

**MAXIMUS CALIFORNIA HEALTH PROFESSIONALS  
DIVERSION PROGRAM  
HANDBOOK**



**DENTIST-DENTAL HYGIENIST**

**VETERINARIAN**



**REGISTERED NURSE**



**OSTEOPATHIC PHYSICIAN-  
PHYSICIAN ASSISTANT**



**PHARMACIST**



**PHYSICAL THERAPIST**

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**SECTION 1. INTRODUCTION AND DIVERSION 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 Diversion Program. We welcome you into the Diversion Program, a voluntary 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 participation 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. You may want to review it from time to time to refresh your memory. Some items that are discussed in this handbook will become more clear once you have had some experience with the program.

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 (CCM) or Compliance Monitor (CM) is available to answer any questions you have after you read the requirements of the Program in the handbook. The office is open between the hours of 8am to 5pm, Monday through Friday. 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 Diversion 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.

BOARD	B&P Code
<u>A.</u> Board of Registered Nursing (BRN)	Chapter 6, Article 3.1, Sections 2770-2770.14
<u>B.</u> Board of Pharmacy (BOP)	Chapter 9, Article 21, Sections 4360-4373
<u>C.</u> Dental Board of California (DBC)	Section 1695
<u>D.</u> Dental Hygiene Committee (DHCC)	Section 1966
<u>E.</u> Physician Assistant Board (PAB)	Chapter 7.7, Article 6.5, Sections 3534-3434.10
<u>F.</u> Osteopathic Medical Board (OMB)	Chapter 5, Article 15, Sections 2360-2370
<u>G.</u> Physical Therapy Board of California (PTBC)	Chapter 5.7, Article 5.5, Sections 2662-2669
<u>H.</u> Veterinary Medical Board (VMB)	Chapter 11, Article 3.5, Sections 4860-4873

**C. Program Length.** We recognize the disease model of Substance Use Disorders, and encourage you to educate yourself about it. Recovery from addiction 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 Diversion Evaluation Committee or Board*, you may request to be considered for Transition. **Transition is not guaranteed at the 2-year mark**, and depends on multiple factors regarding your specific situation and the

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progress of your recovery. For some Boards, you may need up to four years of good compliance and negative tests to be permitted to apply for Transition. Please discuss the options with your Clinical Case Manager. The Transition phase lasts *at least* one year, and is designed to ease you into accepting full responsibility for your recovery with a reduction in external monitoring. More detailed information regarding Transition is included elsewhere in this handbook.

**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 CCMs are Registered Nurses who are trained and experienced in working in psychiatric and substance abuse/recovery 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 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. Your call will be entered into a log in your case file, so that there is a record of the call. The CCM will be notified of your call, and will return your call based on the order of calls, the urgency of your call, and the CCM's schedule. When leaving a message, it is helpful to indicate times when you are available to answer the return call, and a brief description of the reason for your call.
- b. **Compliance Monitor (CM).** The CMs work in the MAXIMUS Folsom, CA office and 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, and can answer your questions about the requirements of the program.

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- c. **Administrative Assistant (Admin).** The Admins answer phones, 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 has more than 25 years' experience working in psychiatric and substance abuse nursing and program administration. 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 Diversion Evaluation Committee (DEC) Meetings. The PTBC, BOP, and PAC meet to 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, 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. **DECs (for the BRN Intervention Program for Nurses, these meetings are called Intervention Evaluation Committee meetings, or IECs).** For the four Boards who use DEC/IECs, the meetings are scheduled on a regular basis throughout the year. Participants are scheduled to appear in person before the DEC/IEC at a minimum once per year, and up to four times in a year. All DEC/IEC members have experience or training in Substance Use Disorders and Recovery, and most are in recovery themselves. A representative from the Board attends the DEC/IEC meetings, as well as the CCM.
  - i. For the BRN, there are 14 individual IEC committees located throughout the State, who each meet quarterly. The BRN IECs consist of three RNs, one Physician, and one Public Member.

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- ii. For the OMB, there is one DEC that meets quarterly in Los Angeles, near the LAX airport. DEC members for this Board consist of 3 Osteopathic Physicians and a Public Member.
  - iii. The DBC and Dental Hygiene Committee has a Northern DEC and a Southern DEC. Each meets quarterly and consists of three Dentists, a Dental Hygienist, a Physician or Psychologist, and a Public Member. The Northern DEC meets in the Dental Board offices in Sacramento, and the Southern DEC meets in a hotel meeting room near the LAX Airport.
  - iv. The VMB DEC meets every four months in a hotel in Folsom. Membership consists of two Veterinarians, one Vet Tech and a Public Member.
- b. Non-DEC Boards.** The Boards that review participants without the use of a DEC 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.

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**SECTION 2. DIVERSION PROGRAM REQUIREMENTS**

- A. **ABSTINENCE FROM MIND-ALTERING SUBSTANCES.** This is an abstinence-based program. You are expected to remain free from mind-altering substances, which includes, but is not limited to, any prescribed, over-the-counter, or illicit drugs or alcohol which have the ability to affect your thinking, alertness, feelings, or sensations. Read the label on any product or food you consume. You must notify your MAXIMUS Clinical Case Manager (CCM) when you have been prescribed **any** medication, and either fax the prescription to MAXIMUS or upload it into your case record.
- B. **MEDICATION DISPOSAL.** If you have medications in your possession which are not permitted, you must discard them in a safe manner. To dispose of unused and unwanted medications, try [www.medsafedisposal.com](http://www.medsafedisposal.com) for a system that will dispose of them for you. Watch for community "Drug Takeback" programs. You can purchase a medication disposal system called "medsaway" for less than \$5 at your local drug store. Another alternative is, while in the presence of your sponsor or another trusted individual, crush the medication and mix it in used cat litter or coffee grounds before disposing of it in the trash.
- C. **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 into the program by DEC/IEC 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. Failure to check in will be considered noncompliance. You can reach your CCM at **800-522-9198**. Your call will be logged, and your CCM will return the call.

We recommend you maintain a file to organize all of your Diversion Program materials. Your file also should include your Monitoring Agreement and a set of blank forms. It is recommended that you make and keep copies of all forms you submit to the Diversion Program, as well as Random Drug Testing (RDT) chain of custody forms and receipts. We also suggest you keep a separate calendar to track appointments and due dates for reporting requirements.

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Effective in the latter part of 2016, forms will be available to complete and submit directly on the Diversion website. The change will be announced and training will be provided.

- D. **Address and 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. Always notify MAXIMUS immediately of any changes in your address or phone number. You can make an address change directly in your case record.
- E. **Outpatient or Other Treatment Program.** You have probably discussed treatment options with your CCM. You must have the treatment program you select approved by your CCM. You are required to sign a consent to exchange information with the treatment provider. This form can be found in your case record.
- F. **Treatment Provider Progress Report.** Arrange for your treatment providers to submit progress reports to MAXIMUS. The Treatment Provider Progress Report can be found in your case record and is available for download and printing. Give it to all relevant treating providers. Please make sure to complete and sign a Consent to Exchange Information form for the treating provider. Remind your treatment provider at the beginning of each quarter that a report is required.
- G. **Support Group.** Contact the Support Group Facilitator specified on your Pre-Entry Agreement or 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 DEC/IEC Consultant or Board. *You may not be excused by your CCM or the Group Facilitator.* You may not change groups without permission from the DEC/IEC or Board. You may not substitute another Support Group to make up for a missed group. Contact your CCM prior to missing the meeting for any reason. The Support Group Facilitator is responsible for reporting your attendance on a monthly basis by the 5<sup>th</sup> of each month, and you, the participant, are accountable for ensuring the reports are



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submitted on time. You may want to remind your Group Facilitator at the beginning of each month to submit the report on time.

***Participation in this program is confidential, and 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."***

- H. **Self Assessment Form.** This form is a one-time self-assessment of your personal situation. You are required to complete a self-assessment online in your case record prior to your appointment with your Clinical Assessor.

If you are requested to have a reassessment, you will be required to complete another Self-Assessment Form prior to the reassessment appointment.

- I. **Monthly Self Report (MSR).** Review, and become familiar with, the format for your Monthly Self Report. Complete the MSR and submit the report to MAXIMUS by the 10<sup>th</sup> of each month. Report shall include details of your month's activities, including step work and sponsor relationship, work situations, and types of meetings attended.
- J. **12-Step Meeting Card.** Read the instructions for using the 12-Step Meeting Card at the top of the cards. Download and print a 12-Step Meeting Card each month. 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 the card must be submitted to MAXIMUS monthly by the 10<sup>th</sup>. You can either scan and upload the card, or mail it to MAXIMUS. Multiple meetings attended on the same day are counted as one meeting. Use one card per month.
- K. **Work Restrictions.** Each participant will have individualized restrictions on practice. Your CCM will discuss your specific restrictions and they will be written in your Recovery Agreement. ***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***

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***approval of the Board.*** If your drug testing results return as positive (see Drug Testing section below), or if you miss a test, or 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 DEC/IEC Consultant or Board, and you will be notified by your CCM. Working without permission is considered a major noncompliance and may be grounds for immediate case closure and referral to the Board for further action.

L. **Return to Work (RTW).** When you are approved to return to work by your DEC or Committee, you must submit a RTW request. 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 packet. All forms that you need to Return to Work are available in your case file. You may not begin working until the position has been approved and the worksite monitor has been oriented by a CCM. All documentation must be properly completed and submitted before you will be granted permission to begin working.

M. **Worksite Monitor Requirement.** You must obtain a worksite monitor (WSM) that is approved by MAXIMUS and submit the required WSM consent 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) at the beginning of April, July, October and January to submit Quarterly reports as instructed in your Recovery Agreement. If your WSM(s) should change, 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, you must identify an alternate worksite monitor to provide the supervision. 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. You are encouraged to make this arrangement before you need it.

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N. **Travel Request.** A Travel Request Form is available in your case file. 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. The vacation/trip must be approved by your CCM and/or DEC/IEC. In order to approve your travel, FirstLab 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. You are required to conduct the daily check-in with the lab every day of the year, even when on vacation.

O. **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 specimens, blood, 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 completed, all dates are correct, both you and the collector have signed the form, and it has been packed into the shipping box.

b. **Daily check in.** You will call or log-in daily, and through this system, will be notified whether you have been randomly selected to test. MAXIMUS has contracted with FirstLab to coordinate this service for you. FirstLab's services are designed to be easy to use, provide maximum flexibility to participants in the Diversion Program, and assure the integrity of the drug testing process. You will receive a confirmation number from the website once your

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check in has been recorded. Be sure to keep this confirmation number on record. You can also view the FirstLab calendar to confirm that you have checked in each day.

- c. **Registration.** You are required to call FirstLab at **800-732-3784** to register within five business days of your intake. You can also register online by logging in to [www.firstlab.com](http://www.firstlab.com), go to the Professional Health Monitoring page, click on "PHM Participant Enrollment" 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 FirstLab to assign a collection site, establish your method of payment, and load your pertinent information into their system.
- d. **Random Drug Testing (RDT).** Each day, between 5am and 8pm, (unless otherwise directed by your Board) you are required to call FirstLab at (877) 282-1911, log-in to the website at FirstLab.com, **or connect to FirstLab through the mobile app**, 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 strongly discouraged.* 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. It is important to call or login every day between 5am and 8pm, or as directed by your Board, as the FirstLab system logs your activity. You must conduct the check-in yourself, and may not use a service to check-in for you. Checking in before 5am or after 8pm will be considered a **missed call**, and you will be removed from work until the program has received at least two negative test results as evidence of your continued sobriety.

You may want to consider using reminders such as an alarm on your phone, post it notes in a conspicuous place, calling at the same time every day, or other simple method to remind you each day to check in. The FirstLab website has a calendar function that you can review if you are not sure whether you checked in on any given day.

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- e. **Observed Testing.** All specimen collections will be observed. Please be aware that this may result in an additional charge by the collection site. 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, we will be notified, and you will be non-compliant.** If you have questions about this procedure, please call FirstLab for further clarification. If you arrive at the test collection site and there is no same-gender collector available, call the MAXIMUS on-call CCM from the lab. 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 will be asked to log on to the FirstLab website after you complete the specimen collection. You will be expected to enter the Chain of Custody (CCF) number, the 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 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.** FirstLab will work with you to identify a convenient collection site for you, near home, work, or travel. To find the most convenient location to you, call FirstLab at (800)732-3784 or login to the website at FirstLab.com.
- h. **Test Results, Positive for Banned Substances.** You are responsible for what you ingest. Your enrollment packet contains the "Safe Medication List". Please review it and become familiar with it. If your Random Drug Test (RDT) test results are positive,

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you will be contacted by your CCM to discuss the results, and you will be immediately removed from work. Your CCM will also notify your Worksite Monitor of your removal from work. If the positive results are related to the use of a banned substance, your CCM will discuss the remediation plan with you, which may include a return to treatment. You may not return to work until the Program receives two consecutive negative test results, or as directed by your DEC/IEC Consultant or Board. Repeated positive results may result in you being terminated from the Program. If you are prescribed a medication on the medication list, and you have provided the Program with a copy of the prescription, approved by the CCM and DEC/IEC 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 at least two negative test results.

Use or ingestion of products containing alcohol (ethanol) such as fermented beverages, Kombucha Tea, food products, marinades, dressings or desserts, personal hygiene products, hand sanitizer with alcohol, medications, Nyquil, and mouthwash will all result in positive random drug test results. Use of these products is not permitted. Food containing poppy seeds or poppy seed oil may result in positive random drug test results. Read ingredient labels and avoid these products.

- 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?**

1. Abstain from mind altering substances.

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2. Review the Medication List included in this packet and ensure all medications that you take are on the Approved list on the far right.
3. Contact your CCM if you are unsure about a specific medication or need assistance in choosing an acceptable alternative medication.
4. 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.
5. Test early in the morning (before 10am).
6. Avoid the use of caffeine before you test.
7. Limit the intake of fluids before you test.
8. Consume protein, such as an egg or protein bar, in the morning before you test.
9. Avoid excessive exercise, and avoid exercise immediately before you test.
- j. **Payment.** You will pay FirstLab directly for the cost of the test, via electronic payment (credit or debit card on file). Additionally, you will pay the collection fee directly to the collection site.
- k. **Missed Calls/Missed Tests.** You are required to log-in to the FirstLab website or call a toll-free number on a daily basis to determine whether you are required to submit a specimen on that day. The FirstLab system logs 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 calls and missed tests will result in immediate removal from work and an addition of at least two random drug tests.** Currently, 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.

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P. **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. Enclosed in this packet is a Safe Medication List for you to review and to keep at hand. 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 direct metabolite 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, hand sanitizers and cleaning products. Please read the label and avoid any product with Ethyl Alcohol as an ingredient.

Over-the-counter cold/flu medication often contains Dextromethorphan, which has a high potential for abuse, and is therefore not permitted in the program. If you have a severe cough, contact your physician for options. If you must take medication containing Dextromethorphan, obtain a physician's order or prescription for it, and fax it to MAXIMUS. Again, it is important for you to read the label.

Q. **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 successful completion. It provides you an opportunity to demonstrate that you can safely practice without oversight once you successfully complete the Diversion Program. An individual participant in the Diversion Program may petition their DEC/IEC or Review Committee to enter Transition after meeting the following conditions:

- a. Completion of ***at least*** twenty-four (24) continuous months of satisfactory participation in the Diversion Program (This is not guaranteed to be approved at the 2-year mark. Approval to apply for Transition is dependent upon many factors, and will be determined by your Board or DEC/IEC. Some Boards require a longer period of recovery, up to four years of good compliance and negative drug tests.);



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- b. Compliance with the Recovery Agreement, including attendance at support group meetings, attendance of specified 12 step meetings. Multiple minor violations will hinder your progress toward Transition. 100% compliance is expected before you will be permitted to move into this phase.;
- c. **A minimum of 24 months** of negative drug screens;
- d. No evidence of relapse for *at least* twenty-four (24) months;
- e. Completion of the Transition Packet, which includes satisfactory completion of a self assessment that demonstrates significant insight and a healthy recovery; letters of recommendation, and a relapse prevention plan.

When you and your CCM agree you are ready to apply for Transition, you must request to Petition for Transition from your DEC/IEC or Board Review Committee. If approved, you will receive a packet with instructions from your CM, which you will complete and present to the DEC/IEC or Review Committee. The packet you submit 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. You are asked to submit your completed packet at least 30 days before the scheduled meeting date.

- R. **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 included in this packet. 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.
- S. **Handbook Acknowledgement Signature Sheet.** After reading the Handbook, you are required to sign, date and return the signature page (found with this Handbook) to MAXIMUS. This acknowledges that you have read, understand, and agree to the requirements of being a participant in the Diversion Program.

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T. **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**

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