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Recovering Physical Therapy Program Handbook

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Introduction

The Recovering Physical Therapy Program (RPTP) monitors Physical Therapists and Physical Therapy Assistant referred by the LPTB through confidential agreements and disciplinary actions. The RPTP was developed to protect the consumers of Physical Therapy services in Louisiana while allowing licensed Physical Therapists and Physical Therapy Assistants recovering from a substance use disorder and/or a medical, mental or physical condition to continue to practice while being closely monitored through a structured Participation Agreement. Although the primary purpose of the RPTP is to protect the public, it also serves to provide support and accountability as best practices for Participants to remain on their path to recovery.

Physical Therapists and Physical Therapy Assistants train to provide help to others, but often fail to recognize when they need help for themselves. As skilled professionals, they need extensive, multidisciplinary evaluations and treatment programs with a professional track to provide the level of help necessary to successfully address their issues.

After completion of treatment and clearance to return to work by the RPTP staff and treatment team, Participant is allowed to practice while closely supervised. Monitoring includes, but is not limited to, frequent random drug screening, reports from employers, participation in Aftercare, verified participation in 12-step support groups such as Alcoholics Anonymous, and as available, facilitated professional support groups.

Monitoring Tools, Requirements and Helpful Tips:

Accountability:

- ***TIP:*** *Keep and organize copies of all RPTP documents and reports.*
- **Communicating with the RPTP Manager:** Once Participant activates their Spectrum Compliance Account, they will have the convenience of safe, secure and documented extended-hours communication with the LPTB - RPTP Manager through the Spectrum On-line System. In most circumstances, the LPTB – RPTP Manager accesses the Spectrum On-line System several times a day. Keep in mind, the RPTP manager has nothing to do with issues concerning licensure, reporting arrests, supervision, or the stipulations of Consent Agreements and Orders. Those issues must be dealt with directly through the LPTB during regular business hours. Furthermore, the LPTB maintains the master file for each Participant, so all reports and correspondence must be sent directly to the LPTB office. The office in turn, supplies the RPTP Manager with electronic and/or hard copies of all RPTP related documentation as received. This means documents are not received by the RPTP Manager in ‘real time’, but in ‘batches’. If Participant wishes to confirm the receipt of a document, they need to contact the LPTB office directly.
- **Personal Recovery Calendars (Calendars)** are due on the first (1st) day of each month **and will be considered late if received after** the fifteenth (15th) of the month. Each calendar should include Participant’s name, sponsor’s first name and first initial of last name, telephone number, and month/year reporting. Each entry should clearly indicate the name of the group and the time it meets. The person chairing the meeting must initial the calendar for each meeting attended. Participant’s sponsor must sign each calendar to verify Participant is attending the meetings as indicated. The ORIGINAL calendars are to be mailed to the LPTB, keeping a copy for Participant’s records. *If during the course of agreement GPS validation of meeting attendance becomes available, Participant will be responsible for reporting attendance via his/her cell phone in lieu of submitting calendars for the duration of their Participation Agreement.*

- **TIP:** *Participants who have recently completed treatment are required to attend ninety (90) meetings in Ninety (90) days’.*
 - *If Participant is attending Intensive Out-Patient services or Aftercare which meets at the only available AA/NA meeting for their area they may either ‘double up’ on an AA/NA meeting another day or complete the 90 meetings in 120 days.*
 - **TIP:** *Meetings must be conference approved, meaning they can be found on a AA/NA conference website. Informal meetings with sponsor, book studies, volunteering, etc., although an important part of recovery, will not count as a substitute for an AA/NA meeting.*
 - **TIP:** *A ‘Speakers Meeting’ will not qualify as a home group.*
 - **TIP:** *Sponsors must sign off on Calendars, as well as the person chairing for each meeting attended. If Participant chairs the meeting, have an attendee sign Calendar.*
 - **TIP:** *Required contact with a sponsor means meeting with him or her 1:1 and checking in, having a conversation, etc., NOT just making visual contact from across a room or attending the same meeting.*
 - **TIP:** *Recovery is what you put into it. If you want to FEEL better, attend a meeting, if you want to GET better, work the steps.*
 - **TIP:** *When going on vacation, make arrangements with providers to make up the sessions or to agree to ‘double up’ on AA/NA meetings.*
 - **TIP:** *Keep copies of Calendars, send the originals.*
- **Employment and Worksite Monitor (WM):** An RPTP Participant may not return to professional employment on a full-time, part-time, or PRN basis until all required treatment has been successfully completed and the RPTP has a “Fitness for Duty” or “Return to Work” clearance from a Board recognized Addictionologist from Participant’s Primary Treatment Provider (or Psychiatrist if impairment due to mental health issues). The actual return to work date will be determined by the LPTB- RPTP, not the Addictionologist or Psychiatrist.

In order to return to work, an original Employer’s Agreement (EA), along with a job description, must be submitted to let the Board know where Participant will work, what type of work they will do, and for whom. In order to expedite the process, Participants may send initial EAs and job descriptions through the Spectrum On-Line messaging system to the RPTP Manager. The hard copies of EAs and job descriptions should then be sent to the LPTB. Once the EA information is received, the Worksite Monitor (WM)

is contacted by the RPTP Manager to explain the RPTP, confirm Participant will have proper supervision and ensure the position is appropriate. In order to be appropriate, the WM must see Participant on a regular enough basis to be able to recognize changes in Participant's behavior, mood and/or affect which might indicate impairment. Participants are approved for only the location and job indicated on the EA and may not transfer or temporarily work in another site without another EA, even when working for the same company and/or under the same supervisor. In addition, the responsibilities of reporting and frequencies will also be explained. Participants must provide the employer with a copy of their Participation Agreement as well as their Consent Agreement and Order (if applicable). Once the EA is approved, Participant will be notified by the RPTP Manager.

- **Employer's Agreement** must be received and reviewed with employer by the RPTP Manager **before** Participant can begin orientation or return to previous employment. Failure to obtain approval from the RPTP constitutes non-compliance and may result in action against Participant's license.
 - **TIP:** *Bring a copy of an Employer's Agreement to each interview, as well as a copy of the PA and CA&O (as applicable).*
- **Performance Evaluations** are due on the first (1st) day of each month **and will be considered late if received after** the fifteenth (15th) of the month. It is the responsibility of Participant to:
 - Initiate the evaluation process with supervisor once the monthly period has ended e.g. take a copy of the Performance Evaluation to supervisor; ensure document indicates period covered in upper right hand of first page (i.e.: Jan 20--, etc.); ensure days tardy or absent are completed including zeros if none.
 - Both WM and Participant must sign the evaluation, keeping a copy for **both** the WM and Participant's records.
 - If Participant is under supervision for LPTB licensure or due to stipulations of a Consent Agreement and Order, Participant must also provide supervisor a copy of each PE as they are issued.

- **TIP:** *If notified of a missing PE, Participant may submit a copy of the PE in question. It is not up to an employer to provide a copy if an original has already been sent.*
 - **Changes in Employment:** Participant is required to notify the RPTP program in writing immediately of any change in employment status. If there is a change in a WM, have them indicate the change on the next Performance Evaluation under “Other Comments:”. If Participant wishes to change departments within the same agency, a new Employer’s Agreement must be submitted and approved by the RPTP prior to transfer. If Participant has been terminated or has resigned, the WM is to provide a copy of the Separation Notice and any other related documentation to the Board.
 - **Overtime Restrictions:** When Participant has recently completed treatment, they may be initially restricted to working over forty (40) hours a week. This restriction is in place to allow time for Participant to complete treatment requirements and acclimate themselves to recovery.
 - **TIP:** *Work your life around your program, and everything will fall into place, not your program around your life.*
 - **Practicing with Skill:** Participant will be required to successfully practice for a period of time prior to release. This means continual employment with satisfactory (scores of average or better) to include no write-ups or counseling for the period indicated. **This is one of the most important covenants of the Participation Agreement as it demonstrates Participant is able to ‘Practice with Skill’, a basic tenant of licensure.** Failure to meet this stipulation may result in the extension of PA, referral to the LPTB due to non-compliance, or disciplinary action against Participant’s license.
- **Professional Support Groups:** If during the course of their agreement a facilitated support group should become available, a Participant must make arrangements to attend on a weekly basis for the duration of their Participation Agreement. Participant may discontinue Aftercare once he/she has attended a minimum of one year (52 sessions).

The Participant must arrange to have a copy of their Participation Agreement as well as a copy of their Consent Order and Agreement if they have one. Reports from provider are due on the first (1st) day of each month **and will be considered late if received after** the fifteenth (15th) of the month. For example, RPTP Group Reports for January 20XX, are to be received on or before February 15, 20XX.

- **Medication Report Forms:** All prescribed medications must be reported to the RPTP on this form **within 5-days** of the date of the prescription or refill. Participant shall employ only one of each of the following: Pharmacy, Primary Care Physician/Practitioner and Dentist throughout program participation. The Provider must be fully aware of Participant's history to include *Drug of Choice* and participation in the RPTP. The RPTP must have the Medication Report Form with the healthcare provider's signature, a legible name, telephone number and contact information for the provider; each medication documented must specify reason/diagnosis, dose, frequency, quantity and number of refills. Participant must ensure a Medication Report has been submitted **no less than every six (6) months** for on-going prescriptions. The ORIGINAL Medication Report Forms are to be mailed to the LPTB, Participant is to keep a copy for their records.
 - If Participant is scheduled for a medical/surgical procedure, original Medication Report Forms for pre-op, intra-op (including anesthesia), post-op and any discharge medications prescribed must be obtained. Also, make arrangements to have all discharge summaries sent to the Board. Except in a documented emergency, prior to any surgical, dental or medical procedure that may require the use of controlled substances; Participants must notify their Addictionologist and RPTP Manager.
 - Non-narcotic alternatives should always be used whenever possible. If the need for any medication is ongoing, Participant agrees to renew verification of medication every 180-days. Prescriptions for narcotics may not be taken on an ongoing, PRN basis nor written as 'refillable'.
 - **TIP:** *When asking a health care professional to mail the Medication Report Form to the Board, provide them with a stamped envelope with the Board's address already completed.*

- **TIP:** *If Participant has an addictionologist, consult with him/her PRIOR to having a prescription filled.*
 - **TIP:** *If Participant does NOT have an addictionologist, BEFORE filling the prescription:*
 - *Consult the ‘Medication Guide.pdf’ (under “My Documents” under “Help” located in the title bar of the home page of the Spectrum website)*
 - *Consult your pharmacist.*
 - **TIP:** *If Participant HAS to take narcotics:*
 - *Wait to fill the script to see if needed.*
 - *Fill only a few.*
 - *Have someone else hold the medication.*
 - *Dispose of remaining dosage with a trusted witness.*
 - *The prescription should not be ‘PRN’ or indicate refills.*
 - **TIP:** *If a physician recommends an Over the Counter medication listed as a ‘Class B Drug’, include that medication on a **Medication Report**.*
 - **TIP:** *If on a medication for a long time, be sure to submit an initial and routine Medication Report for that prescription. For example: Asthmatic or migraine medications used on an infrequent basis.*

- **Relapse Prevention Plan:** The purpose of a Relapse Prevention Plan [RPP] is to prepare Participant to remain in recovery as they ease back into practice. Typically, Participant will be required to submit a RPP when they wish to return to the RPTP or complete initial treatment, and at the time of exit. A RPP is a narrative which addresses plans of how to deal with potential risk and face challenges practicing as a Physical Therapist or Physical Therapist Assistant, including family or social situations, day-to-day stressors, and eventual exit from the program. In many ways, it is like ‘telling your story’. Although there is no ‘wrong’ or ‘right’ way to write a RPP, it should be candid, insightful and thorough. Plans should reflect where Participant is in recovery. A RPP is a ‘working document’ that changes as Participant progresses through stages of recovery due to personal growth, clarity and insight. The RPP presented today will be much different than one presented a year from now. Through working out a RPP, Participant should be able to recognize personal signs of relapse, and actions to take to remain in recovery. A RPP should identify support people by name who are willing to intervene if relapse should occur, and it should specify actions both Participant and others will take to interrupt relapse. An effective RPP identifies personal relapse warning signs specific to

Participant. It is a tool to help Participants to plan ahead, and stay in recovery. If a RPP is not signed by the Participant and appropriate parties, or does not meet minimum requirements, it will be returned to the Participant for revision. In the interest of anonymity, sponsors are free to sign with only their first name and last initial. A RPP Minimum Data Set is available on the LPTB website.

Sobriety:

- **Drug Screens:** ***This is one of the most important covenants of the Participation Agreement as it demonstrates the Participant is able to ‘Practice with Safety’, a basic tenant of licensure.*** Participant’s lab account must **be activated within 48 hours** following discharge from primary treatment to begin the drug screening process. RPTP Participants must voluntarily submit to **supervised, observed, random** drug screens when selected. Although most screens involve a urine specimen, the program may require analysis of blood, breath, hair, nail or any other procedure as directed by the program. Participant is to call the toll free number or check the testing notification via computer or smart phone daily **(7-days per week from 5:30 am to 3:30 pm CST)**. If Participant is selected to screen and fails to provide a specimen at a designated collection site, the RPTP may consider the drug screen positive and may determine Participant non-compliant with their RPTP agreement. Difficulties which arise from checking-in, testing or messaging in Spectrum must be addressed with Affinity through the Spectrum website, or by contacting Affinity directly. Any inaccurate paperwork (Chain of Custody, labeling, etc.) may result in an invalid drug screen, which may be considered a positive screen. All testing performed by the lab will be at Participant’s expense. Participants may NOT test at their place of employment. It is the responsibility of RPTP Participant to ensure all of the following information is understood and followed:

- a. **Observed Screen:** **All urine specimen collections are to be observed or (negative) results will be deemed “invalid.”** An observed urine specimen means the collector/observer enters the restroom or facility where urination occurs with Participant (the collector/observer must be the same gender as Participant). If it is a

multi-stall restroom, the collector/observer must enter the stall with the Participant. **It is Participant's responsibility to ensure collection of the specimen is observed.**

- b. Hair Specimens:** Depending on Participant's drug history, they may be requested to provide a hair sample; it is the responsibility of Participant to make sure a specimen may be collected from some location on the body, as failure to provide a sample is the same as a positive test.
- c. Frequency of Screens:** Drug screens are scheduled for a *minimum* number of times **per year, not per month.** Screens may be increased for missed or invalid drug screens, missed call-ins, suspicious screens, etc. If Participant misses a scheduled drug screen it may be considered a positive screen. It is extremely important for Participant to keep their lab account active (funded) at all times. Lack of finances does not excuse Participant from missing a scheduled drug screen.
- d. Missed Check-ins and Self-Testing:** If a check-in is missed, it is the Participant's responsibility to "self-test" (an option on Spectrum website) the same day. It will not nullify the event, but it is the best way to possibly mitigate the consequences of a missed screen. The RPTP will NOT tell Participants if they have missed a drug screen and should self-test.
- e. Test Sites:** When choosing tests sites, select several for back-up to include at least one near work and home, find out their hours and their site fees, as they can vary significantly.
- f. Special Tests** – As Affinity does not have access to where Participants work, they cannot take location into consideration when scheduling special tests. If a test is scheduled in an inconvenient location, call to arrange a closer site if possible.
- g. Chain of Custody Forms (COC):** Affinity *Chain of Custody forms* must be used. Additional forms as a backup should be requested from the drug testing company in

advance; running out of **COC** forms may result in a missed drug screen. It is the responsibility of Participant to listen or read carefully to find out which option to mark on their **COC** form. Failure to write the correct option number will result in a delay of test results and additional charges may be applied by the lab for the correct option to be run. If results are considered “invalid” due to **COC** errors, it will be deemed a positive test. **It is the responsibility of Participant to ensure the COC form is filled out completely and correctly with name, social security number, dates, signatures, authorization number and correct drug screen option number.**

- **TIP:** *If using a COC from the lab, make sure it is an Affinity COC or the results will go to elsewhere.*

h. Abnormal Creatinine/Dilute Specimens: Excessive fluid intake, consuming coffee, tea, soft drinks or any other form of caffeine prior to screening will most likely result in an abnormal or dilute urine specimen. Participants must be careful to monitor their fluid intake and avoid taking diuretics prior to screening. Additional screens, medical evaluations and alternate testing such as hair, nail, or blood testing may be required if abnormal screens persist. **Best Practice is to test as early as possible in the morning before consuming fluids.**

- **Maintenance of Abstinence:** It is the responsibility of Participant to refrain from **any** and **all** substances that could cause a positive screen. Also, Participant agrees to avoid exposure to anything that could cause a positive screen. In that regard, Participant shall avoid such items as “hemp oil,” “hemp seeds”, “coca tea” and “poppy seeds” (which can be found in curry sauces, breads, salad dressings, and in or on other foods). Participant agrees not to use ethyl alcohol in any form including “alcohol-free” wine or beer, over-the-counter drugs containing alcohol (cough syrup, Nyquil or other similar OTC drugs or supplements), mouthwash or other hygiene products containing ethanol, foods containing ethanol (desserts, vanilla extract, etc.), communion wine, sanitizing hand or body gels (Purell or other), or any other form of ethyl alcohol. Intentional use or misuse of any of

these products or medications without a physician's order is a violation of the RPTP Agreement.

- **TIP:** *Again, consult the 'Medication Guide.pdf' (under "My Documents" Under "Help" located in the title bar of the home page of the Spectrum website)*

- **Hand Sanitizer:** Routine use of hand sanitizers will not cause a positive result for alcohol or its metabolites, particularly if caution is used to prevent inhaling fumes (*keep hands away from face*). Research shows alcohol is absorbed only minimally through the skin.

- **Relapse:** Although it is the desire of *everyone* for Participant to stay in recovery, remain abstinent and mentally healthy, both severe and persistent mental illnesses and addiction are by nature **chronic diseases**. Part of the function of monitoring is to identify relapse behavior and intervene as quickly as possible in order to protect the public *and* get assistance to Participant before any professional damage or injury occurs. When relapse is presented, Participants must stop the active practice of Physical Therapy and remove themselves from the workplace. Participants are encouraged to initially notify their supervisor themselves, however, the LPTB- RPTP Manager will also contact the workplace. They are then guided to seek remedial treatment from LPTB- RPTP recognized providers.
 - **TIP:** *Remember the Participation Agreement stipulates 'Participant must immediately notify the RPTP Manager and the LPTB of any relapse', the sooner the RPTP knows there is a problem, the sooner the problem can be addressed. The later, the more likely the relapse will have been brought to the attention of the LPTB secondary to damage or a lodged complaint, thus increasing the likelihood of impact on the ability to practice.*
 - **TIP:** *Active Practice means ANY job that requires Physical Therapy licensure to perform; this does NOT mean not having direct patient contact. It is the responsibility of the Participant to seek a formal opinion from the LPTB if in doubt.*
 - **TIP:** *IF Participant remains at worksite in other position, must have supervisor submit signed job description of new position/duties indicating new responsibilities which do not require Physical Therapy licensure. The position may require review and approval by the LPTB prior to start of the other job.*

- **Travel:** Participant must enter a **“Monitoring Interruption”** (MI) via the Spectrum website to notify the RPTP Manager (it is not necessary to additionally call or send an email to the RPTP). Participant must submit request at least two (2) weeks in advance so alternate sites may be arranged if selected to test. Once an MI is submitted, return to the MI request to see if it has been approved or if there are any additional messages from the RPTP Manager. Failure to comply with travel instructions is considered non-compliance. Participants must continue to check-in daily unless traveling outside the U.S. (taking a cruise, etc.). To be exempt from checking-in, Participants must submit an itinerary to the LPTB prior to travel. Participants may also submit a Travel Request when otherwise unable to test, such as when traveling for return visits to treatment provider, **undergoing/recovering from surgery**, etc. The RPTP does not intend to interfere with vacation and leisure activities; however, excessive absences from testing may result in increased testing at a minimum. Travel does not exempt Participants from weekly attendance of required groups. It is up to Participant to make arrangements with their Therapist, Aftercare, etc. as to how to make up for missed meetings. Participants are also encouraged to attend **AA/NA** meetings while traveling.
 - ***TIP:*** *If Participant undergoes medical treatment where they are unable to return to work afterwards, they must have their treating physician submit a Fitness for Duty to include the date they will return to work.*
 - ***TIP:*** *Remember, Participant must undergo a separate LPTB- RPTP determination of Fitness for Duty if planning to return to the workplace while taking prescribed narcotics.*

RPTP Emergency Preparedness Information

Inclement Weather ■ Natural OR Man Made Disasters

- 1) **Working Overtime as part of the Disaster Team:** If restricted from working overtime, Participant may work overtime during emergency preparation/during/aftermath. Please have Worksite Monitor specify the dates required to work overtime on next Performance Evaluation.
- 2) **Drug Screens:** Continue to check-in for daily drug screens. If Participant lives in a mandated evacuation area/affected area, the drug screen may be excused on an individual basis depending on lab availability. A hair or blood test may be required in some circumstances upon return. Also, if relocated during an evacuation, Participant will be expected to coordinate with the testing company for an alternate testing site within new locale. Participants are responsible for taking Chain of Custody forms with them during evacuation. However, those not in mandated evacuation areas or affected areas will be expected to screen as usual.
- 3) **Treatment/Evaluations:** If Participant is scheduled for an evaluation or treatment in an affected area and treatment/evaluation has to be postponed. Participant is to notify the board at info@laptboard.org. If possible, give new appointment date.
- 4) **IOP/Aftercare Meetings:** Again, if Participant is in an affected area these will be excused by the provider on the monthly reports. If Participant misses usual recovery meetings, the RPTP encourages attendance at extra AA/NA meetings for the next few weeks. In particular, for support and to debrief from the additional stressors of a storm or other emergency and assist in maintaining sobriety.
- 5) **Reports:** According to the situation, a short extension may be granted for the receipt of all reports.

Initial Referral to the RPTP

Most likely, a Physical Therapist /Physical Therapy Assistant has been referred by the LPTB, invited to self-report by an employer or treatment provider, or has reached bottom and are desperate for help. Regardless of what brings them to the RPTP, they are *welcome*. Once a potential Participant is referred by the LPTB and contacts the RPTP, the Manager will review the referral documentation and contact Participant to negotiate a time to conduct an Intake Interview. The focus at this stage is to understand what brought the Participant to the attention of the LPTB, and whether further evaluation and/or monitoring may be necessary.

In order to help clarify what services a Participant may need and whether or not they may be a candidate for monitoring, the RPTP Manager may request supportive documentation. It is in the best interest of the Participant to make all efforts to secure whatever has been requested as quickly as possible. Examples of documentation may include:

- Prescription Monitoring Record [from all states of residence].
- Evidence of abstinence through Drug and Alcohol screening.
- Separation Notices or other work documentation sent directly from place of employment.
- Evaluations & Discharge Summaries sent directly from Treatment Provider(s).
- Note(s) from psychiatrist and/or therapist, to include evaluation and diagnosis.
- Criminal Background Check (if not already submitted to the LPTB).
- Certified copies of all pending criminal arrests, convictions, probation, and parole including any pre-trial diversion programs.

Once the RPTP Manager receives all requested documentation and the Intake Interview has been conducted, a Determination Letter will be compiled and sent to the Participant. The letter will provide a summary of information leading to the determination as well as an outline of any action to be taken by the Participant. The letter may also include recommendations to the LPTB. In as much as it is possible and best practices, the individual circumstances of each participant will be taken into consideration in making recommendations.

Completion of the RPTP

Approximately, one (1) month prior to Projected Release Date (PRD), Participants should submit to the LPTB- RPTP a written request for review of their file for exit. Along with their request, Participants should, as applicable, include a revised Relapse Prevention Plan (RPP), and a current Prescription Monitoring Record (PMR) form dated to cover the full length of the Participation Agreement from the time signed by Participant, to the date PMR submitted to the Pharmacy Board. The RPP should reflect the recovery practiced now, and plans to remain in recovery after release from the RPTP. The PRD will concur with the date the Participation Agreement was signed by the LPTB Chairperson, unless otherwise stipulated through a Consent Agreement and Order. Once all program requirements have been met, Participant will be contacted for an Exit Interview, and receive written notification the record is closed; until this letter is received, 100% RPTP compliance is required. **Termination from the RPTP may also occur as a result of relapse and/or non-compliance.**

Re-Entering the RPTP

- 1) Prior to submitting an application, review all correspondence received from the LPTB and the RPTP. Any stipulations indicating evaluation and/or treatment must be met prior to re-entry to the RPTP.
- 2) Write a letter to the LPTB formally requesting re-entry into the RPTP, explaining what has changed since last participation and how the cause of what brought Participant to the attention of the LPTB no longer exists.
- 3) If the nature of impairment is a Substance Use Disorder, write a Relapse Prevention Plan (RPP) using the RPP Data Set available on the LPTB website.
- 4) Follow the recommendations of the LPTB as to the next steps to take in terms of submitting an application and/or contacting the RPTP.
- 5) Once a potential Participant is referred by the LPTB to contact the RPTP, the same process is followed as described in the section: “Initial Referral to the RPTP”.