

**Maximus CALIFORNIA HEALTH PROFESSIONALS  
RECOVERY PROGRAM  
HANDBOOK**



**DENTIST-DENTAL HYGIENIST**



**VETERINARIAN**



**REGISTERED NURSE**



**OSTEOPATHIC PHYSICIAN-  
PHYSICIAN ASSISTANT**



**PHARMACIST**



**PHYSICAL THERAPIST**

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**SECTION 1. INTRODUCTION AND RECOVERY PROGRAM INFORMATION**

**IF YOU ARE EXPERIENCING A PSYCHIATRIC OR MEDICAL EMERGENCY, OR FEEL YOU MAY BE EXPERIENCING A THREAT TO YOUR SOBRIETY, CALL 911, OR CONTACT YOUR Maximus CLINICAL CASE MANAGER AT 800-522-9198. A CLINICAL CASE MANAGER IS ON-CALL AROUND THE CLOCK TO ASSIST YOU IN AN EMERGENCY.**

**A. General Program Information.** Maximus is the administrative vendor that contracts with eight of the California Health Professional Licensing Boards to manage the Health Professionals Recovery Program. We welcome you into the Recovery Program, a program provided by the Licensing Boards to monitor and support your recovery. This program is designed to provide Health Professional Licensees that have been diagnosed with substance use and/or mental health disorders with the tools to successfully navigate a program of recovery and rehabilitation.

This handbook was developed to provide you with the information you need for the entire period of enrollment in this program. You will find information regarding enrollment, drug testing, program rules and restrictions, return to work and employment issues, and other helpful information to ensure your continued recovery.

We are here to support you on your path to recovery, and to monitor your participation in the program. We encourage you to review and familiarize yourself with the information in this handbook. Your Clinical Case Manager or Compliance Monitor is available to answer any questions you have after you read the requirements of the Program in the handbook.

The Maximus team can be reached at 800-522-9198.

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**B. Enabling Statutes.** The California statutes that govern the Health Care Licensing Boards Recovery Programs are found in the Business and Professions (B&P) Code, Division 2. You will be subject to current and any future statutes or regulations governing the Program that are passed or implemented during your participation, including, but not limited to, laws governing confidentiality, drug testing, suspension of your license and so forth. Below are the Board’s laws and regulations that are applicable to your license.

<b>BOARD</b>	<b>B&amp;P CODE</b>
<b>Board of Registered Nursing (BRN)</b>	Chapter 6, Article 3.1, Sections 2770-2770.14
<b>Board of Pharmacy (BOP)</b>	Chapter 9, Article 21, Sections 4360-4373
<b>Dental Board of California (DBC)</b>	Section 1695
<b>Dental Hygiene Committee (DHCC)</b>	Section 1966
<b>Physician Assistant Committee (PAC)</b>	Chapter 7.7, Article 6.4, Sections 3534-3534.10
<b>Osteopathic Medical Board (OMB)</b>	Chapter 5, Article 15, Sections 2360-2370
<b>Physical Therapy Board of California (PTBC)</b>	Chapter 5, Article 7, Sections 2662-2670
<b>Veterinary Medical Board (VMB)</b>	Chapter 11, Article 3.5. Sections 4860-4873

**C. Program Length.** We recognize the disease model of Substance Use Disorders (SUD) and encourage you to educate yourself about it.

Recovery from SUD is a life-long process. We are here to help you in the early stages of your recovery. Your length of participation in the program will depend on your demonstrated progress in recovery and your level of compliance with the program requirements. ***At a minimum***, you must demonstrate full compliance with the program and negative drug screens for two consecutive years, at which point, if approved by your Recovery Evaluation Committee or Board, you may petition for Transition. ***Transition is not guaranteed at the 2-year mark***, and depends on multiple factors regarding your specific situation and the progress of your recovery. The Transition phase lasts at least one year, and is designed to ease you into accepting full responsibility for your recovery without external monitoring. More detailed information regarding Transition is included elsewhere in this handbook.

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**D. Program Staff.** The Maximus program staff are available to assist you to be successful in your recovery and to address issues of noncompliance with the terms and conditions that will be outlined in your Recovery Agreement. You can reach any staff member at 800-522-9198.

**a. Clinical Case Manager (CCM).** Maximus Clinical Case Managers are Licensed Clinicians in the State of California. Currently, all current CCMs are Registered Nurses who are trained and experienced in working in psychiatric and substance abuse settings. Your CCM will meet with you by phone at least weekly when you are new to the program, and monthly thereafter. In addition to the minimum meetings, you are encouraged to contact a CCM with questions and concerns. There is a CCM on call after hours around the clock to address *urgent* issues, answer urgent questions, and help you if you are facing a crisis that threatens your sobriety or safety. You can reach the on-call CCM at 800-522-9198, and whenever you call, the number will be answered by a live person who will direct you to the appropriate individual.

**b. Compliance Monitor (CM).** The CMs are responsible for entering and analyzing the data that comes from multiple sources regarding your compliance. Your CCM and CM work as a team to manage a caseload. Your CM may contact you for updates or to request specific information regarding your case.

**c. Administrative Assistant (Admin).** The Admins answer phones, provide help desk functions for MAXCMS, process mail and faxes, prepare packets for the review meetings, and provide general office support.

**d. Operations Manager.** Kristen Suarez is the Operations Manager who is responsible for oversight of the program operations. Kristen is available to you if you are unable to resolve an issue with your team or to act in the absence of a team member.

**e. Program Manager.** Virginia (Ginny) Matthews is a Registered Nurse, responsible for the overall program operations and clinical activities. Ginny's experience includes working in psychiatric and substance abuse nursing and program administration, as well as hospital administration in acute care and long term acute care settings. Ginny is available to resolve concerns about the program or to act in the absence of a CCM.

**E. Individual Participant Review.** Participants are reviewed by the Boards in one of two ways. The BRN, OMB, DBC, DHCC and the VMB review participants face-to-face and in person through Recovery Evaluation Committee (EC) Meetings (for the BRN, they are referred to as Intervention Evaluation Committee (IEC) Meetings). The PTBC, BOP, and PAC meet to

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review participant cases on a regular basis, but do not see participants face-to-face. The purpose of the review

meeting is to review your progress in recovery, review your compliance with terms of the Recovery Agreement, and consider requests for changes to the Recovery Agreement (such as return to work or reduction of meeting frequency).

**a. IEC/ECs.** For the four Boards who use IECs/ECs, the meetings are scheduled on a regular basis throughout the year. Participants are scheduled to appear in person before the IEC/EC at a minimum once per year, and up to four times in a year. All IEC/EC members have experience or training in Substance Use Disorders and Recovery, and most are in recovery themselves. A representative from the Board attends all PRM/EC meetings, as well as the CCM.

**i.** For the BRN, there are 12 individual Intervention Evaluation Committee (IEC) committees located throughout the State, and each group meets quarterly. The BRN IECs consist of three RNs, one Physician, and one Public Member.

**ii.** For the OMB, there is one EC that meets every four months in Los Angeles, near the LAX airport. EC members for this Board consist of 3 Osteopathic Physicians and a Public Member.

**iii.** The DBC and Dental Hygiene Committee are combined in a Northern EC and a Southern EC. Each meets every six months and consists of three Dentists, a Dental Hygienist, a Physician or Psychologist, and a Public Member. The Northern EC meets in the Dental Board offices in Sacramento, and the Southern EC meets near the LAX Airport.

**iv.** The VMB EC meets every four months in the Maximus Folsom, California office. Membership consists of two Veterinarians, one Vet Tech and a Public Member.

**b. PRM Boards.** The Boards that review participants without the use of an EC are the PAB, BOP and PTBC. These Boards meet with the CCM to review the cases on a regular basis, but the participant does not attend the meeting. After the meeting, the CCM will contact the participant to discuss any decisions or changes made to the Recovery Agreement during the meeting.

## **SECTION 2. RECOVERY PROGRAM REQUIREMENTS**

**Reporting to Maximus.** When you join the program, you are responsible to call your CCM at Maximus each week. Once you are reviewed and formally accepted

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into the program by EC or Committee, you will be required to call in monthly for the remainder of your participation in the program. Your CCM will ensure you are aware of when you can reduce the frequency of your calls from weekly to monthly. These calls are to discuss compliance and recovery issues with your assigned CCM. You must call during business hours, and inform the Administrative Assistant of a window of time in which you will be available for a return call. Failure to check in or to be available for a return call will be considered noncompliance. You can reach your CCM at 800-522-9198.

We recommend you maintain a file to organize all of your Recovery Program materials. Your file should include your Monitoring Agreement. It is recommended that you make and keep copies of all forms you submit to the Recovery Program, as well as Random Drug Testing (RDT) chain of custody forms and receipts. Most forms can be found on the Participant Portal of MAXCMS, the electronic documentation system in use by Maximus. You can find confirmation of all forms that you submit in the “submitted forms list” tab in the Documents section of the Participant Portal. Check the individual document instructions for when to print, as some can only be printed prior to submission. **Be aware that your Monthly Self Report and 12-Step/Community Support Group Cards cannot be printed once they have been submitted.** We also suggest you keep a separate calendar to track appointments and due dates for reporting requirements.

**A. Address and Phone Number.** Always notify Maximus of any changes in your address or phone number. Your CCM must always be able to reach you or leave a message on an active phone number. The address of record with Maximus must match the address on file with your licensing Board. You must notify Maximus **and** your licensing Board separately of any change of address. **You may submit a Change of Address or Phone Number on the "Address Cover and Change Report" by selecting the Documents link on your main page.**

**B. Treatment Program.** Maximus is not a treatment provider. You have probably discussed treatment options with your CCM. You must have the treatment program you select approved by your CCM. You may submit a miscellaneous essay or upload information to Maximus from the program describing the program format and requirements. You are required to complete and submit to Maximus a consent to exchange information with the treatment provider. **The consent is available in the Documents section of the Portal and may be signed electronically or printed and uploaded.** The requirements are outlined in your Recovery Agreement.



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**C. Treatment Provider Report.** Arrange for your treatment providers to submit progress reports to Maximus. **The Treatment Provider Report is located in the Documents Section of the Participant Portal.** Please make sure to print copies of this report and forward it to all of your treating providers. Complete and sign a Consent to Exchange Information form for the treating provider and submit it to Maximus by uploading or faxing it.

**D. Support Group.** Contact the Support Group Facilitator specified on your Recovery Agreement and establish the meeting time and date to begin attending regular Support Group meetings. Attendance is required and missed meetings must be excused by your EC Consultant or Board. *You may not be excused by your CCM or the Group Facilitator.* Contact your CCM prior to missing the meeting for any reason, and discuss the issue. You may still receive a noncompliance for the missed meeting, and may need to wait until seen by the EC/IEC to explain your reason for missing the meeting, and to have the noncompliance reversed. The Support Group Facilitator is responsible for reporting your attendance and participation on a monthly basis by the 10<sup>th</sup> of each month, and you, the participant, are accountable for ensuring the reports are submitted on time.

***Participation in this program is confidential and protected by privacy rules. Any information regarding peers (including their identity, their actions, or their personal history) which is learned from participation in support group must be kept confidential. "What's said in group, stays in group."***

**E. Self Assessment Form.** This form, located in the Documents Section of the Portal, is a one-time self assessment of your personal situation. **You are required to complete the self assessment form online at least two (2) business days before your initial intake assessment.** Your CCM will review it prior to your intake interview, and your Clinical Assessor will also use it in the face-to-face assessment that follows.

**F. Monthly Self Report (MSR).** Review the format for your Monthly Self Report. **Complete the MSR online and submit the report to Maximus by the 10<sup>th</sup> of each month. You can print this report before it is submitted, but once submitted, it is not available to print.** This report includes details of your month's activities, including step work and sponsor relationship, work

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situations, and types of meetings you have attended.

**G. 12-Step/Community Support Group (CSG) Meeting Card.** You will be required to attend 12-Step or Community Support Groups as part of your program participation at a frequency that is determined by your EC/IEC or Board. Your CCM will work with you to determine the type of meeting for you to attend that best meets your needs.

Print and use this form monthly, following the instructions listed at the top of the card. Attendance must be validated by obtaining the signature of the meeting secretary and the name and time of the meeting. Only one signature per day is accepted and multiple meetings attended on the same day are counted as one meeting. **The week begins on Sunday and ends on Saturday**, and your weekly meeting attendance requirement is counted this way. **The card must be submitted to Maximus monthly by the 10<sup>th</sup>. You may upload this document directly into your file.**

**H. Work Restrictions.** *You may not begin working, return to work, or change your job or worksite without first discussing it with your CCM and, through the CCM, gaining approval of the Board.* Each participant will have individualized restrictions on practice. Your CCM will discuss your specific restrictions and they will be written in your Recovery Agreement. If your drug testing results return as positive (see Drug Testing section below), if you miss a test, or if you fail to check in, you will be removed from work immediately. You will not be permitted to return to work until you have been approved by your IEC/EC Consultant or Board, and you will be notified by your CCM. You may not work or volunteer in any position in a healthcare setting without the approval of your Case Manager.

**I. Return to Work (RTW).** When you are approved to return to work by your EC/IEC or Committee, you must submit a RTW request and an essay describing your readiness to return to safe practice. The forms you need to complete are available in the Documents Tab, in the Return to Work/Job Change Forms Section of the Portal. You will be expected to identify a Worksite Monitor before your request can be approved. Changes in shift, work location, position, or work duties require you to notify your CCM and submit a revised RTW form.

**J. Worksite Monitor Requirement.** You must obtain a worksite monitor (WSM) that is approved by Maximus and submit the required WSM consent



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forms **prior to starting work**. Criteria the Worksite Monitor must meet are listed directly on the form. You are required to continue working with the approved WSM(s) and remind your WSM(s) to submit Quarterly reports as instructed in your Recovery Agreement. If your WSM(s) should change, or no longer be available to continue in the role of WSM, you must notify Maximus within one (1) business day and submit the required consent forms within five (5) business days.

If your worksite monitor is unable to provide the required amount of supervision due to illness, vacation or scheduling changes for longer than a two-week period, you must identify an alternate worksite monitor. The alternate WSM must be oriented by the Clinical Case Manager and sign all of the required paperwork prior to assuming the duties of the position. If there is not an alternate WSM in place when your primary WSM becomes unavailable, you will be removed from work until one has been approved.

**K. Travel Request.** Any out-of-town travel that includes an overnight stay should be reported on the Travel Request Form and submitted to your Maximus Service Team at least three weeks prior to your scheduled vacation/trip and *before* purchasing non-refundable travel fares. A Travel Request Form is available in MAXCMS in the Documents section. The vacation/trip must be approved by your CCM or IEC/EC. In order to approve your travel, the Lab Vendor must be able to arrange testing at your destination. *Because of this, travel out-of-the- country or on a cruise may not be approved.* Emergency travel requests will be reviewed on a case by case basis.

**L. Drug Testing Information.** One of your Recovery Terms and Conditions requirements is to submit to random drug test monitoring.

**a. Samples.** You will be required to provide urine, oral fluid, hair or nail samples, or other types of drug testing samples while participating in the Program. Collections of all drug test specimens must be observed. The Department of Transportation Federal Guidelines for Observed Collections can be found in DOT Rule 49, CFR part 40. The Boards have determined that the collectors will follow these guidelines for all collections. It is your responsibility to ensure that the collector is following proper procedures to observe the test and confirm the process on the Chain of Custody form. Do not leave the collection site until you are certain the specimen is properly sealed and initialed, the Chain of Custody form has been correctly

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completed, all dates are correct, and both you and the collector have signed the form and it has been properly packed and sealed in the shipping box.

**b. Daily check in.** You will call or log-in daily via phone, web or mobile app, and through this system, will be notified whether you have been randomly selected to test. Maximus has contracted with the Lab Vendor to coordinate this service for you. You must listen to or read the full message prior to ending the call or check in. The Lab Vendor's services are designed to be easy to use, provide maximum flexibility to participants in the Recovery Program, and assure the integrity of the drug testing process. You will receive a confirmation number from the website once your check in has been recorded. Be sure to keep this confirmation number on record. You can also view the calendar to confirm that you have checked in each day.

**c. Registration.** You are required to call the Lab Vendor at **833-476-1173** to register within two business days of your intake. You can also register online by logging in to [www.fssolutions.com](http://www.fssolutions.com), go to the Login tab, select RMS Participant Login, click on "Enroll with FirstSource Solutions" and follow the prompts. The login is "maximus" and the password is "enroll". Fill in the required fields marked with an "\*" which includes your participant ID number. This number is 70002xxxx, the last four digits of the ID number are the last four digits of your Social Security Number. Read and electronically sign the agreement. Click "Submit". This process will allow the Lab Vendor to assign a collection site, establish your method of payment, and load your pertinent information into their system. You will be notified when your account is active and you can begin daily check ins.

**d. Random Testing.** Each day, between 5am and 8pm, (unless otherwise directed by your Board) you are required to call the Lab Vendor at **833-476-1173** or log-in to the mobile app or website [www.fssolutions.com](http://www.fssolutions.com), and enter your personal identification number to be notified if you are scheduled for testing that day. Your personal identification number is assigned at time of registration. *Use of your Social Security Number is not permitted.* If you are notified that you are scheduled to test, you must provide a specimen that same day or you will be considered non-compliant. You must call or login each day between 5am and 8pm, or as directed by your Board, and the Lab Vendor system logs your activity. Check in outside of the approved hours (that is before 5am or after 8pm) will be considered

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a missed call.

**e. Observed Testing.** All specimen collections will be observed. Observed collections require a same-gender collector. You may be required to wait until one is available. You are responsible to contact the collection site in advance to ensure that there is a same-gender collector available to observe your specimen collection. They will follow the appropriate Federal guidelines to ensure your test is properly observed. **If you do not notify the collection site of this requirement, and your test collection is not observed, the program will be notified, and you will be non-compliant.** If you have questions about this procedure, please call the Lab Vendor for further clarification. If you arrive at the test collection site after business hours, and there is no same-gender collector available, call the Maximus on-call CCM while you are still at the collection site. The CCM will want to confirm the situation with the collector and provide instructions for an alternate process. 800-522-9198.

**f. Post Test Data.** On days that you are selected to test, you must log on to the Lab Vendor website after you complete the specimen collection. You will be expected to enter the Chain of Custody number, the name/location of the collection site, your work schedule (if any to report) on the day of the collection, and any comments. This information must be entered within 24 hours of the specimen collection. Please be sure your personal identification number, the date of collection, and the Chain of Custody numbers are correct on all documentation. This will prevent errors in reporting of results and will avoid a noncompliance issue for you should the results not be matched to your account. Timely information assists the program staff to confirm that you tested as scheduled, and also helps us investigate any specimens that are lost in transit or misidentified.

**g. Collection Sites.** The Lab Vendor will work with you to identify convenient collection sites for you, near home, work, or travel. To find the most convenient location to you, call the Lab Vendor at **833-476-1173** or login to the website at [www.fssolutions.com](http://www.fssolutions.com).

**h. Test Results, Positive for Banned Substances.** **The "Medication List" is available on the Documents Section of the Participant Portal. You are responsible to know what substances are restricted,** so please review it and become familiar with it. If your Random Drug Test (RDT) results are

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positive for a banned substance, you will be contacted by your CCM to discuss the results, and if you are working, you will be immediately removed from work. Your CCM will also notify your Worksite Monitor of your removal from work. Your CCM will discuss the remediation plan with you. You may not return to work until the Program receives two consecutive negative test results, or as directed by your EC Consultant or Board. Repeated positive results may result in your being terminated from the Program. If you are prescribed a medication on the medication list, and you have provided the Program and the Lab Vendor with a copy of the prescription, approved by the CCM and IEC/EC or Board, you will be permitted to take the medication, but will not be permitted to work until you have stopped taking the medication and produce two negative test results.

**i. Test Results. Out of Range or Dilute.** Out of Range (OOR) and Dilute results will also trigger a call from your CCM. Out of Range results are those with a Creatinine below 20 mg/dl, while Dilute results have a Creatinine below 20 mg/dl *and* a specific gravity below 1.003. These parameters help to ensure that the specimen is human urine that has not been altered. Without results that fall within the proper range for valid testing, we cannot adequately monitor your abstinence from mind-altering substances. If your results are returned as OOR or Dilute, your CCM will discuss a remediation plan with you.

**What can you do to ensure that your test results are negative and fall within acceptable ranges?**

- Abstain from mind altering substances.
- Review the Medication List included in this packet and ensure all medications that you take are on the Approved list on the far right.
- Contact your CCM if you are unsure about a specific medication or need assistance in choosing an acceptable alternative medication.
- Read the labels of all medications and products you use. You are ultimately responsible for what you take into your body, and must know and understand the ingredients of all medications. Ethyl Alcohol is an ingredient or solvent in many products such as Hand Sanitizer, cleaning products, lotions and medications. Use of these products may cause you to test positive for a metabolite of alcohol.
- Test early in the morning (before 10am).
- Avoid the use of caffeine before you test.
- Limit the intake of fluids before you test.

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- Consume protein, such as an egg or protein bar, in the morning before you test.
- Avoid excessive exercise, and avoid exercise immediately before you test.

**j. Payment.** You will establish an account with the Lab Vendor, and pay directly for the cost of the test and the collection via electronic payment (credit or debit card on file). The cost of collection is \$30 for in-network collection sites, and \$50 for out of network sites. The Lab Vendor will provide you with a list of collection sites.

**k. Missed Calls/Missed Tests.** You are required to log-in on a daily basis to determine whether you are required to submit a specimen on that day. You may log in to the Lab Vendor’s website or mobile app, or you have the option to call a toll-free number. The Lab Vendor’s system logs and tracks your calls or log-ins, and if you miss a check in, you will be notified the following day. Missed calls or log-ins are considered a serious noncompliance. If you do not submit a specimen on the day you are selected, it is considered a missed test, and you will be in violation of the terms of your Recovery Agreement. **Missed tests will result in immediate removal from work and an addition of at least two random drug tests. Multiple missed calls will result in removal from work as well.** Maximus must receive two negative test results in order for you to be permitted to return to work based on a missed call or missed test.

**l. Medication List.** Upon entering this program, you agree to remain free from mind-altering substances. This includes prescription and over-the-counter drugs that have a mind-altering effect or side effect. **You may access the Medication List in the Documents section of the Participant Portal.** If you have a valid medical reason to take any of the medications on the unapproved list (including over-the-counter meds), you must be under a doctor’s care and may not work during that time. We require two negative drug screen results before you will be permitted to return to work.

We do test for Ethylglucuronide (EtG) which is a biomarker of alcohol ingestion, and which can appear for several days after ingestion. You are responsible to avoid all products and foods containing alcohol, including flavorings and extracts in food, dressings and marinades, fermented drinks or teas (e.g. Kombucha Tea), medications and mouthwashes, hand

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sanitizers, and cleaning products. Please read the label and avoid any product with Ethyl Alcohol as an ingredient.

**M. Transition and Petitioning for Transition Instructions.** Your recovery is a life-long process. Transition is a phase with reduced requirements and serves as a buffer period from the intense monitoring that is received in your early program into no monitoring after your successful completion. It provides you an opportunity to demonstrate that you can safely practice without oversight once you successfully complete the Recovery Program. An individual participant in the Recovery Program may petition their EC/IEC to enter Transition after meeting all of the following conditions:

- a. Completion of ***a minimum*** of twenty-four (24) continuous months of satisfactory participation in the Recovery Program (this is not guaranteed to be approved at the 2-year mark, and is not an automatic entitlement at the 2-year mark). Approval to apply for Transition is dependent upon many factors;
- b. Compliance with the Recovery Agreement, including attendance at support group meetings, attendance of specified 12-step or approved community support meetings;
- c. ***At least*** 24 months of negative drug screens;
- d. No evidence of relapse for ***at least*** twenty-four (24) months;
- e. Successful work history (if working);
- f. Approval of the IEC/EC or Board to begin the process to request Transition;
- g. Completion of the Transition Packet, which includes a self assessment, letters of recommendation, and relapse prevention plan. **The Transition Essay with instructions is available in the Documents section of the Portal.**

When you and your CCM agree you are ready to apply for Transition, you must request to Petition for Transition from your IEC/EC or Board Review Committee. If approved, you may begin to complete the forms available to you in MAXCMS and first present them to your support group. Once the support group approves, you may submit the documents to Maximus via the portal and they will become available to the IEC/EC or Review Committee for their review. You will submit a set of documents that will include letters of recommendation from those close to you and your recovery, and an essay-style self-assessment, in which you have examined all aspects of your life and recovery, beginning with early influences in



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childhood. You are asked to submit your completed documents at least 30 days before the scheduled meeting date.

**N. Monthly Program Fee.** Each Board has a different administrative fee which you are responsible to pay to Maximus. Your CCM will discuss this fee with you at the time of your intake into the program. You must remain current with your monthly payment of fees. If your account is delinquent, you will receive a letter of non-compliance. This could impact any changes to your Recovery Agreement. An individualized cost breakdown report per Board is available in the Documents section of the Portal. The cost breakdown report identifies the costs associated with Service and Treatment Resources, Clinical Assessment/Clinical Reassessment, Professional Support Group, Drug Testing and the Administrative Fee.

**O. Emergency Situations.** We recognize that there may be situations that constitute an emergency and you may be directly affected by them. Since every emergency presents a different set of circumstances, and impacts individuals differently, it is the responsibility of the participant to notify Maximus if you are involved in an emergency situation. Please review the following *in advance* of an emergency so that you will know what to do if a crisis occurs.

**a. Personal medical emergency or injury.** Please contact your Clinical Case Manager or the on-call Case Manager as soon as practical if you are experiencing a medical emergency. The Case Manager will advise you on safe medications and how to discuss your individual situation with the treating physician. The Case Manager will also provide instructions on how to notify Maximus of any medications that were used to treat the medical issue. Please request a discharge summary with a medication list when you are discharged from the Emergency Department or Urgent Care, and upload it in MAXCMS in the Documents section → Upload Documents → treatment documents. We ask you to keep Maximus informed if you are admitted into the hospital so that your program requirements may be adjusted.

**b. Personal family emergency requiring travel out of your home area.**

Please notify your Clinical Case Manager or the on-call Case Manager as soon as practical if you are experiencing a family emergency such as illness or death in the family. The Case Manager will advise you on

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requirements for travel, drug testing and meeting attendance, and will assist you in obtaining emergency approval for the travel.

**c. Natural disaster.** If you are impacted by a natural disaster and experience evacuation, loss of your home, or direct effects of damage to the community, please notify your Clinical Case Manager or the on-call Case Manager as soon as practical. The Case Manager will advise you on waivers or alterations to your recovery agreement.

**d. Natural disaster, volunteering your time as a healthcare professional.** The program has established protocols with the approval of the licensing Boards that will allow you to volunteer as a healthcare provider in an emergency. In an emergency situation, healthcare professionals are usually needed to supplement existing facility staff to provide care to patients affected by the emergency. Typically the supplemental staff are managed by a private temporary staffing agency or a State or Federal emergency response agency (i.e. FEMA, OES). In other cases, the healthcare professionals are coordinated through volunteer organizations such as the Red Cross or asked to work additional hours in an existing workplace. We have developed a form for you to use to request permission to work outside of your approved work privileges and/or work schedule. It is available on the MAXCMS participant portal in Miscellaneous Documents and it is listed as the PARTICIPANT REQUEST TO PROVIDE EMERGENCY SERVICES. Do not start working until the position and the arrangement have been approved by your Case Manager. We will do all we can to expedite the request, but we must follow the protocol and the program must approve the position and the supervision before you start.

**e. Guidelines to work or volunteer in emergency situation:**

- 1)** Participants in the Recovery program may only offer to volunteer or work in positions outside of their previously program-approved work settings if they have 6 months of demonstrated program compliance and a minimum of 30 days of consecutive negative drug tests.
- 2)** Participants in the Recovery programs may only offer to *volunteer or work* outside of their previously program-approved work settings with specific and direct approval of their assigned Clinical Case Manager (CCM).
- 3)** Participants may only work within their currently approved work privileges and restrictions.
- 4)** These guidelines apply to work or volunteer assignments in healthcare

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settings, regardless of whether the participant's license is required to perform the duties of the position.

- 5) Participants are limited to 3 additional shifts or a total of 36 additional hours of paid or volunteer work per rolling 7 day period.
- 6) Participants are expected to maintain compliance with all program requirements as defined in the individual Recovery Agreement.

**P. Handbook Acknowledgement Signature Sheet.** After reading the Handbook, you are required to electronically sign and submit the Handbook Acknowledgment Signature Sheet. **You may access this form in the Documents Section of the Portal.** This acknowledges that you have read, understand, and agree to the requirements of being a participant in the Recovery Program.

**Q. Program Contact Information.** If you have any questions regarding the process or completing the paper work, please call your Clinical Case Manager or Compliance Monitor.

**Phone: 800-522-9198.**

**Mailing Address:**

P.O. Box 989012

West Sacramento, CA 95798

**Fax: 916-669-3660**