Contract Terms and Conditions

Procedure:	C35.04
References:	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. 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 Current DSM and ASAM Placement Criteria
Applies to:	CARES Case Managers
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Effective Date:	5/26/2026
Review Date:	1/1/2030
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Purpose

The Compassion Accountability Recovery Empowerment and Safety (CARES) program

determines the length and terms of the Program Participation Contract based on the Substance Use Disorder (SUD) evaluation, time in recovery, prior treatment episodes, license type, professional duties, and the specifics of the nurse or nursing assistant's (participants) use patterns and behavior. CARES may also amend the contract based on prior treatment and recovery time.

Note: Nationally accepted substance use disorder monitoring guidelines are contained in the National Council of State Boards of Nursing *Substance Use Disorder in Nursing*.

Definitions N/A

Process: Contract Lengths

<table>
<tr><th>Steps</th><th>Person(s)/Entity Involved</th><th>Activity or Event(s)</th></tr>
<tr><td>1</td><td>Case Managers</td><td>A. Considerations for contract lengths:
1. Participants who have been in sustained recovery for three or more years may not be appropriate for monitoring. Demonstration of recovery may be supported by documentation including, but not limited to, treatment completion, letters of endorsement, drug testing records, and self-help group attendance records.
2. Credit for prior documented periods of sobriety may be applied to contract lengths.
3. Substance use or mental health impairment directly impacting the practice of nursing will be considered in developing contract length.
4. Maintaining employment or returning to work is a priority once safe to do so.
5. A participant whose SUD evaluation indicates an inability to practice with reasonable skill and safety agrees to cease practice until they make satisfactory progress in treatment.
6. Recent substance misuse and/or related criminal conviction (within previous year) may warrant an extended contract length determined by CM or designee.
7. Transition contract or graduation may be considered at 2 yrs prior to anticipated contract completion date when there are two years of documented abstinence and one year of successful employment, if applicable, prior to anticipated completion date.
<table><tr><th>Diagnosis</th><th>Contract</th></tr></table></td></tr>
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		<table><tr><td>*May be adjusted based on individual consideration of legal and clinical history</td><td></td></tr><tr><td>No SUD Diagnosis/Mental Health</td><td>Two years</td></tr><tr><td>Mild Diagnosis</td><td>Three years</td></tr><tr><td>Moderate Diagnosis</td><td>Four years</td></tr><tr><td>Severe Diagnosis</td><td>Five years</td></tr></table> B. Diagnosis in sustained full remission 1. CARES may give the participant a shorter contract to account for the length of time of documented abstinence . 2. The participant may demonstrate recovery by supporting documentation including, but not limited to, treatment completion, letters of endorsement, and drug screening records. C. Applicants 1. Participants applying for licensure will generally be offered a CARES monitoring contract to verify recovery and safety to practice via the Notice of Required Evaluation (NRE).

Process: Contract Conditions

Steps	Person(s)/Entity Involved	Activity or Event(s)
1	Nurse or Nursing Assistant Participant	Must agree in writing to all contract terms and not alter the contract. The Program Participation Contract must address the following areas: 1. Agree to limit practice in this state only; the participant can no longer hold a multi-state license. 2. Specific SUD treatment and report requirements. 3. Authorization to release information. 4. Abstinence from non-prescribed/non-approved, mind/mood altering substances. 5. Healthcare provider notification of substance use history. 6. Notification of prescription medications and agreement to submit to specialty evaluations. 7. Random drug testing. 8. Self-report of unauthorized use – cease practice, and evaluation and treatment requirements.

		9. Agreement to appear when the Substance Use Disorder Review Panel requests an appearance. 10. Self-reports on recovery status. 11. Self-help group participation; scheduled reports and sponsor status. 12. Peer support group participation. 13. Employment conditions - practice restrictions and worksite monitor (WSM) requirements. 14. Notification of pending relocation to another state. 15. Participant's responsibility for all fees and costs associated with program participation. 16. CARES obligation to report significant contract non-compliance to Substance Use Disorder Review Panel (SUDRP). 17. Non-compliance with any contract conditions may require WSM notification and cease practice. 18. Notification of changes including: • Any hospitalization or surgical procedures within two days of occurrence. • Workplace disciplinary meeting or employment counseling within two days • Change in employment, contact information, termination or resignation. • Arrests, deferred sentences, or conviction following nolo contendere. • New disciplinary complaint. 19. Employment conditions and practice restrictions may include, but are not limited to: • Not practicing in an unsupervised role. • Requiring a worksite monitor to oversee practice. (See Procedure W38.02 *Worksite Monitoring*.) • Employment with limited supervision such as with a staffing agency, in home health, or adult family home. Agency work requires a minimum of 3–6-month assignment with a detailed supervision plan. • Work hours up to a 12-hour scheduled shift, and not more than 40 hours per week. • Overtime or on-call assignments. • Limits of three shifts (day, evening, night) within a seven-day period. • Floating from unit to unit. • Night shifts (generally 2300 to 0700).

		• Multiple employers • Controlled substance access to dispense, administer, count, or waste medications. (Access restrictions are generally for six to 12 months. If there is evidence of drug diversion, prescription fraud or patient harm, access is restricted for 12 months. Access restrictions may not be necessary for participants whose sole misuse is alcohol and/or marijuana and there has been no work involvement. 20. Case managers may work with participants and employers to amend work restrictions on an individual basis. 21. Medication Assisted Treatment (MAT) is effective in lower relapse rates among health professionals. • CARES will consider an amendment of controlled substance access restrictions for participants on MAT. • Generally, therapy will be required for a period of one to two years. • The case manager will consult the CARES Assistant Director on all access amendment requests.

Process: Transition Contracts

Steps	Person(s)/Entity Involved	Activity or Event(s)
1	Case Managers	Review and amendment of contracts appropriately transitions participants towards graduation. The purpose is to thoughtfully reduce requirements and restrictions previously imposed on the participant to prepare the participant for life without monitoring. CARES bases the timing of this contract on the participant progress in recovery and compliance with their monitoring contract. 1. Will consider transition contracts once the participant has worked successfully in healthcare for 12 months and are not on medication restriction. 2. Assure that to be eligible for a transition contract, participants must not have engaged in any significant contract non-compliance within the past two years as defined in *Procedure C32 Program Non-Compliance and Discharge Criteria*.

		3. Before CARES approves a transition contract, the case manager will consult with the peer support group facilitator and worksite monitor to determine the participant's readiness for a reduction in monitoring requirements and restrictions. 4. CARES will consider removal of up to two work restrictions or contract amendments every 6 months *(See C32 Program Non-adherence* 5. During the transition, contracts may be amended to reduce the number of report submissions, self-help and peer support group attendance, and work restrictions. However, the transition contract includes: • Not missing more than 12 support group meetings per year, or more than two consecutive meetings. • Quarterly self and worksite monitor reports. • Self-help group attendance as needed. • Work restrictions as needed. • Ongoing worksite monitor/supervision is required. • Must test a minimum of 12 times per year. *(See Procedure W42 Drug and Alcohol Testing.)*

Process: Out-of-State-Contracts

Steps	Person(s)/Entity Involved	Activity or Event(s)
1	Nurse or Nursing Assistant Participant	Must notify CARES of an anticipated move prior to relocating.
2	Case Manager	Will continue to monitor participants who choose to reside outside of Washington state.
3	Nurse or Nursing Assistant Participant	If relocating or practicing under another state license must notify that state's nursing board or commission of CARES participation and enroll in that state's monitoring program as directed.
4	Case Manager	Once CARES receives documentation of enrollment in that state's monitoring program, will issue an out-of-state monitoring contract and the other state will submit quarterly compliance reports. **Note:** Participants are eligible to graduate from CARES when they receive written notification of graduation from the other state.

Revision History:

W35.03 – November 8, 2024
W35.02 – November 4, 2022
W35.01 – March 8, 2019
W06.01– January 8, 2016