


**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

| | | |
|------------------------|--|--|
| Title: | Washington Health Professional Services (WHPS) Case Management | Number: W36.02 |
| Reference: | RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations. RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (<i>as amended by 2023 c 425</i>). RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program. WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs. WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790 . WAC 246-840-770 - Approval of substance use monitoring programs WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program. WAC 246-840-790 - Substance use disorder monitoring stipend program | |
| Contact: | Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON) | |
| Effective Date: | November 8, 2024 | Date for Review: November 8, 2026 |
| Supersedes: | W36.01 – November 4, 2022 W13.01 – January 8, 2016 W07.01 - January 8, 2016 | |
| Approved: |  | |
| | Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON) | |

PURPOSE:

WHPS case managers receive information from multiple sources such as treatment providers, employers, and legal services. WHPS uses this information to develop individualized monitoring contracts, monitor compliance and recovery status, and protect public safety.

The intent of case managers is to consider nurses' individual circumstances while monitoring them per applicable statutes and regulations, procedures, and contract requirements.

PROCEDURE:

I. Case Management

- A. Case managers make decisions regarding SUD and/or mental health monitoring of the nurse.
- B. The case manager will contact the nurse prior to signing the program participation contract in order to explain contract/program requirements and answer questions.
- C. The case manager will return all communications from nurses and stakeholders by the next business day.
- D. Case managers will check all electronic case management system notifications at least twice a day, first thing every morning and prior to the end of the day.
- E. Case managers support contract compliance by taking appropriate actions. Monitoring activities include but are not limited to:
 1. Overall contract compliance.
 2. Submission of self-reports.
 3. Submission of self-help group attendance records.
 4. Submission of work site monitor evaluation reports.
 5. Submission of peer support group reports.
 6. Submission of treatment reports.
 7. Employment requests.
 8. Practice restriction compliance.
 9. Prescription information reports.
 10. Follow up of laboratory drug test results.
 11. Requests for monitoring interruptions.
- F. Contract non-compliance requires WHPS to notify the nurse with any required corrective actions. Corrective actions may include contract extension, increase in test frequency, and appearance before the Substance Use Disorder Review Panel (SUDRP).

II. Case Staffing

- A. The WHPS assistant director will schedule weekly staffing meetings or as necessary.
- B. Case managers will bring the following to each case staffing meeting for review:
 1. New participants for contract requirements
 2. Evaluations
 3. Instances of unauthorized substance use
 4. Instances of significant contract non-compliance
 5. Requests for contract amendments
 6. Early discharge requests
 7. Questions about application of procedures
 8. Requests for monitoring interruptions

- 9. Referrals to SUDRP
- 10. Notices of required evaluations
- C. The case manager assigns a substitute to present cases and recommendations if they are unavailable to attend.
- D. The case manager documents decisions listing issues, actions taken, and corrective actions applied in the monitoring database. Progress notes also include findings and recommendations.

III. WHPS Medical Director:

- A. Case managers will consult with the WHPS assistant director prior to referring an issue to the medical director.
- B. The medical director participates in case staffing meetings.
- C. The medical director reviews all complex evaluations, potential dependence-producing prescriptions, and other significant issues; e.g., management of co-occurring disorders and fitness for duty evaluations. Complex evaluations may include medication management or chronic pain management. The medical director documents findings and recommendations as case notes.
- D. The medical director may consult with third parties (medical providers, evaluators) as necessary.