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STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
OFFICE OF THE EXECUTIVE DIRECTOR

Deanna E. Jurius
Executive Director

Heather A. Kelley
Director

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May 14, 2025

Her Excellency, Governor Kelly A. Ayotte
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Office of Professional Licensure and Certification (OPLC) to enter into a contract with Ulliance, Inc. (VC# TBD), Troy, Michigan, in an amount up to and not to exceed \$3,585,125.60 for the provision of healthcare professionals monitoring program services, effective upon Governor and Council approval thorough June 30, 2030, with the option to extend for two additional years. 100% Agency Funds.

Funds are anticipated to be available in Fiscal Years 2026, 2027, 2028, 2029, and 2030, upon the availability of continued appropriation of funds in the future operating budget, with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, if needed and justified:

	<u>FY 2026</u>	<u>FY2027</u>	<u>FY 2028</u>	<u>FY 2029</u>	<u>FY 2030</u>
01-21-21-211010-240400000	\$700,000.00	\$700,000.00	\$714,000.00	\$728,280.00	\$742,845.60
Division of Administration					
531-500372 – Impaired Programs (Boards)					

EXPLANATION

The OPLC issued request for proposal (RFP) 2025-ADMIN-01 for a Healthcare Professionals Monitoring Program on February 28, 2025, with responses due on April 4, 2025. The RFP reached one-hundred and forty-three (143) potential vendors through the National Institute of Governmental Purchasing (NIGP) registry and an additional fifty-five (55) vendors directly sourced. There were three compliant responses received for RFP 2025-ADMIN-01, with Ulliance, Inc. receiving the highest overall evaluation score, as well as offering the lowest price for the requested services.

The OPLC is statutorily obligated to administer a professionals' health program in accordance with RSAs 310:5, 318:29-a, 326-B:36-a, and 329:13-b. The program is funded by a fee charged to licensees at the time of initial licensure, renewal of licensure, and reinstatement of licensure, for the Board of Medicine, Board of Dental Examiners, Pharmacy Board, Board of Nursing, Board of Veterinary Medicine, Board of Psychologists, Board of Chiropractic Examiners, Board of Mental Health Practice, Midwifery Council, Board of Registration in Optometry, Board of Podiatry, Board of Licensed Dietitians, and Board of Licensing for Alcohol and Other Drug Use Professionals. Other health and technical profession boards may be added to the program at the same annual fee per licensee.

Licensing boards within OPLC may require licensees whose ability to practice safely is impaired or could reasonably be expected to become impaired by a mental or physical illness, including by substance

abuse or disruptive behavior, to participate in these types of alternative recovery monitoring or professionals' health programs as a condition of continued licensure. A professionals' health program (PHP) develops, administers, and monitors treatment plan contracts with licensees. The PHP monitors the licensee's recovery process and assists them with intervention, diagnosis, and treatment as an alternative to board discipline. The PHP will identify treatment resources for licensees which may include body fluid monitoring, participation in support groups, individual therapy sessions, regular check-ins with sponsors, and other related programs.

In addition to those licensees referred by their licensing board, the PHP offers a voluntary enrollment pathway for healthcare professionals who recognize the need to self-report and seek assistance while avoiding the perceived implications or penalties of board involvement. If a licensee violates the terms of the monitoring treatment plans, whether board-referred or self-reported, the PHP will report the licensee to the respective licensing board for possible disciplinary action. This PHP will be overseen by a medical director that holds an active physician license in New Hampshire, who also resides in this state.

Permitting licensing boards to refer potentially impaired licensees to the PHP for monitoring is crucial to ensuring public safety, while at the same time providing potentially lifesaving assistance to those professionals who are impaired. After participating successfully in a PHP, many licensees can return to work safely in their full professional capacity and continue to live addiction-free lives.

The requested contract, if approved, demonstrates a reduction in cost from OPLC's current contract for PHP services by \$89,830.88 annually, or \$449,154.40 over a five-year term. Additionally, this contract represents a cost avoidance in the amounts of \$14,245.40 and \$550,518.40, respectively, when compared to the two other responses received.

In the event that Agency funds become no longer available, General Funds will not be requested to support this program.

Based on the foregoing, I am respectfully recommending approval of the contract with Ulliance, Inc.

Respectfully submitted,



Deanna E. Jurius
Executive Director



Office of Professional Licensure & Certification
 Administration
 Contracts & Internal Controls
 Cost Proposal Scoring

Healthcare Professional Monitoring
 Program

4/9/2025

RFP NAME

2025-ADMIN-01

RFP NUMBER

Date

	Possible Score	New Hampshire Professionals Health Program	Ulliance, Inc.	Uprise Health
Contract Cost Year 1 (SFY2026)		\$ 745,155.00	\$ 700,000.00	\$ 698,568.00
Contract Cost Year 2 (SFY2027)		\$ 809,761.00	\$ 700,000.00	\$ 698,568.00
Contract Cost Year 3 (SFY2028)		\$ 835,471.00	\$ 714,000.00	\$ 698,568.00
Contract Cost Year 4 (SFY2029)		\$ 859,571.00	\$ 728,280.00	\$ 733,496.00
Contract Cost Year 5 (SFY2030)		\$ 885,686.00	\$ 742,845.60	\$ 770,171.00
Contract Aggregate Total Cost		\$ 4,135,644.00	\$ 3,585,125.60	\$ 3,599,371.00
Cost Proposal - Points Assessed*	70	61	70	70

Formula: Lowest overall Bidder cost / bidder cost X 20 = Points Assessed

Example: Bidder A Total Cost is \$25,000.00 and Bidder B Total Cost is \$27,500.00

Bidder A: \$25,000 / \$25,000 X 20 = 20 Points Assessed to Bidder A

Bidder B: \$25,000 / \$27,500 X 20 = 18 Points Assessed to Bidder B

*Calculations of cost proposals are rounded to the nearest whole number



Office of Professional Licensure & Certification
Administration
Contracts & Internal Controls
Respondent Totals

Healthcare Professional Monitoring
Program
RFP NAME

2025-ADMIN-01
RFP NUMBER

4/9/2025
Date

	Possible Score	New Hampshire Professionals Health Program	Ulliance, Inc.	Uprise Health
1. Entity Description	40	38	40	38
2. Program Structure	50	45	48	45
3. Sample Monitoring Contract & Quarterly Report	30	15	29	30
4. Budget and Justification	40	15	20	20
5. Key Staff	50	40	49	43
6. Minimum Requirements	20	20	20	20
7. Price Proposal*	70	61	70	70
Totals:	300	234	276	266

Reviewer Name & Title

- 1 Heather Kelley, Director of Operations
- 2 Sarah Rogers, Director of Enforcement
- 3 Erica Lamy, Bureau Chief of Board Administration

Subject: Healthcare Professionals Monitoring Program

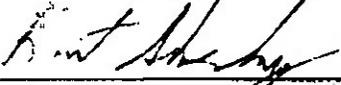
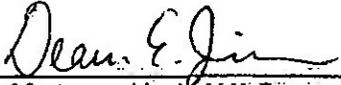
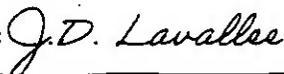
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Office of Professional Licensure and Certification		1.2 State Agency Address 7 Eagle Square Concord, NH 03301	
1.3 Contractor Name Ulliance, Inc		1.4 Contractor Address [REDACTED] Troy, MI 48098	
1.5 Contractor Phone Number [REDACTED]	1.6 Account Unit and Class 24040000-531	1.7 Completion Date June 30, 2030	1.8 Price Limitation 3,585,125.60
1.9 Contracting Officer for State Agency Jesse G. Wilcox, Contracts Administrator		1.10 State Agency Telephone Number (603) 271-6049	
1.11 Contractor Signature  Date: 5-28-25		1.12 Name and Title of Contractor Signatory Kent Sharkey, LMSW, President & CEO	
1.13 State Agency Signature  Date: 5/28/25		1.14 Name and Title of State Agency Signatory Deanna E. Jurius, Executive Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 5/29/2025			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed.

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance

hereof, and shall be the only and the complete compensation to the Contractor for the Services.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4 The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) calendar days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

10. PROPERTY OWNERSHIP/DISCLOSURE.

10.1 As used in this Agreement, the word "Property" shall mean all data, information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any Property which has been received from the State, or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

19. CHOICE OF LAW AND FORUM.

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

20. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

21. THIRD PARTIES. This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

22. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

23. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

24. FURTHER ASSURANCES. The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

25. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

26. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.



EXHIBIT A

Revisions/Modifications to Standard Terms and Conditions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date: Completion of Project, is amended by adding subparagraph 3.4 as follows:

3.4 The parties may extend the Agreement for up to two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 8, Event of Default: Remedies, subparagraph 8.2.3, is amended as follows:

8.2.3 Give the Contractor a written notice specifying the Event of Default and suspending payments, in whole or in part, to be made under this Agreement, until such time that the Event of Default is cured by the Contractor.

2. Definitions: For the purposes of this agreement the following terms and definitions apply.

2.1. Board-referred Healthcare Professional(s): means an individual licensed by a New Hampshire licensing Board who has been referred to a health monitoring program as an alternative to disciplinary actions by the Board, or as a condition for maintaining their licensure.

2.2. Enrolled Healthcare Professional(s): means an individual licensed by a New Hampshire licensing Board who is enrolled, either voluntarily or by Board referral, in a Monitoring Agreement with the Contractor.

2.3. Healthcare Professional(s): means an individual licensed by a New Hampshire licensing Board who is eligible for enrollment, either voluntarily or by Board referral, in a Monitoring Agreement with the Contractor.

2.4. Monitoring Agreement(s): means a contract between the Contractor and a Healthcare Professional which identifies the terms and conditions under which the Healthcare Professional is allowed to continue working, to what extent, while receiving monitoring and support services from the Contractor.



EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The purpose of this Agreement is to specify the framework and terms, conditions, safeguards, and procedures under which Ulliance, Inc (hereinafter "Contractor") agrees to provide a comprehensive Healthcare Professionals Monitoring Program to the Office of Professional Licensure and Certification (hereinafter "OPLC") and the licensees of the licensing Boards identified below:

- 1.1.1. Board of Alcohol and Other Drug Use Professionals;
- 1.1.2. Board of Athletic Trainers;
- 1.1.3. Board of Chiropractic Examiners;
- 1.1.4. Board of Dental Examiners;
- 1.1.5. Board of Licensed Dietitians;
- 1.1.6. Genetic Counselors Governing Board;
- 1.1.7. Board of Medicine;
- 1.1.8. Board of Mental Health Practice;
- 1.1.9. Midwifery Council;
- 1.1.10. Board of Nursing;
- 1.1.11. Occupational Therapy Governing Board;
- 1.1.12. Board of Optometry;
- 1.1.13. Board of Pharmacy;
- 1.1.14. Physical Therapy Governing Board;
- 1.1.15. Board of Podiatry;
- 1.1.16. Board of Psychologists;
- 1.1.17. Advisory Board of Recreational Therapy;
- 1.1.18. Advisory Board of Respiratory Care Practitioners;
- 1.1.19. Speech Language Pathology and Hearing Care Providers Governing Board; and,
- 1.1.20. Board of Veterinary Medicine.

1.2. Other health and technical profession boards may be added to the program at the same annual fee per licensee, in accordance with Revised Statute Annotated (RSA) 310:5, III.

2. Scope of Work

- 2.1. The Contractor shall provide a comprehensive monitoring program to licensees of the Boards identified above (hereinafter "Healthcare Professionals"), to monitor and provide treatment for any impairment from alcohol or substance abuse/dependence, mental or physical illness, behavioral issues, burnout, and behavioral or physical conditions.
- 2.2. The Contractor shall provide services to assist Healthcare Professionals with early intervention, diagnosis, and treatment for impairment and illness as an alternative to Board discipline.
- 2.3. The Contractor shall assist Board-referred Healthcare Professionals in identifying intervention resources to establish and evaluate the nature and severity of chemical,

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5-28-25



EXHIBIT B

- alcohol, and/or behavioral problems. Additionally, the Contractor shall offer a confidential pathway for those Healthcare Professionals who recognize the need to self-report and voluntarily enroll in treatment without any perceived penalty or Board involvement.
- 2.3.1. If at any time, a voluntarily Enrolled Healthcare Professional violates their Monitoring Agreement, the Contractor shall notify the OPLC within two (2) business days, including the Enrolled Healthcare Professionals identity.
 - 2.3.2. The Contractor shall incorporate a statement, which serves to notify the Healthcare Professional of the Contractor's obligation to inform OPLC and the appropriate Board in the event of a Monitoring Agreement violation, into the Monitoring Agreement for all voluntarily Enrolled Healthcare Professionals.
 - 2.4. The Contractor may develop, administer, and monitor a treatment plan contract with Healthcare Professionals, which, if violated, must be reported to the OPLC within two business days of the violation.
 - 2.5. The Contractor shall notify any Healthcare Professional seeking enrollment in the monitoring services, prior to the Healthcare Professional signing any Monitoring Agreement, that while the Healthcare Professional is enrolled in the monitoring program the Healthcare Professional may be disqualified from obtaining a multi-state license, and if the Healthcare Professional currently holds a multi-state compact license under a multi-state compact agreement, that multi-state compact license may be converted to a single-state license due to enrollment in a monitoring program. Furthermore, if a voluntarily Enrolled Healthcare Professional holds a multi-state compact license they may be required, as a condition of a multi-state licensure compact, to notify their respective licensing Board within ten (10) days of enrollment into a Monitoring Agreement, and their respective licensing Board may be required under a multi-state compact to report the Healthcare Professional's participation in a monitoring agreement to other state licensing boards.
 - 2.5.1. The Contractor shall incorporate this notice into their Monitoring Agreement preamble to ensure every Healthcare Professional is aware of these conditions that may be requirements of certain multi-state licensure compacts.
 - 2.6. The Contractor shall monitor the recovery process, which may include body fluid monitoring, support group programs, and any other related programs that will prepare the Healthcare Professional to resume the full practice of their profession.
 - 2.7. At least once per year, the Contractor shall provide two hours of continuing education programs in New Hampshire to all eligible Healthcare Professionals concerning substance abuse and wellness, at no cost to the Healthcare Professionals.
 - 2.8. On an annual basis, the Contractor shall make available information to eligible Healthcare Professionals notifying them of the availability of the program; the dangers of substance abuse; occupational stressors; and behavioral, mental, and/or physical health issues that may impact their ability to function at work.

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EXHIBIT B

- 2.9. The Contractor shall be responsible for all record keeping for Healthcare Professionals enrolled in a monitoring program or Monitoring Agreement, as well as all other communications necessary to keep the OPLC informed of the Board-referred Healthcare Professionals and the program.
- 2.10. In the event that an Enrolled Healthcare Professional elects a different mode or location of treatment that is deemed unacceptable to the Contractor, the Contractor shall notify OPLC within two business days. The OPLC and/or the applicable Board must approve the alternate mode or location of treatment.
- 2.11. The Contractor shall be required to meet with the Director of Enforcement, Director of Operations, and the Executive Director on a quarterly basis, or as requested, to discuss and assess progress towards performance measures, clinical quality and, if necessary, administrative function.
- 2.12. The Contractor shall submit a Work Plan/Summary of Activity Reporting Form on a quarterly basis that accurately details activities, educational presentations, clinical outcomes, and continuous quality improvement plans that monitor and evaluate the agency's progress towards achieved goals.
- 2.13. The Contractor shall notify the OPLC in writing, within 30 days of hire, when a new Medical Director or Assistant Director is hired to work in the program. If the new hire is a licensed physician in this or any other state, notification from the licensee's state must be obtained stating that the professional's license is current and in good standing. It is also required that if the health professional is not licensed in the State of New Hampshire, an application must be completed and the license approved by the Board prior to start of employment. The OPLC will also require a resumé of the newly hired individual.

3. Reporting

- 3.1. The Contractor shall submit monthly reports to the OPLC Director of Operations, separated by participating professions under the Boards, containing the below and any other mutually agreeable performance metrics.
- 3.2. The Contractor shall maintain the anonymity of those voluntarily enrolled Healthcare Professionals by assigning those individuals a unique identifier which allows OPLC to track the individual's progression through the Monitoring Agreement without divulging the individual's identity to the Board or OPLC.

3.3. Performance Metrics

3.3.1. Number of Professionals Receiving Services

- 3.3.1.1. This metric must be subcategorized by the type of enrollment (substance and alcohol abuse/dependence, mental or physical illness, behavioral issues, and/or burnout). Metric must also be subcategorized by Board and differentiate between voluntary and Board-referred Healthcare Professionals.
- 3.3.1.2. The numerator will be the number of Healthcare Professionals enrolled in the program who received services during the reporting month, and the denominator will be the number of Healthcare Professionals in NH who are eligible for enrollment in a Monitoring Agreement.



EXHIBIT B

- At the beginning of each fiscal year (i.e., July 1st), OPLC shall provide the total number of Healthcare Professionals in NH who are eligible for enrollment in a Monitoring Agreement for the purposes of this metric.

3.3.2. Number of Newly Enrolled Professionals

3.3.2.1. The metric must be subcategorized by Board and type of enrollment, and must differentiate between voluntary and Board-referred Healthcare Professionals.

3.3.2.2. The numerator will be the number of newly enrolled Healthcare Professionals each month, and the denominator will be the number of Healthcare Professionals in NH eligible for enrollment in a Monitoring Agreement.

- At the beginning of each fiscal year (i.e., July 1st), OPLC shall provide the total number of Healthcare Professionals in NH who are eligible for enrollment in a Monitoring Agreement for the purposes of this metric.

3.3.3. Relapses & Monitoring Agreement Violations

3.3.3.1. The metric must differentiate between enrollees who relapsed into addictive behavior and those who violate their monitoring contract in any other way. Metric must be subcategorized by Board and differentiate between voluntary and Board-referred Healthcare Professionals.

3.3.3.2. The numerator will be the number of Healthcare Professionals who initially enrolled in the program and who relapsed into addictive behavior or otherwise violate their contract each year, and the denominator will be number of Healthcare Professionals enrolled in a Monitoring Agreement each year.

3.3.4. Number of Professionals that Successfully Completed the Program

3.3.4.1. The metric must be subcategorized by Board and type of enrollment, and must differentiate between voluntary and Board-referred Healthcare Professionals.

3.3.4.2. The numerator will be the number of Healthcare Professionals who initially enrolled in the program and have completed it successfully during the reporting month, and the denominator will be the number of Healthcare Professionals enrolled in a Monitoring Agreement each month.

3.3.5. Number of Missed Monitoring Activities by Enrolled Professionals

3.3.5.1. The metric must be subcategorized by Board and differentiate between voluntary and Board-referred Healthcare Professionals.

3.3.5.2. The numerator will be the number of Healthcare Professionals who missed a monitoring activity that month, and the denominator will be the number of monitoring activities scheduled to be conducted that month.

- For the purposes of this metric, a monitoring activity includes, but should not be limited to: drug screenings, therapy sessions, meetings, and

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EXHIBIT B

treatment sessions. If a single Healthcare Professional were to miss two (2) monitoring activities in a single month, that instance would be reported as a single (1) Healthcare Professional missing a monitoring activity that month.

- 3.4. In lieu of hard copies, all reports may be submitted electronically by email to OPLC.Contracts@oplc.nh.gov; hard copy reports may be mailed to:

Director of Operations
Office of Professional Licensure and Certification
7 Eagle Square
Concord, NH 03301

- 3.5. OPLC may collect other key data and metrics from the Contractor, including client-level demographic, performance, and service data. Where applicable, the Contractor must collect and share data with the OPLC in a format specified by the OPLC.

4. Fiscal Responsibilities of Services

- 4.1. The Contractor shall bear the cost of all services, supplies, and equipment required to provide the services described in EXHIBIT B to Healthcare Professionals.
- 4.2. All drug testing, treatment, and assessment costs, beyond enrollment in a Monitoring Agreement and accompanying support services, will be borne of the enrolled Healthcare Professional.

5. Confidentiality & Data Protection

- 5.1. The Contractor shall maintain proper security controls to protect confidential licensee information collected, processed, managed, and stored in association with this agreement at a level consistent with the requirements of applicable state and federal regulations.
- 5.2. The Contractor shall establish and maintain appropriate administrative, technical, physical, and organizational safeguards to protect the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements that is set forth in the principles of National Institute of Standards and Technology (NIST) special publication 800-53 (Rev.4).
- 5.3. For Healthcare Professionals that voluntarily enroll in a Monitoring Agreement with the Contractor, the Contractor shall assign these Healthcare Professionals with a unique identifier to protect their confidentiality while allowing OPLC to track their progression through the monitoring and recovery process.

6. Notification of Monitoring Agreement Violations

- 6.1. The Contractor shall notify the OPLC officers identified below in the event any Enrolled Healthcare Professional, either voluntarily or Board-referred, violates the terms of the Monitoring Agreement between the Healthcare Professional and the Contractor within two (2) business days from the date of the violation. Notification must be made to:

6.1.1. Director, Division of Enforcement, email: complaints@oplc.nh.gov



EXHIBIT C

Method of Payment

1. Contract Price

- 1.1. The OPLC shall pay the Contractor an amount up to and not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit B, Scope of Services.
- 1.2. This Agreement is funded with 100% Agency Funds.
- 1.3. The Contractor agrees to provide the services in EXHIBIT B, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the Contractor's current and/or future funding.

2. Pricing Structure

2.1. Payment will be made on a monthly basis according to the table below.

State Fiscal Year (SFY)	Date Range on Gregorian Calendar	Monthly Payment Amount	Fiscal Year Total
SFY 2026	July 1, 2025 to June 30, 2026	\$58,333.33	\$700,000.00
SFY 2027	July 1, 2026 to June 30, 2027	\$58,333.33	\$700,000.00
SFY 2028	July 1, 2027 to June 30, 2028	\$59,500.00	\$714,000.00
SFY 2029	July 1, 2028 to June 30, 2029	\$60,690.00	\$728,280.00
SFY 2030	July 1, 2029 to June 30, 2030	\$61,903.00	\$742,845.60

3. Performance Guarantee

- 3.1. Should the percentage of Healthcare Professionals that successfully complete the program for any State Fiscal Year ("SFY") quarter, as defined below, fall below five percent (5%) of the Healthcare Professionals currently receiving services, as determined by the performance metrics described in EXHIBIT B, subparagraphs 3.3.1 & 3.3.4, the monthly award paid to the Contractor will decrease by 10% for the following quarter.
 - 3.1.1. State fiscal year quarters will be inclusive of the dates below:
 - 3.1.1.1. Q1 – July 1 to September 30;
 - 3.1.1.2. Q2 – October 1 to December 31;
 - 3.1.1.3. Q3 – January 1 to March 31; and,
 - 3.1.1.4. Q4 – April 1 to June 30;
 - 3.1.2. This performance guarantee will not be implemented under this agreement until the beginning of January 1, 2026 (SFY 2026, Q3).

4. Invoicing

- 4.1. The Contractor shall submit an invoice in a form satisfactory to the State by the tenth (10th) working day of each month, which identifies the dates invoiced for and the amount due. The Contractor shall:
 - 4.1.1. Ensure each invoice is completed, dated, and returned to the OPLC in order to initiate payment.



EXHIBIT C

- 4.1.2. Keep detailed records of activities related to contract services.
- 4.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
- 4.3. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to finance@oplc.nh.gov; hard copy invoices may be mailed to:
 - Director of Operations
 - Office of Professional Licensure and Certification
 - 7 Eagle Square
 - Concord, NH 03301
- 4.4. Payments may be withheld pending receipt of required reports or documentation as identified in EXHIBIT B, Scope of Services and in this EXHIBIT C.

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5-28-25

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ULLIANCE, INC. is a Michigan Profit Corporation registered to transact business in New Hampshire on May 06, 2025. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 992344

Certificate Number : 0007176126



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 6th day of May A.D. 2025.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan
Secretary of State

**UNANIMOUS CONSENT RESOLUTIONS AND AUTHORIZATIONS
IN LIEU OF A MEETING OF
THE SHAREHOLDERS AND DIRECTORS
OF
ULLIANCE, INC.
Issued 05/06/2025**

**ARTICLE I
BACKGROUND RECITAL**

The following is the background behind, and the facts underlying, the Unanimous Consent Resolutions and Authorizations in Lieu of a Meeting of the Shareholders and Directors of ULLIANCE, INC. ("Corporation"), a Michigan corporation, effective May 01, 2025.

1.01. Purpose.

The purpose of these Unanimous Consent Resolutions and Authorizations in Lieu of a Meeting of the Shareholders and Directors of the Corporation is to take, authorize and ratify such actions as are, or have been, necessary, appropriate, and/or desirable for the operation of the Corporation.

**ARTICLE II
RESOLUTIONS AND DECISIONS**

The Undersigned, the Shareholders and Directors of the Corporation, do hereby consent to and adopt the following resolutions as and for the actions of the Shareholders and Directors of the Corporation in lieu of holding a formal Meeting of the Shareholders and Directors of the Corporation.

2.01. Waiver of Notice.

RESOLVED, the Shareholders and Directors do hereby waive the necessity of formal written notice of a meeting of the Shareholders or the Directors of the Corporation and the necessity of holding an actual formal meeting of the same.

2.02. Directors.

RESOLVED, the following named persons are hereby elected, designated, appointed, empowered, and authorized as the Directors of the Corporation, to serve until their respective successors are chosen and qualified:

KENT SHARKEY

2.03. Officers.

RESOLVED, the following named persons are hereby elected, designated, empowered, and appointed to the offices designated, to serve until their respective successors are duly chosen and qualified:

A.	President	KENT SHARKEY
B.	Secretary	ANGELA BARR
C.	Treasurer	KENT SHARKEY
D.	Assistant Secretary	KENT SHARKEY

2.04. Bank Accounts.

A. Location. RESOLVED, the Corporation shall be and hereby is authorized to use such banking institutions as the Directors deem necessary and appropriate as depositories of the Corporation, and funds so deposited may be withdrawn in accordance with the written instructions filed with the banking institution(s).

B. Signatory Authority. RESOLVED FURTHER, all checks, drafts, notes, or other banking instruments for the payment of monies may be signed by:

KENT SHARKEY, SUZANNE SHARKEY on all accounts
ANGELA BARR on Ckg (Operating) Account Only

C. New Bank Accounts. RESOLVED FURTHER, the following bank accounts were opened during the 2024 year:

N/A

D. Anti-Fraud Measures. RESOLVED FURTHER, Positive Pay, anti-fraud measures were instituted during the 2024 year for the Operating Checking Account to prevent unauthorized check payments from cashing through the banking system.

2.05. Employment Agreements.

RESOLVED, the Corporation shall be and hereby is authorized, but not required, to hire any individual and otherwise employ and enter into any written Employment Agreements as the Officers may deem necessary, desirable, or appropriate.

2.06. Leases.

RESOLVED, the Corporation shall be and hereby is authorized to and may enter into any lease agreement, under any terms, as the Officers may deem necessary, desirable, or appropriate.

Corporate Offices to 900 Tower Drive, Suite 600, Troy, MI 48098.

2.07. Agreements.

RESOLVED, the Corporation shall be, and hereby is, authorized to any may enter into any agreement, contract, or other arrangement, including, but not limited to those with any shareholder, director, and/or officer, as the officers may deem necessary, desirable, and/or appropriate.

The following individuals have been authorized to sign various agreements for Ulliance:

Individual	Title	Type of Agreements
Kent Sharkey	President/CEO	All
Todd Lancaster	VP Sales & Marketing	Customer Contracts/Addendum/Exhibits Independent Contractor Agreements for Ancillary Service Lines Marketing Services Vendor Agreements
Carolyn Batchelor	Director of PHM	PHM Provider Letters of Understanding
Angela Barr	Chief Financial Officer	Customer Contracts/Addendum/Exhibits Employment Agreements Independent Contractor Agreements Non-Disclosure Agreements Vendor Contracts/Addendum Agreements
Peggy Greene	Director of HR	Employment Agreements
Leadership Team		Upon direction of President/CEO

2.08. Loans.

RESOLVED, the Corporation shall be, and hereby is, authorized to and may lend to and/or borrow from the Shareholders, Directors, Officers and/or any other person or entity such monies as may be necessary, desirable, or appropriate. The loans shall be payable pursuant to such terms and conditions as may be agreed upon by the Officers of the Corporation. So long as such loans are evidenced on the books of the Corporation, such loan need not be evidenced by separate written notes.

2.09. Fringe Benefits.

RESOLVED, the Corporation is authorized to, and may negotiate and obtain such employee benefits as the Officers may determine from time to time, are in the best interest of the Corporation, including by way of illustration and not limitation, an employee medical care plan, hospitalization and medical insurance, dental insurance, life insurance, disability insurance, legal representation, accounting, and any other benefits that the Officers, in their sole discretion, deem appropriate or desirable.

2.10. Expenses of the Corporation.

RESOLVED, that the Corporation shall be, and hereby is, authorized and directed to reimburse the Director[s], Officers, employees, and/or agents of the Corporation for any and all ordinary and/or necessary business expenses incurred, including but not limited to travel, entertainment, meals, lodging, automobile insurance, automobile maintenance, automobile gasoline and oil, gifts, professional memberships, social memberships, subscriptions, and any and all other ordinary and/or necessary business expenses that the Directors in their sole discretion,

deem necessary, appropriate, or desirable. If any expense reimbursed by the Corporation to the Officers, Directors and/or employees is disallowed by the Internal Revenue Service, then in such event, that particular individual shall immediately reimburse the Corporation for any and all such disallowed expenses. The Corporation may offset or credit any amounts which may be due by the Corporation to the particular individual in the event there is any obligation which is owed by the individual to the Corporation for expense deductions which are in fact disallowed by the Internal Revenue Service. Any expense item that is in fact disallowed by the Internal Revenue Service is not to be treated (a) as an additional income item to the Corporation, or (b) as a non-deductible dividend by the Corporation or to the affected individual.

2.11. Indemnification.

RESOLVED, the Corporation shall be, and hereby is, authorized and directed to indemnify, defend and hold harmless the Directors and Officers of the Corporation, in the same manner, extent, and subject to the same terms, conditions and procedures as provided in the Corporation's Bylaws, against any loss, liability, claim or judgment resulting from or caused by any act or omission of or by the Directors and Officers of the Corporation.

2.12. Binding Effect.

RESOLVED, the Resolutions and Authorizations contained herein shall be binding upon the Corporation in accordance with the terms of the particular Resolution or Authorization, without the need of any other form of written agreement, plan, acknowledgment, receipt, or any other item whatsoever.

2.13 Conflict.

RESOLVED, these Resolutions and Authorizations supersede, cancel, and replace any prior Minutes, Resolutions and Consents of the Shareholders or Directors when or if these Minutes or Resolutions conflict with any such prior Authorizations, Consents, or Agreements of the Shareholders and Directors.

2.14 Minutes.

RESOLVED, the Secretary shall be, and hereby is, authorized and directed to make the original of these Resolutions, Authorizations and Decisions part of the official minutes of the Corporation.

2.15. Further Authorizations.

RESOLVED, the Officers of the Corporation, are authorized, empowered, and directed to do any and all acts and things necessary, desirable and/or appropriate to implement, effectuate and/or accomplish the foregoing Resolutions without the need for additional meetings, communications, authorizations or consents with and/or from the Shareholders and Directors, on behalf of the Corporation, including by way of illustration and not limitation, the preparation, execution, filing and delivery of any and all agreements, documents, certificates, resolutions, and other items including the expenditure of corporate monies.

2.16. Other Significant Actions: N/A

**Conclusion of UNANIMOUS CONSENT RESOLUTIONS AND AUTHORIZATIONS
IN LIEU OF A MEETING OF THE SHAREHOLDERS AND DIRECTORS
OF ULLIANCE, INC. Issued 05/06/2025**

Kent E. Sharkey

Kent E. Sharkey, Shareholder and Director, President & CEO

Angela M. Barr

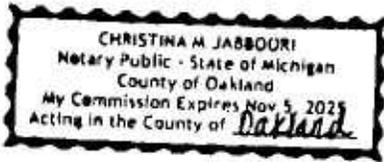
Angela M. Barr, CFO & Secretary

5-6-25

May 06, 2025

05/06/2025

May 06, 2025





ULLIINC-01

BEK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/6/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0019304-1 Hub International Midwest East 1591 Galbraith Ave SE Grand Rapids, MI 49546	CONTACT NAME: PHONE (A/C, No, Ext): (616) 233-4111 FAX (A/C, No): (616) 233-4110 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Houston Specialty Insurance Company 12936 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED <div style="text-align: center;"> Ulliance, Inc. <div style="background-color: black; width: 100px; height: 15px; margin: 5px auto;"></div> Troy, MI 48098 </div>	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AH-HS-PL-0000043-03	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 PROFESSIONAL LIAB \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AH-HS-PL-0000043-03	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AH-HS-CX-0000006-03	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER State of New Hampshire Office of Professional Licensure and Certification 7 Eagle Square Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="text-align: center;"> </div>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AUTOMATIC DATA PROCESSING INSURANCE AGCY INC 1 ADP BLVD MS 325 ROSELAND, NJ 07068 (877) 677-0428	CONTACT NAME: PHONE (A/C, No, Ext): (877) 677-0428		FAX (A/C, No): (877) 677-0430
	E-MAIL ADDRESS: spcbicadp@travelers.com		
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 876195320321841 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						<input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <input type="checkbox"/> MED EXP (Any one person) \$ <input type="checkbox"/> PERSONAL & ADV INJURY \$ <input type="checkbox"/> GENERAL AGGREGATE \$ <input type="checkbox"/> PRODUCTS - COM/OP AGG \$	
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						<input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ <input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB-8P803882-25	05/20/2025	05/20/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AS RESPECTS TO WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE FOLLOWING INDIVIDUAL(S) IS/ARE EXCLUDED: KENT SHARKEY, ANGELA BARR.

CERTIFICATE HOLDER STATE OF NEW HAMPSHIRE, OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION 7 EAGLE SQUARE CONCORD, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Renan M. Beltran</i>
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RFP – 2025 – Admin – 01

**Healthcare Professional Monitoring
Program for the Licensees of Health
Professions**

Technical Proposal



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April 2, 2025

State of New Hampshire
Office of Professional Licensure and Certification
Attention: Jesse G Wilcox
7 Eagle Square
Concord, NH 03301

Subject: *Transmittal Cover Letter in Response to RFP-2025-ADMIN-01 – Healthcare Professional Monitoring Program*

Dear Jesse Wilcox,

On behalf of Ulliance, I hereby submit our proposal in response to RFP-2025-ADMIN-01 for the Healthcare Professional Monitoring Program. Enclosed, please find our detailed proposal including our pricing, terms and conditions, and the full description of the services we will provide.

We hereby certify and guarantee that the prices, terms and conditions, as well as the services quoted in our proposal have been independently determined without any collusion with other vendors, and without any effort to preclude the Office of Professional Licensure and Certification from obtaining the best possible competitive proposal. Our pricing and service terms have been formulated solely on the basis of our comprehensive evaluation and experience, ensuring that our proposal reflects both our commitment to excellence and a competitive value for the State of New Hampshire.

The following contact information is provided for the individuals authorized to bind our organization and for all matters related to this RFP:

1. Authorized Contractual Obligation Representative:

- Kent Sharkey, LMSW
- President and CEO
- 900 Tower Dr, Suite 600, Troy, MI 48098
- 248-765-7201
- ksharkey@ulliance.com

2. Fiscal Agent:

- Kent Sharkey, LMSW
- President and CEO
- 900 Tower Dr, Suite 600, Troy, MI 48098
- 248-765-7201

- ksharkey@ulliance.com

3. Vendor Representative for RFP Matters:

- Kent Sharkey, LMSW
- President and CEO
- 248-765-7201
- ksharkey@ulliance.com

We acknowledge that we have thoroughly read this RFP, fully understand its requirements, and agree to be bound by all terms and conditions, including those stated in Section 7 – Mandatory Business Specifications. We further confirm that Appendix A – P-37 General Provisions and Standard Exhibits has been read and is understood.

Additionally, please note that our proposal shall remain valid for one hundred and eighty (180) days following the submission deadline specified in the Procurement Timetable (Subsection 5.2) or until the Effective Date of any resulting contract, whichever is later.

Submission Date: Friday, April 4, 2025

Thank you for the opportunity to submit our proposal. We look forward to the opportunity to work with the OPLC to deliver a comprehensive and effective healthcare professional monitoring program.

Sincerely,

Kent Sharkey

Kent Sharkey, LMSW
President and CEO
Ulliance, Inc
ksharkey@ulliance.com

Executive Summary

Ulliance, a passionate high-quality organization started with one mission: *To Improve the Lives of the People We Serve*. 35 years later, our proven mission holds true and remains uncompromising with a nearly 100% client retention rate further supported with a 100% money back performance guarantee. Ulliance has been a dependable and trusted PHP (Professional Health Program) partner for the Michigan Health Professional Recovery Program, covering a population of over 400,000 licensed healthcare professionals and 28 professional boards for many years. Today, we serve hundreds of thousands of individuals as we take care of the people who take care of us and our families. These essential Healthcare Professional Monitoring Program services support the healthcare professionals who find themselves in need of assistance due to a Substance Use Disorder and/or a Mental Health challenge. Ulliance's CEO knows firsthand that for every person who starts recovery there is a family that starts as well. Ulliance is ready, able, and willing to work together with OPLC as your comprehensive, single source, high-quality partner.

Ulliance's proposal is designed to fully meet the Office of Professional Licensure and Certification's requirement for a performance-based healthcare professional monitoring system. We propose a comprehensive, scalable solution to monitor, assist, and treat impaired licensees across multiple health professions in New Hampshire, ensuring that all service recipients—including lower income licensees—receive equitable, high-quality support.

Key Elements of Ulliance's Proposal to Achieve OPLC's Goals:

Ulliance will provide

- A personalized and robust service delivery model that incorporates relationships with local, in-state treatment providers and recognized subcontractors. Ulliance will assist referred professionals with identifying intervention resources and options per the first two OPLC goals identified in the RFP.
- A detailed operational design that outlines our methodology for client intake, individualized treatment plan development, drug testing, and continuous monitoring. Our plan anticipates challenges such as coordination among multiple stakeholders and variations in treatment response, with built-in contingency measures (e.g., monthly, quarterly reviews and rapid escalation protocols) to mitigate potential delays in service delivery per the third and fourth OPLC goals identified in the RFP.
- A two-hour continuing education program at no cost to licensed professionals. In addition to the two-hour continuing education program, Ulliance will also provide healthcare professional focused one-hour, live webinars quarterly with access to recorded trainings on demand. These additional quarterly trainings are provided at no additional cost per the fifth OPLC goal identified in the RFP.
- A monthly customized promotional plan for participating professions to inform them monthly of the program in addition to providing them with quality mental health and well-being resources per the sixth OPLC goal identified in the RFP.

In summary, our proposal demonstrates a deep understanding of the required services and OPLC goals with no anticipated transition problems. However, if any operational challenges develop, we have the ability to address them. By combining innovative technology, a strong network, proven drug testing protocols, and targeted outreach to vulnerable populations, we are fully prepared to enhance clinical quality and administrative efficiency while meeting all contractual and performance objectives.

Kent Sharkey, LMSW

President & CEO

Entity Description

Ulliance is uniquely qualified to implement and maintain a comprehensive healthcare professional monitoring program that meets or exceeds the performance goals outlined in this RFP. We are a High-Touch and High-Tech Healthcare Professional Monitoring Service Provider. Our extensive experience, robust infrastructure, and strategic partnerships empower us to deliver a program that is innovative, scalable, focused on public safety, and at a significantly reduced price. Through our participant-centric approach and proven track record with our partnering organizations, we are confident in our ability to provide exceptional services that support impaired professionals and contribute to the overall well-being of the communities we serve. In fact, Ulliance provides a 100% money back performance guarantee policy.

Our commitment to quality, transparency, and equitable service delivery makes us a trusted partner in this critical endeavor. We look forward to the opportunity to bring our fresh set of eyes, expertise, and dedication to the successful execution of this program. Ulliance has honed our service model and process over the years to consistently deliver on three promises:

1. To engage Participants to intrinsically help us to help themselves
2. To be clinically effective at providing structured support leading to making a significant difference in the lives of healthcare professionals and their families
3. To be operationally efficient allowing us to charge less for our services and to negotiate better drug testing costs for our Participants.

General Company Overview & Background

Ulliance, Inc. headquartered in Michigan, started 35 years ago, is a Michigan Corporation with no parent or subsidiary companies, ensuring streamlined and focused decision-making and no conflict of interest. We are completely independent from any treatment providers and have no financial ties thus we are completely transparent, independent, and objective. With a strong heritage in health professional monitoring, our primary lines of business include case management, drug screening coordination, clinical evaluation, and continuous monitoring for impaired healthcare professionals. Additionally, Ulliance provides unique Employee Assistance, Wellness, and Well-being programs to many government entities throughout the U.S. Any one of Ulliance partnering organizations are a reference. Please see attached Ulliance Reference Letters.pdf!

Ownership, Staffing, and Locations

Our company is independently owned and has built a reputation for operational excellence through decades of experience. We currently employ approximately 105 full-time staff at our corporate offices, supplemented by a network of over 30,000 contract licensed counseling professionals, ensuring that our service delivery is robust, local, and convenient. We have provided services in New Hampshire for many years.

Current Commitments & Client Portfolio

Ulliance, Inc. is actively engaged in long-term contracts with government agencies, including current successful engagements such as the Health Professional Recovery Program (HPRP) in Michigan with over 400,000 licensed healthcare professionals. Our client portfolio spans major government entities, such as Metropolitan Government of Nashville & Davidson County with 12,000 employees and many private/non-profit sector healthcare organizations such as Corewell Health, a non-profit healthcare system with 68,000 professionals reflecting our capacity to manage complex, high-stakes service delivery environments.

Ulliance is accustomed to working side by side with the state of Michigan Director's and Boards to review and revise policy and procedures as needed to ensure timely adjustments are made to keep up with regulation enhancements and changing environmental forces. This highly engaged approach allows for Ulliance to remain consistent but nimble while innovating to serve the state and Participants better thereby ultimately protecting public safety. Please see our reference letters from various individuals related to the

Michigan HPRP program that illustrate how seriously we take our commitments and strive to maintain client satisfaction.

Mission Statement & Programs

Our mission is simple: *To Improve the Lives of the People We Serve*. Our programs include ongoing promotional activities, comprehensive intake assessments, individualized treatment planning, continuous clinical monitoring, drug testing verification, and educational initiatives—all designed to support a broad spectrum of healthcare professionals. We serve an extensive population, with our services reaching over hundreds of thousands of individuals through our network of providers and support partners. We recognize the challenges involved in assisting participants who are highly intelligent, may be referred by others, and have the means to resist assistance through an attorney. We believe that everyone can improve their lives and find a better way through persistent guidance and support. Please see attached Ulliance Promotional Plan.pdf

Experience & Accomplishments

With more than three decades of experience, Ulliance, Inc. has consistently delivered high-quality monitoring and recovery connection services. Our proven track record is evidenced by multiple successful government contracts, including our ongoing relationship with the Michigan Department of Licensing and Regulatory Affairs, (LARA) and other agencies. Key accomplishments include the development of innovative monitoring solutions that integrate technology and personalized care, as well as recognition for operational excellence and regulatory compliance. Ulliance developed from scratch a comprehensive, multi-faceted software system to perform duties, track critical dates, and interfaces with Participants, Evaluators and Treatment providers. As you know, the cost to participate in OPLC type programs can be expensive, and for some Participants, they might not even be working. Because of this reality, Ulliance took it upon ourselves to vet out, select, and negotiate lower testing rates for all drug screening panels on behalf of our Participants. In 2023, Ulliance was selected by a multifaceted large committee of healthcare professionals during a highly competitive bidding process, for the largest healthcare system in Michigan with 68,000 medical professionals and staff as their mental health partner. Our greatest achievement is receiving letters or emails from participants expressing gratitude for our staff's persistence, and support even during challenging and resistant moments, and now living happily in recovery, taking it one day at a time. Please see attached Ulliance Testimonials.pdf from participants of the program!

Networks, Subcontractors, & Partnerships

Ulliance uniquely develops, credentials, and maintains our own department to establish a dependable quality provider network. Our service delivery is supported by a well-established network of evaluators, treatment providers, specialized subcontractors for drug screening and clinical evaluations, and strategic partnerships with industry leaders. These collaborations ensure that we can provide rapid, localized responses to the needs of all healthcare professionals, particularly those from lower income backgrounds who benefit from subsidized educational programs and streamlined access to intervention services. Ulliance has a proven drug testing partner in RecoveryTrek. However, if the OPLC prefers Ulliance to continue working with their current drug screening vendor, Affinity we can do that.

Reasons for Effective Service Delivery

Our deep operational expertise coupled with a dedicated and skilled staff, positions Ulliance to effectively complete all services outlined in this RFP. Our proven methodology—rooted in continuous performance measurement, quality improvement initiatives, and agile project management—ensures that we can adapt to changing needs and deliver consistent, high-impact outcomes. The ability to serve diverse populations, with particular attention to lower income licensees, reflects our commitment to equitable service delivery and public health protection.

Program Structure: Proposed Program & Detailed Activities

I. Introduction & Program Overview

Our proposed program is built on a robust, performance-based framework that aligns with the goals set forth in Section 1 of the RFP. Our goal is to deliver a comprehensive monitoring and intervention system for impaired healthcare professionals, ensuring high-quality service, enhanced clinical outcomes, and effective administrative oversight. Leveraging decades of experience and proven methodologies from our previous engagements, our program is structured to achieve high utilization rates to support the OLPC following key performance measures:

- Number of Professionals Receiving Services
- Number of Newly Enrolled Professionals
- Relapses & Monitoring Contract Violations
- Successful Program Completions
- Monitoring Activity Adherence

Ulliance would plan to more than double the program utilization rates for voluntary and non-voluntary Participants. To be frank, the utilization numbers provided on average of 6 intakes a month is very low. We feel there is a great opportunity to increase awareness, promotion, and proactive communications to expand the value and results of the program. Ulliance has found that some programs are minimally promoted resulting in poor utilization which impacts finances. We are not implying that this is the case with OPLC, but rather that the utilization, and therefore the positive impact on healthcare professionals can be improved upon.

II. Detailed Program Activities

A. Review Existing Regulations, Policies & Procedures, and Incorporate

1. 60 days prior to implementation, Ulliance requests OPLC's documents and information
 - a. Program policies and procedures
 - b. Existing provider network for evaluators and treatment providers
 - c. Copies of required Provider and Worksite Monitoring reports
 - d. All current drug screening panels currently used along with panels for specific healthcare professionals, i.e., Anesthesiology, Veterinarians
 - e. Copies of Monitoring Agreements, Participant's Quarterly Reports and all related forms for participants and providers
 - f. Access to Affinity's portal for all case management case noting and drug screening reviews
 - g. 2024 Annual and Quarterly reports
 - h. Schedule of all board meetings and 2024 minutes

B. Develop date sensitive 60-day Implementation Plan

C. Intake and Enrollment Process

1. Comprehensive Screening: Review current P&P's
 - a. Implement a streamlined electronic intake process to verify licensure status and assess the severity of impairment.
 - b. Utilize a standardized questionnaire and initial clinical assessment to categorize referrals by type (substance abuse, mental or physical illness, behavioral issues, or burnout), as per the performance measures outlined in Section 2.1.2.
 - c. Identify the participant's risk to public safety based on referral questions (multiple convictions, impaired at workplace, harm to patients, suicidal/homicidal ideation and or psychosis diversion of controlled substance in the workplace), and if deem high risk, assure licensee is drug testing in the intake process in order to remain employed.

- d. Identify 3 evaluators for the participant to select from to complete the initial evaluation to determine eligibility for monitoring. Eligibility for monitoring would be based on a DSM 5 diagnosis of a substance use disorder and or mental illness.
 - e. Participant given a timeline of required responsibilities to fulfill during this intake process:
 - i. Providing a signed release of information for their employer if deemed high risk. This allows the program to alert an employer if the participant is testing positive for any non-prescribed substances and would be informed that their Safety to Practice cannot be assured during this intake process.
 - f. Participant is provided instructions on the required registration with the contracted Third Party Administrator (TPA) for all drug screening needs during the intake process.
 - g. Provide a signed release of information for the selected paneled evaluator in order to provide that evaluator with the intake interview and any other pertinent information to assist with the evaluation.
 - h. Participants will be required to provide a urine drug screen (or any other drug screening tool such as whole blood/nail/or hair they request) for the evaluator to incorporate into the final evaluation to determine eligibility for monitoring.
2. Data Capture & Baseline Metrics:
- a. Immediately register new enrollments in a centralized, secure database that assigns each participant a unique identifier for ongoing tracking.
 - b. Capture baseline data (e.g., total eligible professionals, referral source, voluntary versus Board ordered enrollment) to serve as the denominator for subsequent performance measures.
 - c. An electronic file will be created for each participant in order for the assigned Intake/Case Manager to record all contact activities on each participant in the intake process and then in the Case Management phase if deemed eligible for monitoring. These case notes are used as data points of reporting depending on the reason for the case note. For example, any Program Director or Medical Director consults, relapses, non-compliance, phone calls etc.

C. Individualized Treatment Planning & Monitoring

- 1. Treatment Plan Development
 - a. Within the first 30 days of enrollment, create an individualized treatment plan in consultation with clinical experts and customized as appropriate. This plan will outline specific monitoring activities and intervention steps. These treatment plans will reflect the programs requirements such as the allowed number of hours this individual can practice, whether they are able to work the midnight shifts where staffing is lean, they have access to controlled substances, frequency of individual treatment contact and with whom the programs paneled providers, frequency of PHP treatment group and frequency of required contact with the paneled addictionist and or psychiatrist provider as well as how many mutual help meetings are required per month.
 - b. Ensure that all treatment plans are communicated with the healthcare professional and documented in the centralized system.
- 2. Regular Monitoring & Data Collection
 - a. Implement a schedule of regular (monthly) monitoring activities, including clinical assessments, drug screening coordination, and evaluation of compliance with treatment contracts.
 - b. The assigned Case Manager will monitor all drug screening alerts on the participant daily as well as conduct quarterly audits on required activities listed on the monitoring agreement.
 - c. Clinical Team Reviews will be held weekly with the Program Director, Medical Director and all Intake/Case Manager to formally approve or not approve requested changes to the monitoring agreement appropriate adjustments to regular random drug testing per

the Medical Director.

- d. Any areas of non-compliance and the repercussions for this would be decided in the weekly team review. Typically, the repercussion of these areas of non-compliance would range from an extension of time added to the participants monitoring agreement end date, removal from work, to non-compliant closure of their monitoring agreement and report to OPLC and their board for review of continue licensure.
 - e. Establish quarterly review meetings with key stakeholders to evaluate progress toward performance measures such as service delivery rates, relapse incidence, and contract adherence.
 - f. Consult with OPLC on a case-by-case basis as necessary regarding non-voluntary Participants and non-compliance.
3. Rapid Response Protocols:
- a. In the event of non-compliance or relapse, initiate an immediate escalation protocol that includes a detailed case review, direct communication with the treatment provider and worksite if participant is working, and a re-evaluation of the treatment plan.
 - b. Upon receiving notification of a positive drug screen, the Case Manager will promptly consult the Medical Director to determine if it warrants revoking the participant's Safety to Practice. If confirmed, the Case Manager informs the participant of the positive result and the immediate removal from work. To resume work, they must provide a negative drug screen and consult their assigned Addictionist for reevaluation of their Safety to Practice.
 - c. The Case Manager will contact the Worksite Monitor with whom they have a Release of information and inform them that the program cannot assure the participants Safety to Practice and they must have the participant step down from work immediately to protect public Safety. They will be assured the Case Manager will alert them when this healthcare professional can return to work.
 - d. Report all violations within two business days, as required by the RFP.

D. Relapse Management & Successful Completion

1. Relapse Tracking and Intervention
 - a. Maintain detailed records of all relapse events and monitoring contract violations, which will be reported against the total number of enrolled professionals.
 - b. For each relapse event, conduct a root-cause analysis to adjust the treatment and monitoring approach.
 - c. Extensions of time to the end date of the original ending of the monitoring agreement will be considered for individuals struggling with their recovery needs. Noncompliant closure of that participant's case will be reserved for the participant who are refusing to comply.
2. Successful Completion and Follow-Up:
 - a. Define "successful completion" as meeting all performance criteria within the specified monitoring period.
 - b. Upon completion, conduct exit interviews and final evaluations to document outcomes, including the number of professionals who have successfully resumed full practice.
 - c. Issue detailed completion reports that contribute to continuous quality improvement.

E. Data Management and Quality Reporting

1. Centralized Database & Reporting Tools:
 - a. Utilize an integrated, cloud-based data management system that aggregates enrollment data, performance metrics, and clinical outcomes in real time.

- b. Generate monthly, quarterly, and annual performance reports that detail key metrics such as enrollment numbers, completion rates, monitoring activity adherence, and more.
2. Quality Improvement Initiatives:
- a. Hold monthly and/or quarterly performance review meetings with the Director of Enforcement, Director of Operations, and the Executive Director on a quarterly basis or as requested to discuss and assess the progress towards Performance Measures, Clinical Quality, and administration functions. to discuss data trends and identify opportunities for process improvements.
 - b. Incorporate feedback from state officials and clinical partners to update protocols and optimize service delivery.
 - c. Weekly Case Review with Clinical Monitoring with Program Director, Medical Director, and team.

III. Collaborative Networks & Resource Integration

A. Partnerships & Subcontractors:

1. We leverage established relationships with in-state treatment providers, accredited collection sites for drug screening, and clinical evaluators to ensure that every aspect of the program is supported by experts.
2. Our provider network is selected based on proven expertise and consistent performance under similar government contracts, ensuring that service quality is maintained at every level.
3. We collaborate with Mutual Help support groups i.e., Caduceus, AA, NA, Alanon, Mindfulness, and more.
4. Will establish dependable proven working relationships with the OPLC Program Director, Manager, Enforcement, and Professional Boards.
5. Ulliance has a proven drug testing partner in RecoveryTrek. However, if the OPLC prefers Ulliance to continue working with their current drug screening vendor, Affinity, that will be honored
6. Ulliance will remain and active member of the Federal Physicians Health Program.

B. Inclusive Service Delivery:

1. Our model is designed to serve a broad population of healthcare professionals, with special initiatives to support lower income licensees.
2. Lower income professionals will benefit from subsidized services, including no-cost continuing education programs, streamlined access to local treatment resources, and financial counseling when needed. Additionally, Ulliance plans to offer a free one-hour, live webinar (available on demand upon completion) quarterly to New Hampshire Health Professionals. We have over 50 different topics relative to health professions which include options such as: *Compassion Fatigue, Maintaining Resiliency and Avoiding Burnout, Healthy Leadership and Work-Life Balance, Mental Health Awareness, Building Your Resiliency, Goal Setting to Achieve Success, Mastering Your Emotional and Social Intelligence, Readiness to Change, The Importance of Cultivating Work-life Balance, Conflict Resolution, Dealing with Difficult Personalities, Effective Communication, Emotional Wellness, Substance Abuse Awareness and the Addiction Process, 5 to Thrive Well-being, Unlock the Mystery of Human Behavior. Why We Do What We Do?, Recovery is a* Please see Ulliance Training Outlines.pdf detailing (3) trainings listed above
3. Financial Access Consulting that includes a consultation up to 30 minutes with a local Certified Financial Planner (per issue); Credit Counseling to find possible causes and solutions to financial problems; Debt Management Programs to possibly consolidate client's debt into one, lower monthly payment; Financial Education materials; Budgeting materials and consultation for personal or family budget; Financial Planning consultation and 15% discount off normal hourly rates when working with a Certified Financial Planner from a Network of providers.

4. Life Advisor Well-being Portal and App for Healthcare Professionals provided by Ulliance. Our state-of-the-art portal offers our *5 to Thrive* program that focuses on the 5 dimensions of Well-being, Emotional, Physical, Financial, Career, and Community. Additionally, provides health and well-being trackers, individual well-being challenges, educational webinars, videos newsletters, thousands of useful articles, links and interactive features; free identity theft monitoring, helpful toolkits for problems such as finance, stress, anxiety, etc., self-assessments for lifestyle risks ranging from anxiety, depression, stress to lack of sleep, alcohol/drug use and many more.

IV. Continuous Improvement & Stakeholder Engagement

A. Performance Reviews and Adjustments

1. The program incorporates a built-in cycle of performance reviews, utilizing real-time data and quarterly stakeholder meetings to adjust operational protocols as necessary by attending quarterly NHMP meetings
2. Continuous feedback loops ensure that any deviations from performance targets are promptly addressed. Program Director would be available on a daily basis for virtual meetings with OPLC administrators, Directors and Enforcement, and Attorney's General Office if needed.
3. In partnership with OPLC, Ulliance will collaborate to strive for continuous improvement and to make practical policy and program enhancements as we do with current state partnerships.

B. Training and Staff Development

1. Depending on our clinical staff's advanced degree, in order to maintain a professional clinical licenses, and keep up to date with developments and behavioral health research, Ulliance staff are required to show evidence that they have participated in hours of training annually.
2. Our team of clinical and administrative professionals receives ongoing training to ensure familiarity with best practices, regulatory requirements, and emerging trends in healthcare professional monitoring.
3. Regular training sessions, combined with "Partnering For Performance" regular meetings with the Program Director, drives high levels of accountability, service excellence, and training opportunities around unique situations and when working with challenging Participants.

Conclusion

This structured, agile approach not only aligns with the RFP's performance goals but also demonstrates our proven track record in similar engagements, positioning us as the ideal partner to drive measurable improvements in clinical quality and administrative efficiency.

Our program structure is designed to meet the rigorous performance measures outlined in the RFP while ensuring a comprehensive, data-driven approach to the monitoring and support of impaired healthcare professionals. Through an integrated intake process, individualized treatment planning, and continuous quality improvement initiatives, called (CAN - I), we are well-equipped to increase utilization and deliver high-impact outcomes and be true to our mission: *To Improve the Lives of the People We Serve*. Our collaborative network of treatment providers, partners, and clinical experts further enhances our ability to serve all participants—including those with lower incomes—ensuring that every professional receives the highest standard of care, oversight, and an opportunity to get their total well-being back on track, mind, body, spirit.

In conclusion, our team at Ulliance is made up of dedicated professionals, each deeply care and specialized in their respective roles. From regulatory experts to administrative staff, their diverse skill sets collectively ensure the delivery of high-quality services. Through collaboration and leveraging our expertise, we streamline processes, support licensees, and uphold community standards. With a steadfast commitment to continuous improvement and professional development, we remain agile and focused on our mission.

Sample Monitoring Contract & Quarterly Report

Attached is a Sample of Ulliance's Monthly, Quarterly and Annual reports. Ulliance recommends that OLPC designated staff review these reports with the Ulliance Program Director to analyze key metrics such as enrollment numbers, completion rates, monitoring activity adherence, and trends over time. Ulliance is able to customize our reporting package based on the Performance Measures detailed in Subsection 2.1.2 of the RFP and as identified below. Please see Ulliance Reporting Package.pdf and Ulliance Sample Monitoring Agreement.pdf

Ulliance will submit a Work Plan/Summary of Activity Reporting Form on a quarterly basis that accurately details activities, educational presentations, clinical outcomes, and continuous quality improvement plans that monitor and evaluate the agency's progress towards achieved goals.

2.1.2.1 Number of Professionals Receiving Services

- Must be subcategorized by the type of referral (substance and alcohol abuse/dependence, mental or physical illness, behavioral issues, and/or burnout). Metric shall also be subcategorized by the board.
- The numerator shall be the number of Healthcare Professionals enrolled in the program who received services during the reporting month, and the denominator shall be the number of Healthcare Professionals in NH eligible for the program.**

2.1.2.2 Number of Newly Enrolled Professionals

- Must differentiate between how many enrollments were voluntary and how many were Board ordered. Metric shall be subcategorized by the board.
- The numerator shall be the number of newly enrolled Healthcare Professionals each month, and the denominator shall be the number of Healthcare Professionals in NH eligible for the program.**

2.1.2.3 Relapses & Monitoring Contract Violations

- Must differentiate between enrollees who relapsed into addictive behavior and those who violate their monitoring contract in any other way.
- The numerator shall be the number of Healthcare Professionals who initially enrolled in the program and who relapsed into addictive behavior or otherwise violate their contract each year, and the denominator shall be number of Healthcare Professionals enrolled in the program each year.

2.1.2.4 Number of Professionals that Successfully Completed the Program

- Must differentiate between those Healthcare Professionals that enrolled voluntarily and those who enrolled via Board order. Metric shall be subcategorized by the board.
- The numerator shall be the number of Healthcare Professionals who initially enrolled in the program and have completed it successfully during the reporting month, and the denominator shall be the number of Healthcare Professionals enrolled in the program each month.

2.1.2.5 Number of Missed Monitoring Activities by Enrolled Professionals

- Metric shall be subcategorized by the board.
- The numerator shall be the number of Healthcare Professionals who missed a monitoring activity that month, and the denominator shall be the number of monitoring activities scheduled to be conducted that month.

Budget and Justification

Budget Summary

- **Personnel Costs:** Salaries and benefits for key roles, including Program Manager, Clinical Director, Case Managers/Intake Specialists, Administrative Support, and IT/Database Administrator.
- **Subcontractor Services:** Fees for specialized drug screening, clinical evaluations, and third-party monitoring support.
- **Equipment & Supplies:** Capital expenditures for computers, software licenses, and data management systems necessary for secure, real-time performance tracking.
- **Operating Expenses:** Office rent, utilities, communications, and general administrative overhead to support a local in-state presence.
- **Travel & Training:** Costs for staff training, site visits, and ongoing professional development to ensure regulatory compliance and service excellence.
- **Continuing Education & Outreach:** Expenses to deliver a two-hour annual, no-cost continuing education program for healthcare professionals, with special initiatives to serve lower income licensees.
- **Total Proposed Funding:** A detailed annual budget has been prepared to ensure that each expense is directly linked to achieving performance targets such as enrollment, compliance monitoring, and successful treatment outcomes.

Budget Narrative

Over the past three decades, Ulliance has learned in order to provide the highest quality of professional services possible, PHP's have focused exclusively on providing interpersonal care which is still the #1 priority. However, fast forward to today and the way we provide high quality care needs to also include providing state-of-the art technology. By 2026 the healthcare professional workforce will be 75% of millennials who demand high technology tools. Ulliance is proposing a comprehensive range of both high-quality personalized care with advanced technology support. Ulliance is able to innovate and enhance OPLC's PHP to be a High-Touch and High-Tech program.

Pricing and Highlights: See attached

- A. Our cost proposal includes all items requested in the RFP Statement of Work for the OPCL Healthcare Professional Monitoring Program
- B. Provides personalized monitoring and quality support services
- C. Provides technological advances and 24/7 tools.
- D. Will establish dependable proven working relationships with the OPLC Program Director, Manager, Enforcement, and Professional Boards. Additionally, we will meet with the Director of Enforcement, Director of Operations, and the Executive Director on a quarterly basis or as requested to discuss and assess the progress towards Performance Measures, Clinical Quality, and administration functions.
- E. Added services such as:
 1. Financial consultation with Certified Financial Planners and consultants licensed in the state of New Hampshire
 2. The Life Advisor Well-being Portal and Health Tracker/App
 3. Career Transition Coaching to help Participants navigate career challenges and to get back on track
- F. Performance and Implementation Guarantee with a 100% money back guarantee

Our proposed budget is structured to ensure efficient, high-quality service delivery while meeting all performance measures outlined in this RFP.

I. Personnel Expenses

- A. Program Manager: Oversees overall program operations, ensuring compliance with performance metrics (e.g., timely reporting and intervention protocols). The Manager's salary and fringe benefits are critical for effective leadership and stakeholder coordination.
- B. Clinical Director: Responsible for clinical oversight, quality assurance, and evaluation of treatment outcomes. This role supports performance measures such as relapse tracking and successful completions.
- C. Case Managers/Intake Specialists: These personnel manage the intake process, individualized treatment planning, and ongoing case management. Their costs are directly tied to achieving high enrollment rates and ensuring rapid responses to non-compliance.
- D. Administrative Support Staff: Provide essential support for scheduling, record keeping, and communication. Their contributions help maintain seamless operations and data accuracy.
- E. IT/Database Administrator: Maintains our secure, cloud-based data management system, which is essential for real-time tracking of metrics, reporting, and safeguarding confidential information.

II. Subcontractor & Service Expenses

- A. Drug Screening & Clinical Evaluations: Contracted with a reputable Third Party Administrator (TPA) to ensure paneled and accredited drug screening collection sites are available throughout the State of New Hampshire as well as throughout the USA when a participant is traveling, to ensure regular random testing for documented abstinence/remission of substance use for the complete duration of that participants monitoring agreement.
- B. Specialized Monitoring Support: Specialized experts (i.e. Neuropsychologists, Psychologists who preform Computerized Performance Testing for ADHD, Forensic Psychiatrists, etc..) may be engaged on an as-needed basis to support intensive case reviews or complex evaluations.

III. Equipment, Supplies, and Technology

- A. Capital Expenditures: Investments in computers, software licenses, and secure data systems enable efficient management and reporting of performance metrics. These tools support our ability to aggregate data on enrollment, relapse rates, and overall compliance.
- B. Office Equipment and Supplies: Necessary for daily operations and maintaining a functional in-state office, which is a requirement for the program.

IV. Operating & Overhead Costs

- A. Office Rent & Utilities: These expenses support our physical presence in the state and ensure that all monitoring operations are conducted locally.
- B. Administrative Overhead: Includes costs for communication, printing, and other general administrative functions that underpin smooth service delivery.

V. Travel, Training & Continuing Education:

- A. Travel & Site Visits: Budgeted funds for travel ensure that staff can conduct on-site reviews, engage with stakeholders, and address regional variations in service delivery.
- B. Staff Training: Ongoing training and professional development are funded to keep our team abreast of best practices and regulatory changes.
- C. Continuing Education: Funds are allocated for the production and delivery of a two-hour annual continuing education program at no cost to participants, with particular attention to accessibility for lower income licensees.

Each line item in this budget directly supports the services required by the RFP, ensuring that our comprehensive monitoring program is both sustainable and capable of achieving the desired performance outcomes. **Specific line-item costs provided in Cost Proposal.**

Key Personnel

Below are sample job descriptions for the key positions that will provide services to healthcare professionals enrolled in our monitoring program. These roles have been structured to support the comprehensive clinical, operational, and administrative functions required by the program. Please see attached Resumes.pdf for reference.

Program Director

Purpose:

The Program Director is responsible for the overall leadership, coordination, and oversight of the healthcare professional monitoring program. This role ensures that program deliverables and performance metrics are consistently met while maintaining effective communication with all stakeholders.

Key Responsibilities:

- Oversee daily operations, including the integration of clinical services, case management, and data reporting.
- Develop, implement, and monitor program policies, procedures, and performance metrics.
- Coordinate strategic planning, budgeting, and resource allocation to support program goals.
- Serve as the primary liaison with state officials, treatment providers, and subcontractors.
- Ensure timely preparation and submission of monthly and quarterly performance reports.
- Lead team meetings and provide ongoing supervision and mentoring to staff.

Required Qualifications & Skills:

- Master's degree in healthcare administration, Public Health, or a related field.
- Minimum of 5 years' experience in program management, preferably in healthcare monitoring or behavioral health settings.
- Proven leadership, organizational, and communication skills.
- Strong analytical abilities and experience managing multi-disciplinary teams.

Medical Director

Purpose:

The Medical Director provides clinical oversight to ensure that all healthcare services are delivered in compliance with regulatory standards and best practices. This role focuses on the development, implementation, and continuous improvement of individualized treatment plans and clinical protocols.

Key Responsibilities:

- Develop and review individualized treatment plans and clinical protocols.
- Oversee and evaluate clinical assessments, drug screenings, and relapse management processes.
- Collaborate with clinical evaluators and treatment providers to ensure consistency and quality of care.
- Lead clinical training sessions and quality assurance initiatives.
- Monitor clinical data to drive continuous program improvement and ensure adherence to performance metrics.

Required Qualifications & Skills:

- Medical degree (MD, DO) or advanced clinical certification with board eligibility; extensive clinical experience in substance abuse treatment preferred.
- Strong understanding of regulatory and clinical best practices in behavioral health management.
- Extensive knowledge and understanding of drug screening protocols for impaired healthcare professionals
- Excellent leadership, communication, and decision-making skills.

Case Manager / Intake Manager

Purpose:

The Case Manager/Intake Manager is the primary point of contact for enrolled healthcare professionals, facilitating the initial assessment, enrollment, and ongoing case management processes.

Key Responsibilities:

- Conduct comprehensive intake assessments and verify licensure status.
- Develop, document, and update individualized treatment plans in collaboration with clinical staff.
- Coordinate scheduling for clinical assessments, drug screenings, and follow-up appointments.
- Maintain detailed, confidential records in a centralized case management system.
- Monitor participant progress and quickly address non-compliance or relapse issues through established escalation protocols.
- Serve as a liaison between the healthcare professional, treatment providers, worksite monitor and the program team.

Required Qualifications & Skills:

- Bachelor's or Master's degree in Social Work, Psychology, or a related behavioral health field.
- Experience professional in case management or clinical support, preferably in substance abuse or behavioral health settings.
- Strong interpersonal, organizational, and communication skills.
- Ability to manage sensitive information confidentially, and compassionately.

IT/Database Administrator

Purpose:

The IT/Database Administrator is responsible for managing and maintaining the secure, cloud-based data management system that supports real-time tracking and reporting of program metrics, ensuring data integrity and regulatory compliance.

Key Responsibilities:

- Administer and maintain the centralized database used for monitoring enrollments, clinical outcomes, and performance metrics.
- Implement and oversee cybersecurity measures to protect sensitive information.
- Provide technical support, training, and system enhancements for all program staff.
- Develop custom reports and dashboards that facilitate data-driven decision making.
- Ensure compliance with data protection regulations and internal security protocols.

Required Qualifications & Skills:

- Bachelor's degree in Information Technology, Computer Science, or a related field.
- Proven experience managing enterprise-level databases and cloud-based systems.
- Strong knowledge of cybersecurity best practices and data protection standards.
- Excellent problem-solving, project management, and communication skills.

Administrative Support Staff

Purpose:

The Administrative Support Staff provides critical administrative assistance to ensure the seamless operation of the monitoring program. This role supports scheduling, documentation, and general office management to facilitate effective communication and record keeping.

Key Responsibilities:

- Manage calendars, schedule meetings, and coordinate logistics for program activities.
- Prepare and maintain accurate records, reports, and documentation for all program functions.
- Assist with correspondence, proposal preparation, and data entry tasks.
- Provide support for day-to-day administrative operations and ensure smooth internal communication.
- Support the Program Manager and clinical staff with various operational tasks as needed.

Required Qualifications & Skills:

- Associate or bachelor's degree in business administration or a related field.
- Experienced in an administrative support role, preferably within healthcare, behavioral health, or government environments.
- Strong organizational, written, and verbal communication skills.
- Proficient with standard office software and comfortable managing multiple tasks concurrently.

These job descriptions outline the critical roles required to support our comprehensive healthcare professional monitoring program. Each position is designed to contribute directly to the efficient and effective delivery of services and to help achieve the performance measures and objectives detailed in the RFP.

Ulliance Reference Letters



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2025

To whom it may concern:

I am writing this letter of reference for Ulliance, Inc. (Ulliance). Ulliance facilitates the Michigan Health Professional Recovery Program (HPRP) on behalf of the Michigan Department of Licensing and Regulatory Affairs.

I have had the pleasure of working with the team of dedicated professionals for over 9 years. When I began my management role of the Boards and Committees Section within the Bureau of Professional Licensing, Ulliance was already under contract with the department. Their initial contract dated from 2012-2017. It was renewed from 2017-2020. Through my recommendation, we exercised our contract extensions and then awarded this stellar company with another contract after enduring an extensive Request for Proposal process. The current contract runs from 2022-2025.

The HPRP is a statutory mechanism designed to provide a path for health care licensees diagnosed with substance use or mental health disorders to continue to safely practice while being treated and monitored. The program is a structured monitoring process that coordinates services between the licensee and approved service providers. If the service provider determines that an eligible diagnosis exists, the HPRP staff consult with the provider to develop a monitoring agreement that is signed by the licensee and the HPRP. The monitoring agreement is designed to monitor the licensee's treatment and continuing care requirements. The HPRP helps the department fulfill its role of public protection by monitoring each participating licensee's level of participation and compliance throughout the duration of the agreement. If a licensee does not comply with the monitoring agreement, they are removed from the program and will potentially lose their license to practice.

In FY 2024, there were 361 referrals to the program. Of those referrals 102 were found ineligible to participate and 146 entered into monitoring agreements. Note: Ulliance only provides monitoring services for the department. It does not treat these individuals.

My team and I interact with Ulliance employees **daily**. The staff are professional, highly trained, and are always available to promptly answer any questions we have. Additionally, staff come to every board meeting for the Health Professional Recovery Committee to provide updates on the program and to answer any questions from members of the Committee.

We have a very positive working relationship with the Ulliance team and trust their ability to deliver this difficult and needed service. We could not provide this program as

BUREAU OF PROFESSIONAL LICENSING
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www.michigan.gov/bpl • 517-241-0199
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effectively without them. I would highly recommend Ulliance to the New Hampshire Office of Professional Licensure and Certification and have no doubt that you will be pleased with the service you receive.

Should you have any questions regarding the above, please do not hesitate to contact me.

Warm regards,

A handwritten signature in black ink that reads "Kerry Ryan Przybylo". The signature is written in a cursive, flowing style.

Kerry Ryan Przybylo, JD
Manager, Boards and Committees Section
Bureau of Professional Licensing
Michigan Department of Licensing and Regulatory Affairs
(517) 342-4971

April 2, 2025

New Hampshire Office of Professional Licensure and Certification
7 Eagle Sq
Concord, NH 03301

Re: Professional Health Program Reference

To Whom It May Concern:

I am writing to provide a reference for Ulliance in support of their bid to administer a Professional Health Program (PHP) for the New Hampshire Office of Professional Licensure and Certification.

From 2014 to 2023, I served in various capacities within the Michigan Department of Licensing and Regulatory Affairs (LARA, an umbrella agency administering 26 health professional boards) including as the Regulation Section Manager, where I oversaw the review of cases for potential licensing actions resulting from licensees' non-compliance with the Michigan Health Professional Recovery Program (HPRP), and later as the Enforcement Division Director overseeing all aspects of all health professional licensing enforcement actions in the State of Michigan. In the latter role, I also oversaw LARA's contract administrator, an administrative law specialist who is responsible for LARA's contract with Ulliance to administer the HPRP program. In both of those roles, I frequently authorized disciplinary sanctions that required a licensee's HPRP engagement or made non-disciplinary referrals to the program. During this time, I worked closely with Ulliance (the HPRP vendor since October 2012) and observed their capability and commitment to the program's success.

Ulliance has consistently demonstrated its ability to offer comprehensive, responsive, and confidential monitoring for health professionals struggling with substance use and mental health issues. Their organization and record keeping far exceeded that of the previous contractor, and their thorough documentation practices were essential in supporting timely and informed decisions regarding licensing actions. Whenever the state required documentation or clarity about a participant's status, Ulliance's responses were prompt, accurate and helpful. Their strong communication facilitated effective oversight while maintaining confidentiality and respecting the due process rights of licensees.

As part of their overall management of HPRP, Ulliance has formed relationships with highly qualified evaluators and hired capable staff, ensuring participants receive tailored assessments, monitoring and support. In my current capacity as a private practitioner representing licensees, I continue to see Ulliance's adherence to strict confidentiality standards and responsiveness to licensees' concerns.

When Ulliance assumed the HPRP contract in October 2012, many licensees remained on monitoring agreements initiated under the previous contractor. In personally conducting many detailed reviews of files spanning both contractors, I noted a marked improvement in the quality and organization of case files and monitoring practices under Ulliance. Their meticulous approach ensured consistent oversight and accurate documentation, resulting in decisions that were both well-informed and responsive to each licensee's circumstances.

Based on my extensive interaction with Ulliance—both within government service and now in private practice—I can attest to their strong track record of delivering excellent HPRP services. They have proven themselves to be a capable partner, and I am confident they will uphold the same level of professionalism and responsiveness in New Hampshire.

If you require any additional details or wish to discuss my experiences further, please feel free to contact me at the phone number or email provided on this letterhead. Thank you for your consideration of this information.

Sincerely,



Forrest Pasanski
Pasanski Law, PLLC

Carl W Christensen MD

March 31, 2025

To Whom It May Concern:

I am the current Medical Director of the Michigan Health Professional Recovery Program (2014-present), a previous Chair of the oversight committee for the HPRP (2009-2013), and an HPRP provider since 2009. I have been working with Ulliance since it was awarded the contract by the State of Michigan in 2012.

In each of my roles, I have witnessed HPRP's ability to demonstrate excellence in arranging for evaluations of licensees referred to HPRP, confirming the accuracy of any DSM-5 diagnoses made, providing effective drug testing, communicating with worksite monitors, group and individual therapists, and providing protection for the public as well as confidential monitoring for impaired healthcare professionals.

Please contact me at ab7059@wayne.edu for any questions.

Sincerely,



Carl Christensen, MD, PhD, cMRO DFASAM
Distinguished Fellow, American Society of Addiction Medicine
Fellow, American College of Obstetrics and Gynecology
Certified Medical Review Officer, MROCC
Medical Director, Mich Health Professional Recovery Program
Clinical Associate Professor, OB Gyn & Psychiatry, WSU School of Medicine



April 1, 2025

State of New Hampshire
Office of Professional Licensure and Certification
7 Eagle Square
Concord, NH, 03301

To whom it may concern,

I have worked as an addiction psychiatrist for 15 years and it is with great pleasure that I recommend Ulliance to oversee the New Hampshire Professionals Health Program (NHPHP). Ulliance has administered the Michigan Health Professional Recovery Program (HPPR) since 2012, and since that time, I have worked as an HPPR-paneled evaluator and treatment provider.

Since HPPR has been under the leadership and oversight of Ulliance, I have treated hundreds of licensed healthcare professionals as they progressed through their monitoring programs. Clinically managing these licensees has required regular communication with the Ulliance leadership and case management staff, and my experience in this regard has been superb. Whether communicating by phone or email, the staff have always been knowledgeable, concise, and professional. Invariably, my inquiries have been met with competence and conscientiousness.

In closing, I recommend Ulliance to administer the New Hampshire Professionals Health Program (NHPHP) without reservation. As an HPPR-paneled treatment provider, I have been impressed with the proficiency of the Ulliance leadership in navigating and understanding the various facets of healthcare provider impairment, including the clinical management and licensure legalities. I'm sure they will bring this talent to New Hampshire.

Please feel free to contact me with any questions.

Respectfully,

Edward A. Jouney, DO
Psychiatrist, River's Bend PC
Adjunct Assistant Clinical Professor
UM - Department of Psychiatry
Email: ejourney@med.umich.edu
Phone: 734-295-4319

Ulliance Testimonials

Relapse Prevention Plan

NAME REMOVED

Personal Inventory:

During the past 3 years, I have had the opportunity to work with REMOVED, LMSW, my sponsor, Dr. REMOVED, as well as other recovering addicts, to better understand my addiction. While I take full responsibility for my actions, I have sought to understand the factors that led to the problem, to prevent relapse in the future. I was an emergency room nurse for 10 years with no history of addiction. At some point during my 11th year of ER nursing, I turned to narcotics. After reflection and therapy, I believe factors that helped to fuel my addiction included burnout, anxiety, and post-traumatic stress from years of ER nursing, coupled with ease of access to narcotics. Addressing these issues is the foundation of my relapse prevention plan.

Relapse Prevention:

Once my HPRP case is closed, I plan on living my life much the same. The only difference I anticipate is not checking in every day. The following list outlines the steps I have taken and will continue to take to maintain sobriety.

- 1) **Therapy:** I have established a relationship with a therapist in my hometown, REMOVED, LMSW, that I have been seeing twice a month for the last year. This will allow for a bridge of continued therapy after HPRP ends.
- 2) **Sponsor:** I have an active relationship with my sponsor. We go to the same church, and our kids are involved in sports together. She has been a great friend, and source of support as we sit on the sidelines of our kids' football practices.
- 3) **Work:** I have decided it is best for myself to stay out of the hospital, and other settings where narcotics are easy to obtain. I "found" dialysis nursing because of HPRP, and it turns out, that it is the perfect setting for me to thrive as a nurse. I have a much better work-life balance. The workload is manageable, and perhaps most importantly, I am never even tempted by narcotics, because there are no narcotics given or available on dialysis units.
- 4) **Home life:** During the first few months of HPRP, we made a big decision to move from a subdivision to the country. It was one of the best decisions we could have made as a family. The goal for me was to "feel like I was camping" on my days off from work. This has reduced stress, and I love the home we have created here. We have cows, chickens, ducks, 4-wheelers, and new hobbies we enjoy as a family. I have been very supported in my home by my husband of 17 years. My husband was a very occasional/social drinker (1 or 2 beers a month). For the last 3 years he has abstained from alcohol with me in support. We did not have any alcohol in the house during HPRP. Now that we have teenagers in the house, it is important to me to keep alcohol out of our home.

Conclusion: While it was not easy, I am grateful for HPRP because I was able to keep my license and I was given a second chance. I am grateful for all the positive changes in my life. I am grateful for the help I received from REMOVED, REMOVED and REMOVED. Thank you all for your support and for helping me navigate through this program.

Jan 23, 2022

HPRP Case Manager and Team,

This letter is in response to my approaching contract completion notification. I have passed along the information to **REMOVED**, **REMOVED**, and my 3 site monitors. I have their full endorsement supporting my progress and completion of the monitoring agreement requirements.

I have successfully completed all that the program contract required of me, once I've sent in this month's reporting, and feel that I am well prepared to continue my professional career without the need for a formal monitoring program. I have a plan in place to maintain my lifelong sobriety and safety to practice status. I have trusted the process and the people that I've surrounded myself with to get me to where I am in my recovery and to continue to support me in my long-term remission/recovery.

I can't say that when I entered this program that I really understood the program and really wish that there was some way to educate individuals more completely about the program BEFORE it was mandatory. I know that I was clueless. I understand much clearer now WHY the various components of the program are in place. Without a doubt, the single most important part of my recovery has been my relationship with my therapist, **REMOVED**. If you are not aware, I had been seeing her for more than a year prior to signing the HPRP contract. The primary reason I initially sought her out was to get myself out of the legal disaster that I had gotten myself into with the 2 DUI's August 6 and 22nd, 2017 and because **REMOVED** Recovery Program was quite a distance from my home in **REMOVED**. I had the great fortune to meet **REMOVED** and **REMOVED** at my home AA group in **REMOVED**, completely unaware of their professions at the time. I soon received their great advice to contact **REMOVED** to see if she would take me on as a client and started seeing her in November of 2017, so that when HPRP required a therapist, I was already established with **REMOVED**. At that time, I was still learning about alcoholism as a disease and had just been getting comfortable with AA program – **REMOVED** in **REMOVED** embraced me as a newbie and gave me great support! I still attend there and have many friends with 20-30+ years of sobriety that I know I can call on at any time for assistance. My probation officer required me to attend an Impact Weekend in Feb 2018 and that was quite enlightening, as well. My sponsor, **REMOVED**, was a long time veterinary client of mine, as well as a personal friend that I had played softball with and whose kids went to the same school as mine. She has over 10 yrs of sobriety and continues to be a great friend, as well as a great sponsor, before a sponsor was a requirement from HPRP. As far as group therapy is concerned, I really didn't understand the benefits that I would get from sharing with a bunch of people just bitching about HPRP, but once I could understand and accept that "life" is more than just the medical professions that we were all a part of and that our addictions were not limited to our work life, but rather tied to our whole lives, things became much easier for me. **REMOVED** convinced me that I had tunnel vision and couldn't see the big picture and she was correct. While AA is awesome, the understanding of the special circumstances surrounding being part of the medical field gives each one of us more insight to the stress

related to work and the accessibility of mood altering substances. I have continued with the group therapy sessions beyond the required 2 yrs. since I felt I was still getting benefit from sharing with my group. I now consider several people within my group to be friends and will probably continue to stay in contact with them. I probably could have utilized **REMOVED**'s knowledge of addiction far better than I did, though I believe that we became more than just Doctor/patient through our association. I will most likely not continue sessions with him, but I know in my heart that if I ever need him, he would be there with me through thick and thin. One of the things that I came to believe about the program's requirement for an addictionist, was that most everyone just went through the motions because they had to, considering it a necessary evil and big expense. I know that I did not avail myself of **REMOVED** for therapy to the extent that I could, but was really happy that he had such a great working relationship with **REMOVED**, that she could consult with him at any time, had I been in crisis, and he would have made himself available to us. I will always be greatly appreciative of that fact, especially since I know that not every group member had the same experience that I've had.

So, if I had to go through the check list of requirements for the HPRP program, I would respond that I see the specific value for each one.

AA meetings, a minimum of 3/week – a privilege and an honor, as I told my probation officer early on, and will continue life-long attendance.

Once weekly group meetings were definitely an unexpected benefit.

Individual sessions with **REMOVED** – outstanding and critical to my recovery - I will be continuing them indefinitely.

Quarterly meetings with **REMOVED** were part of my "insurance policy" to keep me safe.

Having work-site monitors are essential to police our ability to be safe to practice and protect the public – I had no idea what a widespread issue addiction was and how many people, other than ourselves, we put at risk. If this could be made more evident to participants, maybe by You-tube or reviews of medical malpractice statistics, so that we could see the reality (hard for we addicts) of the harm we could do and to not just view it as a joke or insult when somebody refers to our "safety to practice", then maybe we could prevent more harm from befalling anyone else.

Random drug screening – just a must – obvious from the number of people who fail or try to "cheat" the system. Until we come to an understanding of the disease of addiction and have significant time under our belt, we would be destined for failure. I was surprised how many people relied on this mandatory testing in the beginning to keep them clean – hoping that when it was no longer in place that they could stay clean.

I am not sure if I had been given a "window to the future" glimpse of the money or time this HPRP program of recovery would involve, if I could have done any of this on my own. I do believe new participants need more guidance on things that will result in added time/\$ in the program – maybe a mandatory course in "How to be a successful HPRP participant" as taught by people with long time recovery since they were in HPRP with the goal

being life-long sobriety as opposed to successful completion of the program and then just being "more careful" in the future to not get caught. Short seminar? I know that I was really pissed off when I found out the number of people that relapsed after fulfilling their requirements, because I wanted to know that if I put in the work, I'd be sober. That's how little I understood alcoholism. I have since acquired an extensive library on this disease of addiction to stay with my "required continuing education" program of recovery.

So, going forward, I have kept a booklet with me in my car since leaving BRC. When I saw the DVD "Memo to Self" by Kevin McAuley there, I bought the DVD for myself and the accompanying booklet "My Slices of Cheese" with a game plan for preparing for and, hopefully, preventing a relapse. I took that to heart and have shared it with many in my AA groups. Obviously, abstinence with the goal of lifelong sobriety is my goal. I've fully identified as an alcoholic and as such, need to always be aware of the potential for a relapse. I have greatly increased my awareness of the warning signs to watch for and am continuing in my therapy to better identify the underlying causes and conditions to be able to change my reaction to these situations so that alcohol is not a "go to" solution. I have involved many others in my recovery – my family and long term friends who have been so supportive, my coworkers, my sponsor, my AA family and **REMOVED** who will be my mainstays for life-long recovery.

My mantra will be to call my sponsor, call **REMOVED**, call anyone of my AA friends (I have them all in my phone starting with AA so they will be the first numbers I find on my phone), go to a meeting (I have an app on my phone and know I can find a meeting anytime/anywhere I need it). This is what I refer to as my "program of adult supervision" to steal a line from **REMOVED**. Each of these is one of those "slices of swiss cheese" that overlap offering layers of protection with the concept being that the more layers I have in place, the less risk I have of a relapse and the increased chance for long-term remission/sobriety.

Thank you for all your time and consideration,

Sincerely,

REMOVED

Ulliance Sample Training Outlines

Mastering Emotional and Social Intelligence

Emotional and social intelligence training equips individuals with the skills to recognize, understand, and manage their own emotions and those of others. This training emphasizes self-awareness, self-management, social awareness, and relationship management, fostering improved communication, empathy, and collaboration in the workplace. By developing these skills, individuals can enhance their personal and professional relationships, leading to a more cohesive and productive work environment.

Understanding Emotional Intelligence

- Self-awareness
- Self-management
- Social awareness
- Relationship-management

The Benefits of Emotional Intelligence Skills

- Work performance
- Mental health
- Physical health
- Relationships

Skills Social Intelligence - The Five Basic People Skills

- Situational awareness
- Presence
- Authenticity
- Clarity
- Empathy

Social Intelligence Attributes and Their Workplace Impact

- Respect
- Positive interaction
- Genuine interest
- Reduced employee turnover
- Productivity
- Bottom line

Key Elements of Social Intelligence

- Social expressiveness
- Social sophistication
- Effective listening skills
- Awareness of others
- Role playing and self-efficacy
- Impression management

Ulliance
Enhancing People. Improving Healthcare.

Building Your Resilience

Resilience is an essential part of a thriving team and their ability to withstand adversity, bounce back and be productive despite any difficulties they face. When employees understand resilience, they can learn to build emotional stability and successfully endure daily challenges. In this course employees will learn about four types of resilience, the pills that support it and ways to strengthen their ability to cope, change and become more resilient.

What is Resilience?

- The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress

What Resilience isn't

- We believe that the longer we tough it out, the tougher we are, and therefore the more successful we will be. However, this entire conception is scientifically inaccurate.

Why Resilience is Important

- Transform failure into success
- Develop an internal locus of control
- Build positive beliefs
- Helps in embracing change
- Find Purpose and foster self-discovery

Five Pillars of Resilience

- Emotional wellbeing
- Future focus
- Inner drive
- Physical health
- Relationships

Ways to be Resilient

- Learn to relax
- Practice thought awareness
- Develop strong relationships
- Learn from our mistakes
- Choose your response
- Maintain perspective
- Set goals for yourself
- Edit your outlook
- Be flexible



Compassion Fatigue

Compassion fatigue is the emotional and physical weariness resulting from prolonged exposure to others' suffering, distinct from burnout due to its acute nature tied to empathetic engagement. It affects caregivers, educators, social workers, and professionals across various sectors, manifesting in emotional, physical, and behavioral symptoms. It impacts individuals in high-stress roles, highlighting its diverse real-life implications and the importance of proactive coping strategies and organizational support to mitigate its effects.

What is Compassion Fatigue?

- Definition: The emotional and physical exhaustion that comes from prolonged exposure to others' suffering
- Different from burnout: More acute, directly linked to empathetic engagement
- Common in caregiving professions but also affects family caregivers, educators, social workers, and corporate professionals

Recognizing Compassion Fatigue

- Signs & Symptoms: Emotional
 - Physical
 - Behavioral
- Self-assessment exercise

Causes & Risk Factors

- High emotional involvement & exposure to suffering
- Lack of work-life balance
- Personal history of trauma or stress
- Organizational stress & workplace culture

Understanding the Impact

- Personal: Mental health struggles, physical exhaustion, reduced quality of life
- Professional: Decreased job performance, high turnover rates, ethical dilemmas
- Workplace culture: Impact on teamwork and morale

Coping Strategies & Prevention

- Personal Coping Strategies Setting emotional boundaries
- Practicing self-care (exercise, mindfulness, hobbies)
- Seeking peer support & professional help
- Workplace & Organizational Strategies Encouraging open conversations & mental health support
- Promoting self-care practices & wellness programs

Ulliance

Enhancing People. Improving Healthcare.
Ulliance Response - RFP - 2025 - 01 - Admin

Ulliance Reporting Package

SAMPLE

Professional Healthcare Monitoring Monthly Report

Provided by:

Ulliance
Enhancing People. Improving Healthcare.

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PHP Deliverables

- Annual Report/Executive Summary: [REDACTED]
- Recommendations for Policy Review: Program Director Quarterly Report at HPRC Meetings
- Number of Monitoring Agreements proposed within 10 days: [REDACTED]
- Contract Administrator to have access to all drug screen results.
- List of approved providers: Submitted monthly in a separate report for distribution purposes
- Intake completed within 45 days (95% standard) per Policy 204: [REDACTED]
Current Reporting Period: June 1st – June 30th
- Absence from Mutual Help support groups – Policy 300: Documentation maintained in the HPRP system in each participants case file. This information is available to Contract Administrator ad hoc.
- Number of Interim Monitoring Agreements (IMA)
Current Reporting Period: [REDACTED]
- Annual Statistical Report: [REDACTED]
- Draft Executive Summary: [REDACTED]
- Participants list and compliance status: Separate Regulatory and Non-Regulatory participants provided in separate reports monthly for confidentiality and report distribution purposes.
- Number of hours of PHP testimony: [REDACTED]
- Urine Drug Screen Contractor presented to HPRC at [REDACTED] HPRC meeting

Graphical and Trend Reports

Total Licensees – Regulatory & Non-Regulatory

Total Licensees

Prior Reporting Period

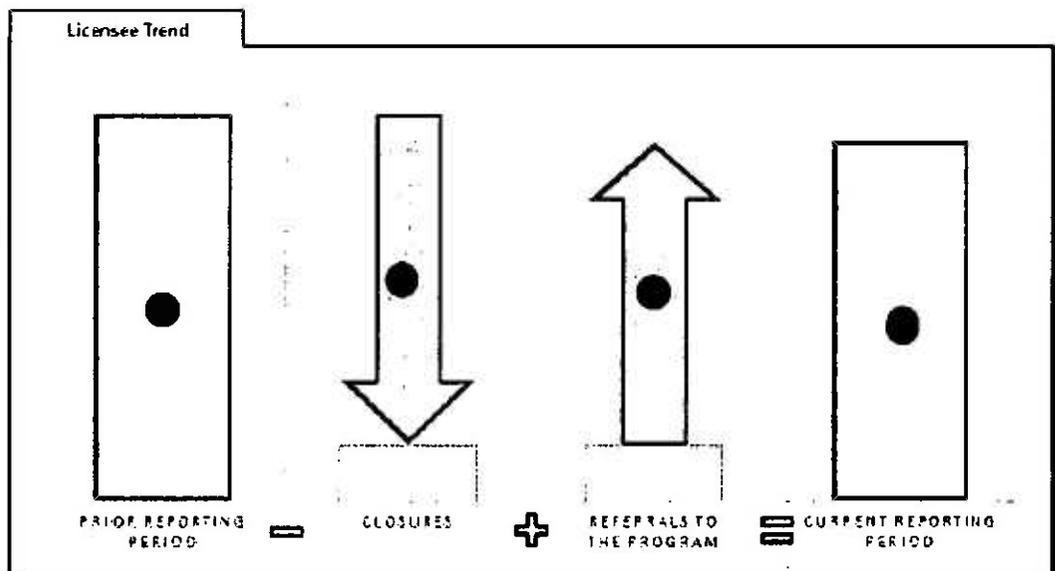
Current Reporting Period

Prior Reporting Period

Closures

Referrals to the program

Current Reporting Period



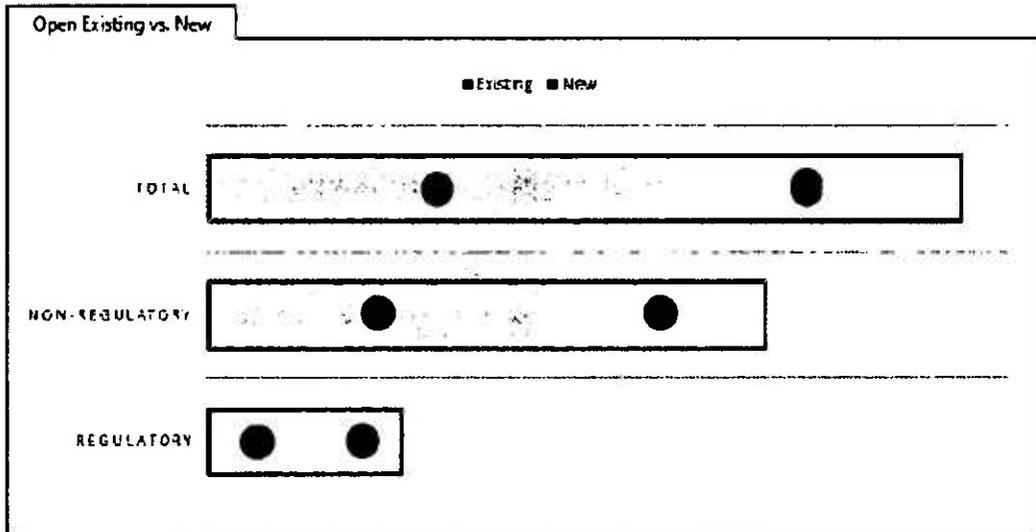
Intake – Regulatory & Non-Regulatory

Intake

Prior Reporting Period

Current Reporting Period

		Reg	% of Total	Non-Reg	% of Total
Left Intake	Placed in Monitoring		%		%
	Closed Not Eligible		%		%
	Closed Non-Compliant		%		%
	Total		%		%
Entered Intake	Existing		%		%
	Opened This Month		%		%
	Total		%		%

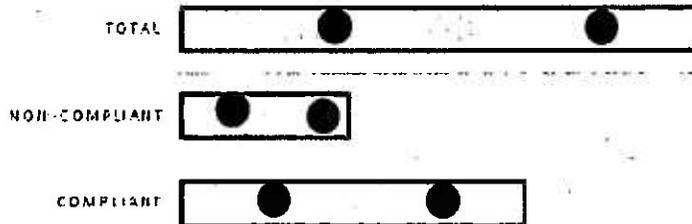
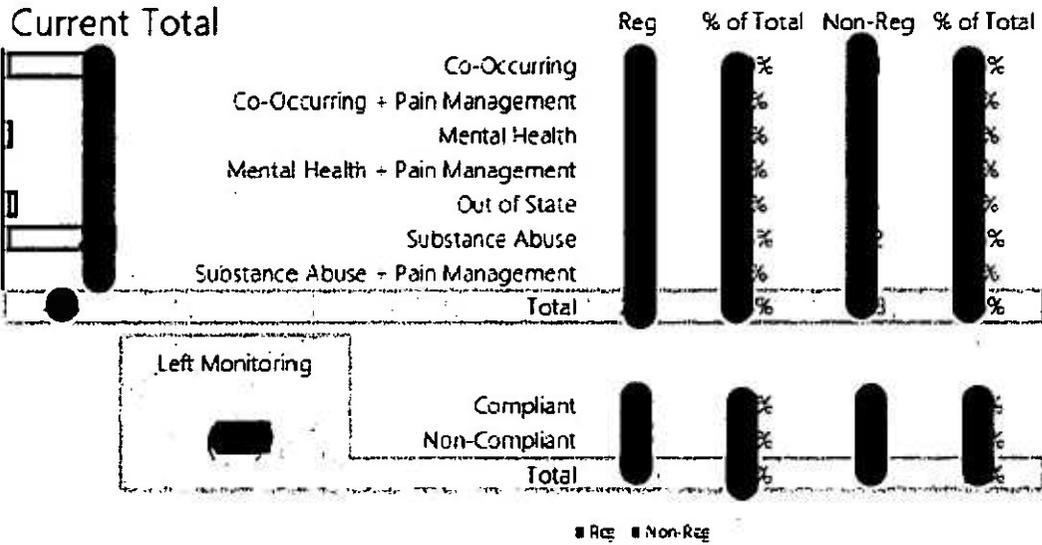


Monitoring – Regulatory & Non-Regulatory

Monitoring

Prior Reporting Period

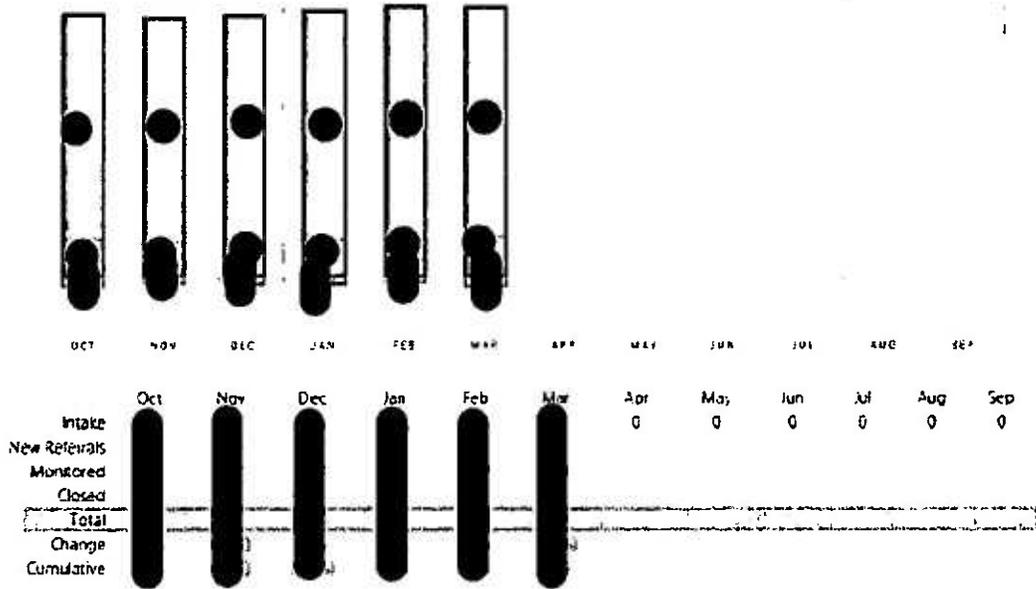
Current Reporting Period



Total Licensee Trend – Regulatory & Non-Regulatory

Total Licensees Trend

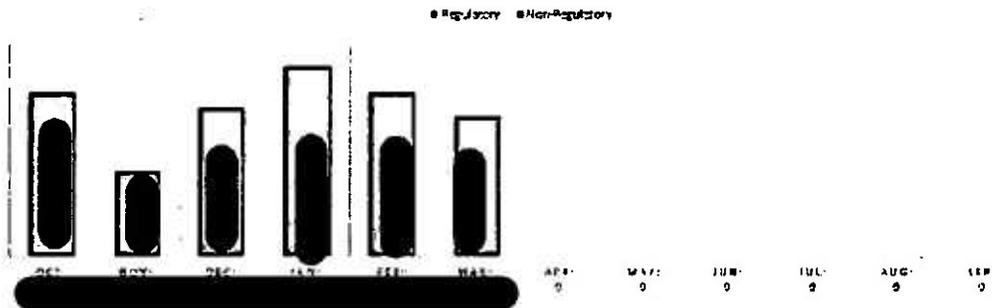
■ CLOSED ■ PENDING ■ NEW REFERRALS ■ MONITORED



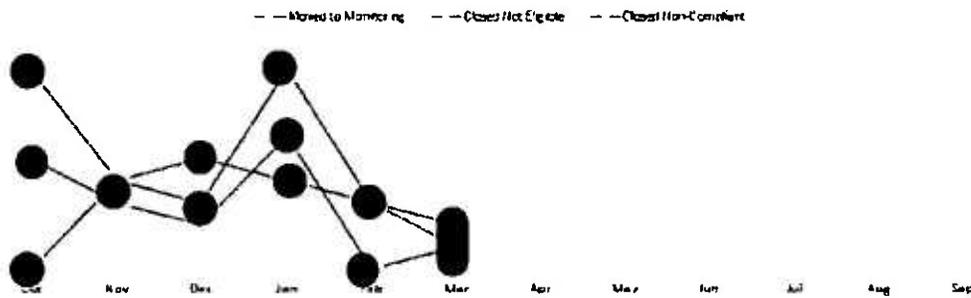
Intake Trend – Regulatory & Non-Regulatory

Intake Trend

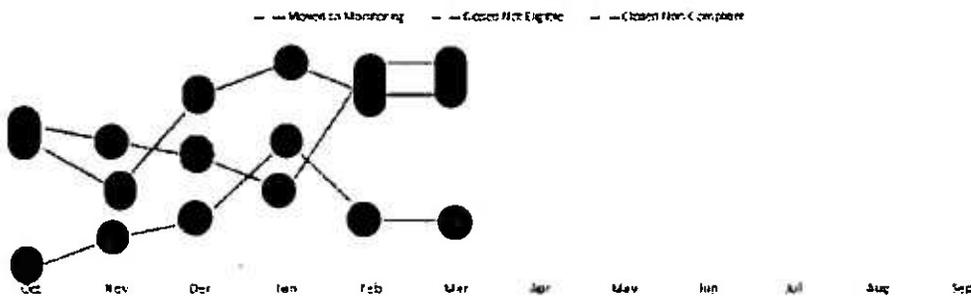
Total Referrals by Month



Regulatory Licensees Leaving Intake by

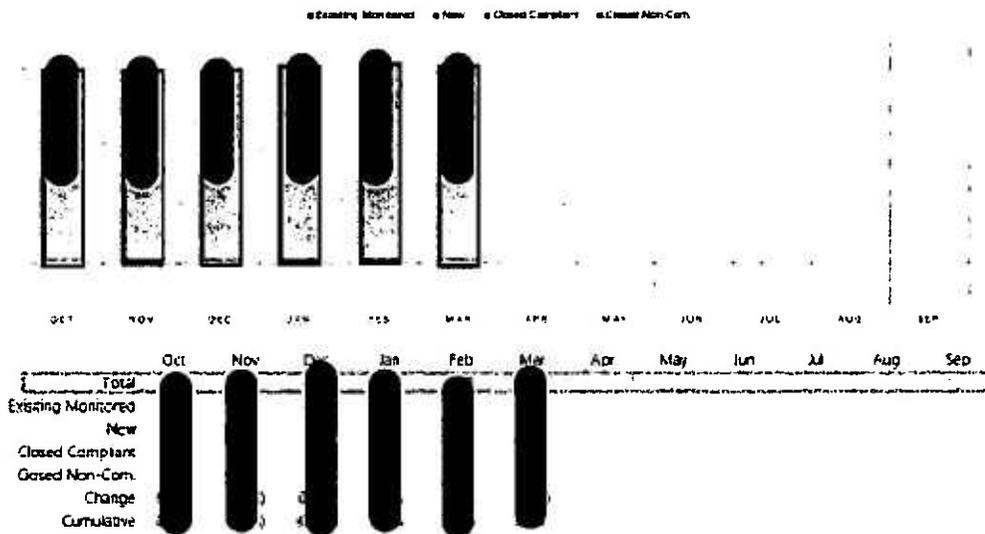


Non-Regulatory Licensees Leaving Intake by

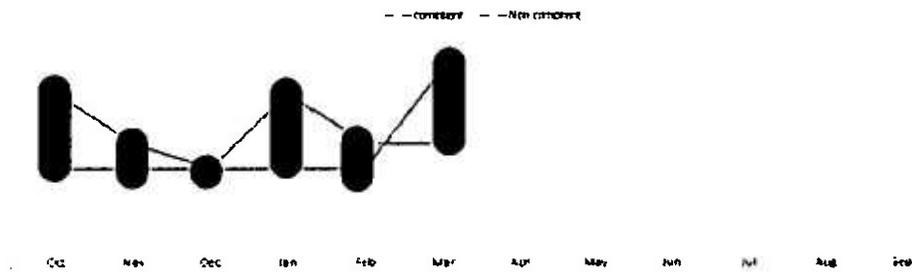


Monitoring Trend – Regulatory & Non-Regulatory

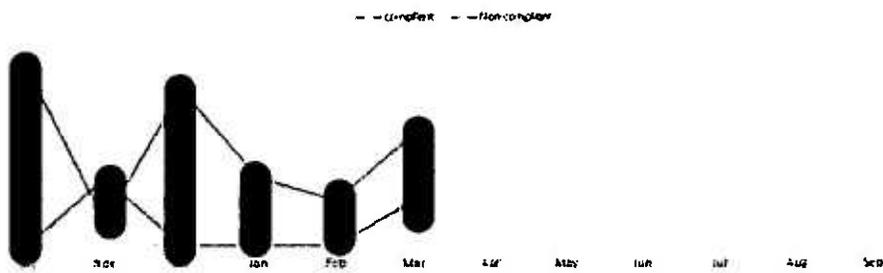
Monitoring Trend



Regulatory Licensees Leaving Monitoring by



Non-Regulatory Licensees Leaving Monitoring by



Closed Non-Compliant in Intake

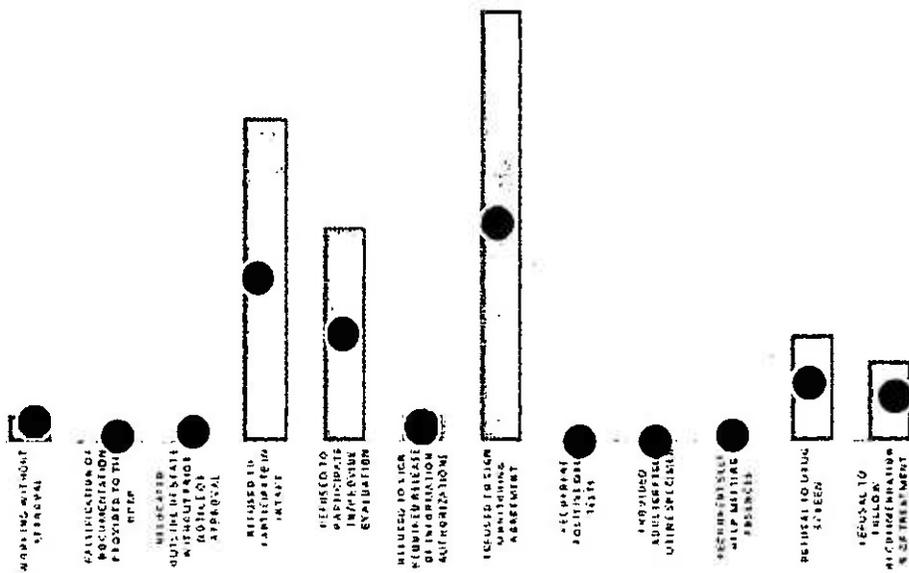
Closed Non-Compliant in Intake

Current Month

Licenses by Month



Non-Compliant Closures by Reason - YTD



Closed Non-Compliant in Intake by Profession

Closed Non-Compliant in Intake

Current Month

Licensees by Profession - YTD

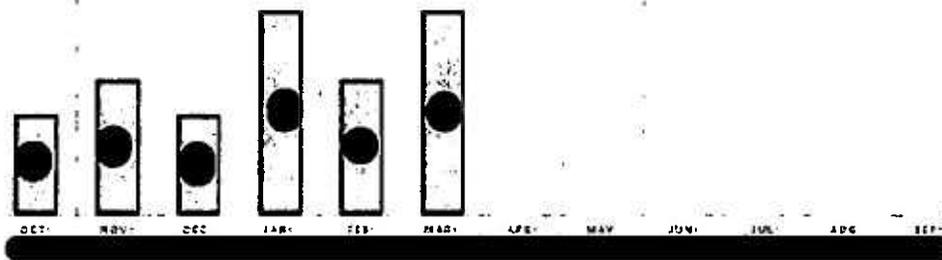
Profession	Working without approval	Falsification of documentation provided to the HPIIP	Relocated outside of State without prior notice or approval	Refused to participate in intake	Refused to participate in provider evaluation	Refused to sign required release of information authorizations	Refused to sign Monitoring Agreement	Recurrent Positive drug tests	Provided adulterated urine specimen	Recurrent self help meeting absences	Refused to drug screen	Refused to follow recommendations of treatment provider	Total
Acupuncture													
Athletic Trainer													
Audiology													
Behavior Analyst													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optomety													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistant													
Podiatric Medicine & Surgery													
Psychology													
Respiratory													
Sanitarian													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total													
% of Total													

Closed Non-Compliant in Monitoring

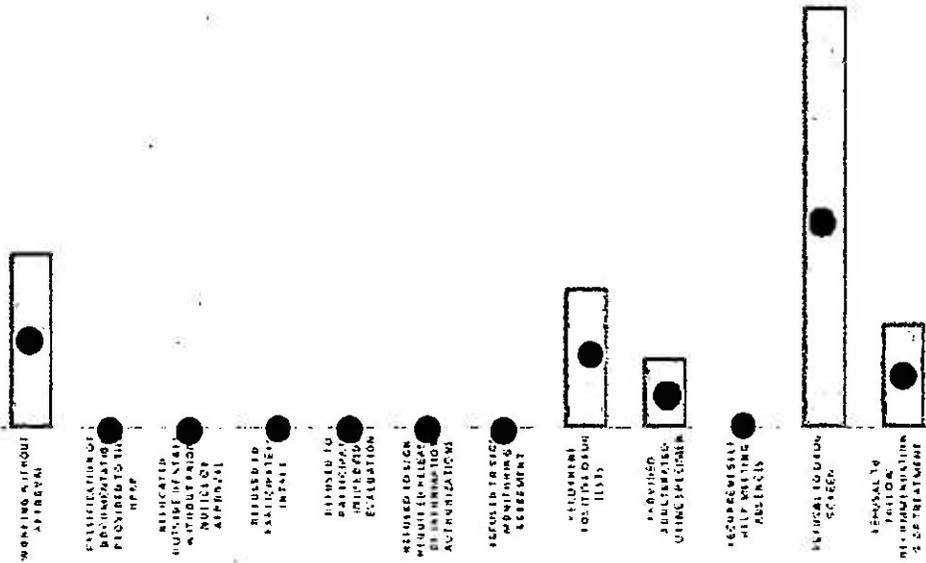
Closed Non-Compliant in Monitoring

Current Month

Licenses by Month



Non-Compliant Closures by Reason - YTD

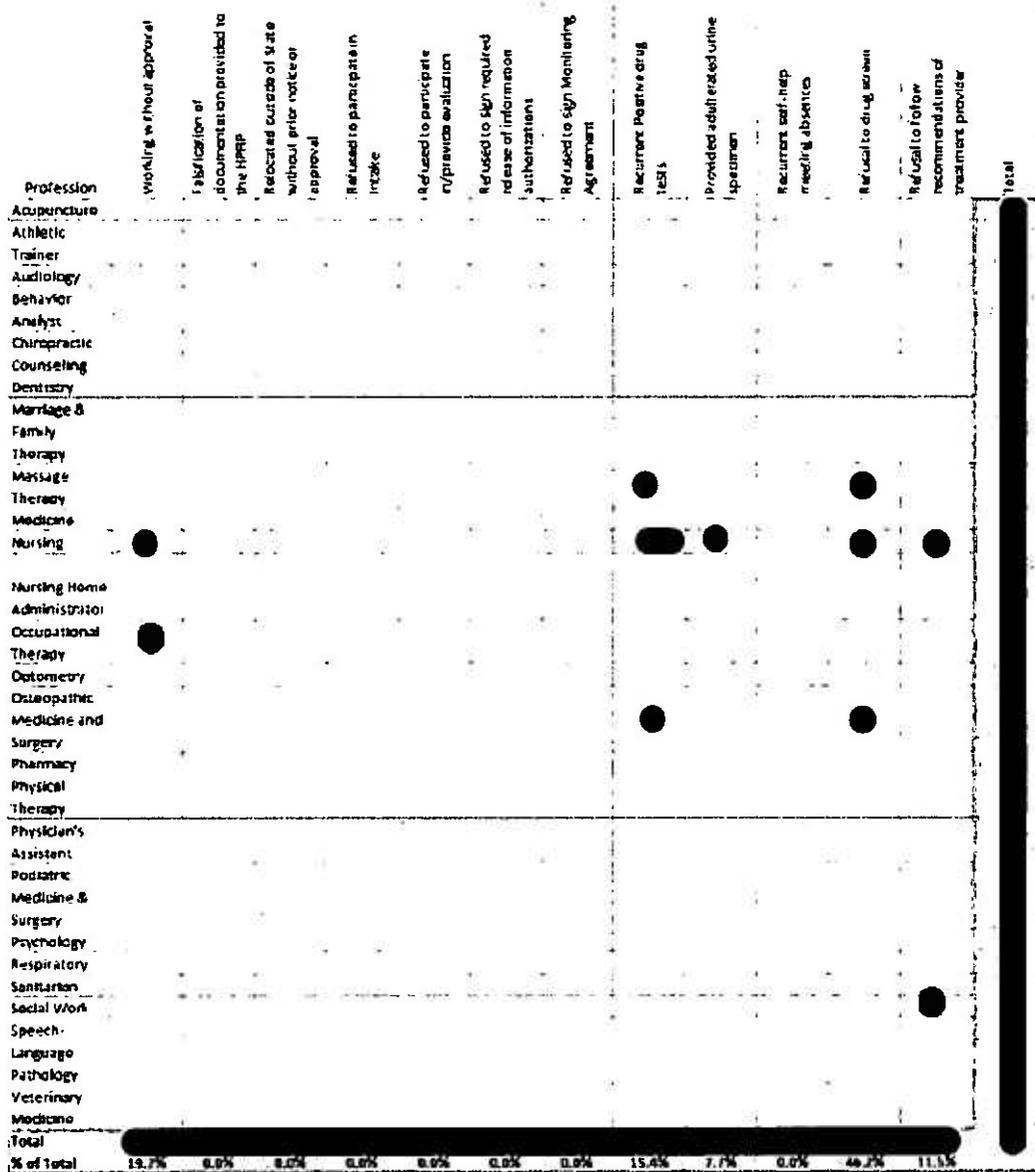


Closed Non-Compliant in Monitoring by Profession

Closed Non-Compliant in Monitoring

Licenses by Profession - YTD

● Current Month



Intended Intake Process

During the reporting period, Ulliance has exceeded the ##% minimum standard for all intakes to be completed within 45 days, excluding Licensees who were given extensions as approved by Policy 204. The intake process will continue, as it currently exists. All referrals to the HPRP are reviewed and assigned by the Program Director to a dedicated Intake Manager for each Licensee. Intake Managers review the process with their assigned Licensees including the need for adherence to the intake checklist that is provided to them at the onset of intake. All Licensees are provided a minimum of three evaluators with emphasis placed on the specializations of the evaluators being a match for the presenting clinical issues of the Licensee. Upon receipt of an evaluation, the Intake Manager presents each case to the HPRP team for review and determination of eligibility for the program. Should eligibility be determined, the team develops a monitoring agreement and is presented to the Licensee by their Intake Manager. Upon acceptance of the monitoring agreement by the Licensee, the case is transferred to a dedicated Case Manager.

Confidentiality and Destruction of Records

Ulliance ensures confidentiality of all records by strict adherence to HIPAA and HITECH rules as well as internal practices. Access to records in the Participant Tracking System is through a firewalled, password protected user access process. The Participant Tracking System limits access to records of those cases for which the user is assigned or has a need to access for the provision of services. No records leave the HPRP without a signed authorization to release those records to the recipient.

Until April 2015, all records regarding non-regulatory participants were destroyed after 5 years unless the Licensee became re-involved with the program during that 5-year time frame. Upon directive from Ulliance legal counsel, all cases slated for destruction since April 2015 have been placed in a separate system making them unavailable to anyone but Ulliance administration and not destroyed. This directive was given to comply with document retention requirements during legal proceedings. These records will be destroyed upon the conclusion of these proceedings.

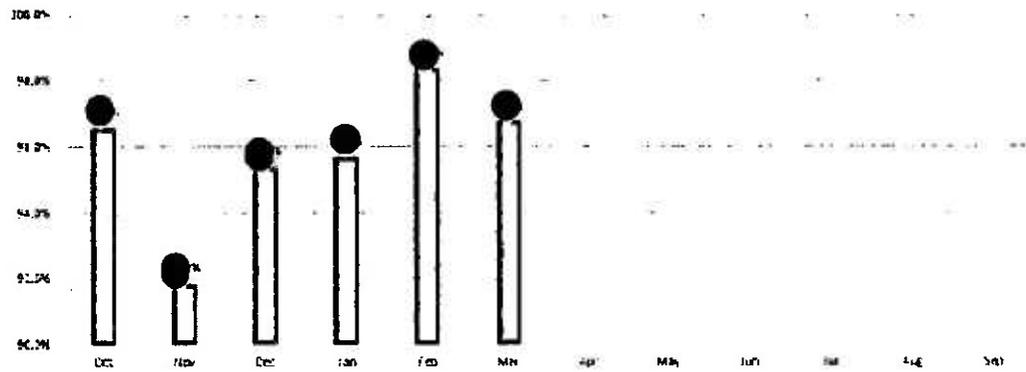
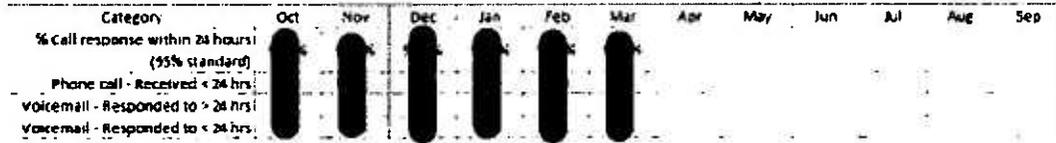
Areas of State Needing Additional Providers

The HPRP maintains a network of providers approved to conduct HPRP evaluations and provide treatment to HPRP participants. This network is maintained in a database that contains the specialty/expertise of each provider, locations of practice, credentialing information, contact information and any notes related to that provider.

Upon determining a gap in providers or expertise, the HPRP conducts research to locate those who can fill the needed roles. Potential candidates are interviewed by the Program Director and various HPRP staff perform credentialing activities. The HPRP conducts quarterly provider meetings and regular evaluator trainings by which it regularly evaluates providers and obtains feedback from providers. The HPRP also sends a monthly newsletter to all providers educating them in HPRP policy, practices and issues they may encounter.

The HPRP provides a monthly report to the Contract Administrator identifying new treatment providers, including their specialty/expertise and identifies those providers removed from the HPRP network and why. (There were # providers removed and # provider added in June ####)

Call Responses Within 24 hours (95% threshold)



Late Self-Reports by Profession - Policy 300

Regulatory & Non-Regulatory

Profession	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Acupuncture													
Athletic Trainer													
Audiology													
Behavior Analyst													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optometry													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistant													
Podiatric Medicine & Surgery													
Psychology													
Respiratory													
Sanitarian													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total													

Relapse by Profession- Policy 300

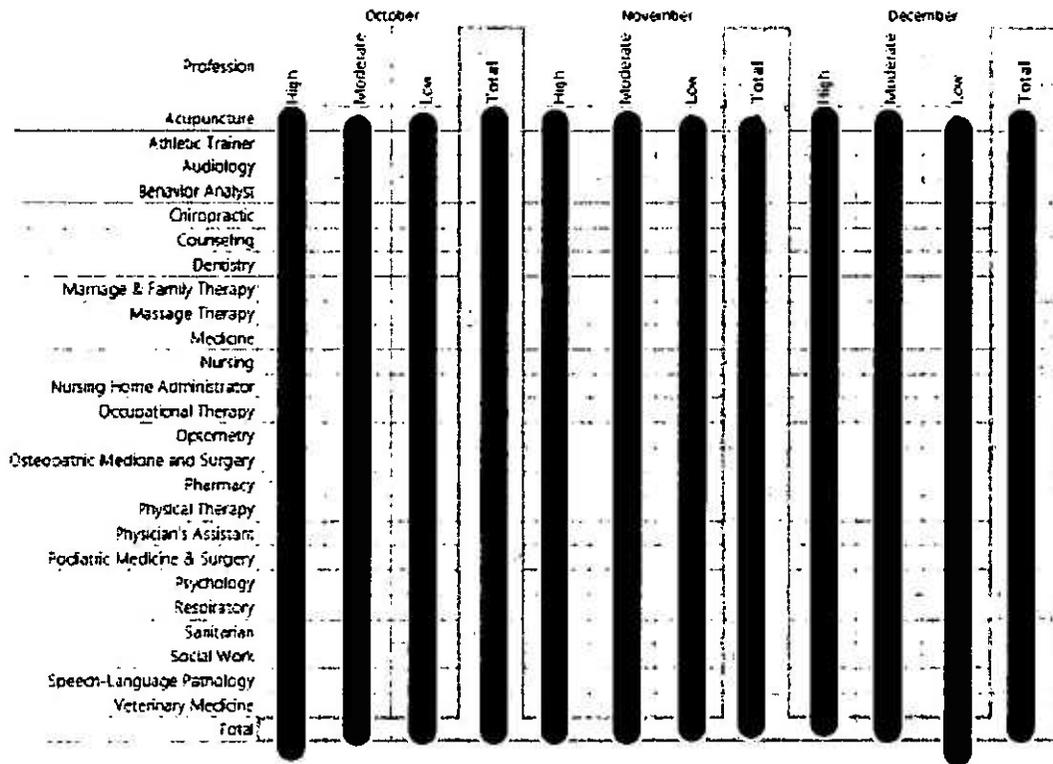
Regulatory & Non-Regulatory

Profession	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acupuncture	█	█	█	█	█	█							█
Athletic Trainer	█	█	█	█	█	█							█
Audiology													
Behavior Analyst													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optometry													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistants													
Pediatric Medicine & Surgery													
Psychology													
Respiratory													
Sarntarian													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total	█	█	█	█	█	█							█

Non-compliant Closures / Risk Level at Intake by Profession

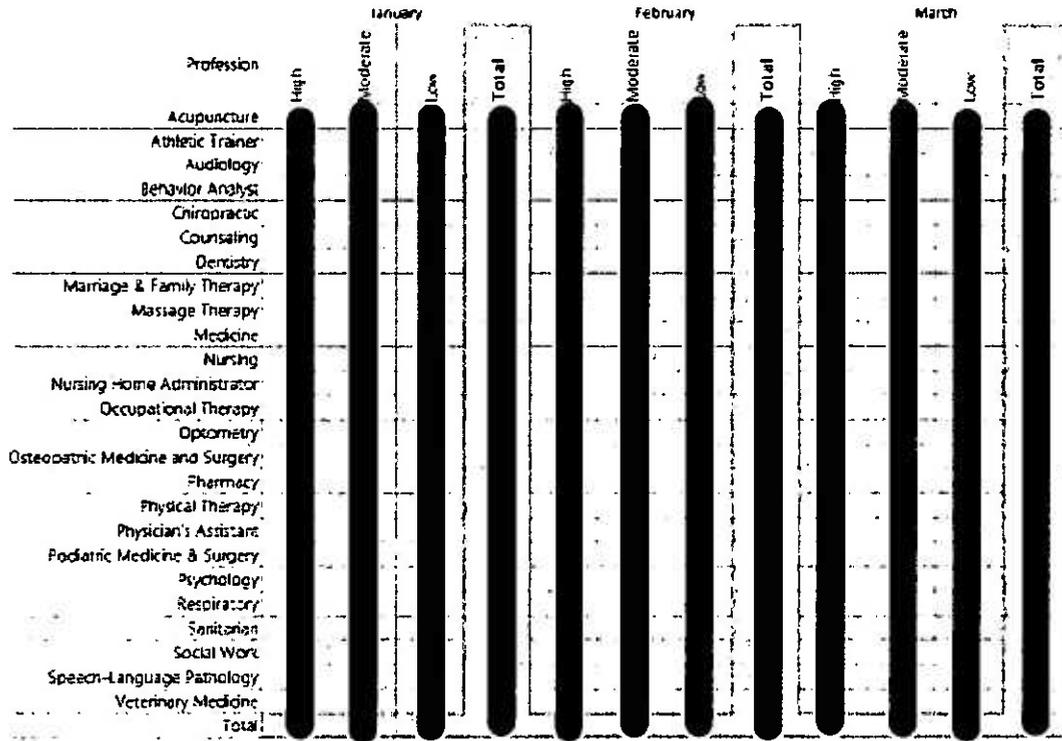
Regulatory & Non-Regulatory

October – December



Non-Compliant Closures / Risk Level at Intake by Profession
Regulatory & Non-Regulatory

January – March



**Non-Compliant Closures / Risk Level at Intake by Profession
Regulatory & Non-Regulatory**

April – June

Profession	April			Total	May			Total	June			Total
	High	Moderate	Low		High	Moderate	Low		High	Moderate	Low	
Acupuncture												
Athletic Trainer												
Audiology												
Behavior Analysis												
Chiropractic												
Counseling												
Dentistry												
Marriage & Family Therapy												
Massage Therapy												
Medicine												
Nursing												
Nursing Home Administrator												
Occupational Therapy												
Optometry												
Osteopathic Medicine and Surgery												
Pharmacy												
Physical Therapy												
Physician's Assistant												
Pediatric Medicine & Surgery												
Psychology												
Respiratory												
Sanitation												
Social Work												
Speech-Language Pathology												
Veterinary Medicine												
Total:												

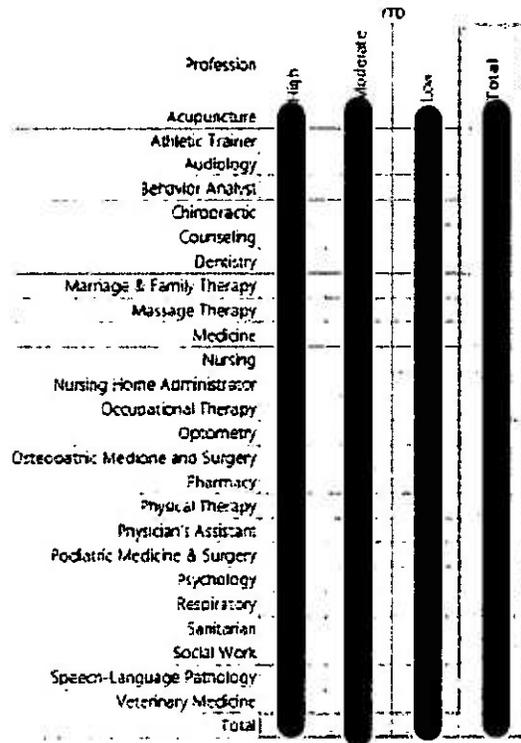
Non-Compliant Closures / Risk Level at Intake by Profession

Regulatory & Non-Regulatory

July – September

Profession	July				August				September			
	High	Moderate	Low	Total	High	Moderate	Low	Total	High	Moderate	Low	Total
Acupuncture												
Athletic Trainer												
Audiology												
Behavior Analyst												
Chiropractic												
Counseling												
Dentistry												
Marriage & Family Therapy												
Massage Therapy												
Medicine												
Nursing												
Nursing Home Administrator												
Occupational Therapy												
Optometry												
Osteopathic Medicine and Surgery												
Pharmacy												
Physical Therapy												
Physician's Assistant												
Pediatric Medicine & Surgery												
Psychology												
Respiratory												
Sanitarian												
Social Work												
Speech-Language Pathology												
Veterinary Medicine												
Total												

Non-Compliant Closures / Risk Level at Intake by Profession – Year to Date



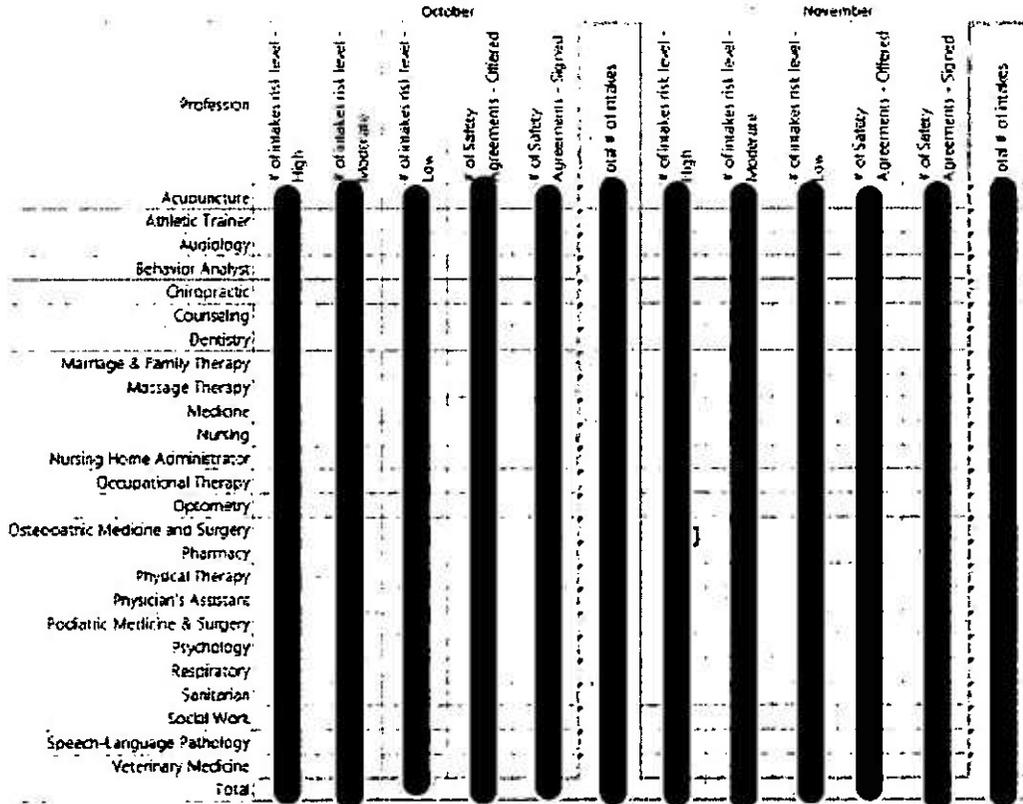
Participation in Monitoring by Profession
 Regulatory & Non-Regulatory

Profession in Monitoring	Participated*
Acupuncture	
Athletic Trainer	
Audiology	
Behavior Analyst	
Chiropractic	
Counseling	
Dentistry	
Marriage & Family Therapy	
Massage Therapy	
Medicine	
Nursing	
Nursing Home Administrator	
Occupational Therapy	
Optometry	
Osteopathic Medicine and Surgery	
Pharmacy	
Physical Therapy	
Physician's Assistant	
Podiatric Medicine & Surgery	
Psychology	
Respiratory	
Sanitarian	
Social Work	
Speech-Language Pathology	
Veterinary Medicine	
Total	

Number of Intakes by Profession and Risk Levels by Month

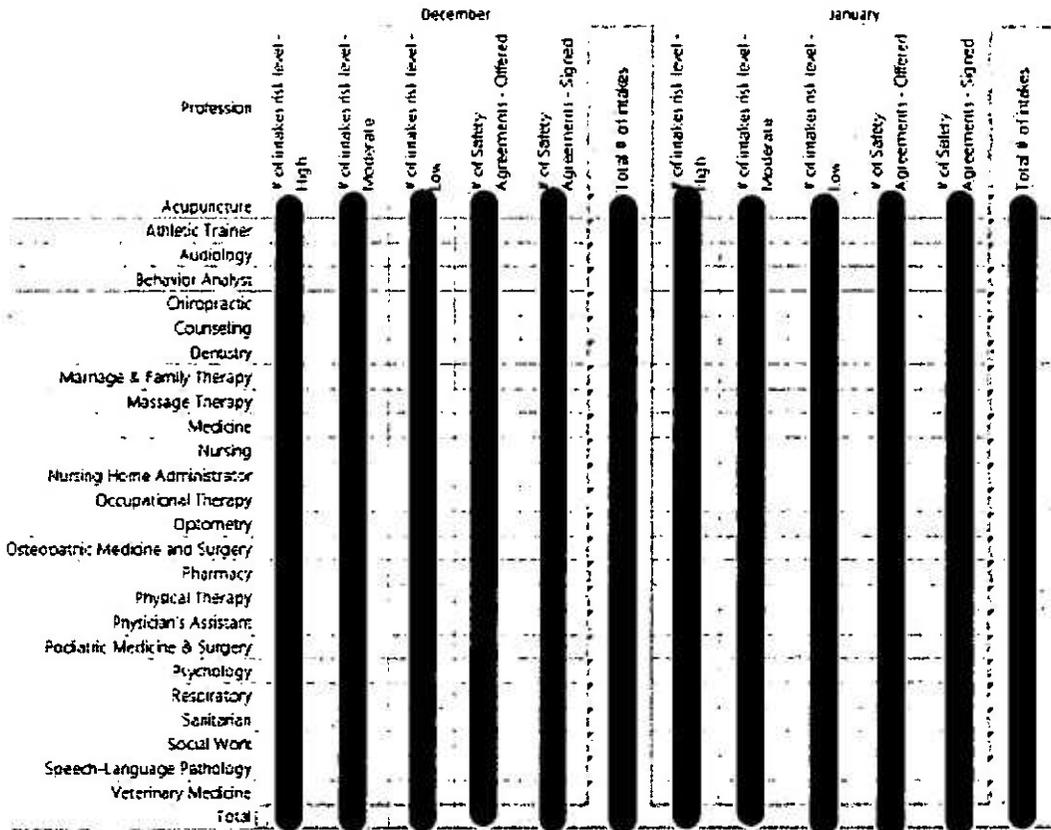
Regulatory & Non-Regulatory

October - November



Number of Intakes by Profession and Risk Levels by Month
Regulatory & Non-Regulatory

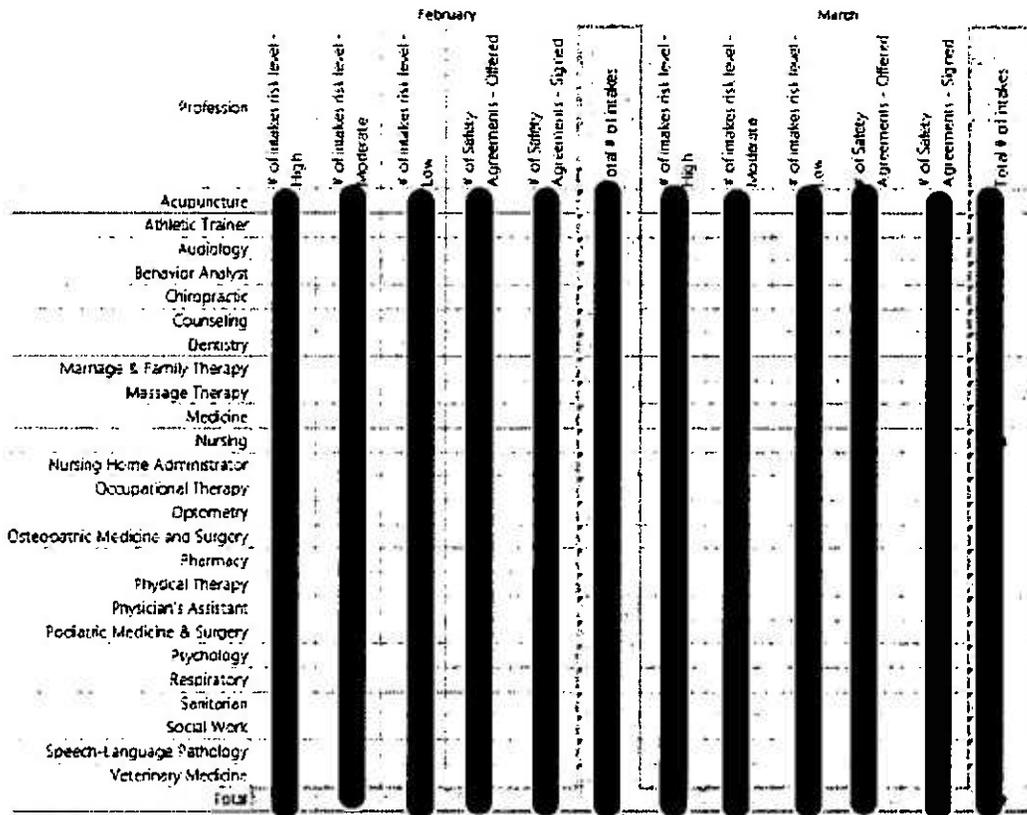
December - January



Number of Intakes by Profession and Risk Levels by Month

Regulatory & Non-Regulatory

February - March



Number of Intakes by Profession and Risk Levels by Month Regulatory & Non-Regulatory

April - May

Profession	April			Total # of Intakes	May			Total # of Intakes		
	# of intakes risk level - High	# of intakes risk level - Moderate	# of intakes risk level - Low		# of Safety Agreements - Offered	# of Safety Agreements - Signed	# of intakes risk level - High		# of intakes risk level - Moderate	# of intakes risk level - Low
Acupuncture										
Athletic Trainer										
Audiology										
Behavior Analyst										
Chiropractic										
Counseling										
Dentistry										
Marriage & Family Therapy										
Massage Therapy										
Medicine										
Nursing										
Nursing Home Administrator										
Occupational Therapy										
Optometry										
Osteopathic Medicine and Surgery										
Pharmacy										
Physical Therapy										
Physician's Assistant										
Podiatric Medicine & Surgery										
Psychology										
Respiratory										
Sanitation										
Social Work										
Speech-Language Pathology										
Veterinary Medicine										
Total										

Number of Intakes by Profession and Risk Levels by Month
Regulatory & Non-Regulatory

June – July

Profession	June			Total # of Intakes	July			Total # of Intakes
	# of intakes risk level - High	# of intakes risk level - Moderate	# of intakes risk level - Low		# of Safety Agreements - Offered	# of Safety Agreements - Signed	# of Safety Agreements - Offered	
Acupuncture								
Athletic Trainer								
Audiology								
Behavior Analyst								
Chiropractic								
Counseling								
Dentistry								
Marriage & Family Therapy								
Massage Therapy								
Medicine								
Nursing								
Nursing Home Administrator								
Occupational Therapy								
Optometry								
Orthopaedic Medicine and Surgery								
Pharmacy								
Physical Therapy								
Physician's Assistant								
Podiatric Medicine & Surgery								
Psychology								
Respiratory								
Sanitarian								
Social Work								
Speech-Language Pathology								
Veterinary Medicine								
Total								

Number of Intakes by Profession and Risk Levels by Month

Regulatory & Non-Regulatory

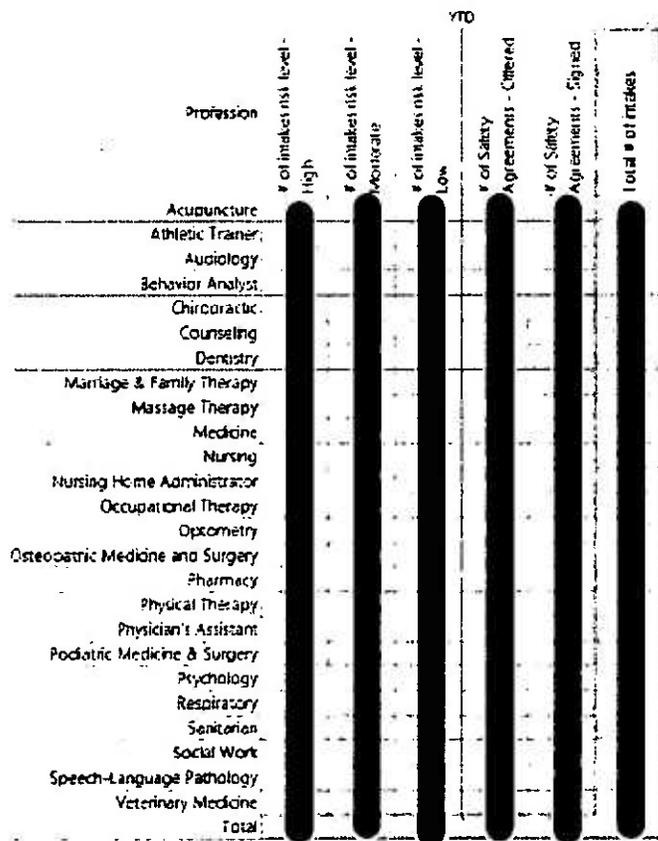
August - September

Profession	August					September						
	# of intakes risk level - High	# of intakes risk level - Moderate	# of intakes risk level - Low	# of Safety Agreements - Offered	# of Safety Agreements - Signed	Total # of Intakes	# of intakes risk level - High	# of intakes risk level - Moderate	# of intakes risk level - Low	# of Safety Agreements - Offered	# of Safety Agreements - Signed	Total # of Intakes
Acupuncture												
Athletic Trainer												
Audiology												
Behavior Analyst												
Chiropractic												
Counseling												
Dentistry												
Marriage & Family Therapy												
Massage Therapy												
Medicine												
Nursing												
Nursing Home Administrator												
Occupational Therapy												
Optometry												
Osteopathic Medicine and Surgery												
Pharmacy												
Physical Therapy												
Physician's Assistant												
Podiatric Medicine & Surgery												
Psychology												
Respiratory												
Sanitarian												
Social Work												
Speech-Language Pathology												
Veterinary Medicine												
Total												

Number of Intakes by Profession and Risk Levels

Regulatory & Non-Regulatory

Year to Date



Intake Extensions by Profession – Policy 204

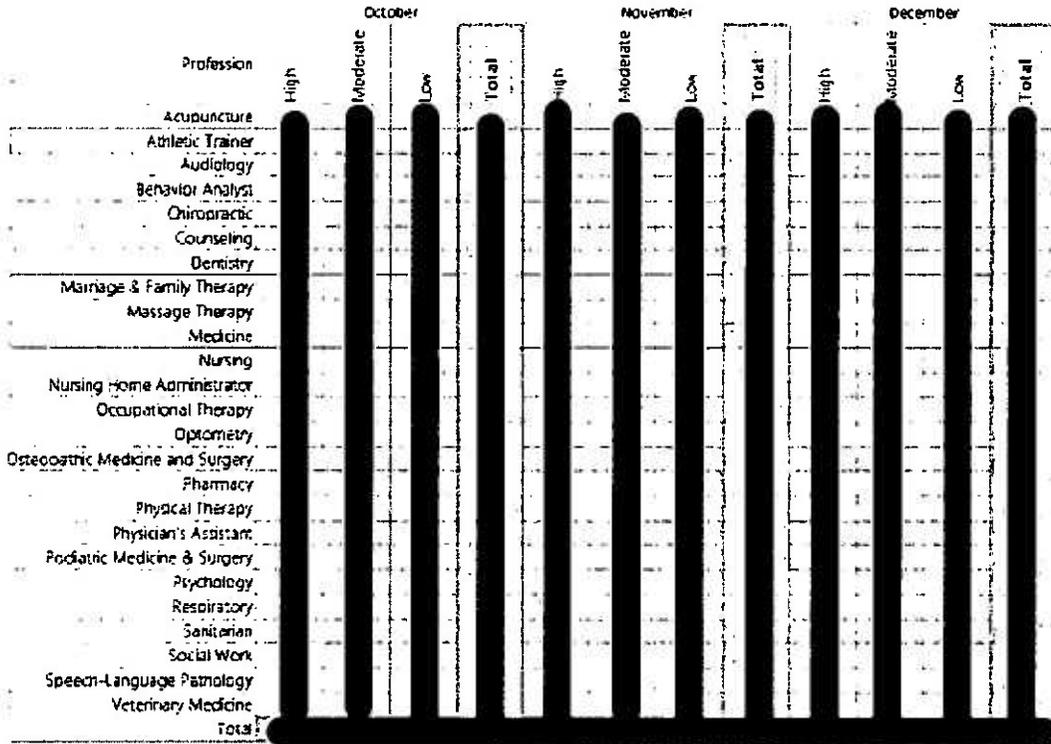
Regulatory & Non-Regulatory

Profession	# of extensions - General	# of extensions - Provider	# of extensions - Treatment	# of extensions - Safety Agreement	Total # of Extensions
Acupuncture					
Athletic Trainer					
Audiology					
Behavior Analyst					
Chiropractic					
Counseling					
Dentistry					
Marriage & Family Therapy					
Massage Therapy					
Medicine					
Nursing					
Nursing Home Administrator					
Occupational Therapy					
Optometry					
Osteopathic Medicine and Surgery					
Pharmacy					
Physical Therapy					
Physician's Assistant					
Podiatric Medicine & Surgery					
Psychology					
Respiratory					
Sanitarian					
Social Work					
Speech-Language Pathology					
Veterinary Medicine					
Total					

Non-compliant Closures / Risk Level at Intake by Profession by Month

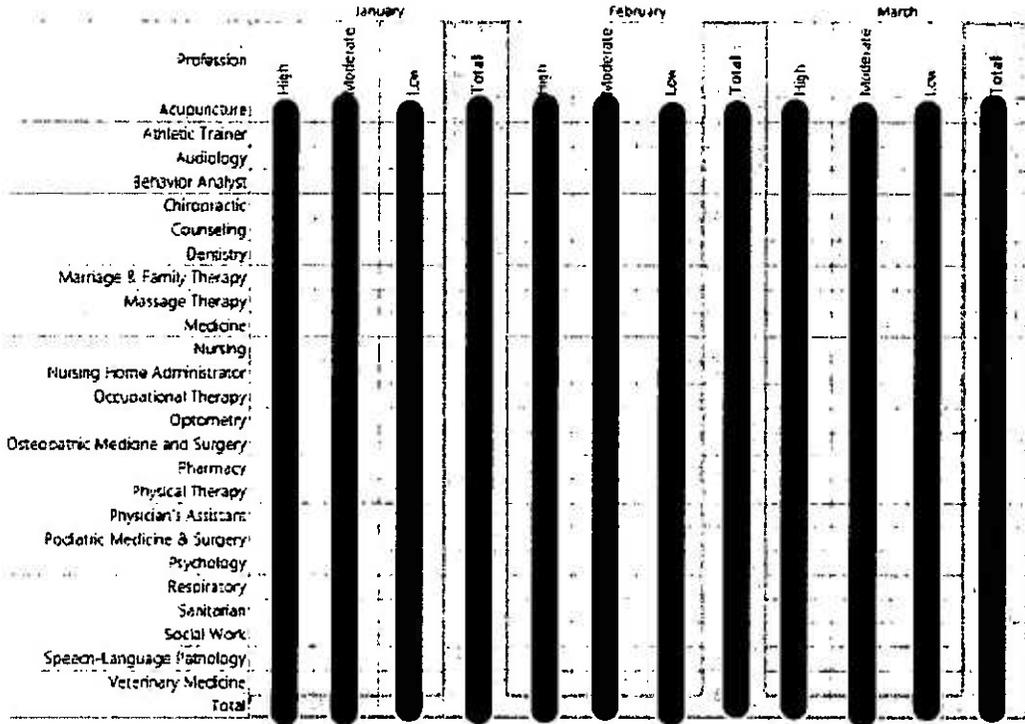
Regulatory & Non-Regulatory

October - December



Non-compliant Closures / Risk Level at Intake by Profession by Month Regulatory & Non-Regulatory

January - March



Non-compliant Closures / Risk Level at Intake by Profession by Month
Regulatory & Non-Regulatory

April - June

Profession	April				May				June			
	High	Moderate	Low	Total	High	Moderate	Low	Total	High	Moderate	Low	Total
Acupuncture												
Athletic Trainer												
Audiology												
Behavior Analyst												
Chiropractic												
Counseling												
Dentistry												
Marriage & Family Therapy												
Massage Therapy												
Medicine												
Nursing												
Nursing Home Administrator												
Occupational Therapy												
Optometry												
Osteopathic Medicine and Surgery												
Pharmacy												
Physical Therapy												
Physician's Assistant												
Podiatric Medicine & Surgery												
Psychology												
Respiratory												
Sanitation												
Social Work												
Speech-Language Pathology												
Veterinary Medicine												
Total												

Non-compliant Closures / Risk Level at Intake by Profession by Month

Regulatory & Non-Regulatory

July - September

Profession	July				August				September			
	High	Moderate	Low	Total	High	Moderate	Low	Total	High	Moderate	Low	Total
Acupuncture												
Athletic Trainer												
Audiology												
Behavior Analyst												
Chiropractic												
Counseling												
Dentistry												
Marriage & Family Therapy												
Massage Therapy												
Medicine												
Nursing												
Nursing Home Administrator												
Occupational Therapy												
Optometry												
Osteopathic Medicine and Surgery												
Pharmacy												
Physical Therapy												
Physician's Assistant												
Podiatric Medicine & Surgery												
Psychology												
Respiratory												
Sanitarian												
Social Work												
Speech-Language Pathology												
Veterinary Medicine												
Total												

Non-Compliant Closures / Risk Level at Intake by Profession Year to Date
 Regulatory & Non-Regulatory

Profession	YTD			Total
	High	Moderate	Low	
Acupuncture	1	0	0	1
Athletic Trainer	1	0	0	1
Audiology	1	0	0	1
Behavior Analyst	1	0	0	1
Chiropractic	1	0	0	1
Counseling	1	0	0	1
Dentistry	1	0	0	1
Marriage & Family Therapy	1	0	0	1
Massage Therapy	1	0	0	1
Medicine	1	0	0	1
Nursing	1	0	0	1
Nursing Home Administrator	1	0	0	1
Occupational Therapy	1	0	0	1
Optometry	1	0	0	1
Osteopathic Medicine and Surgery	1	0	0	1
Pharmacy	1	0	0	1
Physical Therapy	1	0	0	1
Physician's Assistant	1	0	0	1
Podiatric Medicine & Surgery	1	0	0	1
Psychology	1	0	0	1
Respiratory	1	0	0	1
Sanitarian	1	0	0	1
Social Work	1	0	0	1
Speech-Language Pathology	1	0	0	1
Veterinary Medicine	1	0	0	1
Total	20	0	0	20

Relocation- Policy 502 by Profession
 Regulatory & Non-Regulatory

Profession	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acupuncture													
Aesthetic Trainer													
Audiology													
Behavior Analysis													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optometry													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistant													
Podiatric Medicine & Surgery													
Psychology													
Respiratory													
Sanitarian													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total													

Leave Requests by Profession - Policy 300
 Regulatory & Non-Regulatory

Profession	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acupuncture	█	█	█	█	█	█							█
Athletic Trainer	█	█	█	█	█	█							█
Audiology													
Behavior Analyst													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optometry													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistant													
Podiatric Medicine & Surgery													
Psychology													
Respiratory													
Sartarian													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total	█	█	█	█	█	█							█

Late Drug Screens by Profession - Policy 300

Regulatory & Non-Regulatory

Profession	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acupuncture													
Athletic Trainer													
Audiology													
Behavior Analyst													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optometry													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistant													
Podiatric Medicine & Surgery													
Psychology													
Respiratory													
Sanitation													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total													

1

Return Safe to Practice by Profession - Policy 300

Regulatory & Non-Regulatory

Profession	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acupuncture													
Athletic Trainer													
Audiology													
Behavior Analyst													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optometry													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistant													
Podiatric Medicine & Surgery													
Psychology													
Respiratory													
Sanitarian													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total													

Compliant Closures by Profession- Policy 505

Regulatory & Non-Regulatory

Profession	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acupuncture	1	1	1	1	1	1							6
Aesthetic Trainer													
Audiology													
Behavior Analysis													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optometry													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistant													
Podiatric Medicine & Surgery													
Psychology													
Respiratory													
Sanitarian													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total	1	1	1	1	1	1							6

Totals on this page and 1.022 Task 13 – Closures- Policy 1001.01 and 1001.02 may be different due to licensees with more than one license.

Compliant - Non-Compliant Closures by Profession- Policy 505
 Regulatory & Non-Regulatory

Profession	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acupuncture	█	█	█	█	█	█							█
Athletic Trainer	█	█	█	█	█	█							█
Audiology													
Behavior Analyst													
Chiropractic													
Counseling													
Dentistry													
Marriage & Family Therapy													
Massage Therapy													
Medicine													
Nursing													
Nursing Home Administrator													
Occupational Therapy													
Optometry													
Osteopathic Medicine and Surgery													
Pharmacy													
Physical Therapy													
Physician's Assistant													
Podiatric Medicine & Surgery													
Psychology													
Respiratory													
Sanitarian													
Social Work													
Speech-Language Pathology													
Veterinary Medicine													
Total	█	█	█	█	█	█	█	█	█	█	█	█	█

HPRC Attendance

Representatives of the PHP attended the HPRC quarterly meetings on the following dates this contract year.

- [REDACTED]
- [REDACTED]
- [REDACTED] (Canceled due to Covid-19 and executive order)
- [REDACTED]

A written report was provided to the Contract Administrator for distribution to the HPRC prior to each meeting that included:

- The number of new voluntary and regulatory program participants enrolled in the program during the previous quarter.
- The total number of voluntary and regulatory program participants enrolled in the program during the previous quarter.
- The number of voluntary and regulatory program participants discharged, including non-compliant discharges during the previous quarter.
- Any treatment service provider issues during the previous quarter and the resolution to those issues, or request for Committee guidance.
- Any treatment service provider audits conducted in the previous quarter.
- Problems or concerns identified with the PHP's Policies and Procedures as approved by the Committee.
- Pending issues that require direction from either the Contract Administrator and/or the Committee.
- Recommendations for program improvement or policy changes/additions/deletions.

Quarterly Case Audits

PHP Intake and Case Managers conduct a complete audit of each case on a minimum of a quarterly basis. This audit is performed by completing a 27-point checklist called a *Quarterly Case Review Notification* for each case confirming that all required documents are included and complete. These include all relevant documents such as:

- Participant self-reports
- Provider reports
- MD/DO reports
- Worksite monitor reports
- Support group reports
- Signed releases
- Signed monitoring agreements
- Signed addendums
- Drug test call-ins and results
- Leave requests
- Safety to practice

The PHP Program Coordinator performs additional audits. The Program Coordinator audits approximately █% of all HPRP cases per month. This audit is conducted by reviewing and confirming the accuracy and completeness of the *Quarterly Case Review Notification*, and by reviewing case notes for completeness, grammar and sentence structure. Results from this audit are provided to the assigned Intake or Case manager and the PHP Program Director. The Program Director reviews the results of the Program Coordinator audits with the Intake or Case Manager through a quality improvement process.

PHP Monthly Summary of Progress [REDACTED]

1. Work accomplished during the past month
 - a. Providers added to PHP panel during the month of June:
 - i. [REDACTED] Addictionist (MD) in "City"
 - b. Phone consultation with [REDACTED] prospective providers requesting PHP paneling [REDACTED]
[REDACTED]
 - c. [REDACTED]
 - d. [REDACTED]
 - e. [REDACTED]
[REDACTED]
 - f. [REDACTED] month.
 - g. Weekly meeting with each staff person ([REDACTED]) for Pre-Team Clinical Review.
 - h. [REDACTED] telephone case consultations with treatment providers clarifying the diagnostics or treatment plans for their licensees.
 - i. Outreach Activities: None due to COVID pandemic
 - j. Meetings with Contract Administrator: [REDACTED] monthly meeting, [REDACTED] quarterly HPRC meeting
2. Work to be accomplished during next month:
 - a. Continue outreach once able with reduced risk with COVID pandemic efforts to obtain additional providers, specifically psychiatrists throughout the state of [REDACTED] to provide services to the HPRP participants.
 - b. Support the State of [REDACTED] in their continued enhancement of the HPRP policy handbook.
3. Problems, real or anticipated: None
4. Significant deviations from previously agreed-upon work plans
 - a. None

SAMPLE

Professional Healthcare Monitoring Quarterly Report

Provided by:



Fiscal 2024 - 2025 2nd Qtr Report

Licenses Being Monitored

Board	Count	% of Total	Reg	Reg %	Non-Reg	Non-Reg %
Total				%		%
Acupuncture	█	█%	█	█%	█	█%
Athletic Trainer	█	█%	█	█%	█	█%
Audiology	█	█%	█	█%	█	█%
Behavior Analyst	█	█%	█	█%	█	█%
Chiropractic	█	█%	█	█%	█	█%
Counseling	█	█%	█	█%	█	█%
Dentistry	█	█%	█	█%	█	█%
Marriage & Family Therapy	█	█%	█	█%	█	█%
Massage Therapy	█	█%	█	█%	█	█%
Medicine	█	█%	█	█%	█	█%
Nursing	█	█%	█	█%	█	█%
Nursing Home Administrator	█	█%	█	█%	█	█%
Occupational Therapy	█	█%	█	█%	█	█%
Optometry	█	█%	█	█%	█	█%
Osteopathic Medicine and Surgery	█	█%	█	█%	█	█%
Pharmacy	█	█%	█	█%	█	█%
Physical Therapy	█	█%	█	█%	█	█%
Physician's Assistant	█	█%	█	█%	█	█%
Podiatric Medicine & Surgery	█	█%	█	█%	█	█%
Psychology	█	█%	█	█%	█	█%
Respiratory	█	█%	█	█%	█	█%
Sanitarian	█	█%	█	█%	█	█%
Social Work	█	█%	█	█%	█	█%
Speech-Language Pathology	█	█%	█	█%	█	█%
Veterinary Medicine	█	█%	█	█%	█	█%

Fiscal 2024 - 2025 2nd Qtr Report

Closed Licensee

Board	Count	% of Total	Reg	Reg %	Non-Reg	Non-Reg %
Total				%		%
Acupuncture	█	█%	█	█%	█	█%
Athletic Trainer	█	█%	█	█%	█	█%
Audiology	█	█%	█	█%	█	█%
Behavior Analyst	█	█%	█	█%	█	█%
Chiropractic	█	█%	█	█%	█	█%
Counseling	█	█%	█	█%	█	█%
Dentistry	█	█%	█	█%	█	█%
Marriage & Family Therapy	█	█%	█	█%	█	█%
Massage Therapy	█	█%	█	█%	█	█%
Medicine	█	█%	█	█%	█	█%
Nursing	█	█%	█	█%	█	█%
Nursing Home Administrator	█	█%	█	█%	█	█%
Occupational Therapy	█	█%	█	█%	█	█%
Optometry	█	█%	█	█%	█	█%
Osteopathic Medicine and Surgery	█	█%	█	█%	█	█%
Pharmacy	█	█%	█	█%	█	█%
Physical Therapy	█	█%	█	█%	█	█%
Physician's Assistant	█	█%	█	█%	█	█%
Podiatric Medicine & Surgery	█	█%	█	█%	█	█%
Psychology	█	█%	█	█%	█	█%
Respiratory	█	█%	█	█%	█	█%
Sanitarian	█	█%	█	█%	█	█%
Social Work	█	█%	█	█%	█	█%
Speech-Language Pathology	█	█%	█	█%	█	█%
Veterinary Medicine	█	█%	█	█%	█	█%

Fiscal 2024 - 2025 2nd Qtr Report

New Licensee

Board	Count	% of Total	Reg	Reg %	Non-Reg	Non-Reg %
Total				%		%
Acupuncture	█	█%	█	█%	█	█%
Athletic Trainer	█	█%	█	█%	█	█%
Audiology	█	█%	█	█%	█	█%
Behavior Analyst	█	█%	█	█%	█	█%
Chiropractic	█	█%	█	█%	█	█%
Counseling	█	█%	█	█%	█	█%
Dentistry	█	█%	█	█%	█	█%
Marriage & Family Therapy	█	█%	█	█%	█	█%
Massage Therapy	█	█%	█	█%	█	█%
Medicine	█	█%	█	█%	█	█%
Nursing	█	█%	█	█%	█	█%
Nursing Home Administrator	█	█%	█	█%	█	█%
Occupational Therapy	█	█%	█	█%	█	█%
Optometry	█	█%	█	█%	█	█%
Osteopathic Medicine and Surgery	█	█%	█	█%	█	█%
Pharmacy	█	█%	█	█%	█	█%
Physical Therapy	█	█%	█	█%	█	█%
Physician's Assistant	█	█%	█	█%	█	█%
Podiatric Medicine & Surgery	█	█%	█	█%	█	█%
Psychology	█	█%	█	█%	█	█%
Respiratory	█	█%	█	█%	█	█%
Sanitarian	█	█%	█	█%	█	█%
Social Work	█	█%	█	█%	█	█%
Speech-Language Pathology	█	█%	█	█%	█	█%
Veterinary Medicine	█	█%	█	█%	█	█%

SAMPLE

Professional Healthcare Monitoring Annual Report

Provided by:



Article 15 Professions

Acupuncture
Athletic Training
Audiology
Behavior Analysis
Chiropractic
Counseling
Dentistry
Genetic Counselors
Marriage and Family Therapy
Massage Therapy
Medicine
Midwifery
Nursing
Nursing Home Administrator
Occupational Therapy
Optometry
Osteopathic Medicine & Surgery
Pharmacy
Physical Therapy
Physician's Assistant
Podiatric Medicine & Surgery
Psychology
Respiratory Care
Sanitarian
Social Work
Speech-Language Pathology
Veterinary Medicine

THE HEALTH PROFESSIONAL RECOVERY PROGRAM:

█'s Health Professional Recovery Program (PHP) is a voluntary, confidential, non-disciplinary program established by the legislature in 1993. The program is available to all █ healthcare professionals who are licensed or registered under Part 15 of the █ Public Health Code. The PHP is financially supported by licensing fees and is endorsed by healthcare professional associations throughout █ and by the state's licensing boards.

The Health Professional Recovery Committee (HPRC) oversees the PHP and is comprised of public members and licensed health professional members appointed by the licensing boards of those professions eligible to participate in the PHP. The HPRC is responsible for the development and modifications of the policies and procedures implemented by the PHP.

The underlying philosophy of the program is to protect the public while encouraging and supporting recovery from the treatable diseases of substance use disorder, mental health disorder, or both.

The PHP is a program that monitors participants as they address their respective impairment using a rehabilitative and clinical approach.

PROGRAM OVERVIEW:

The PHP provides a structured monitoring process that coordinates services between health professionals, referred to as program participants, and approved service providers. The steps involved in the process are outlined below.

1. **Referrals:** The PHP offers licensees referral services to approved providers, known as evaluators. Evaluators meet with the licensee to determine whether there is a diagnosis of a substance use disorder or mental health disorder that merits monitoring. The evaluation includes, but is not limited to, the following:
 - Evaluating symptoms, treatment needs, personal safety, and risks to the public.
 - Reviewing the licensee's history of substance use, medical and treatment history, and social and demographic information.
 - Determining diagnosis and practice limitations.
 - Providing treatment and recovery recommendations if found eligible to participate.
2. **Agreements:** When the evaluator determines that an eligible diagnosis exists, the PHP consults with the evaluator to develop a monitoring agreement. The monitoring agreement is a signed contract between the participant and the PHP that is designed to monitor the participant's treatment and continuing care requirements. The agreement includes, but is not limited to, the following:
 - Requirements for remaining compliant with the program.
 - Work restrictions and conditions, if any.
 - Requirements for drug screening, if applicable.
 - Requirements pertaining to submitting self-help logs and other reports.
 - A schedule for required provider visits and group meeting attendance.
3. **Compliance:** The PHP monitors each individual's level of participation and compliance in the program throughout the duration of the agreement. This includes, but is not limited to, the following:
 - Coordinating communication between providers, participants, and the program.
 - Reviewing actions to be taken in the event of relapse or other incidences of noncompliance.
 - Making necessary adjustments to monitoring agreements to address areas of noncompliance.
 - Determining when dismissal from the program is merited.
 - Reviewing required reports from participants and providers to determine the participant's level of compliance and progress in recovery.
4. **Noncompliance:** Due to the inherent risk to the public presented by a licensed health professional who may be impaired, a licensee who fails to complete the intake process or refuses to comply with the requirements of a signed monitoring agreement is reported to

the Department of Licensing and Regulatory Affairs (department) as required by the [REDACTED] Public Health Code. Once reported to the department, the department determines whether disciplinary action will be initiated.

Table 1: Participation by Profession for Fiscal Year Ending September 30, 2024.

Profession*	Total Licenses	Licenses Monitored	Percentage of Licensees in Monitoring
Chiropractic	3,106	#	#%
Counseling	11,689	#	#%
Dentistry	20,441	#	#%
Marriage/Family Therapy	959	#	#%
Massage Therapy	9,443	#	#%
Medicine	44,663	#	#%
Nursing	197,630	#	#%
Occupational Therapy	9,037	#	#%
Osteopathic Medicine	11,368	#	#%
Pharmacy	48,416	#	#%
Physical Therapy	16,021	#	#%
Physician's Assistant	8,400	#	#%
Podiatry	878	#	#%
Psychology	7,588	#	#%
Respiratory Care	5,448	#	#%
Social Work	32,325	#	#%
Veterinary Medicine	8,125	#	#%
TOTAL**	435,537	#	#%

* Omitted professions had zero participants.

**The number of licenses ###(above) is greater than total participants ###(Table 3 below) because some licensees hold more than one license.

AGREEMENT TYPES:

Eligibility for monitoring is based on a diagnosis made by an PHP paneled evaluator. The types of monitoring agreements used are described below. Each type of monitoring agreement has a regulatory and a non-regulatory version.*

Substance Use Disorder (SUD) monitoring agreements were offered to licensees who received a diagnosis of a substance use disorder. The evaluation did not include any additional diagnosis of a mental health disorder.

Mental Health (MH) monitoring agreements were offered to licensees who received a mental health diagnosis. The evaluation does not include any additional diagnosis of a substance use disorder.

Co-Occurring Diagnosis (CD) monitoring agreements were offered to licensees who received a diagnosis of a substance use disorder and a mental health disorder.

Out-of-State monitoring agreements were offered to licensees holding an active [REDACTED] license, had worked out-of-state, and were being monitored by an out-of-state professional health monitoring program.

[REDACTED]

***NON-REGULATORY**

PARTICIPANTS: Participants who self-report or are referred by the department for non-disciplinary monitoring.

REGULATORY PARTICIPANTS: Participants who are referred to the PHP under the terms of a disciplinary board order.

Table 2: License Counts Monitored by Fiscal Year.

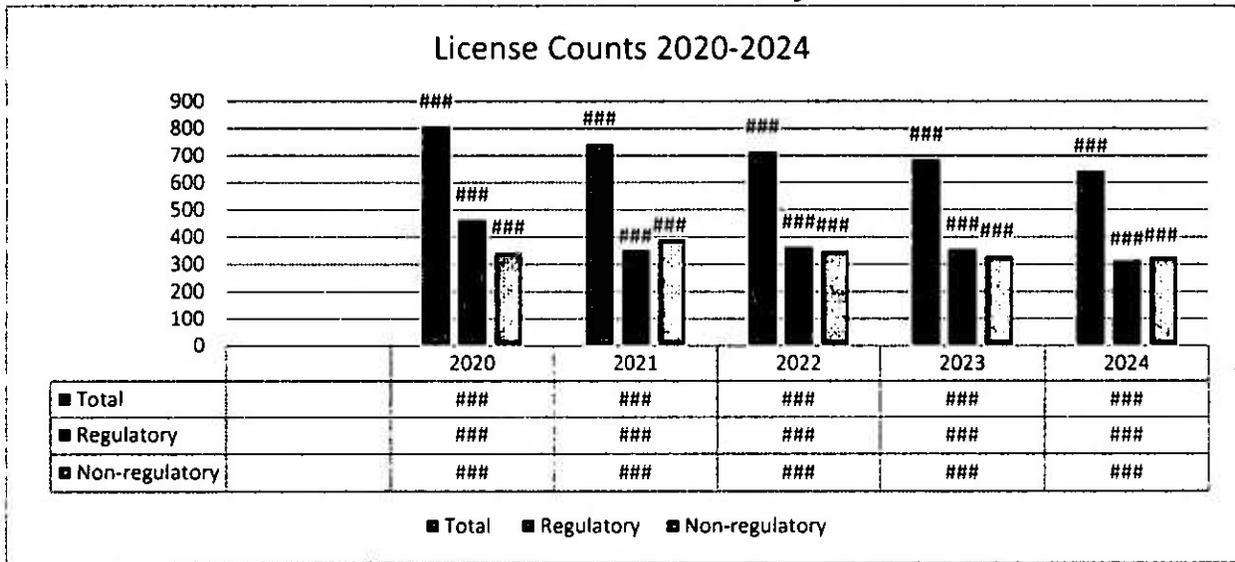
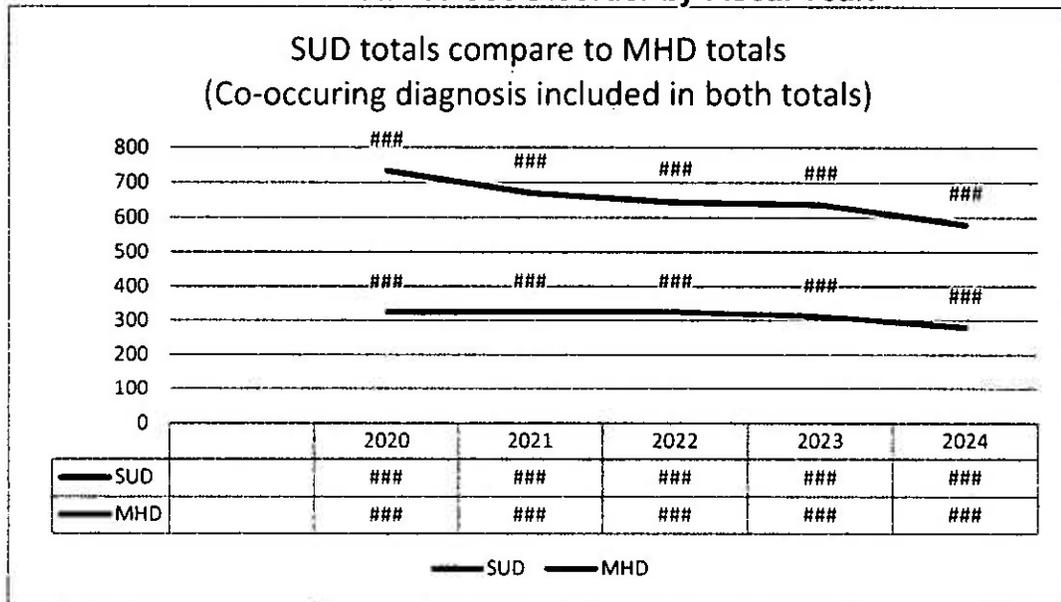


Table 3: Participant Totals by Agreement Type by Fiscal Year.

Agreement Types	CO	MHD	SUD	Out of State	Total Agreements Monitored
2020	### (##%)	## (%)	### (##%)	## (%)	###
2021	### (##%)	## (%)	### (##%)	## (%)	###
2022	### (##%)	## (%)	### (##%)	## (%)	###
2023	### (##%)	## (%)	### (##%)	## (%)	###
2024	### (##%)	## (%)	### (##%)	## (%)	###

*Percentages are rounded up to the whole number and calculated based on total agreements monitored during the year.

Table 4: Participants Diagnosed with a Mental Health Disorder Compared to those with a Substance Use Disorder by Fiscal Year.



INTAKE:

The PHP received ### referrals to the program between October 1, 2023, and September 30, 2024. Referrals to the program come from a variety of sources including self-referrals, licensed health professional co-workers and the department. The intake process was completed within 45 days 100% of the time unless an extension was granted. In 58% of the referrals, one of the three available intake extensions (Policy 204) was used to assist the participant in completing the intake process.

Intake managers attend an Intake Team Review meeting once per week. An Intake Manager's caseload rarely exceeds an average of 20 cases. Any new intake manager who has been employed less than 1 year attends a Pre-Intake Team Review meeting with a senior staff member to ensure that all necessary paperwork and information needed for the weekly Intake Team Review have been gathered and compiled in a legible manner. Weekly Intake Team Review meetings include all intake personnel, the program director, and the medical consultant. During the Intake Team Review, intake referrals are reviewed, decisions regarding eligibility and compliance are made, and monitoring agreements are developed. Intake managers also attend one Case Management Clinical Team Review per month for continuity purposes between the intake and case management processes. All decisions made during Intake Team Review require the involvement and sign-off of all intake managers, the program director, and the medical consultant.

INTAKE SERVICES TO PARTICIPANT:

Referrals: Each referral was reviewed and assigned to a dedicated intake manager. Intake managers reviewed the intake process with new referrals, including the need to comply with an intake timeline checklist provided.

- ### referrals were received during this reporting period.

- ### referrals were found ineligible for monitoring during this reporting period.

- ### referrals entered into monitoring during this reporting period.

Licensees are routinely provided a minimum of 3 evaluators with emphasis placed on the specializations of the evaluators matching the presenting clinical issues of the licensee. Upon request, licensees were provided a list of additional providers. Licensees who received an eligible diagnosis had a monitoring agreement developed based on the evaluator's recommendations.

Risk level: The risk to the public presented by a new referral continuing the individual's professional practice while completing the intake process was reviewed at the start of each intake. The level of risk was used to determine whether the individual should be asked to step down from work until completing the intake process.

Noncompliance with Intake: During this fiscal year, ## individuals who were noncompliant with the intake process were dismissed from the PHP. These individuals were reported to the department for potential disciplinary action against the individual's professional license.

Entered Monitoring: During this fiscal year, ### participants entered into an agreement after receiving an eligible diagnosis. Agreements initially require 1 to 3 years of monitoring, depending on the individual circumstances. Agreements can be extended to account for relapses and other instances of noncompliance with the monitoring agreement.

Ineligible: During this fiscal year, ### individuals were found to be ineligible for monitoring because the approved evaluator found no diagnosis of a substance use or mental health disorder. These individuals were provided with an official ineligibility letter that marked their completion of the intake and participation in the program.

Table 5: New Referrals to PHP by Fiscal Year.

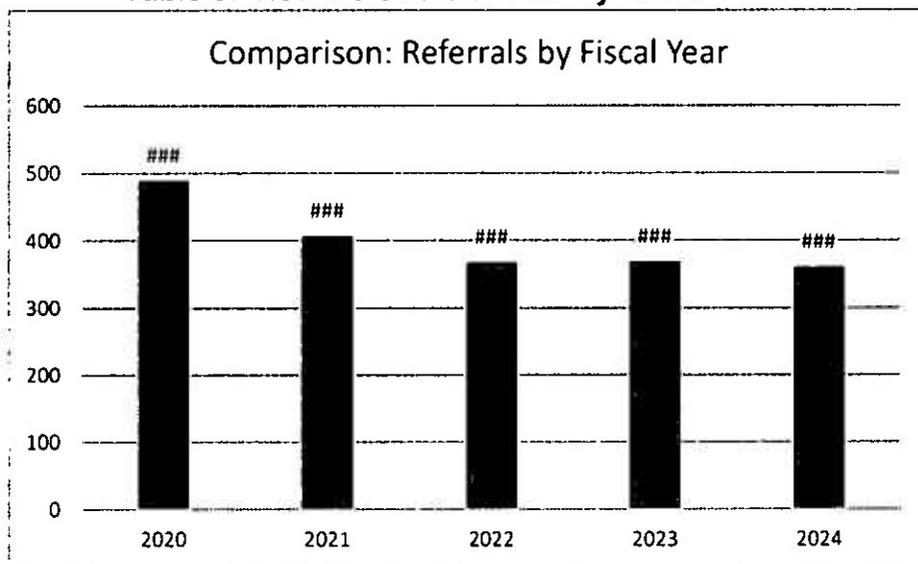
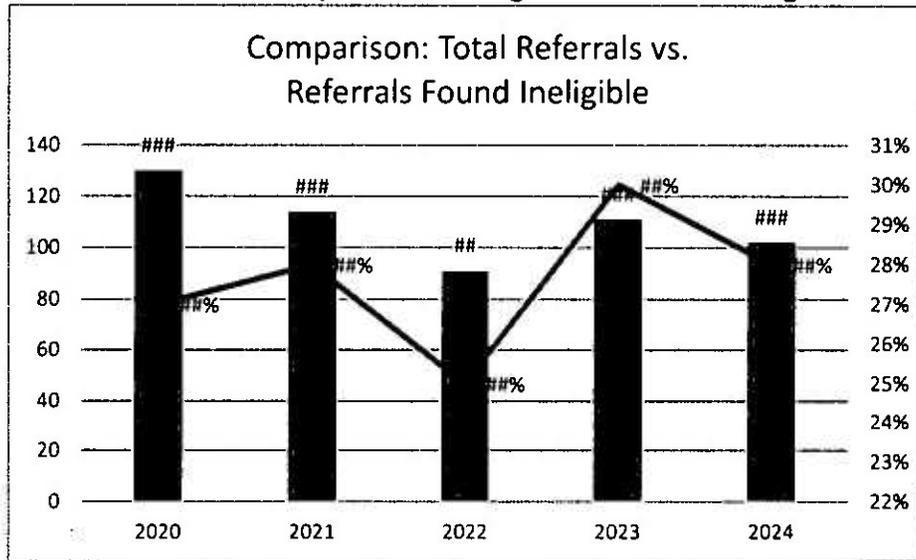


Table 6: Total Referrals Compared to Ineligible Intakes During the Fiscal Year.



CASE MONITORING SERVICES:

The PHP managed ### cases during the reporting period. Caseloads did not exceed ## cases per case manager at any time. The average caseload rarely exceeded ##. All case managers attend a Clinical Team Review once each per week.

Any case manager employed less than 1 year attends a pre-team review meeting with a senior case manager to ensure all necessary paperwork and information needed for Clinical Team Review has been gathered and compiled in an accurate and legible manner. During Clinical Team Review, changes to monitoring agreements are determined, Step 1 Reviews are conducted, compliance issues are addressed, and closures are approved. All decisions made during Clinical Team Review require the involvement and sign-off of all case managers, the program director, and the medical consultant. Case managers also attend one Intake Team Review per month for continuity purposes between the intake and case management processes.

Table 7: Active Agreements by Month for Fiscal Year Ending September 30, 2024.

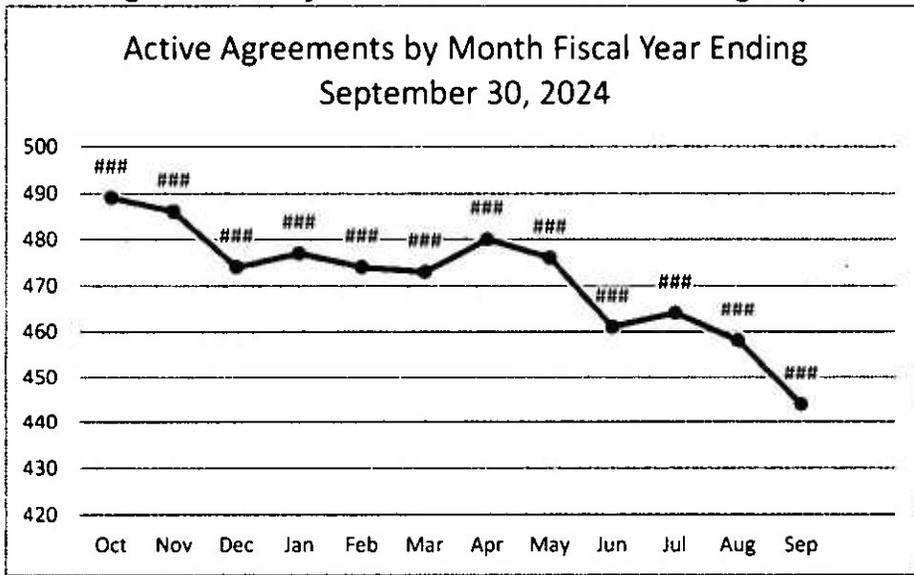


Table 8: Total Cases Monitored Compared to Active at Fiscal Year's End.

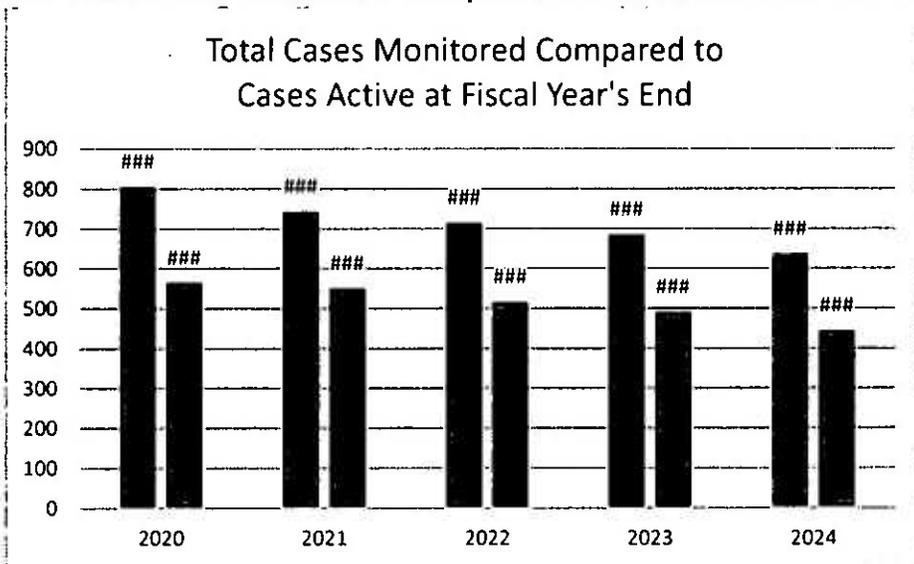
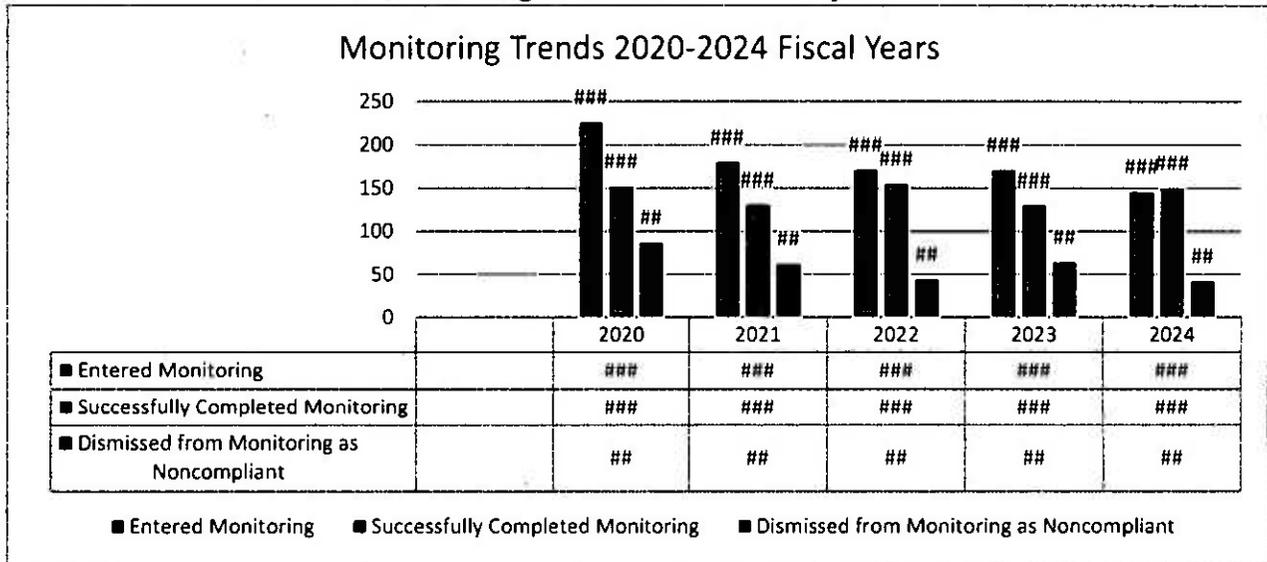
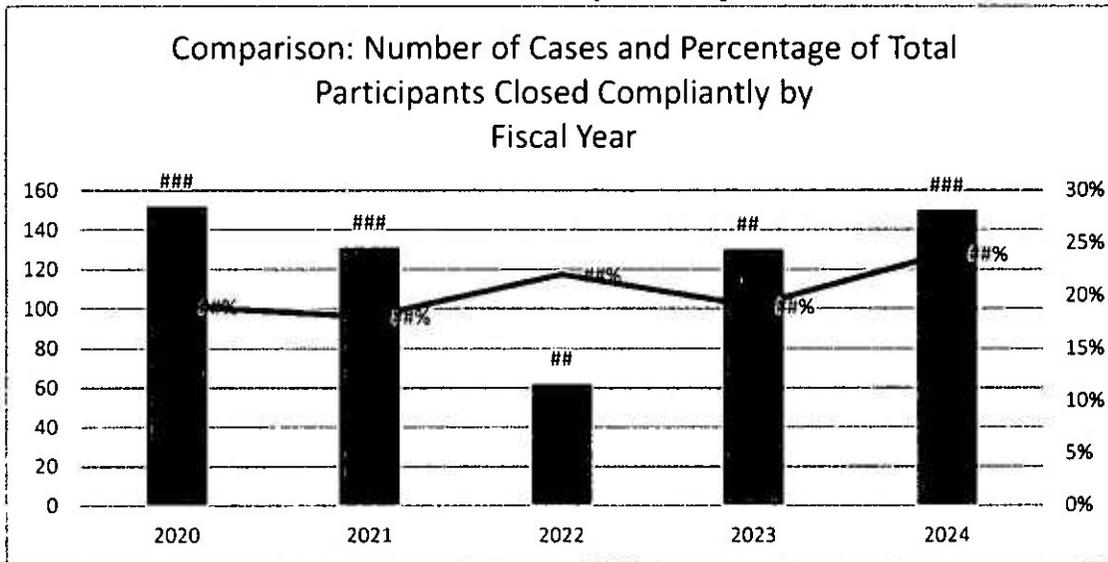


Table 9: Monitoring Trends Over Time by Fiscal Year.



When a participant has a noncompliant incident, the participant is not automatically dismissed from the program. Dismissal typically occurs as a last resort and only after the participant refuses to follow any new requirements put in place to address the noncompliant incident.

Table 10: Successful Completion by Fiscal Year.



The table above represents the number of participants who successfully completed their agreement each year. The percentages were rounded and calculated based on the total number of participants monitored during each fiscal year.

The table below represents the number of participants who were dismissed as noncompliant. It does not include participants who failed to complete intake and never entered monitoring. The percentages were rounded and calculated based on the total number of participants monitored during each fiscal year.

Table 11: Noncompliant Dismissals by Fiscal Year.

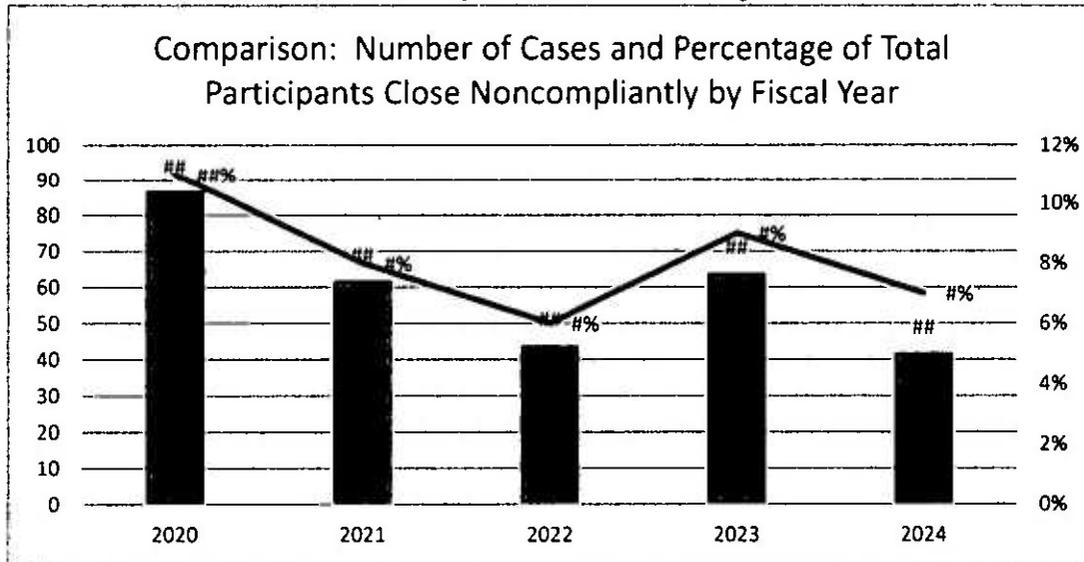
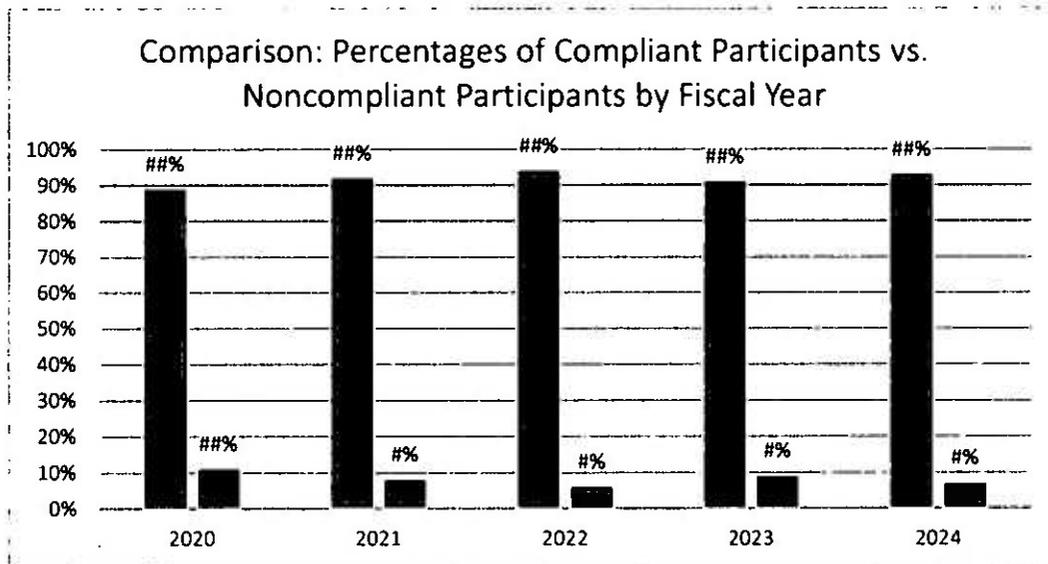


Table 12: Participant Compliance/Noncompliance Comparisons by Fiscal Year.



PROGRAM IMPROVEMENTS:

Ulliance, Inc. was most recently awarded the PHP contract on November 1, 2022, and has made the following enhancements to the program during this fiscal year.

The PHP began sending all intake licensees who had disclosed a conviction during the intake process a follow up letter reminding them of their duty to report convictions to the department.

The PHP also began re-examining the 5-year extended monitoring agreements with participants who are being monitored while taking a mood-altering drug as it had become evident that participants may be electing to discontinue needed medications to avoid an extended monitoring agreement. Any current participant in an extended agreement was reviewed in the Clinical Team process, and if their compliance was acceptable and their clinical team providers were in support of reducing the extended agreement down to a 3-year agreement, an adjustment was made to the monitoring agreement end date. A new participant starting a monitoring agreement on a mood-altering drug is now offered a 3-year monitoring agreement, and if a relapse occurs or if significant drug screening non-compliance becomes evident, a longer extension may be considered on a case-by-case basis through the Clinical Team Review process.

Drug Screening: Drug screens are a required component of intake and monitoring and are performed in accordance with the HPRC policies. In 2023, Ulliance, Inc. investigated other Third Party Administrators (TPA) available in the professional health drug screening domain and decided to contract with Recovery Trek and cancel its relationship with Vault Health based on Recovery Trek's advanced technological resources, exceptional customer service, as well as their significantly more competitive pricing, which will decrease drug screening costs for participants.

Additionally, Recovery Trek offers a new collection solution, PROOF, which permits the participant to conduct. Unfortunately, in May of 2024, the urine testing PROOF option was abruptly discontinued due to the DNA lab Genotox shutting down. PHP continues to offer PROOF nail, hair, and blood spot, as well as BrAC and will rely on RecoveryTrek's investigation in seeking a new DNA lab that offers an affordable price point for PHP participants.

The PHP is also now permitting the RecoveryTrek vendor to allow its participants to use E-Chain (electronic) of Custody in place of paper Chain of Custody forms. This eliminates several errors that had occurred with paper Chain of Custody forms, such as running out of the paper forms, the wrong panel being added to the paper form, and the participant going to a non-paneled collection site.

PHP continues to engage in a very strong partnership with its TPA, RecoveryTrek, with biweekly meetings to ensure the integrity of the drug screening services provided to PHP participants.

Medical Consultant: The medical consultant has a critical role in the PHP, particularly during weekly clinical team reviews. The PHP relies on the medical consultant for expertise concerning drug test results, medical conditions, medications, non-compliance, and urgent medical related issues. The PHP has continued its relationship with Carl Christensen, PhD,

MD, MRO. Dr. Christensen has been invaluable to the program bringing his wealth of knowledge of professional health monitoring, and of the PHP specifically through his involvement as a previous HPRC member and chairperson. During this reporting period Dr. Christensen dedicated 581.2 hours of his time, which is a 1% decrease compared to last fiscal year.

Provider Network: The PHP has a collaborative working relationship with its paneled providers and respects their role in determining treatment expectations and advocating for their clients. During this fiscal year, the PHP held 3 virtual provider meetings and 1 hybrid provider meeting that was held both in-person and virtually. The in-person meeting was held in response to providers' requests to meet in-person at least 1 time a year.

During the reporting period, the program director also conducted additional training for evaluators throughout the reporting period as needed or when potential evaluators were identified using recorded evaluator training. This training is required before an evaluator receives PHP referrals. The training explores program requirements for a complete and comprehensive evaluation, time frames for completing the evaluation, and discussions for responding to the difficult client. A live, virtual evaluator training was also offered, but it was cancelled due to minimal interest.

During this reporting period, 7 new evaluators were trained. This number now expands the total number of trained PHP evaluators throughout the State from 110 to 117, although not all evaluators are currently accepting new patients. This allows for wide geographical access to evaluators as well as an increase in evaluators who are trained in specialized evaluations that include pain, psychiatric, substance addiction, and sexual addiction.

The PHP program director and medical consultant continue to produce a monthly newsletter available to all paneled providers informing them of any policy and procedural changes of the program as well as any current drug screening changes/advancements in the industry. Articles written by the medical consultant also include current trends in mood altering substances that may benefit PHP providers in their practice.

There are currently 361 providers on the PHP panel; 19 new providers were added during this reporting period. Credentialing a provider for the PHP provider panel requires verification of an active license, a minimum of 5 years post graduate experience, experience treating mental health disorders, substance use disorders, or both, an interview with the program director that includes orientation and training components, and an agreement to follow PHP provider processes by signing a *Statement of Understanding*. The PHP verifies the license of every provider, confirming it remains active and without restrictions, every six months.

All providers have been credentialed or re-credentialed in the last year as required. The credentialing process supports the eligibility of providers on the panel as they are knowledgeable of program policies, practices, and overall PHP expectations.

The PHP provides a complete list of paneled providers every month to the department and to any licensee upon request. The PHP does not have a financial relationship with the paneled

providers; it does encourage all paneled providers to offer adjusted fees to their health professional peers in the program. The PHP also encourages licensees to explore health insurance reimbursement possibilities when selecting a paneled PHP provider to minimize cost.

Participant Tracking System: Ulliance, Inc. continues to develop and implement enhancements to the Participant Tracking System. Continuous improvement programming enhancements have been made to the intake and monitoring component of the PHP system. Upgrades to the platform are under way and will be completed over the next calendar year.

The secure infrastructure of the system allowed staff to continue to fully operate and conduct all required program components even when remote work environments are required. During this reporting period, significant enhancements through Managed Detection and Response and Endpoint Detection and Response solutions added crucial layers of protection against evolving cyber threats. The PHP also provides access to the PHP Participant Tracking System to designated Department staff. This access is specific to the user with appropriate permission levels.

The PHP has improved tools and processes to integrate digital file management with the Participant Tracking System, enabling documents to be combined digitally for easier storage, processed digitally with eFax, and continually enhancing the use of secure digital signatures.

org: Ulliance, Inc. continues to maintain the public website, including reviewing and updating any content, code, or security items as needed. The content on the forms available to the public have been regularly updated over the past year and remain current with forms provided to licensees in the program. Updates have also been made to the programming code of the website to reflect the most recent standards, including all accessibility updates. In addition, Ulliance has monitored and enhanced security through software patches and updates that continually monitor the site for any issues.

The upgrades provide comprehensive daily site backups, uptime monitoring, and daily scans to protect against malware.

45-Day Intake Process: During this fiscal year, Ulliance, Inc. met a 100% standard for all intakes to be completed within 45 days, excluding licensees who were given extensions as approved under Policy 204. During this contract year, ### extensions were approved under Policy 204. All referrals to the PHP are reviewed and assigned by the program director to a dedicated intake manager for each licensee. Intake managers review the process with their assigned licensees, including the need to adhere to the intake checklist that is provided to each licensee at the onset of intake. All licensees are routinely provided a minimum of 3 evaluators whose specializations match the licensee's presenting clinical issues.

After the approved provider's evaluation report is received, the intake manager presents each case to the PHP Clinical Team. The clinical team then determines whether the licensee is eligible for the program. If the licensee is eligible to participate, a monitoring agreement is

developed by the clinical team and offered to the licensee by their intake manager. After a licensee accepts the monitoring agreement, the case is then transferred to a dedicated case manager.

Continuation of Existing Monitoring Agreements: Upon receipt of the contract in 2012, Ulliance, Inc. identified all existing monitoring agreements and conducted a transfer of each case to a dedicated case manager. The assigned case manager contacted the participants and introduced themselves as their new contact with the PHP and provided their contact information. All these agreements continue to be maintained unless they have been closed. If closed, the documentation required based on the type of closure, compliant or non-compliant, as well as the type of case, regulatory or non-regulatory, has been provided to the State of [REDACTED]

Confidentiality and Destruction of Records: Ulliance, Inc. ensures confidentiality of all records by strict adherence to HIPAA and HITECH rules, all federal and state laws, as well as internal practices. Access to records in the Participant Tracking System is through a firewalled, password protected user access process. The Participant Tracking System limits access to records of those cases for which the user is assigned or has a need to access for services and audits. Records do not leave the PHP without a signed authorization by the Licensee permitting the release of those records to the identified recipient, unless required by law. The PHP provides licensees' records to the Department per policy. All records regarding non-regulatory participants are destroyed after five years unless the licensee became re-involved with the program during that five-year period or unless required by law.

Meetings with Contract Administrator: The program director communicates or meets with the contract administrator routinely, once a business day on average. The program director has continued to support the contract administrator in her understanding of the program and has clarified any questions she has asked. The program director receives prompt responses from the contract administrator regarding clarification of policies, Step 2 Reviews, General Extensions, and all other inquiries made by the PHP.

HPRC Meeting attendance: Ulliance, Inc. has attended all scheduled and held HPRC meetings during this reporting period. The PHP provides the Contract Administrator with a report for distribution to the HPRC prior to each meeting that includes:

- The number of non-regulatory and regulatory participants enrolled in the program during the previous quarter.
- The total number of non-regulatory and regulatory participants enrolled in the program during the previous quarter.
- The number of non-regulatory and regulatory participants discharged, including non-compliant discharges during the previous quarter.

- Any treatment service provider issues during the previous quarter and the resolution to those issues, or request for committee guidance.
- Any treatment service provider audits conducted in the previous quarter.
- Problems or concerns identified with the HPRP's Policies and Procedures as approved by the committee.
- Pending issues that require direction from either the contract administrator or the committee.
- Recommendations for program improvement or policy changes/additions/deletions.

Staffing: Roles and Responsibilities: The PHP has been continuously staffed with Case and Intake Managers who are experienced, Master-degreed professionals. No Case or Intake Manager oversaw more than ## cases. The average number of cases for each case manager rarely exceeded ##.

During the past fiscal year, the program director has participated in outreach and program awareness activities which include presentations to medical staff at hospitals or other health care organizations, as well as educational institutions. The program director has presented to hospital medical staff including doctors, nurses, as well as human resources, about the PHP. These presentations include information related to the HPRP's purpose, the program, the licensee's experience, drug testing, treatment costs versus monitoring costs, PHP processes, misinformation about the program and many other PHP related subjects. These presentations have been well received and have created stronger relationships between the program and health care employers.

Reports: The PHP submits a variety of data through monthly and quarterly reports. All required or otherwise requested reports have been completed and submitted on time.

Ulliance Sample Monitoring Agreement

I, [\[Click here and type Licensee name and Profession\]](#), agree to participate in the Health Professional Recovery Program (PHP). In order to participate, I voluntarily agree to all of the following terms and conditions:

1. **ADVANCED APPROVAL OF EMPLOYMENT:** I will obtain approval from PHP of my conditions of employment or changes in employment in a health care setting, including volunteer and orientations to new positions. This includes all employment with or without the use of my professional licensure. This may include restrictions on practice setting, supervision, work hours, educational clinicals and access to controlled substances. I will provide my prospective or existing employers a copy of this agreement. Working in a home health care setting will require PHP approval.
2. **CONTROLLED SUBSTANCES:** When employed, I may or may not obtain, possess, prescribe, dispense, administer, or waste/dispose of controlled substances. To be determined upon receipt of Safety-to-Practice assessment. When employed, I may not have availability to controlled substances, nor obtain, possess, prescribe, dispense, administer, or waste/dispose of controlled substances. **No Availability is defined as controlled substances that are not present in the worksite with the possible exception of a crash cart to which the participant does not have access.**
3. **PLACE OF EMPLOYMENT:** If a position requires that I work at multiple locations/worksites, I understand that each worksite will require separate approval with an appropriate worksite monitor. I will practice my profession only at: [Click here to enter text.](#)

4. **WORKSITE MONITOR(S)**

NAME	FACILITY	CONTACT

I will practice my profession only under the supervision of my approved worksite monitors who are knowledgeable of my involvement in the PHP. He/she will report quarterly to the PHP as required in this agreement. I will ensure my worksite monitor files complete quarterly reports with the PHP. In the event I fail to comply with the minimal standards of acceptable and prevailing practice or appear unable to practice with reasonable safety, my worksite monitor will immediately notify the PHP. If/when I become aware my monitors are no longer able to monitor my work performance, I will notify the PHP immediately as well as identify new worksite monitors within 3 business days.

5. **HOURS OF PRACTICE:** When approved, I am permitted to work any shift, including midnights. When approved, I will practice my profession only from 5:00 AM to midnight and for not more than [\[Click here and type # of hours\]](#) hours per shift and not more than [\[Click here and type # of hours\]](#) hours per week unless otherwise approved by PHP. If I am approved to work a 12-hour shift, I agree to not work more than two (2) consecutive 12-hour shifts.
6. **ABSTENTION FROM MOOD-ALTERING SUBSTANCES:** I will practice total abstention from alcohol, controlled substances and other mood-altering substances. I will notify all treating practitioners of my substance use disorder. In the event I am hospitalized or otherwise require medical or dental treatment involving mood-altering or controlled substances as recommended by my personal/non-PHP treating physician or dentist, I will report this fact and all relevant circumstances, prior to accepting such substances, to the PHP and my PHP Addiction Medicine Provider within 48 hours. I understand accepting the use of any mood-altering substances

without prior approval of my PHP Addiction Medicine Provider will result in non-compliance and an extension to this Monitoring Agreement.

7. **MUTUAL HELP ATTENDANCE:** As a participant in PHP, I understand I am required to participate in a minimum of # weekly Mutual Help meeting(s). The leader of these meetings will attest to my attendance. I will provide my Mutual Help Attendance Verification form to the PHP via mail, email, or fax on or before the 10th of every month using the Mutual Help Attendance Verification form provided by the PHP online.
8. **CADUCEUS:** As a participant in PHP, I understand it is required that I participate in at least ONE (1) caduceus meeting per month. As my current geographical location does not have a Caduceus meeting, I agree to participate in one extra Mutual Help meeting per month to compensate for no availability. I understand if a Caduceus meeting becomes available, I will be required to attend. I will provide my Mutual Help Attendance Verification form to the PHP via mail, email, or fax on or before the 10th of every month using the Mutual Help Attendance Verification form provided by the PHP online.
9. **MUTUAL HELP SPONSOR:** As a participant in the PHP, I understand it is required that I obtain a Mutual Help Sponsor within the first 60 days of signing the monitoring agreement and will continue to have a sponsor throughout the length of this agreement with the PHP. I will submit written verification via U.S. Postal Service or fax from my sponsor to the PHP on a quarterly basis (starting with the monitoring agreement start date) using the Quarterly Sponsor Report form provided by PHP.
10. **RANDOM DRUG SCREENS:** I will submit to drug screens as requested by PHP. I agree to participate with Recovery Trek and agree to follow the schedule for frequency of testing as determined by PHP. I will make arrangements through an approved collection site which has been set up by Recovery Trek to ensure all specimens are monitored with the chain of custody, temperature and pH/specific gravity controls. I agree to provide the collection site a "chain of custody" form that is accurate and complete. Failure to provide an accurate or complete "chain of custody" form will result in non-compliance and will require a repeat test at my expense. I understand I need to call Recovery Trek Monday through Friday, including holidays that fall on weekdays, and when instructed by the Random Notification System I will report that day by 11:59 PM (or the time specified in my monitoring agreement), to submit the requested specimen. I understand that failure to complete a required test through Recovery Trek will result in a "missed test" on that date. My daily instructions will be available by 4:00 AM, Eastern Standard Time, Monday through Friday. I understand failure to call Recovery Trek for my daily instructions between 4:00am and 3:00pm, Eastern Standard Time, Monday through Friday will result in a "missed call" on that date.

Notice is hereby given and acknowledged that ingestion of any food or food supplements (e.g. herbs, poppy seeds) may give a positive test for restricted drugs. Accordingly, I agree that no claim shall be made, and **PHP will accept no claim, that the presence of drugs in my blood, breath, hair or urine resulted from consumption of such foods or food supplements.**

I understand PHP staff will not excuse missed drug screens without written approval from my PHP Therapist, PHP Psychiatric Provider and/or PHP Addiction Medicine Provider. This includes family emergencies, funerals, etc. If an emergency occurs, I understand I will need to inform my PHP Case Manager as soon as possible. I will submit written documentation from my providers via a leave request form to excuse the missed screen(s).

11. **LEAVE:** If a vacation or other absence from New Hampshire is planned, I must submit a completed leave form to my case manager signed by all PHP treatment providers. I understand I must submit this form two (2) weeks prior to taking a leave with PHP approval. I understand I will be required to continue maintaining my drug screening requirements at all times. **It is my responsibility to call PHP to confirm if my request was approved prior to taking a leave or an absence.**

12. **TREATING PHYSICIAN(S)**

ROLE	NAME	PHONE	FAX	FREQUENCY
Primary Care				
PHP Addiction Medicine Provider				

I will provide a copy of my monitoring agreement to *all* my treating physicians. Following the initial visit, the PHP Addiction Medicine Provider will determine and specify the frequency of my visits. PHP requires a minimum of PHP Addiction Medicine Provider visits every three (3) months. I understand PHP may require that I see my PHP Addiction Medicine Provider at any specified time. I will ensure my PHP Addiction Medicine Provider files quarterly reports with the PHP.

I understand if any of my required treating physicians which include an PHP Addiction Medicine Provider find I am not chemically free, or have not been compliant with this contract, or am unable, for any reason, to practice my profession with reasonable safety, he/she will immediately notify the PHP by phone and in writing and provide all related information, including copies of any drug screen results, copies of assessments and pain management interventions.

13. **MEDICATION MANAGEMENT:** I will take only those medications approved by PHP and prescribed for me by my treating physician(s), and will notify the PHP and my PHP Addiction Medicine Provider of all prescribed and non-prescribed medications. My PHP Addiction Medicine Provider will coordinate all my medications.

14. **CURRENT MEDICATIONS (APPROVED BY PHP)**

MEDICATION	DOSAGE	REASON	PRESCRIBING PHYSICIAN	START DATE

In the event that I am hospitalized or otherwise require medical or dental treatment involving controlled substances as ordered by my personal/non-PHP treating physician or dentist, I will immediately report this fact and all relevant circumstances to the PHP and to all of my PHP treatment providers. I understand this may delay the end date of this agreement and/or impact my safety to practice. I will notify my PHP Addiction

Medicine Provider and coordinate all medications prescribed to me by other physicians with my PHP Addiction Medicine Provider.

15. TREATING THERAPISTS

ROLE	NAME	PHONE	FAX	FREQUENCY
PHP Group				
PHP Individual Therapy				Minimum of 1x a month

I will provide a copy of my monitoring agreement to *all* my treating therapists. I will participate in PHP approved group therapy for a minimum of two (2) years. Following the initial visit, the PHP Individual Therapist will determine and specify the frequency of my visits. PHP individual therapy is required at a minimum frequency of monthly. I will ensure that all of my PHP therapists file quarterly reports with the PHP. These will indicate my ability to practice in a safe and competent manner.

If any of my therapists find that I am not chemically free, or have not been compliant with this agreement, or am unable for any reason, to practice my profession with reasonable safety, the therapist will immediately notify PHP by phone and in writing and provide all related information.

- 16. **ADDITIONAL EVALUATION AND/OR TREATMENT:** I agree to submit to an independent substance use disorder or psychiatric evaluation and/or engage in additional monitoring and/or treatment as determined by PHP.
- 17. **COSTS:** I accept responsibility for payment of all costs incurred in complying with the terms of this agreement. Costs include, but may not be limited to, evaluation, individual therapy, group therapy and drug testing.
- 18. **SUCCESSORS:** I will immediately provide copies of this agreement to my worksite monitor(s), treating physician(s), therapist(s) and any individual(s) required to report to the PHP. **If I wish to change employers, worksite monitor(s), PHP treating physician(s) or PHP therapist(s), I will first obtain the advanced written approval of the PHP,** and will provide copies of this agreement to each successor, treating physician(s), therapist(s), worksite monitor(s) or any individual(s) required to report to PHP. I will ensure compliance by providing any successor with the reporting requirements of this agreement.
- 19. **AUTHORIZATION FOR RELEASE OF INFORMATION:** I understand PHP may periodically contact the reporting individuals or agencies to inquire of my status in relation to PHP requirements. I will submit the required release of information to PHP. I understand that PHP may determine me as non-compliant if my required release of information form(s) is revoked, incomplete, or not returned within 72 hours of the PHP request. I understand PHP will not process my Monitoring Agreement if my required release of information form(s) is not returned to PHP with proper authorization.
- 20. **MODIFICATIONS:** I understand and agree the PHP may, at its discretion, periodically modify the terms of this agreement as necessary to protect the public health, safety and welfare or to facilitate my progress in recovery. All modifications will be reflected in an addendum to this agreement signed by a representative of the PHP and myself. My failure to agree to and/or comply with modifications as determined by the PHP may be considered a breach of this agreement and may result in non-compliant case closure or further disciplinary

actions. I also understand any requests I make for modifications must be in writing and accompanied by supporting documentation in addition to endorsements by all of my PHP providers.

21. **EMPLOYMENT:** Failure to abide by the terms of my agreement may result in me being required to cease working until my safety-to-practice has been established. I will ensure that I have an PHP approved worksite monitor and an PHP approved alternative worksite monitor at all times during the duration of this monitoring agreement. I agree to sign a release of information for these individuals.
22. **REPORTS TO THE DEPARTMENT:** I understand PHP is required by law to notify the Office of Professional Licensure and Certification (OLPC) if I do not comply with my monitoring agreement. In such case, I authorize the PHP to disclose the circumstances of my impairment and failure to comply with the OLPC. I also understand the PHP is required by law to notify OPLC of any circumstances indicating I may be a threat to the public health, safety or welfare.
23. **VIOLENCE:** I understand any threats or acts of violence or harm toward PHP staff will result in immediate closure to the Department of Licensing and Regulatory Affairs. I understand any threats or acts of violence or harm toward PHP will also be reported to the police department.

Ulliance

Enhancing People. Improving Healthcare.

PHP mailed this monitoring agreement to me on Click here to enter a date.. This monitoring agreement will remain in effect a minimum of Click here to enter text. year(s). **This monitoring agreement will be effective when I have it notarized and then endorsed by an PHP representative.** Therefore, assuming continued active involvement in recovery, compliance with all requirements of PHP with no relapses, **this monitoring agreement will end** Click here to enter text. year(s) **from the date of the PHP representative's endorsement.** In the event of my relapse or noncompliance, this agreement may be extended or terminated. Closure of my case requires signed approval by the PHP.

Successful completion of the PHP monitoring agreement requires a minimum of two (2) years of documented abstinence and compliance with all components of this monitoring agreement. Successful completion of the PHP Monitoring Agreement requires compliance with all components of this Monitoring Agreement. In addition, the final two years of the agreement must have documented abstinence. I understand that non-compliance may result in an extension to the end date of this monitoring agreement. Documented abstinence is determined by negative drug screens. In the event a drug screen is contested, the medical review officer appointed by the PHP will determine the validity of the result.

I understand that approval for closure will be granted only after all PHP treating providers endorse closure and the PHP determines that closure is appropriate. I understand compliant closure of this monitoring agreement is not official until I have received written notification from the PHP. I understand I am to continue with all requirements of this monitoring agreement until I have received closure documentation.

I understand my participation in the PHP does not preclude the Department of Licensing and Regulatory Affairs, Health Professional Board or Disciplinary Subcommittee from taking disciplinary action against me.

Program Applicant Signature

Dated: ____ / ____ / ____

NOTARIZED (Stamp/Seal Required)

State of New Hampshire

County of _____

On the _____ day of _____, _____ before me, a Notary Public in and for said county, appeared _____ who upon oath stated that he/she has read the foregoing monitoring agreement by his/her subscribed, and that the signing of said monitoring agreement is his/her free act and deed.

Signed: _____

Notary Public Signature

Notary Public _____ County

State of New Hampshire

My commission expires: ____ / ____ / ____

Print: _____

Notary Public

Dated: ____ / ____ / ____

PHP Representative

Dated: ____ / ____ / ____

Ulliance Key Staff Resumes

Kent Sharkey, President and Chief Executive Officer



Kent Sharkey, president, chief executive officer and founder of Ulliance, Inc., an international service company that provides human resources including employee assistance programs (EAP), wellness programs, training programs, organizational and leadership development, coaching, career transition services, and crisis management.

As founder of Ulliance, Sharkey has been instrumental in the company growth to serve more than one million employees and family members in more than 260 organizations, throughout the U.S., Canada, Mexico, and Europe including Fortune 500 companies. Under Sharkey's leadership, the Ulliance team has assisted organizations of various sizes to greatly reduce healthcare benefit costs, resulting in saving millions of dollars for the organizations while also enhancing their people.

Sharkey has provided expertise in a wide range of workplace and workforce issues, management consultations, and training to organizations such as Carhartt, Little Caesars, Meritor, Macomb County, and Beaumont Health.

Through his experience as a licensed psychotherapist and business professional, Sharkey is able to discuss behavioral healthcare issues and their impact on businesses. Sharkey is a thought-leader in emotional wellness strategies, performance management, and workplace crisis management.

In 2015, Sharkey was selected as a finalist for the EY Entrepreneur Of The Year® Michigan and Northwest Ohio Award. Ulliance and Sharkey have been recognized by Crain's Detroit Business with an Outstanding Business Award. He has appeared on television, radio and in print including WWJ-AM, WJR-AM, Fox 2, The Detroit Free Press, The Detroit News, Crain's Detroit Business and made frequent public speaking appearances.

Sharkey holds a Bachelor of Arts in psychology and a Masters in social work from the University of Michigan. Sharkey is a board member of the Michigan Labor Management Association (MLMA), Beaumont Health Foundation North Region Council, Michigan Wellness Council, and previously with the Troy Chamber of Commerce.

Kent is passionate about healthy living. He has a rigid daily training schedule, is a certified scuba diver and is currently earning his Black Belt in karate. Kent's driven spirit to "win" earned him the Golden Gloves title at the young age of 19. He retired from his amateur boxing career well into his 40s having been undefeated.

Kent's motto is "Can I" which stands for Continuous and Never-Ending Improvement. Kent is always on the quest to help people achieve their personal best.

ANGELA BARR, CPA

Senior Level Accounting Professional Seeking a Chief Financial Officer Position

Focused on Cost Reductions and Operational Efficiencies

- Over 20 years of progressively responsible experience in performing and leading a variety of accounting functions including: financial statement creation and analysis, GAAP, AP, AR, SOX, general ledger, and payroll.
- Proven management skills with experience leading diverse teams of accountants, HR and IT professionals.
- Strong technical skills including proficiency in Microsoft Word, PowerPoint, Excel (advanced), Applied TAM ADP/Ceridian/RSM (payroll), Concur (expense reporting), and QuickBooks.
- Driven to consistently meet and exceed corporate deadlines with the highest level of detail and accuracy.
- Licensed CPA recently obtained (2017).

Education & Licenses

State of Michigan Licensed | February 2017
Certified Public Accountant (CPA)

Walsh College of Accountancy and Business Administration | Troy, Michigan
Bachelor of Accountancy and Business Administration | 1996

Professional Experience

Ulliance, Inc. – Human Resource Management Solutions / EAP Services Company 2017-Current
Chief Financial Officer / Secretary Officer

- Responsible for Financial Corporate and HR Compliance Reporting, Safeguarding of Corporate Assets, and Risk Mitigation.
- Developed Acquisition Financial Review Process and templates to assess acquisition candidates to align with corporate strategic goals.
- Implemented Service Line Reporting with Revenue and Expense Allocations to identify profitability and improve decision making ability.
- Improved monthly processes to provide enhanced financial analysis and reporting profitability to owner by Service Line.
- Developed Annual Budgeting Process / Templates to include various client information to project detailed monthly revenue stream by service line and consolidated for 2018 expanding to include expenses in 2019.
- Collaborated with Executive Leadership Team to update and document various Policies and Procedures essential to company.
- Implemented streamlined payroll processes to electronic timekeeping solutions to increase efficiency and accuracy, while providing increased reporting capabilities to identify employee attendance issues.
- Oversee Contract Administration, all accounting functions for the organization.
- Oversee Human Resources & Payroll functions and Employee Benefit Insurance Administration.
- Identified and reduced excessive record retention practices and instituted electronic data retention practices in all areas of the Business Officer Services Department in preparation and execution of moving the corporate office.
- Began a Fixed Asset tracking and tagging project after the corporate office move and overhaul of assets.

Financial Consultant 2016
• Provided financial services to an insurance firm including cleaning up accounts and financials, while providing training to new accounting staff.

Brown & Brown, Inc. (BRO), (Detroit location formally ALCOS, Inc.) – Insurance Intermediary 2003 – 2015
Regional Operations Supervisor | 2014 – 2015

- Selected to manage dual roles for 18 months.
- Ensured compliance to Corporate Guidelines and Best Practices for 9 Insurance Profit Centers in the Midwest with Annual Revenues exceeding \$40M.
- Provided ongoing training, mentorship, and management to 7 direct reports of Accounting Operations Managers.

Brown & Brown, Inc. Continued

Accounting Operations Manager | 2009 – 2015

- Responsible for month-end journal entries and reconciliations through financial statements, analysis, and all other corporate reporting under tight deadlines for multiple entities.
- Performed and oversaw payroll functions including complex cross company transfers, journal entries, payments of taxes and reconciliations using web-based payroll providers.
- Achieved 98 (May 2010) & 96 (Nov 2012) out of 100 on Corporate Internal Audits, similar to External audits.
- Named 1 of 7 Accounting Trainers for new Accounting Operations Leaders within Brown & Brown's 180+ Profit Centers nationwide. 2012 awarded Accounting Leader of the Year Above & Beyond – Down's Region. Created in-depth documentation and led the efforts to implement training.
- Analyzed outdated accounting functions and payroll processes and led multiple migrations to ADP and other programs.
- Provided monthly variance analysis of revenue, expenses and salary actual vs. budget and projections to Senior Management in a timely manner.
- Performed Human Resource responsibilities including: New Hire Orientations, Reviews, Terminations, and all Employee File maintenance.
- Managed Accounting Staff, HR, IT Team and Receptionist Team.
- Participated in Acquisition Due Diligence for several potential Merger Candidates.
- Created complex Excel Workbooks, utilizing V-Lookup functions and PivotTables.
- Data Retention Policy Leader and Catastrophe Plan Coordinator.
- Implemented/streamlined/administered Employee Expense Reimbursement System using a third-party vendor resulting in reduced turnaround time from submission to payment and more timely expense reporting on the financial statements.
- Met with vendors to negotiate / secured savings and contracts.
- Reconciled Sales & Use Tax, Unclaimed Property reporting through Corporate.

Agency Staff Accountant | 2004 – 2009

- Assisted with all month-end journal entries and reconciliations through financial statements, analysis, projects and all other corporate reporting/budgeting, and payroll for multiple entities.
- Processed and oversaw Expense Reports, Insurance Company Payables, Vendor Payables and Receivable functions.

Accounting Project Manager (Contracted) | 2003 – 2004

- Hired as a contractor to perform insurance company payables clean up, fill in for payroll and budget duties. Offered full time employment after 6 months. Received multiple promotions due to outstanding performance and leadership skills.

Hudson & Muma, Inc. – Insurance Agency (P&C)

2002 – 2003

Controller

- Responsible for all monthly financial transactions and reconciliations through financial statements and cash-flow analysis. Coordinated and managed external audits.
- Managed daily accounts receivable, accounts payable and banking activities.
- Performed semi-monthly payroll functions including interface with the payroll company.
- Led a cleanup effort of all accounting records.
- Provided continued assistance in training new Controller in 2003/2004.

Visual Services Inc. – Marketing Services Company

1999 – 2002

Accounting Supervisor and Project Leader

- Performed month-end consolidation of financial statements for seven entities.
- Assisted in the preparation of the quarterly and annual SEC Financial Statement filings.
- Responsible for the month-end general ledger account reconciliations.
- Led, identified, implemented and documented new procedures to increase efficiency and accuracy in the Accounting Department. A reduction from 25 to 15 days for consolidated financial statements.
- Project Liaison between the Accounting Department and other areas of the company to lead and set priorities, identify and reconcile issues, which included general ledger software conversion, and cost allocations.

Affiliations, Volunteer, and Other Experience

Member, MICPA, AICPA, Financial Executives International (FEI)	2017 – 2018
Member, Inforum Professional Women's Alliance	2016 – 2018
Owner/Operator, Barr Accounting Services, Inc.	2002 – 2006

Darin Miller, LMSW

Dedicated Social Worker with years of supervisory experience. Passionate about taking care of people and leading a team. Working every day to improve the lives of the people we serve.

Skills

- Licensed Master of Social Work
 - Leadership
 - Dedication to clients
 - Compassion
-

Experience

MARCH 2017 – PRESENT

Vice President of Clinical Operations / Director of Clinical Services / Ulliance

Oversight of clinical departments, call center and Account Services. Lead strategic planning and implementation of strategic goals for all clinical services within the organization.

MARCH 2011 – MARCH 2017

Clinical Services Supervisor / St. Joseph Mercy Oakland Hospital

Manage inpatient and outpatient therapy departments including Social Work and Activity Therapy for Behavioral Health. Clinical Lead Social Worker for 33 bed behavioral health unit. Provide supervision for MSW students. Ensure compliance with JCAHO standards. Hospital Safety Ambassador for Behavioral Health.

JUNE 1999 – MARCH 2011

Clinical Social Worker / St. John Macomb Hospital

Facilitate group therapy and didactic/educational groups for PHP program. Case management responsibilities for mentally ill patients and patients suffering from traumatic brain injuries. Utilization review. Intake and discharge planning. Provide supervision for MSW students.

FEBRUARY 2000 – DECEMBER 2005

Contractual Therapist / Catholic Services of Macomb

Provide individual and family therapy. Develop and implement treatment plans. Maintain clinically accurate documentation. Review clinical information with insurance companies for ongoing treatment.

Education

MAY 1999

Master of Social Work / Wayne State University, Detroit MI

MAY 1998

Bachelor of Social Work / Wayne State University, Detroit MI

References

References are available on request

CAROLYN BATCHELOR



Executive Profile

Highly accomplished, versatile and respected professional with over 35 years of extensive achievements within diverse mental health and substance abuse treatment and case management environments utilizing exemplary management, analytical, organizational, and people skills. Dynamic leader consistently achieves outstanding results in challenging environments while building and maintaining loyal relations with both clients and colleagues.

Career Achievements

- Provided direct supervision of 18 Michigan Health Professional Recovery Program (HPRP) staff during 2 (5) year contracts with the State of Michigan.
- Development of an extensive internal audit system of process and procedures of the case management and intake management staff to assure consistency and accuracy in the electronic medical record of all participants being monitored.
- Assisted the State of Michigan in the revision of their policies for the HPRP.
- Managed all the State of Michigan requirements of the monitoring program without any significant modifications during a historical COVID pandemic.

Qualification Highlights

- Critical thinker with strong communication skills who is able to manage a diverse group of professionals working in a high stress environment while ensuring program objectives and policies are met. Responsive to internal and external customer needs with exceptional conflict management abilities.
- Oversees the case management of over 650 licensed health professions in the HPRP with mental health, and substance abuse difficulties who pose a potential risk to public safety. Ensures compliance with all program policies through intake and case management personnel while addressing treatment provider issues, Department of Licensing and Regulations needs as well as Michigan Attorney Generals requests.
- A seasoned professional who expects and obtains exemplary professionalism from those who report and work with her.

Professional Experience

Program Director, HPRP

2012 to Present

Ulliance, Inc.

Troy, Michigan

Responsible for all day-to-day operations of the Michigan Health Professional Recovery Program(HPRP). Ensure compliance with all policies and procedures set forth by the State of Michigan. Direct supervision of 18 staff of the Professional Health Monitoring Department, oversee witness testimony in court hearings involving the Attorney Generals office. Review and update all documents and forms used in the HPRP. Respond to inquiries from LARA, Attorney Generals office, HPRP Paneled Providers, Michigan Health Professional Recovery Committee, and licensees. Regularly interface with the Medical Director Consultant on all aspects central to drug screening and safety to the public. Oversee the third-party vendor drug screening company, negotiating the best and most current drug screening panel compositions as well as competitive pricing. Participate in leadership team meetings and projects.

Oversee the weekly Clinical Team Review process, consistent updates to 14 monitoring agreements, provider, worksite monitor and participant handbooks to remain consistent with regular policy changes made by the state of Michigan. Additionally, oversee the updating of the HPRP website as policies change, write a monthly providers newsletter, implemented new intake and case management web based participants tracking system and develop and conduct an annual evaluator training as well as regularly conduct outreach presentations to community sources such as hospitals, medical foundations and universities to increase the community understanding of the HPRP.

Psychotherapist 1998 to 2012
 Birmingham Maple Clinic Troy, Michigan

Private Practice. Provided long and short term cognitive behavioral psychotherapy to individuals, couples, children and families. Addressed mental health and substance abuse problems as well as crisis intervention with clientele. Maintained a caseload average of 40 clients per week with third party and private pay reimbursement.

Psychotherapist 1994 to 1998
 Associates of Birmingham Birmingham, Michigan

Private practice. Provided long and short term cognitive-behavioral psychotherapy to individuals, couples, children and families.

Psychotherapist 1991 to 1994
 New Oakland Family Center Davisburg, Michigan

Utilization Review Coordinator 1994 to 1998
 New Oakland Family Center Davisburg, Michigan

EAP Therapist 1989 to 1992
 EAP, Inc Troy, Michigan

OBRA Consultant 1990 to 1991
 Neighborhood Services Organization Detroit, Michigan

Case Manager 1986 to 1989
 Neighborhood Services Organization Detroit, Michigan

Nursing Home Consultant and Placement Worker 1984 to 1986
 Senior Services, Inc. Kalamazoo, Michigan

Case Manager and Mental Health Worker 1983 to 1986
 Senior Services, Inc Kalamazoo, Michigan

Education

MSW, Social Work 1990
 Wayne State University Detroit, Michigan

BSW, Social Work 1983
 Western Michigan University Kalamazoo, Michigan

Mitchell G. Cohen, MD, FASAM
47 South Depot Road
Hollis, NH 03049
(603)-557-8373
mgcmd55@gmail.com

EDUCATION

1990-1993 University of Pittsburgh Medical Center, (UPMC) Pittsburg, PA
Internal Medicine Residency Program

1986-1990 Hahnemann University School of Medicine (Drexel University College
of Medicine) Philadelphia, PA
Medical Doctor

LICENSES

2006- Present Office-based Treatment of Substance Use Disorder
(SUD) with Buprenorphine (#XC3691208)

1994-Present State of New Hampshire Board of Medicine (#9274)
DEA: BC3691208; XC3691208

1/2025-Present Massachusetts Board of Registration in Medicine
(#1021856)

1993 Pennsylvania Board of Medicine

1991 National Board of Medical Examiners

CERTIFICATIONS

2021- present Fellow, American Society of Addiction Medicine

1/2018-1/2028 Addiction Medicine Diplomat
American Board of Preventative Medicine
Certification Number: 61-1741

12/2023- present Participant in ABIM LKA continued recertification program

2003-2013-2023	Recertification American Board of Internal Medicine
1993	American Board of Internal Medicine
10/2024	Certified Smart Recovery Facilitator
1/2025	Mindfulness Oriented Recovery Enhancement (MORE)

WORK EXPERIENCE

9/2024- present	Saint Joseph Hospital, Nashua, NH Addiction Medicine/Pain Medicine
1994- 8/2024	St. Joseph Hospital Internal Medicine, Nashua, NH Primary Care Internist
12/2023- present	Heartfelt Recovery Centers. Hudson, NH Medical Director
1/2025- present	REAL recovery centers, Chelmsford MA, Medical Director
2014 -3/2020	Pinewood Medical R.O.A.D to a Better Life Clinic Physician for treatment of SUDs
2006- 2011	St. Joseph Hospital Internal Medicine, Nashua, NH Hospitalist Emergency/Inpatient
1993-1994	Instructor in Medicine, UPMC, VAMC Pittsburgh PA

ACADEMIC APPOINTMENTS

2003-Present	Massachusetts College of Pharmacy and Health Science Adjunct Assistant Professor of Physician Assistant Studies Clinical Preceptor for Physician Assistant Students
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PROFESSIONAL AWARDS

- 2020, 22, 23, 24, 25 New Hampshire Magazine "Top Docs"—Addiction Medicine
- 2014 Nashua Telegraph Readers' Choice Awards "*Best Family Practice Physician*"
- 2000, 2010 New Hampshire Magazine "*Top Docs*" *Internal medicine*
- 2012 Saint Joseph Hospital *December Employee of the Month*
- 2004 Massachusetts College of Pharmacy and Health Science
Physician Assistant Preceptor of the Year
- 1990 Hahnemann Hospital Association Overall *Academic Excellence*
- 1990 Hahnemann University Chairman's Invitation Program
Academic Excellence in Medicine
- 1990 Hahnemann University *Distinguished Achievement in Medicine*
- 1989 Alpha Omega Alpha Medical Honor Society

PERSONAL

- 2016-2018 Big Brothers Big Sisters of New Hampshire Mentor

Josie Holmes

CONTACT

(904) 505-6182

jmakrush@gmail.com

[linkedin.com/in/josephinemholmes](https://www.linkedin.com/in/josephinemholmes)

47935 Shelby Road, Shelby

Township, MI 48317

EDUCATION

Master of Science in Education

Mental Health Counseling University
of Miami, *Miami, FL*
August 2012

Bachelor of Science in Psychology

Florida State University, *Tallahassee, FL*
May 2010

PROFESSIONAL EXPERIENCE

PHM Operations Supervisor

February 2024-Present

Ulliance Inc., Troy, MI

- Prepare, complete and accurately document for team review, quarterly reports, time-off requests, work site monitors, monitor agreements, addendums, and all other required documents for case management purposes
- Oversee all enhancement needs of third-party vendor for drug screening
- Provide strong audit and review responsibilities of all open and closed HPRP case management cases to ensure compliance with the State of Michigan (SOM) contract and policies of HPRP
- Interact with all licensees, PHM providers, state, and licensing board personnel in a professional and helpful manner

Senior Program Coordinator

January 2020-February 2024

Ulliance Inc., Troy, MI

- Complete all tasks associated with the previously held Case Manager and Program Coordinator positions
- Oversee a team of Program Coordinators to ensure files are audited consistently and accurately for all staff
- Coordinate with the Assistant Attorney Generals to assign staff to provide testimony at State of Michigan administrative hearings as needed
- Developed and maintain the department's response and procedures to the COVID-19 pandemic
- Ensure forms and procedural instructions are up to date for all staff to use
- Assist the Program Director with projects and tasks as needed

Program Coordinator

May 2016-December 2019

Ulliance Inc., Troy, MI

- Completed all tasks associated with the previously held Case Manager position
- Completed case audits of all participant files to assess quality and consistency across staff records
- Ensured staff had an accurate understanding of their responsibilities and the expectations of their position
- Provided professional testimony on behalf of the Health Professional Recovery Program during administrative hearings for the Department of Licensing and Regulatory Affairs
- Worked as a member of a professional team to ensure all aspects of the State of Michigan contract were followed to maintain contract compliance and retention
- Assisted in the development and implementation of new procedures within the department to meet the requirements of State of Michigan policy changes

CONTACT

(904) 505-6182

imakrush@gmail.com

[linkedin.com/in/josephinemholmes](https://www.linkedin.com/in/josephinemholmes)

47935 Shelby Road, Shelby
Township, MI 48317

SKILLS

- Strong communication with a variety of internal and external customers
- Proficient in Microsoft Office including Excel, Word, and PowerPoint
- High attention to detail
- Able to think critically and review all information to make certain best outcomes are met

PROFESSIONAL EXPERIENCE CONTINUED**Case Manager**

January 2015-May 2016

Ulliance Inc., Troy, MI

- Provided case management services for the State of Michigan Health Professional Recovery Program contract
- Maintained accurate and complete participant records for a case load of both intake and monitoring cases
- Monitored participant compliance according to State of Michigan policy
- Participated in weekly team meetings to ensure policy was followed according to the State of Michigan contract
- Coordinated with treatment providers regarding participants' progress and compliance

Supports Coordinator

June 2014-January 2015

Consumer Services Inc., Macomb County, MI

- Provided support coordination for consumers linked to Macomb County Community Mental Health
- Facilitated home visits to determine medical need for services
- Linked, coordinated, and monitored services in the home and community
- Maintained complete and up to date client records including reports and progress notes
- Coordinated with all service providers to ensure comprehensive treatment

Clinical Case Manager and Therapist

April 2013-May 2014

Crossroads for Youth, Oxford, MI

- Provided individual, group, and family therapy for adolescent youth in a residential program and their families
- Maintained complete and up to date client records including reports and case notes
- Remained in weekly contact with the youth's family and court worker to provide updates and address treatment concerns
- Communicated frequently with the treatment team to ensure comprehensive and effective treatment was delivered
- Attended regular court hearings to provide updates on youth's treatment and behavior

Treatment Specialist

December 2012-April 2013

Crossroads for Youth, Oxford, MI

- Supervised youth in a residential treatment facility to ensure completion of daily programming
- Provided corrective experiences for youth by modeling socially appropriate behavior
- Kept up to date records and resident files
- Communicated frequently with other staff to ensure comprehensive, effective treatment

Ulliance Promotion Plan

ULLIANCE | 2025

Subject to change

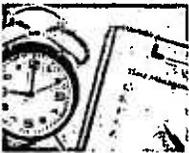
YEARLY COMMUNICATION PLAN



Healthcare Professional Information

Ulliance
Enhancing People. Improving Healthcare.

JANUARY



- **Theme:** Time Management for the New Year
- **Webinar:** Stop Putting It Off: Simple Steps to Get Moving Today

FEBRUARY



- **Theme:** Self-Care & Reflection
- **Webinar:** Am I the Problem? How to Spot and Break Your Own Drama Patterns

MARCH



- **Theme:** Discovering Your Passion
- **Webinar:** Expressing Your Passion through Community Involvement

APRIL



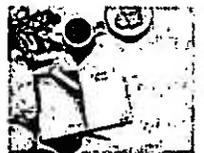
- **Theme:** Maintaining Relationships
- **Webinar:** Living Well on Unconventional Hours: Tips for Work-Life Balance

MAY



- **Theme:** Mental Health Month
- **Webinar:** Why We Feel: Understanding the Purpose of Emotions
- **Webinar:** Supporting Neurodivergent Employees

JUNE



- **Theme:** Journaling for Well-being
- **Webinar:** From Pen to Zen: Unlocking the Power of Journaling

JULY



- **Theme:** Healthy Interactions in a Virtual World
- **Webinar:** Tech-Addicted? Raising Balanced Kids in a Virtual World
- **Webinar:** Crisis Communication: How Leaders Prepare for the Unexpected

AUGUST



- **Theme:** Neurodiversity
- **Webinar:** Beyond Basics: Mindfulness Techniques for Modern Life's Challenges

SEPTEMBER



- **Theme:** Digital Detox
- **Webinar:** Focus on What Truly Matters: Let the Small Stuff Slide
- **Webinar:** When Change Hurts: The Losses at Work You Didn't See Coming

OCTOBER



- **Theme:** Domestic Violence Awareness Month

NOVEMBER



- **Theme:** Substance Use
- **Webinar:** Move Your Body, Lift Your Mind: Physical Wellness for Emotional Wellness

DECEMBER



- **Theme:** Crafting Your Circle of Loved Ones
- **Webinar:** Life Lessons Learned from the TV Show, Friends