

## Health Professionals' Services Program Program Guidelines

**Title: Third Party Evaluations – Evaluator Expectations**

**Pages: 3**

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### **Guideline:**

1 The Department of Human Services, the Oregon State Board of Dentistry, the Oregon Board of  
2 Nursing, the Oregon Board of Pharmacy, the Oregon Medical Board and Reliant Behavioral  
3 Health aka Health Professionals' Services Program (HPSP) would like to provide third party  
4 evaluators with general guidelines when completing evaluations for licensees referred for  
5 evaluation. In addition, evaluations must meet the standards of the OAR 309-032 ISSR LC FINAL  
6 VERSION. An abbreviated version is at the end of this document. Each evaluation must be  
7 tailored to the circumstances and needs of the referred licensee and his/her workplace  
8 position. Below are basic guidelines which outline the expectations of the referring board and  
9 HPSP for all types of evaluations.

- 10 1. All licensees referred for an evaluation must be evaluated for mental health and  
11 substance use disorders (SUD). The evaluation summary must indicate the results of  
12 both evaluations. It is very important that licensees who appear to have a mental health  
13 diagnosis are also evaluated for the possibility of a co-occurring substance use disorder.  
14 Evaluators must make recommendations if additional screenings are needed to  
15 complete the evaluation, e.g. psychological testing, neurological examination.  
16 Evaluators may also recommend an in-patient evaluation if the licensee does not  
17 provide adequate information regarding history or use or if the evaluator feels that an  
18 outpatient evaluation is not adequate to make a diagnosis.
- 19 2. Evaluators must be sensitive to the job functions of the licensee being evaluated and  
20 should specify any limitations on the licensee's ability to function in the workplace,  
21 including but not limited to:
  - 22 a. Any limitation on hours of practice, per week, per day
  - 23 b. Limitations regarding night work
  - 24 c. Limitation on being on call
  - 25 d. Prohibition or limitation in regard to access to medications
  - 26 e. Prohibition against unilateral access to controlled substances in the office

- 27 f. Prohibition against unilateral access to nitrous oxide  
28 g. Relinquishment of DEA registration  
29 h. Limitation on return to practice-e.g. some anesthesiologists are unable to return  
30 to specialty  
31 i. Limitation on practice setting, e.g. may not work independently  
32 j. Mandating vacation or time off per year  
33 k. Restriction on the number of patients seen per hour or per day  
34 l. Notification to specific workplace colleagues that they are in the monitoring  
35 program  
36
- 37 3. The evaluator must provide the specific level of care recommended, using the American  
38 Society of Addiction Medication placement criteria for substance use, or any other  
39 additional treatment recommendations, e.g. self help meetings, frequency of meeting  
40 with treatment providers.
- 41 4. The evaluator must address whether the licensee may have access to narcotics. If the  
42 licensee may not have access, the evaluator should address under what circumstances a  
43 re-evaluation of this practice restriction could take place.
- 44 5. If the evaluator is recommending mood altering, potentially addicting and/or physically  
45 impairing medications, the evaluator must address whether the licensee can work while  
46 taking the medication and if so, any restrictions on practice.
- 47 6. The evaluator must obtain referral information as appropriate from the referring board,  
48 HPSP and the employer as necessary to complete the evaluation.
- 49 7. If due to the complexity of the case or the lack of information from the licensee, the  
50 evaluator is unable to make a diagnosis and treatment recommendation, the evaluator  
51 should consider referring licensee for an in-patient evaluation.

## 52 **From the OAR 309-032 ISSR LC FINAL VERSION**

53 Each assessment must include:

- 54 (A) Sufficient bio-psychosocial information and documentation to support the presence  
55 of a DSM diagnosis that is the medically appropriate reason for services.  
56 (B) Screening for the presence of substance use, problem gambling, mental health  
57 conditions, and chronic medical conditions.  
58 (C) Screening for the presence of symptoms related to psychological and physical  
59 trauma.

60 (D) Suicide potential must be assessed and individual service records must contain  
61 follow-up actions and referrals when an individual reports symptoms indicating risk of  
62 suicide.

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64 Competencies and qualifications for general program staff who may conduct assessments and  
65 evaluations:

66 (A) Providers must document that all program staff have demonstrated the ability to  
67 perform essential job duties as specified in the applicable job description; and

68 (B) Job descriptions must include competencies that are applicable to the type of service  
69 to be provided and to the specific population for whom services will be delivered.