below. The following elements must be considered when selecting treatment providers:

a. The primary treatment staff, including the medical director, counselors, and practitioners is experienced in treating individuals affected by the use or abuse of alcohol or other drugs;

b. The staff consists of a balance between both recovering and non-recovering members;

c. The counselors are certified in the field of addiction, and it is preferable that the staff members are certified in the field of addiction;

d. The staff members have completed at least basic level training on the Americans with Disabilities Act ("Act");

e. A comprehensive evaluation is completed upon diagnosis and an individualized treatment plan based on an individual practitioner's needs is created and followed during treatment with modifications during treatment as clinically indicated;

f. The treatment program must be able to appropriately respond to differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status and the selected vendor should assist treatment programs in recognizing and addressing the special needs of practitioners;

g. The treatment program/facility is accredited by Joint Commission on Accreditation of Hospitals Organizations (JCAHO) or other appropriate agencies, including, but not limited to, the Commission on Accreditation for Rehabilitation Facilities (CARF), the Council on Accreditation of Services for Families and Children (COA), the Health Facilities Accreditation Program (HFAP), the Indiana Family and Social Services Administration (FSSA), and the Indiana State Department of Health (ISDH)

bop. The treatment program offers and encourages participation in a structured family treatment component;

i. The treatment program has a structured curriculum addressing the spiritual, physical, mental, or emotional needs of the individual patient;

j. The length of stay in treatment and recommendations for continuing care are based upon individual needs and utilize criteria accepted by the American Society for Addiction Medicine;

k. The treatment program can develop and maintain cooperative relationships with and provide consultation to the practitioner's employer, BOP, the selected vendor, and others, as appropriate;

l. While the practitioner is in treatment, the practitioner is introduced to and attends appropriate self-help groups;

m. While the practitioner is in treatment, an individualized continuing care plan is developed for each practitioner to include treatment for special issues; recommendations concerning return to work date; restrictions concerning the handling, dispensing, or possession of controlled substances; patient or non-patient care; and other scope of practice delineations. It is the responsibility of each treatment

provider to obtain appropriate releases so that discussions with the selected vendor can take place. If the practitioner refuses to sign such releases, the provider agrees to notify IPRP and BOP of this refusal)

n. Treatment costs should be reasonable, and when possible, covered by the participants insurance plan.

Treatment Recommendations

With the implementation of the initial evaluation to include a diagnosis of substance use disorder by an approved clinician, treatment recommendations are expected to be included in the initial assessment. In addition, they are expected to follow the American society of Addiction Medicine diagnostic treatment recommendation criteria for substance use disorder. All treatment recommendations will have a final review by the IPRP clinical team and medical director. Unless pertinent collateral information was not available to the approved clinician at the time of the evaluation (that may alter the diagnosis or treatment recommendation), the treatment recommendation will stand and be implemented into the RMA.

The approved provider and treatment center list(s) will continue to be managed, updated, and approved by the IPRP clinical team.

Discharging a participant from the program and referring the case to BOP

Program non-compliance would be the most general reason for discharge from the program and immediate referral to the BOP. Specific non-compliant situations may include

1. Multiple positive urine drug screens during the course of their RMA. Positive drug screens will be accepted as such unless immediate hair/nail testing is done to confirm sobriety. This will be at the sole cost to the participant. All positive tests will be reviewed by the IPRP Medical Review Officer. After a positive result the duration of RMA, current employment, re-evaluation by and addictionologist, and increasing drug screening may all be considered.
2. Multiple dilute samples during the course of their RMA. Dilute samples will be deemed in non-compliance unless immediate hair/nail testing is done to confirm sobriety. This will be at the sole cost to the participant. After a dilute sample the duration of RMA, current employment, re-evaluation by and addictionologist, and increasing drug screening may all be considered.
3. Multiple missed urine drug screens during the course of the RMA. Missed

screens will be deemed in non-compliance unless immediate hair/nail testing is done to confirm sobriety. This will be at the sole cost to the participant. After a missed test the duration of RMA, current employment, re-evaluation by and addictionologist, and increasing drug screening may all be considered.

4. Failure to provide documentation when due, including quarterly reports, monthly reports, or self-reports. First offense will result in a verbal warning. Second offense will result in an extension in the RMA. Third offense may be reported to the IBOP.
5. Failure to comply with and successfully complete all treatment recommendations including Intensive outpatient, outpatient, aftercare, Individual therapy, and medically assisted therapy. Cases will be evaluated on an individual basis with the expectation being full compliance with all treatment recommendations.
6. Revocation of pharmacy license.
7. Financial inability to maintain compliance with minimal requirements.
8. Voluntary cessation of participation in the program.
9. Discharge from program for health care consideration if under the care of and recommended by their physician.
10. Transfer out of State into another alternative to discipline program.
11. Verbally abusive or threatening, in any manner, to any member of the IPRP/PRP or Parkdale Aftercare team.

Criteria for allowing re-admission to the program, if discharged BOP

Readmission would be considered if any of the above situations were resolved appropriately. Upon re-admission into the monitoring program, a current initial evaluation for substance use disorder must be on file. Evaluation must be within 14 days of requested readmission to be valid.

- Pharmacists that have been in the IPRP program previous and successfully completed but have since relapsed may reenter the program at any time.
- Pharmacists ordered by the BOP may reenter the program at any time.

Pharmacists who wish to reenter the program after previously being unsuccessfully discharged will be allowed to so as long as they execute a release of information with the IBOP and OAG. If a non-regulatory admission results in an unsuccessful discharge from the program, the case will be closed and forwarded to the BOP.

2.4.2.3. Please affirm that your company's monitoring will meet the requirements designated in 1.4 of the Summary of Scope of Work and provide a representative sample of a recovery monitoring agreement ("RMA") that you intend to utilize for this contract.

I hereby affirm that Parkdale Aftercare LLC will meet the requirements designated in the Summary of Scope of Work listed in RFP 22-70538, section 1.4. *Rodrigo Garcia*

Sample RMA- Please see the updated and current outline for RMA which we will continue to utilize in this program. The outline is as follows although a complete copy of of the RMA is also included in this submission and can be found in (***Appendix BOP)***

Indiana Professional's Recovery Program (IPRP)
Recovery Monitoring Agreement (RMA) outline

Introduction and Brief Description of the IPRP monitoring Program

I Demographic Information
II RMA Status
  a. Regulatory
  b. Non-regulatory
III Terms of Contract
  a. Duration of RMA (6months-5 years)
  b. Drug Screen Frequency
  c. Support Group Meeting Frequency
  d. Pharmacy Support Group Frequency
  e. Sponsor Statement/ Requirements
  f. Treatment Requirements / Provider Contact information
    a. PHP
    b. IOP
    c. Aftercare
    d. 1:1 Therapy
  g. Quarterly Reports / Provider Contact Information
    a. Addictionologist, MD, DO, PsychD, Psych-NP, Psychiatrist
    b. Therapist LCAC, LCSW, Family Therapist, LMHC, CADAC II
    c. Work Site Monitor
  h. Monthly Reports
    a. Self-Report
    b. Meeting Log
  i. Medication
    a. Currently taking
    b. Required Medication (MAT)
    c. Abstinence Based Program Confirmation
  j. Employment Requirements
    a. Return to Work/ Fit for Duty
    b. Change of Employment
    c. Work Place limitations
      i. Hours
      ii. Shift

iii. Location
iv. Access

IV Verification of receipt of participant handbook
V Verification of receipt of acceptable/ prohibited medication list
VI Verification of receipt of vacation request/ excused absence policy
VII Verification of receipt of relapse or non-compliance self- reporting policy

VIII Additional Terms, Disclosure, Liability, Cost
IX Release of Information
X Signatures, date (Notarized)
XI Disclaimer

A complete copy of the RMA is also included in this submission and can be found in (***Appendix BOP)***

2.4.2.4. Please describe the steps you take to individualize rehabilitation monitoring programs for each client to heighten chances of recovery and discuss in detail your ability to comply with the stated monitoring requirements for the program, including providing:

A. Treatment and therapy recommendations, including aftercare;
B. treatment and therapy participation, including aftercare;
C. professional support group participation;
D. family treatment;
E. special treatment, such as pain management, psychiatric or psychological treatment;
F. work activities, including return-to-work issues and ongoing monitoring of work performance and compliance with work restrictions, such as scope of practice delineations;
G. random drug testing; and
H. termination from the program for failure to comply with program requirements.

Individualize Rehabilitation Referral and Monitoring

With the implementation of requiring the initial assessment to be conducted by an addiction board certified physician (MD or DO), an addiction board certified psychiatrist, or approved addiction licensed clinician. This alone will insure treatment recommendations are made by qualified individuals. Support or amendments of the final recommendations will be made by the IPRP medical director in the case where collateral information is available to him that was not available to the initial evaluator.

- **Treatment and therapy recommendations, including aftercare;**
  To be made by the initial evaluator with the consensus and approval of the IPRP

medical director and clinical team. Individual treatment centers options will be provided with consideration placed on services provided by the center, diagnosis, geographic location, history of previous TX, drug of choice, financial situation, legal requirements, and BOP collateral information. As with the approved provider and approved treatment center lists, the IPRP clinical team will continue to develop and maintain a list of facilitated aftercare health care groups across the State. The list will be inclusive of both onsite and telehealth options. Costs for the required aftercare facilitated groups will be solely dependent on the approved provider. All costs associated with the groups will be paid directly to the independent approved provider, at the rate determined by the provider, and outside the services offered by the IPRP clinical team. When developing the lists, we will collect initial costs and inform the participant so that decision made is an informed one.

- **Treatment and therapy participation, including aftercare;**
  To be made by the initial evaluator with the consensus and approval of the IPRP medical director and clinical team. Individual treatment and therapy options will be provided with consideration placed on services provided by the center, diagnosis, geographic location, history of previous TX, drug of choice, financial situation, legal requirements, and BOP collateral information. A requirement of all providers, including aftercare facilitators, is to provide the IPRP clinical team with timely and consistent progress reports. Verification of ongoing participation and compliance with treatment is a requirement for all providers rendering care to the IPRP participant.

- **Professional support group participation;**

  TWELVE-STEP SUPPORT MEETINGS ***(Appendix K, pg. 17)***
  "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. Online meetings are accepted. Please be advised that individual and group therapy sessions are <u>not</u> counted towards your number of required self-help meetings.
  Both Alcoholics Anonymous and Narcotics Anonymous meetings are widely available throughout the state of Indiana. You may also attend SMART recovery, Refuge Recovery and Celebrate Recovery as well. 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 and verify attendance through the Affinity system. You are required to submit the meeting verifications to IPRP through Affinity every month by the 10th of the following month.
  Pharmacist Support Group (PSG) meetings may be used along with NA or AA attendance to fulfill meeting requirements. These meetings are 12-step recovery-based, mutual support meetings intended to provide medical professionals/health

professionals with the opportunity to meet with their recovering professional peers to discuss recovery issues common to them. Mutual support for each pharmacist in integrating into the local recovery community is a function of the group."

To be made with by the IPRP team, following best practice standards and with consideration of the treatment provider recommendations. Peer support groups will be required 3-4 times per week and professional pharmacy support groups will be required once per week for the duration of the RMA. Pharmacy support groups will first be verified from the list of groups currently being attended by the pharmacists. Once the groups are verified, pharmacists will be designate a "home group" where attendance can be more accurately verified. In the case where a pharmacy support group is not available within 60 miles of the pharmacist's residence, every attempt to initiate an additional group will be made. Future plans include teleconferencing options. As with the approved provider and approved treatment center lists, the IPRP clinical team will continue to develop and maintain a list of peer facilitated pharmacy support groups across the State. The list will be inclusive of both onsite and telehealth options. As these are peer led groups, there should be no cost associated with them. Because of the confidential nature of these types of groups, it will be up to the participant to provide verification of attendance in support groups.

- **Family treatment;**
  Referrals to specialty programs such as family services, pain management, psychiatric, or psychological treatment will be evaluated and handled on an individual basis. If a treatment provider that meets the geographic and financial consideration of the pharmacist and is currently in the IPRP network, the referral will be made. If there is no such provider available, the IPRP case manager will assist in the identification of competent providers. One significant aspect of the role of the case manager is to assist in the referral of services that meet the geographic, financial, and appropriate recovery needs of the pharmacist. By using Parkdale's vast network of established network of established providers, including appropriate providers used by the current program, and continuing to add providers, IPRP will continue to expand services offered.

- **Special treatment, such as pain management, psychiatric or psychological treatment;**

USE OF CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT (Appendix K, pg. 10)

"Pain is a significant issue for anyone. Pain in a person with an abuse or a dependency diagnosis requires special considerations. If you are experiencing significant and acute pain, you deserve pain relief. However, those medications should only be prescribed by your Addiction Physician or from your attending

physician who, when appropriate, is in consultation with your Addiction Physician. This is to ensure that the medication is as safe as it can be for your recovery.
It is essential that you inform IPRP 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). You must send IPRP a copy of the prescription and a copy of the physician's report, including the record of medications ordered. Most importantly, IPRP may require you to be off work for a period of 24-hours after medication use or until it is determined that you are safe to return to work.
If you experience chronic pain due to an injury or a debilitating disease process, this is an issue that will need to be addressed. IPRP's clinical team, along with your Addiction Physician and other physicians, will consult on this issue.
A requirement of your RMA is to inform your Addiction Physician and IPRP 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 Witham Labs or IPRP before use. IPRP recommends that you avoid salad dressing and foods containing poppy seeds. Please refer to the Talbot Approved Medication guide list for a more comprehensive list of approved and not approved medications. If you have further questions, contact your CCM before starting the medication."

THE USE OF SHORT TERM POTENTIALLY IMPAIRING MEDICATIONS FOR AN ELECTIVE OR ACUTE MEDICAL CONDITIONS *(Appendix K pg. 10)*

POLICY: On occasion a participant may require a potentially impairing medication, particularly controlled substances, for the treatment of an elective medical procedure. In addition, IPRP supports the appropriate treatment of a participant with acute medical or psychiatric conditions while under the care of a licensed healthcare professional other than themselves. (For complete policy, please see ***Appendix K pg. 7-8***)

- **Work activities, including return-to-work issues and ongoing monitoring of work performance and compliance with work restrictions, such as scope of practice delineations;**
  This will be determined by the treatment provider, IPRP medical director, employer, worksite monitor, and the IPRP clinical team with input from the BOP when appropriate. All recommendations are individualized and we will be finalized and proposed to the participant after considering the following:

  - Consent for utilization of a work site monitor
  - Drug of Choice
  - Requested department of choice

- Hours of operations
- RMA compliance
- History of diversion status and level of medication access
- Workload expectations and stressors
- Return to Work reentry plan discussed with participant
- Possible narcotic restriction upon returning to practice

- **Random drug testing;**
  This will be ultimately determined by the treatment provider and the INSAP medical director and clinical team. Information to consider when assigning drug screen frequency
    - Diagnosis
    - Drug of Choice
    - Access to Drug of Choice
    - Medically Assisted Treatment Program Participation
    - Employment Status
    - Legal requirements
    - BOP collateral Information
    - Financial Situation
    - Testing method required (urine, blood, hair, nail)

DRUG TESTING (For complete policy, please see Appendix K pg. 11-12)

"Randomized urine drug screens are an important aspect of monitoring for all IPRP 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 changes in employment status, relapse, progress through the monitoring program, etc.

Randomization and Toxicology Procedures:

- Each licensee will have a randomized schedule for drug screens to ensure that the screens are valid.
- UDS records will be kept private in accord with HIPAA regulations by IPRP. IPRP will discontinue working with any collection site or lab that violates HIPAA regulations.
- The initial frequency of drug screens required will be determined by the clinical team. The initial frequency will be determined using the following criteria:
- Licensees who are unemployed and/or have a suspended license will have a frequency of 16 times/year. Those are at high risk, require additional accountability, or have a high-risk occupation/ access may be required to increase frequency to up to 26 drug screens a year.

- Licensees who are completing urine drug screens, breathalyzers, saliva tests, are on an interlock testing system or an ankle bracelet through criminal probation, a house arrest officer, a treatment provider, or an employer **MAY** have their frequency lowered. If the drug screens are not received from the supplemental source, the RMA will be extended and the licensee's frequency with IPRP may be increased.

- Licensees who have obtained a healthcare professional position or who are in significant non-compliance with their monitoring agreement, may have the frequency of their drug screens increased.

- Licensees who have been fully compliant with their RMA **may** be eligible to have their UDS frequency decreased if the display an extended period of full compliance.

- The frequency of observed drug screens may be increased if the licensee attempts to tamper with the specimen for the UDS or relapses. If there is no same-sexed staff at the collection site at the time the licensee is scheduled to do an observed UDS, the requirement to have the UDS specimen observed may be cancelled or additional testing (hair or nail testing) may be ordered. If you have been selected for an observed collection, it is your responsibility to contact the collection site to inquire on observed collection personnel.

- The labs with which IPRP works will use gas chromatology and mass spectrometry to ensure that the drug screens results meet all standards for specificity, sensitivity, and qualitative accuracy. Most drug screens will have a standard 13 panel screen but will be individualized as needed.

- **Termination from the rehabilitation monitoring program for failure to comply with program requirements.**

  The decision to discharge pharmacists from the program will be made by the IPRP medical director, IPRP program director, and with input from the IPRP clinical team. The reasons for program termination will be explained and outlined in the participant handbook. Unique situations will be managed on an individual basis. Termination and subsequent file transfer (order to show cause) to the BOP may include but not be limited to:

  - Non-compliance with drug screening expectations
  - Non-compliance with monthly or quarterly reports
  - Unreported relapse

- Breach of Contract
- BOP, IPLA, OAG request
- Revocation of Pharmacy License
- Transfer out of State

NON-COMPLIANT CASE CLOSURE *(Appendix K pg. 23)*

"You will receive support from IPRP 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 IPRP to return to compliance, your file may be closed and/or an order-to-show-cause (OTSC) memo may be sent to the appropriate regulatory body. If this occurs, a memo summarizing your involvement with IPRP and your noncompliance which led to your case closure will be completed. This letter and portions of your file may also 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 State Board for possible action on your healthcare professional license. "

2.4.2.5. Please provide a narrative that specifically discusses how your company intends to establish and/or utilize a currently existing drug-testing program as part of your monitoring process. Within your narrative, identify or provide:

A. Any current relationships that your company maintains with treatment providers that would be utilized to fulfill this contract;
B. the sites where those treatment providers are located in the state of Indiana;
C. the sites where those treatment providers are located in other states;
D. a statement assessing the extent to which the location of treatment providers that you plan to utilize would enable a participant residing anywhere in the State of Indiana to reach a drop site collection point for urine drug screens without the need to travel more than fifty (50) miles;
E. the efforts your company will make to refer individuals to services within their financial means;
F. steps you take to ensure all sample collection facilities and laboratories you use for drug and alcohol testing follow set policies and procedures for accurate testing and to meet requirements;
G. how quickly and by what means you require these facilities to report to you a client's missed screens, adulterated specimens, and positive drug or alcohol tests; and
H. how quickly and by what means you will report to IBP a client's missed drug screens, adulterated specimens, and positive drug or alcohol tests.

Any current relationships that your company maintains with treatment providers that would be utilized to fulfill this contract

Parkdale currently uses the *Affinity Online Solutions* for monitoring needs related to drug testing requirements. As this is the vendor utilized currently in the monitoring program, we would expect the same high quality and dependability for the pharmacists under contract, record keeping methods, testing collection sites, and reporting parameters that are presently in place. The following is the contact information for

Affinity Online Solutions
Contact Name: Megan McLaughin
Phone: 267-218-4238
Address: 5400 Shawnee Rd, Suite 306, Alexandria, VA 22312
Tax ID: 52-2277556 Affinity eHealth Inc.

In terms of treatment providers, the IPRP program currently engages in providers across the state to ensure evaluations, treatment, collection sites and aftercare services are available to all pharmacists in the program. We continue to add, update, and approve treatment providers so as to increase access to care. In addition, if the pharmacist presents with a health care provider that is not currently on our approved list, our case managers will contact said provider in the hopes of adding them to our list.

LABORATORY
Please refer to the following information located in ***Appendix K pg. 14.***

"Affinity E-Health/Spectrum (originally known as Affinity Online Services - AOS) manages the randomization of your drug testing frequency. Your case manager will send out a packet of information with complete instructions with your RMA on how to access your AOS account. For information on your drug test, you must check-in electronically with AOS or call the toll-free number **877-267-4304**, between 5 am and 5 pm, EST, seven days per week. If your ID number is identified, you are required to complete your urine drug screen by 11:59 pm, in your time zone. If you are instructed to complete a screen on Saturday, Sunday, or a holiday, you are asked to drop at a 24-hour drop site unless you have verified with IPRP that there is no available 24-hour drop site within 30 miles of where you reside. A minimum of 50% of your UDS' may be observed while you are in monitoring. You are the person accountable for your own recovery; and when you check-in each day to determine if you need to provide a drug test, you reinforce your accountability. You are required to call or check in daily, as Affinity has a means of recording whether you have checked in. If you are unable to complete a urine drug screen when you are directed, call IPRP to discuss it as additional testing (hair, nail, and/or blood testing) may be ordered."

Sites where those treatment providers are located in the state of Indiana

The Affinity Online Solutions (AOS) program offers collection sites throughout the State of Indian and throughout the Country. Locations can be accessed by prompting the Affinity Online Solutions system with a zip code and other indicators such as observed collection, weekend preference, hours of operation, and distance from said zip code. The pharmacist will then be provided with a list of "nearest locations" so as to be able to choose one which is most convenient. Collections sites are currently located throughout the entire state in every county with additional collection sites added as needed. Our last audit (2021) of collections sites through the Affinity Online Solutions (AOS) Program revealed >95% of participants could access a collection site within 50 miles of home. In some cases (Alcohol Use Disorder), the monitoring program has evolved to provide remote breathalyzer testing, essentially eliminating the need to seek a collection site.

In Indiana, the laboratory utilized to process the specimen is Witham Toxicology. They continue to remain good partners with the IPRP program and continue to provide excellent services with phenomenal customer support. In the rare case that a collection site is not located within 50 miles of the participants home, a collection site could be established within a weeks' time.

Sites where those treatment providers are located in other states

Collections sites are currently located throughout the entire country and in every state with additional collection sites added as needed. Because of this, there is no longer a need to halt monitoring during vacation or out of town trips. We ask that are participants work with us before they leave the state to identify and set up remote testing while they are away. In the cases where a collection site will not be available at their destination, AOS will set up a collection site in close proximity to their location (requires a week's notice).

A statement assessing the extent to which the location of treatment providers that you plan to use would enable a participant residing anywhere in the state of Indiana to reach a drop site collection point for urine drug screens without the need to travel more than 50 miles

Collections sites are currently located throughout the entire state in every county with additional collection sites added as needed. Our last audit (2021) of collections sites through the Affinity Online Solutions (AOS) Program revealed >95% of participants could access a collection site within 50 miles of home. Advancements in our monitoring program have also allowed us to implement various effective options to enable the participant to successfully monitor when distance is an issue. Occasionally, the issue is not distance but rather ability to reach a site due to transportation issues. Some of the options for resolution of these unique situations could be:

- Institution of a new collection site specifically for the pharmacist in need.

- Utilization of remote breathalyzer testing. Testing is performed through the BacTrak system and uploaded, in real time, thorough the participants phone.
- Utilization of mail in testing kits. Compliance is verified through a phone video recording program provided to the participant at no cost.
- More infrequent but scheduled testing with the implementation of occasional forensic (hair or nail) testing.

Efforts your company will make to refer individuals to services within their financial means

Each pharmacist will be evaluated and drug tested based on their individual situation. In an effort to be considerate of the financial situation of each participant, the following efforts have and will be made:

1. Discussions with the Affinity Online Solution program have been successful in decreasing or maintaining the end cost of testing for the pharmacists of Indiana.
2. Alternative laboratory testing facilities will continually be vetted and interviewed with the objective of decreasing end cost to the participant.
3. Employment status will be considered when determining the frequency of tests.
4. Access to drug of choice will be considered when determining the frequency of tests.
5. Participation in a medically assisted treatment program will be considered when determining the frequency of tests.
6. The needs assistance fund will remain available to any pharmacist demonstrating financial needs. These funds are available to help offset drug testing costs.
7. Drug test frequency will only be set as needed to ensure a safe and compliant program. The participant has the ability to request a reduction in testing if their financial situation warrants it.
8. We will work with all participant to find a solution congruent with their financial situation.

Steps you take to ensure all sample collection facilities and laboratories you use for drug and alcohol testing follow set policies and procedures for accurate testing and to meet requirements

All collections sites are approved by the AOS systems and are required to follow all collecting chain of custody requirements. In addition, Witham Toxicology Lab (based in Indiana), has been providing laboratory services for the IPRP program for more than ten years. To date, the facilities and the laboratories have remained in full compliance with federal collecting standards. In the case that a collection site becomes problematic, they will be removed immediately.

The availability of a Medical Review Officer to review all positive UDS's

The IPRP program is fortunate to utilize two fully accessible MRO's. The first is the medical director of the AOS program and the second is the MRO medical director of the

IPRP program (in house). These MRO's collaborate to ensure all dilute, positive, or questionable results are reviewed and resolved. In addition, they are both available to discuss medication questions, testing panels, and synergistic medication effects.

Barry BOP. Lubin, M. D., FASAM, MRO
Affinity eHealth
Medical Director, Medical Review Officer
Diplomate, American Board of Addiction Medicine
Certified, Medical Review Officer Certification Council
Fellow, American Society of Addiction Medicine
Certified, American Society of Addiction Medicine
blubin@affinityesolutions.com
Cell 404-558-5090
Toll free--866-512-9992 Ext 25635
Fax 877-426-9616

David Cummins, MD, FASAM
Medical Review Officer for IPRP
Medical Director, Parkdale Aftercare
Fellow - American Society of Addiction Medicine
Board Certified, Addiction Medicine
drcummins@inprp.org

How quickly and by what means you require these facilities to report to you a client's missed UDS's, adulterated specimens, and positive drug or alcohol tests?

- Affinity Online Solutions notifies us within the next business day of any missed check ins. This information is be provided to IPRP through the AOS.
- Missed test, adulterated, dilute, and positive test results will be reported to IPRP within 5 business days of the day the sample was collected. This will allow the MRO to review results and present his findings and recommendations along with the results of the test.

How quickly and by what means you will be able to report to BOP a client's missed UDS's, adulterated specimens, and positive drug or alcohol tests?

We acknowledge this requirement and are prepared to satisfy all points.

2.4.2.6. Please provide an explanation of your methodology for determining:

A. The length of the RMA for an individual practitioner;
B. at what point a relapse or series of relapses will result in a referral of the practitioner to IBP;

C. at what point a relapse or series of relapses will result in a referral of the practitioner to the Consumer Protection Division of the Office of the Attorney General ("OAG");
D. At what point and under what conditions non-compliance with the RMA will result in a referral of the practitioner to the IBP;
E. At what point and under what conditions non-compliance with the RMA will result in the referral of the practitioner directly to the OAG.

Additionally, please provide a decision tree that illustrates this methodology.

Duration of RMA
The IPRP program is capable of monitoring pharmacists for 6 months up to five years. The RMA is developed based on the participants individual situation and extenuating circumstance. Length of the RMA is determined by many factors including:

1. Severity of Disease
2. Drug of Choice
3. Diversion of medication history
4. Employment job description
5. Route of medication administration
6. Access to Drug of Choice
7. Employer collateral information
8. Regulatory collateral information
9. Legal collateral information
10. Licensing collateral information
11. History of previous RMA participation
12. History of Previous Treatment
13. Best Practice Standards
14. Treatment Recommendations
15. Comorbidities and Other Extenuating Circumstances
16. BOP requests

While it is nearly impossible to encompass every scenario and include every contributing factor in making the duration decision, please refer to **Appendix J** for a visualization of the determination process.

2.4.2.7. Please describe how your company plans to attend in-person meetings of the IBP, including all board meetings, and meetings with designated representatives of IBP and the representative of the State to review, develop, and plan implementation of program policy. In-person attendance is required unless online attendance is authorized in advance by the State.

BOP Hearings
Case managers will testify at all BOP hearings. The case manager will be prepared with the entire case file and be familiar with all aspects of the case. In the circumstance where the primary case manager is unavailable, another case manager or the program director will present the case. In either case, the representative IPRP staff will be prepared with appropriate documentation and will have clear knowledge of the case. The IPRP program director and all Parkdale Aftercare Leadership will remain available to the BOP, IPLA, OAG, or any other vested party involved with the program. The program is designed to support and allow IPRP case management participation either in person or virtually.

Special Meetings
In the case where designated representative(s) of the BOP and the State wish to meet to review, develop, and implement program policy change, the IPRP program director and upper management will be made available. In short, the entire IPRP staff, including the medical director, will remain available for high level planning and implementation meetings. The IPRP program director and all Parkdale Aftercare Leadership will remain available to the BOP, IPLA, OAG, or any other vested party involved with the program. The program is designed to support and allow IPRP case management participation either in person or virtually.

For on site or in person meetings, the IPRP staff will cover all travel, lodging, and associated costs to provide in person attendance. We have also increased our technology capabilities and are able to meet virtually with any participant, board member, or vested party at any time. We are continuing to improve our remote services and increased access to services with the assistance of our VBE (Quest4Electroncis). All forms of communication are secured and HIPAA compliant. For onsite meetings we would like to request a 48-hour notice and for virtual meetings we would like to request an 8-hour notice.

2.4.2.8. Please address your company's plan to provide education and outreach to the healthcare community to increase awareness of diagnosis, treatment of alcohol and substance abuse, and this program. Please detail and identify any current education and outreach services performed by your company, including, but not limited to, your company's experience and expertise in communicating through social media such as Instagram, Facebook, Twitter, and YouTube.

Social Media/ Community Outreach

Understanding the importance of community out-reach and social media in terms of reaching, educating, and supporting the pharmacists of Indiana, this submission directs a significant amount of funds to be allocated to marketing and social media. This

includes but is not limited to:

- The continued management and enhancement of the current IPRP Facebook presence.
- The continued management and enhancement of the current IPRP Website.
- The continued management and enhancement of the current IPRP Instagram account.
- The development, implementation, management of a Twitter IPRP account.
- The development, implementation, management of a YouTube IPRP account.
- The production of several IPRP public service announcement videos

Outreach Education and Programming

Despite the restrictions for travel related to COVID during the 2020-2021 calendar years, the IPRP team provided countless outreach and education for employers, organization sand health care providers across not only the state, but also the country. During this time, the IPRP executive director, compliance director, medical director, and program director collectively provided onsite and virtual training, education, and resources for the impaired pharmacist to over 40 venues and organizations across the country. Topics included:

The Impaired Health Care Provider
The IPRP program
Compassion Fatigue
Provider Burnout
Stress Management
Science of Addiction
Recovery in Action
Effective Sleep
Grief, Loss, and Incivility
Shame and Guilt
Wellness and Balance

The IPRP case managers developed and implemented a national educational program (Support the Front) for student seeking an advanced degree. By working with the American Association of Nurse Anesthetists (AANA), the IPRP case mangers were able to educate and reach hundreds of nursing students across the country. This national exposure to our Indiana monitoring program has been instrumental in the program being recognized as a national leader. In addition, and despite travel restriction and COVID shelter in place mandates, the IPRP clinical case mangers provided IPRP specific information to various employers and pharmacy groups including:

Indiana University Health

Community Health
Franciscan Health
IU Northwest School of Nursing
IU Fort Wayne School of Nursing
Multiple Employee Assistance Programs
Valparaiso University School of Nursing

2.4.2.9. Please identify any website in which your company maintains a presence on the internet, and provide a narrative describing how your company plans to maintain a program website containing information about its rehabilitation referral and monitoring program.

Current Website/ Social Media

The company website can be currently reached at:
bop.parkdalecenter.com

The Company Facebook can be currently reached at:
https://bop.facebook.com/parkdalecenter/?ref=aymt_homepage_panel

The Company Twitter account can be reached at:
https://twitter.com/12steps4ward

The West Virginia Restore Program Website is located at:
https://wvrestoreprogram.com

The Company Twitter Instagram Account can be reached by searching user name:
parkdalecenter

IIPRP Website/ Social Media

The Company Facebook can be currently reached at:
https://bop.facebook.com/INProfRecovery

The IPRP website is currently maintained at URL:
bop.INprp.com

This domain has been secured and is in the possession of the parent company, Parkdale Management LLC. We have a dedicated marketing and outreach director who is responsible for creating content, keeping information current, and growing the IPRP social media presence. All information pertaining to the IPRP is or will be hosted on this site. This includes, but is not limited to:

- Participant handbook
- Self-Report Forms
- Sponsor Report Forms
- Addictionologist Report Forms
- Therapist Report Forms
- Work Site Monitor Report Forms
- Meeting Log Report Forms
- Frequently Answered Question Page
- Approved Treatment Provider Lists
- Request to Submit to be an Approved Treatment Provider
- Current Pharmacy Support Group List
- Contact Us page
- Addiction, SUD, and Mental Health resource page
- Family and Social Support Resource Page
- Employment assistance and resource page
- Links to Company social media

Links to Partners

2.4.2.10. Please provide details regarding how and in what format your company plans to provide regular reports to the State and IBP on the progress and activities of the program according to the specifications stated in RFP Main Document, Section 1.4.7.d and 1.4.8. Please review report criteria identified in these sections and indicate your company's ability to provide the level of reporting detail described. Please also describe, in detail, how you intend to generate all of the fields described. Provide sample reporting as a separate exhibit.

Reporting and Record Keeping

After a thorough review of report criteria identified in 1.4.7.4 I attest to our company's ability to provide the level of reporting detail described. *Rodrigo Garcia*

The IPRP program will continue to utilize the HIPAA compliant, technically secure, and advanced electronic case management program known as Spectrum360. The program can be reviewed at the following website. https://bop.spectrum360.com/s/#/login

All participant information will be recorded in the patient's file within the Spectrum360 program. This web-based program will allow access to the pharmacist's information via any secure remote web link up after a secure sign-in. In addition, all information will be inputted into a designated "cell". This will allow for generation of any customized report based off desired fields. By entering all the information into the Spectrum360 system, the reports can be generated (in real time) upon request. Any information, data

points, details, demographics, or indicators requested by the board of pharmacy will be made available by extrapolating said data field. The program is set up in such a way to provide comprehensive and uniquely tailored reports effectively and seamlessly upon request. .

Monthly Reports

- To be sent to the designated BOP or IPLA monthly and before all scheduled board of pharmacy hearings for said month.
- Will, at minimum, continue to include information located in section 1.4.7.4 but can be tailored to suit any requests
- Monthly, quarterly and year-to-date totals of the number of practitioners making initial contact with the program, or more frequently upon request.
- The number of practitioners signing permanent RMAs for the reported month
- The number of practitioners released from the program upon successful completion of the program
- The monthly number of readmissions to the program by practitioners previously released upon successful completion of the program
- The number and nature of relapses or other acts or omissions evidencing noncompliance of program participants, and actions taken thereon.
- The number of practitioners terminated from participation in the program for failure to comply with the requirements of the program.
- Demographic information, including raw numbers and percentages, concerning program participants including.
- age
- gender
- county of residence
- license status
- license type
- drug of choice
- practice/employment setting
- employment status
- employment position
- practice area
- method of referral to the program

(Please refer to ***Appendix L*** for an example of a monthly report to the BOP.)

Quarterly Reports (if requested)

- In addition to the monthly report, additional information will be made available once a quarter upon request.

- Quarterly summary information be sent to the designated BOP or IPLA member each month for information specific to the preceding quarter.
- If requested, this report can be delivered and presented by the program director or leadership team at the quarterly BOP hearing.
- Educational outreach activities planned and successfully completed.
- A status report on staffing and other issues relating to the operation and administration of the program.
- Financial reporting of expenditures for operation of the program
- Assign a knowledgeable IPRP representative (in addition to individual case managers) to attend all BOP meetings and be prepared to provide testimony as needed. We also expect to attend occasional meetings with designated representatives of IPLA and BOP to review, develop, and plan implementation of program policy.
- Future objectives and previous initiative updates.

2.4.2.11. Please provide a narrative describing how your company intends to provide timely communication to the IBP and the State. Include in your narrative the anticipated protocol you intend to utilize when required to report to the IBP or OAG the noncompliance of program participants who are subject to probationary orders of the IBP and the circumstances surrounding the practitioner's failure to comply. Also include information regarding the timelines under which the State can expect responses to the States' periodic requests to provide information regarding the program compliance of specifically identified practitioners.

Communication and Transparency

The IPRP program continues to remain committed to providing timely and accurate reports to the BOP. As we are committed to the monitoring and advocacy of the pharmacist, we understand that our advocacy capabilities will be exponentially more powerful if our reporting and communication is reliable, accurate, and timely. In addition to any circumstances which would prompt a report from IPRP to the BOP, individualized reporting and information sharing will occur with open discussion and formal request between all parties. Consents to share information will be obtained through the onboarding and intake process with the pharmacist, thus expediting sharing of information. Information that will be reported to the BOP within one business day may include:

- Information that is requested by the BOP or IPLA
- Non-voluntary cases that have been closed resulting as a result of noncompliance.
- Non-regulatory RMA's that have become non-compliant or have met reporting

criteria to the board.

- Confirmed Positive Drug Testing Results
- Any change in the RMA including
  - Increased duration of RMA
  - The reason for the RMA change
  - Request for additional addiction evaluation

In order for the communication to be most effective and consistent, we would propose the following:

1. Continue designation of a point of contact on the BOP and/or IPLA team. This person will be contacted when IPRP would like to request an appearance at the BOP hearing to present monthly/ quarterly reports or discuss program developments and changes in the program or the specific case of a pharmacist RMA. The designated staff member will be sent all monthly reports, updates on participants, and notices of any non-compliant issues.
2. If any requests, issues, or concerns come to the attention of the BOP or IPLA, we would ask that you email the IPRP program director (ttraut@inprp.org) and the contract compliance director (rgarcia@inprp.org) . A response within one business day can be expected. The program director and contract compliance director will ensure the proper individuals are assigned to address the request.
3. IPRP would request a list of pharmacists that are scheduled to appear in front of the BOP 2 weeks before the scheduled appearance. This will allow time to communicate with the pharmacist, familiarize with all details of the case, and ensure the proper case managers to attend the hearing.

In case of an urgent or emergency matter, IPRP will provide the BOP, IPLA, and OAG with a special prompt on the 1-800 number. This number will be answered immediately (when possible) to address the issue in a timelier manner. In addition, key members will be given the personal direct phone number for the compliance director and program director. We would encourage you to contact us directly for any matter that require immediate attention.

2.4.2.12. Please provide a narrative describing your company's ability to ensure an orderly and efficient start up and transition from the current Vendor. Include an implementation plan that indicates how your company will ramp up and implement services to coincide with the expiration date of the current contract and include within your plan the following sections:

A. Key steps
B. Timeframes
C. Target Dates
D. Responsible Parties
E. Status

F. Comment Section

Transition Plan

The IPRP team, by submission of this proposal, is hopeful to continue serving the pharmacists of Indiana and monitoring program for the BOP. In the event that a new vendor is chosen, we would of course work with them to effectively transfer over the caseload. The following is a proposed outline of how a transfer to a new vendor might look. We would follow the lead of the new vendor and the IPLA/BOP if needed.

Week Number One	New Vendor Team	IPRP Team
• Website	• Begin development of the website. Plan to go live within 4 weeks.	• IPLA and BOP to support the transition and make pharmacists aware of new website.
• Meet with Teams	• meet with IPLA and current vendor and formally request information and solidify transition plan timeline. • List of all pharmacists in program including those that have not yet executed the RMA • List separated in three groups a. very compliant, no issues. b. will require some attention, borderline compliance, c. potentially discharging from program. Non compliant, require attention.	• Provide a detailed report of the program and the status potentially problematic pharmacists. • Provide a list of all current treatment provider and evaluators • Provide a current list of all pharmacy support groups throughout the State. • Continue to filed the intake calls. Refer the pharmacists to treatment providers for an initial evaluation. Provide a weekly update of pharmacists that are in the process of obtaining an evaluation.
Implement 1-800 phone line	• Line will be set up to include access to the BOP, OAG, and IPLA should they have any immediate questions or concerns.	• Current vendor to continue the intake of pharmacists.
• Verify and Finalize Staffing	• finalize staffing and upper management positions and roles.	• Be available on an ongoing basis to answer programmatic questions. We ask the responses be timely as the transition will likely

		rely on the answers provided.
• Secure Physical Location	• IT, Internet, and Phone system implementation • Hardware purchase and Furnishing. Mailing address established	
• Marketing Implementation	• Social Media • Re-branding Efforts commence	• IPLA/ BOP to assist in the rebranding effort and general announcement
Week Number Two	**New Vendor Team**	**IPRP Team**
• Copy Edit	• Finalize all documents and forms to be used. • Incorporate forms on website	• IPLA/ BOP to review and finalize all forms if desired
• Case Files	• Continue to review case files and ask current vendor questions. • Should have full access to all case files and notes	• Current vendor to answer all ongoing questions in a timely manner and provider complete access to all information.
New Calls	• Will continue to build referral data base.	• Current vendor will continue to provide intake services to all new calls. • Current Vendor will continue to refer new calls to evaluator for initial assessments.
New RMAs	• During the first and second week, INPRP will not execute any new RMAs.	• Any cases that have had their initial evaluation and are prepared to turn in their RMA should do so with current Vendor.
Continue week 1 progress	• Case review for 400+ pharmacists	• Current vendor to continue serving program and new pharmacists. Current vendor to continue attending BOP hearings and providing advocacy for pharmacists.
Week Number Three	**INPRP Team**	**IPRP Team**
• Staff Training	• Will continue to ask questions to current vendor. Expect an increase in questions this week.	• Current vendor to continue answering all questions in a timely manner.

• Initial Evaluation	• begin the implementation of RMA's based on these evaluations.	• Will continue to refer new calls to initial evaluators but will no longer implement new RMA's. • Will continue to represent at the BOP hearings
Week Number Four	**INPRP Team**	**IPRP Team**
• RMA's	• Will execute all new RMA's	• Current Vendor will continue to refer new calls to initial evaluators but will no longer implement new RMA's.
• Phone System	• Phone number will go live. All calls will be answered and the intake process began	• All calls received by the current vendor should be forwarded or instructed to call new number.
• Website	• Website will be fully functional and interactive	• IPLA and BOP to direct all new referrals to the new vendor.

2.4.2.13. Please provide a narrative addressing your company's ability and expertise in maintaining participant records in accordance with all state and federal confidentiality laws.

Record Keeping

All records and information, including phone calls, will be maintained and managed in accordance with all state and federal confidentiality laws

The IPRP program will continue to utilize the HIPAA compliant, technically secure, and advanced electronic record keeping program known as Spectrum360. The program can be reviewed at the following website. https://bop.spectrum360.com/s/#/login

All information will be recorded in the patient's file within the Spectrum360 program. This web-based program will allow access to the pharmacist's information via any secure remote web link up and secure sign-in. By utilizing this program, we have be able to comply completely with all state and federal confidentiality laws.

Records will be purged on an ongoing basis. Cases that have been closed for successful completion and subsequently discharge will be archived for seven years. After seven years and if there is not a readmission into the program or a licensure event, the case file will be permanently purged. In the case where the program was not complete, the

records will be kept indefinitely or until the program is complete and 7 non eventful years are achieved. Records will be automated and purged through the Spectrum360 program.

2.4.2.14. Please provide an affirmative statement regarding your company's ability to make any records maintained pursuant to this contract available at the IPLA offices within forty-eight (48) hours of receiving a request from the State.

I hereby affirm that IPRP and Parkdale Aftercare will make any records maintained pursuant to this contract available at the IPLA offices within forty-eight (48) hours of receiving a request from the State. Rodrigo Garcia , CEO Parkdale *Rodrigo Garcia*

2.4.2.15. Please explain how your company intends to establish and maintain electronic case management of program participants including the software you intend to utilize and your experience with this software.

Case Management

Electronic record keeping has been implemented in the company since 2015. All staff are and will maintain efficiency and proficiency in electronic medical record case management. The IPRP staff will consist of four primary case managers that will have "super user" training status. This will best allow them to navigate through the system while ensuring seamless interfacing with other systems.

In addition, special access can be granted to select members of the BOP or IPLA for reasons of performing random audits, internal reviews, or compliance checks. By offering the opportunity to access the software, the BOP and IPLA can best assess its functionality.

All records will be maintained and managed in accordance with all state and federal confidentiality laws. All records and information, including phone calls, will be maintained in the advanced electronic medical record program, Spectrum360. The program can be reviewed at the following website. https://bop.spectrum360.com/s/#/login. The program has been designed to meet the specific needs and requests as outline in RFP 22-70538. In addition, the record keeping is in accordance with all confidentiality and HIPAA standards.

In addition to the basic case management record keeping, IPRP will also continue to utilize the ***Affinity Online Solutions*** system. This system is being used in the current IPRP program and has provided secure HIPAA compliant record keeping for its 300+

monitored pharmacists. Parkdale has been using the same system for the remote monitoring of our health care professionals since 2015.

2.4.2.16. Please provide a statement that your company agrees to meet and comply with the specifications addressed under the Scope of Work in Section 1.4. If applicable, explain in detail any concerns that your company has identified regarding the provision of any of the services that the State has requested and/or required under the above-mentioned section.

I hereby attest that the IPRP, Parkdale Aftercare, and those involved in its management, daily operations, and case management, fully and willingly expect to meet and comply with the specifications addressed in the RFP Main Document, Section 1.4. Rodrigo Garcia, CEO *Rodrigo Garcia*

2.4.2.17. Please provide the following:

A. A list of all current clients for whom you provide a rehabilitation referral and monitoring program;
B. A list of all rehabilitation referral and monitoring program contracts that have been renewed or terminated during the last five years;
C. if applicable, information on why any rehabilitation referral and monitoring program contracts were not renewed;
D. contact information for all current rehabilitation referral and monitoring clients; and
E. a list of all lawsuits in which your company is a defendant relating to its provision of rehabilitation referral and monitoring programs.

List of all current clients for whom you provide a rehabilitation referral and/or monitoring program

- The Indiana State Nursing Assistance Program
- The Indiana State Pharmacy Recovery Network Program
- The West Virginia Board of Nursing Restore Program

A list of all rehabilitation referral and/or monitoring program contracts that have been executed, renewed, or terminated during the last five years

- 2018 Executed Contract Indiana State Nursing Assistance Program
- 2019 Renewed Contract Indiana State Nursing Assistance Program
- 2020 Renewed Contract Indiana State Nursing Assistance Program

- 2021 Renewed Contract Indiana State Nursing Assistance Program

- 2018 Executed Contract Indiana State Pharmacy Recovery Network Program
- 2019 Renewed Contract Indiana State Pharmacy Recovery Network Program
- 2020 Renewed Contract Indiana State Pharmacy Recovery Network Program
- 2021 Renewed Contract Indiana State Pharmacy Recovery Network Program

- 2019 Executed Contract West Virginia Board of Nursing Restore Program
- 2020 Renewed Contract West Virginia Board of Nursing Restore Program
- 2021 Renewed Contract West Virginia Board of Nursing Restore Program

If applicable, information on why any rehabilitation referral and/or monitoring program contracts were not renewed

Not Applicable

Contact information for all rehabilitation referral and/or monitoring contract clients in the last five years; and

The Indiana State Nursing Assistance Program
Cheryl Boone, J.D.
CBoone@pla.in.gov
Assistant General Counsel
Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-2912
FAX: (317) 233-4236

The Indiana State Pharmacy Recovery Network Program
Cheryl Boone, J.D.
CBoone@pla.in.gov
Assistant General Counsel
Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-2912
FAX: (317) 233-4236

The West Virginia Board of Nursing Restore Program
Dr. Sue Painter

Sue.A.Painter@wv.gov
5001 MacCorkle Avenue, SW
South Charleston, WV 25309
304.744.0900

A list of all lawsuits in which the Vendor is a defendant relating to its provision of rehabilitation referral and/or monitoring programs.

Parkdale, it's officers, it's employees, nor any of its subsidiary companies are named currently or have ever been named in a lawsuit. Likewise, Parkdale has never settled a case in lieu of litigation.

2.4.3. Account Management and Reporting

2.4.3.1. Please describe in detail your company's proposed account management team structure including names and contact information as well as the services each individual or group will perform.

IPRP Job Descriptions

Please refer to the below for the job descriptions (partial list) for each position held.

Parkdale Management, LLC

- Managed by Senior Leadership
- To Provide Board Certified Addictionologist for Initial diagnosis and treatment recommendations to all participants if needed (MD or DO)
- Maintain and update approved provider list for INPRP participants
- To Provide Medical Review Officer services to all INPRP participants (MD or DO)
- Representation at quarterly BOP hearings if requests
- Participation in all IPLA or BOP meetings for Senior Leadership
- RMA consultation and final approval for all cases by Addictionologist (MD or DO)
- To provide Fit for Duty return to work for participants by physician (MD or DO)
- Bi-Annual Symposium Participation
- Community outreach when requested
- To provide Designated Contract Compliance designee for IPLA and/or the BOP
- Execution of State Contract RFP 18-055
- Staff training/ competencies/ evaluations
- Selective Community Outreach when senior leadership is requested
- Social Media Management, website management and periodic Newsletter contribution
- Quarterly content publication for the BOP if requested

- Monthly/ Quarterly reports to BOP/ IPLA
- All INPRP Human Resources matters including health care insurance and employee benefits
- All INPRP Business Audits, including ad hoc requested reports from IPLA or the BOP
- Payroll and bookkeeping
- Sub-Contractor Management
- Travel Accommodation coordination for Staff
- Conflict Resolution for INPRP participants
- Management of Legal team
- Management of Accounting/ record keeping team
- Supervision of random program audits
- Will secure objective third party financial annual audits of the Parkdale Aftercare LLC division
- All financing, accounting, reports, compliance, and record keeping.
- Legal representation

Rodrigo Garcia, Compliance Director
rgarcia@inprp.org
David Cummins, Medical Director
drcummins@inprp.org
Claudia Garcia, Executive Director
cgarcia@inprp.org
Scott Geans, CFO
sgeans@inprp.org

Program Director

- Participant, as requested, in IPLA or BOP meetings for Senior Leadership
- Community Collaboration and Outreach
- Governmental Agency Supervising Liaison
- Monthly BOP appearances
- Staff Scheduling
- First line of Conflict Resolution
- Bi-Annual Symposium Development
- Affinity Online Solution Point of Contact
- ADS EMR Point of Contact
- Case Management Assignment
- Clinical Team Meetings
- Symposium, functions, or conference program representative.
- Monthly reports to BOP and IPLA
- Newsletters, quarterly articles, and program updates.
- Ad Hoc reports and presentations to BOP and IPLA

Tracy Traut

ttraut@inprp.org

Case Management-

- Initial Employer Contact, Mitigation, and Planning
- Initial Addiction Screening
- Initial Dual Diagnosis Screening
- Initial Professional Screening
- RMA Execution
- Clinical Team Meetings
- Bi-Annual Symposium Participation
- Case Management (125-150 cases each)
- Individual conflict Resolution
- Symposium Participation
- Monthly BOP appearances
- Discharge Planning
- Community Outreach
- UDS Collections on Site
- Employment Reentry Assistance
- Education and Outreach

Abigail Rosa
Arosa@inprp.org

Carrie Graham
Cgraham@inprp.org

Legal Counsel, Attorney
Kye J. Steffey
STEFFEY WAHL, LLC
320 N. Meridian Street, Suite 825
Indianapolis, IN 46204
Main (317) 960-3065
Direct (317) 759-9889
bop.steffeywahl.com

2.4.3.2. What is your company's standard process for problem resolution, including standard response times? What is the usual procedure if the standard resolution process cannot resolve an issue?

Problem Resolution

The company structure is designed to manage conflict resolution per service line and source of the complaint or problem. Please see the steps to problem resolution below:

If the problem or conflict arises from an IPRP pharmacist:

1. The problem will first be addressed by the individual case manager. If the problem is not resolved to satisfaction, will proceed to step 2. Complaints will be addressed within 1 business days.
2. Every day clinical meetings will be conducted and will included all available IPRP staff. This will include case managers, program director, and senior management when available. The problem will be discussed, and a resolution proposed to the pharmacist. If the solution is not resolved to satisfaction, will proceed to step 3. Complaints will be addressed within 2 business days pending staffing schedules (BOP hearings).
3. The pharmacist can request and will be granted a face-to-face meeting with their case manager, program director, senior management representative, and/or the IPRP medical director. The decision made at this point will be the final position of IPRP and will be offered to the pharmacist as a resolution to the problem. If the proposed solution is not satisfactory, the pharmacist will be directed to appeal to the BOP. If that occurs, IPRP will comply fully with the BOP request for information or appearance. Face to Face meetings will be scheduled within 5 business days after failure to resolve at step 2.

If the problem or conflict arises from the BOP or IPLA:

1. The problem will first be addressed to the IPRP program director. The program director will be available by email or immediately by way of the 1-800 number and special prompt assigned to the BOP. IPLA, or OAG. If the proposed solution is not satisfactory or if the situation is outside the scope of the program director, will proceed to step 2. The BOP or IPLA can expect a response within one business day or sooner if it is an urgent matter.
2. The compliance director will serve as the contract compliance designee. The compliance director will have the authority to resolve any issues within the scope of the contract and in the best interest of the IPRP, Parkdale Aftercare LLC, and the participating IPRP pharmacists. Every attempt will be made to provide an acceptable resolution at this level. However, if the proposed solution is unsatisfactory, proceed to step 3. The BOP or IPLA can expect a response within one business day or sooner if it is an urgent matter.

3. If the problem is not yet resolved, the BOP or IPLA can request a meeting with Parkdale Aftercare senior leadership. Upon receipt of the request, senior leadership including the medical director, CEO, and COO will meet with all vested parties with the sole purpose of resolving the problem. Face to Face meetings will be scheduled within 5 business days after failure to resolve at step 2.

2.4.3.4. What are the standard financial reports that your company provides to your customers? Please provide a list of your company's standard reports, including examples, as an attachment to your RFP response. Please note which are available online.

Financial Reports

Parkdale is a privately held company and as a result, do not provide financial reports to our current customers nor do we host any online. However, in the interest of transparency and disclosure, Parkdale Aftercare will provide the State with any requested financial statements as they relate to RFP 22-70538. This may include, but not limited to, banking transactions, expense reports, balance sheets, tax returns, and ad hoc financial reports. In short, IPRP will provide the State with any financial information that relates to Parkdale Aftercare LLC, the IPRP program, or any area which relates to this proposal (upon written request)

2.4.3.5. Please detail your company's customized and ad hoc reporting capabilities including how long the State must wait to receive new requests for information.

Customized Reporting

Parkdale utilizes programs and has the technical expertise to generate custom reports on demand and per request. The State can expect a response and delivery of the customized report within 3-5 business days for most situations. In the event of an "unusual" request, the report can be expected within 7 business days. In the case of an urgent matter, priority status will be placed on the request and is will be made available as soon as possible.

2.4.3.6. Please include information related to the tenure of the senior management of your company, information for the last three years on any changes of ownership and explain why there was a change in ownership. Please provide the long-term plans of your company and information related to the overall operating soundness of your business model.

Senior Management Team

The Parkdale Senior Management team responsible for the successful growth and development of the Parkdale Corporation will be the same senior management team tasked with the oversight to the IPRP program and this proposal to provide services under the RFP 22-70538. The senior management team are also the founding member of the Parkdale Companies and have been since the formation of the company in 2014.

There are no plans for a change in ownership or leadership. Leadership is comprised of:

David Cummins, MD, FASAM

Dr. Cummins is board certified in both Addiction Medicine (ABMS) and Emergency Medicine and has extensive experience in diagnosing and treating patients suffering from substance use disorders. Following best practice guidelines set forth by the American Society of Addiction Medicine (ASAM) and using the latest evidence-based treatment modalities, Dr. Cummins has helped develop the most comprehensive and seamless program for addicted professionals in the country. Using time tested treatments and cutting-edge alternative therapies, his treatment modalities succeeds by focusing on accountability, prevention, treatment, long-term monitoring, advocacy, and calculated reentry into the workplace. Dr. Cummins also works closely with multiple local, state, and federal agencies to ensure employee protection and client compliance. He is also currently on the ***Illinois Professional Health Program*** Clinical Advisory Committee as the expert addiction specialist. He advises during monthly clinical team meetings reviewing difficult cases and provide guidance on clinical operations. He is also currently the medical director of Parkdale Center for Professionals in Chesterton, Indiana.

In addition, Dr. Cummins has been the Medical Director and Medical Review Officer for the Indiana State Pharmacist Assistance Program and the Indiana Pharmacy Program since 2018 and the Medical Director for the West Virginia Restore Program since 2019.

Rodrigo Garcia RN, BC-APN, MSN, CRNA, MBA

Rodrigo has been a direct care provider in the health care field for more than 20 years. He has experience in emergency management, intensive care, surgical services, and anesthesia. He is currently an appointed member of the Indiana Office of the Attorney General prescription drug task force; a delegate to the National Safety Council and has held faculty positions at Evanston Northwestern School of Anesthesia, IVY Technical Community College – Nursing Department, and Valparaiso University School of Nursing. Rodrigo has extensive experience in the field of addiction, treatment, management, advocacy, and recovery of the highly-accountable recovering professional. Rodrigo is sought out for his engaging and powerful speaking presentations geared towards bringing to light the "silent epidemic" of addiction. He has educated thousands of families, state employees, individuals, employers, and professional organizations on the addicted professional and how this person affects every aspect of society. His most recent article was published in the *Journal of Professional Regulation* . Rodrigo has developed a comprehensive professional reentry program for professionals on a National level. The program is designed to work closely with State BOP and Medicine, employers, and alternative to discipline programs to ensure safe reentry of the impaired

health care professional. Rodrigo is currently the Chief Executive Officer at Parkdale Center for Professionals in Chesterton, Indiana.

In addition, Rodrigo has been the Compliance Director for the Indiana State Pharmacist Assistance Program and the Indiana Pharmacy Program since 2018 and the Compliance Director for the West Virginia Restore Program since 2019.

Claudia Garcia RN, BSN, CADAC II, LAC, MBA

Claudia has more than fifteen years of direct patient care experience as well as managerial and recruitment experience. She has focused much of her career in research and development of programs, policies, and procedures to improve patient outcome and maintain employer compliance. Claudia obtained her MBA degree, graduating with honors, with a focus on health care administration, specializing in assistance of health care professional afflicted with substance use disorder. Her training as a certified addiction drug and alcohol counselor (CADAC II), Registered Nurse, and licensed addiction counselor (LAC) along with her very personal and intimate knowledge of the situational circumstances the family members often experience has helped forge one the most seamless, comprehensive, and resourceful family programs in the country. Claudia is a published author her latest contribution being for the American Association of Nurse Anesthetist (Appendix BOP). She is also a department chair for the Porter County Substance Abuse Council and the recipient of both the Mental Health American *Heroes Award, 2016* and the prestigious 20 most influential business minds under 40 years old award in Indian (20 under 40, 2017). Claudia is currently the Chief Operating officer of Parkdale Center for Professionals in Chesterton, Indiana.

In addition, Claudia has been the Executive Director for the Indiana State Nurse Assistance Program and the Indiana Pharmacy Program since 2018 and the Executive Director for the West Virginia Restore Program since 2019.

Scott Geans, *BS, MPA, CPA -Chief Financial Officer*
Scott graduated from the Indiana University Kelley School of Business (Bloomington) in 2001 with a B.S. degree in Finance and a Minor in Sociology of Business Organizations. In 2007, he completed his MPA (Master's in Professional Accountancy) from the Kelley School of Business (Indianapolis) and earned his CPA (Certified Public Accountant). Scott spent the first ten years of his career in a variety of financial leadership roles, serving as the Assistant Controller for the Indiana State Budget Agency and a Senior Financial Analyst for Eli Lilly & Company in Indianapolis. As CFO, Scott is involved in leading many areas of Parkdale including the revenue cycle management, human resources, information technology, capital improvement and treasury management functions.
Tracy Traut MS, LCAC, IPRP *Program Director*

Tracy Traut, MS LCAC is the Program Director for Indiana Professionals Recovery Program. She has worked in the field of mental health and addiction since 2007. She has extensive experience in treating individuals with substance use disorders, trauma, and PTSD. Tracy received her MS in Clinical Mental Health Counseling from Indiana University Northwest and Calumet College of St. Joseph, with a concentration in addiction treatment. Tracy is charged with focusing on prevention, treatment, long-term monitoring, advocacy, working with employers, reentry into the workplace, and utilizing evidence-based practices to deliver cutting edge monitoring services for healthcare professionals in need.

Company Objectives

The mission statement of Parkdale is to ***provide a remarkable recovery experience***. All future objectives are centered around our mission statement. In terms of a timeline, the general direction of the company and more specific are outline below.

Immediate Goals (3-6 months)

- Continue to provide quality addiction treatment and support to those afflicted with SUD.
- Continue to meet financial company goals which will allow for continued altruistic and philanthropic ventures.
- Continue to enhance and provide the IPRP monitoring program for the pharmacists in Indiana
- Continue to serve the pharmacists in Indiana and the nurses of West Virginia.

Mid-Range goals (6 Months -2 years)

- Continue to improve the IPRP program in Indiana.
- Expand Treatment Services through the State for pharmacists, including IOP, Aftercare, and Detoxification programs.
- Completion of the opening of our Merrillville Indiana and Chesterton Indiana outpatient and counseling centers.
- Continued growth with the corporation in terms of financial, physical, and treatment services provided.
- Increase self-reporting into the INPRP program by 25%
- Increase IPRP total enrollment by 25%

Long-Term Goals (2years +)

- Continued and improved services to the IPRP program
- Multiple outpatient and counseling centers in central and southern Indiana.

- Continued growth with the corporation in terms of financial, physical, and treatment services provided.
- Increase self-reporting into the INPRP program by an additional 25%
- Increase INPRP total enrollment by 2an additional 25%

The senior leadership team is committed to the success of Parkdale and any program or subsidiary that is managed by the leadership team. Moving forward it will be this team that will work most closely with State officials, Boards of Pharmacy, and the IPLA to ensure the IPN program is optimized for everyone's perspective. It is this leadership, transparency, accessibility, and willingness to work synergistically that will ensure the program is a success. There have been no changes in leadership since 2014 with no plans for any changes at this time nor in the near future.

2.4.3.7 Please explain what level staff member will be the primary point of contact for administering this contract and how that relationship manager interfaces with the State and other staff to ensure proper contract administration, support, and resolution of questions or program deficiencies. Please include a biography and resume for key personnel who will be interacting with the agency.

INPRP Organization Chart

Please refer to ***Appendix M*** for the organizational chart of Parkdale Aftercare LLC, the company managing this proposal and the IPRP program. Below is a list of key members that will be the two primary points of the contact to ensure the contract and the program remain an open and transparent communication relationship.

IPRP Program Director, Tracy Traut

All day-to-day ***program questions and concerns*** will be managed and handled by the Program director. As she has for the past four years, the program director will continue to manage situation within her scope. The program director will be present at quarterly BOP hearings and all other BOP hearings as requested. The Program director will be accessible via email at any time to the BOP, IPLA, or OAG. In addition, the IPRP 1-800 number will have a unique prompt for the sole purpose of the BOP, IPLA, or OAG representative to be able to reach the program director immediately.

Ms. Tarut has extensive experience in requirements for substance use disorder assessment, treatment, and management and will be best suited to manage day to day operations. Ms. Traut will have the expertise and authority to address all program issues and provide solutions to the majority of situations which may arise. If unable to resolve the issue, Ms. Traut will immediately consult with the IPRP Contract Compliance Director, Rodrigo Garcia (see below).

BIO for Tracy Traut MS, LCAC,
Indiana State Nurse Assistance Program, Program Director

Tracy Traut, MS LCAC is the Program Director for Indiana Professionals Recovery Program. She has worked in the field of mental health and addiction since 2007. She has extensive experience in treating individuals with substance use disorders, trauma, and PTSD. Tracy received her MS in Clinical Mental Health Counseling from Indiana University Northwest and Calumet College of St. Joseph, with a concentration in addiction treatment. Tracy is charged with focusing on prevention, treatment, long-term monitoring, advocacy, working with employers, reentry into the workplace, and utilizing evidence-based practices to deliver cutting edge monitoring services for healthcare professionals in need.

Tracy has worked in the field of Mental Health and Addictions since 2007. Tracy received her MS in Clinical Mental Health Counseling from Indiana University Northwest where she also received a BA in Psychology and an AA in Women and Gender Studies. She completed training at the University of Cincinnati in Cognitive Behavioral Interventions for Substance Abusers, Anger Management and Brain2Brain Training for anxiety and PTSD.

Tracy was the Executive Director for the Porter County Family Counseling Center, the Addiction and Recovery Coordinator for PACT and the Assistant Executive Director for Dayspring Counseling Center as well as providing individual addiction counseling services in a private practice. She provides Screening Brief Intervention and Referral to Treatment (SBIRT) services as well as group facilitation services to the Moraine House, a sober living home for men.

INPRP Contract Compliance Designee (Parkdale CEO)

If a ***contractual issue*** arises or the unique ***programming situation*** presents a challenge to the program director, Mr. Garcia will immediately intervene and resolve the situation to the satisfaction of all parties. If Mr. Garcia is unable to resolve the issue on his own, a full panel discussion will be convened to include the entire senior management team including the Mr. Garcia, the IPRP medical director, the Parkdale Aftercare COO, and Ms. Traut. For all contractual issues, Mr. Garcia will be the direct contact between IPRP and the State representatives. Mr. Garcia will be available via email any time or via the INPRP 1-800 number via a special prompt for BOP, IPLA, or OAG representative. In the case were resolution is difficult to obtain, senior management will work with the IPLA or the BOP to come to a resolution.

BIO for Rodrigo Garcia
Parkdale CEO, Contract Compliance Designee, Senior Leadership

Rodrigo Garcia is a Certified Registered Nurse Anesthetist, Executive Program Director, and co-founder of the *Parkdale Recovery Center* in Chesterton, Indiana. Rodrigo is currently the Chief Anesthetist, providing anesthesia to countless families in rural Indiana who have limited access healthcare. Rodrigo is also the directly involved with facilitating a highly specialized treatment program that meet the needs of high functioning and highly accountable professional afflicted with substance use disorder.

Rodrigo graduated from Valparaiso University in 1996 with a Baccalaureate degree in Nursing. He first worked as a department supervisor and Certified Trauma Nurse Specialist at level one Trauma Center and Emergency Room. In 2004 after 8 years of critical care experience he completed his studies and obtained a Master of Science Degree in Nursing from De Paul University in Chicago, IL and successfully completed the nurse anesthesia residency program from Northwestern Hospital in Evanston, IL. During his nursing career Rodrigo has held various faculty positions at IVY Tech Community College school of Nursing, Valparaiso University Clinical Studies, and Evanston Northwestern School of Anesthesia. In 2012 Rodrigo graduated, with honors, from Indiana Wesleyan School of Business with an MBA degree focusing on Health Care Administration. He is an active member of the Indiana Attorney General Executive Drug Task force, *Bitter Pill* and serves as an appointed Delegate with the National Safety Council. In 2016, he was awarded the prestigious **"Heroes in Recovery"** from Mental Health America for his work in the addiction, treatment, recovery, and mental health field.

In 2007 Rodrigo began a personal and intimate journey with addiction and recovery. He gained a valuable perspective and understanding of the disease as it relates to personal health, family consequences, legal concerns, and the disease process. As a result, Rodrigo is now committed to improving the regulatory, monitoring, and treatment systems while providing personal assistance to those who are suffering the disease. Through his work both locally and nationally, Rodrigo continues to assist the impaired health care professionals and their families and they begin the long road back to wellness.

Today, Rodrigo continues to consult with and speak for universities, health care facilities, professional licensing boards, diversion investigators, law enforcement, treatment centers, and countless families that have been affected by addiction. He is sought out Nationally for his both personal and professional perspective and experience on the management of the impaired health care professional. He is also a founding member of the ***Health Experts in Loss Prevention (BOP.E.L.P.)*** program which is designed to assist hospitals and health care facilities in educating, identifying, intervening, and reentering the impaired health care provider.

Please see ***APPENDIX N*** for resumes for David Cummins, MD, Rodrigo Garcia, Claudia Garcia , and Tracy Traut.

In addition to the Program Director and the Contract Compliance Designee, the entire Senior Management Team will remain available to the IPLA and BOP. Please refer to the Bio's and experience of the senior management team as outlined in section 2.4.18 of this proposal