

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Danielle K. Miranda, unlicensed BA

Petition No. 2024-747

PRELICENSURE CONSENT ORDER

WHEREAS, Danielle K. Miranda of East Haven, Connecticut ("respondent") has applied for licensure to practice as a behavior analyst by the Department of Public Health ("the Department") pursuant to Connecticut General Statutes Chapter 382a as amended; and,

WHEREAS, respondent admits that:

1. The Department has at no time issued respondent a license to practice as a behavior analyst under Connecticut General Statutes Chapter 382a.
2. Respondent had previously been licensed as a registered nurse by the Department under Connecticut General Statutes Chapter 378.
3. While licensed as a registered nurse, respondent was disciplined in Petition Number 2019-87, which was based, in part, on her abuse and/or excessive use of cocaine. Respondent's license was placed on probation by a Memorandum of Decision written by the Board of Examiners for Nursing ("Board"). Respondent subsequently violated her probation after testing positive for cocaine, and the Board issued a second Memorandum of Decision in Petition Number 2020-605 that revoked her license.
4. On or about May 6, 2024, respondent submitted an application for licensure as a behavior analyst to the Department of Public Health and answered affirmatively to question 13, which asked if she had ever been disciplined by a hospital, nursing home, clinic, or similar institution. Respondent failed to answer affirmatively to question 15 and question 16,

which asked if she ever had a professional license disciplined and if she ever entered into a Consent Order.

5. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to Connecticut General Statutes §19a-14.

NOW THEREFORE, pursuant to Connecticut General Statutes §19a-14, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as a behavior analyst as set forth in Connecticut General Statutes Chapter 382a, respondent's license to practice as a behavior analyst will be issued.
3. Respondent's license to practice as a behavior analyst in the State of Connecticut shall, immediately upon issuance, be placed on probation for four years under the following terms and conditions:
 - A. Respondent shall participate in regularly scheduled therapy at respondent's own expense with a licensed therapist pre-approved by the Department ("therapist").
 - (1) Respondent shall provide a copy of this Consent Order to respondent's therapist.
 - (2) Respondent shall furnish her therapist's written confirmation to the Department of the therapist's engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, respondent shall furnish the therapist's written

advice to the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.

- (4) The respondent shall submit reports from her therapist monthly for the first and fourth years of probation and quarterly for the second and third years of probation, which shall address, but not necessarily be limited to, respondent's ability to practice as a behavior analyst safely and competently in an alcohol and substance free state. A report indicating that respondent is not able to practice safely and competently in an alcohol and substance free state shall be deemed to be a violation of this Consent Order. Said reports shall continue until the therapist determines that therapy is no longer necessary, or the period of probation has terminated.
- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates the therapist's services.

- B. During the entire four-year probation, respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance, marijuana, and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said licensed health care professional of respondent's substance abuse history. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and,

upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

- (1) Respondent, at respondent's own expense, shall submit to random observed urine screens for alcohol, marijuana, controlled substances, Ethylglucuronide (EtG) and legend drugs weekly for the first and fourth years and twice monthly for the second and third years; in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as 'Attachment A: Department Requirements for Drug and Alcohol Screens'. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.
- (2) Respondent shall ensure that laboratory reports of random alcohol and drug screens are submitted directly to the Department by the testing laboratory. All screens shall be negative for the presence of drugs and alcohol not prescribed by a licensed health professional. Respondent agrees that an EtG test report of EtG at a level of 500ng/mL or higher shall be deemed to constitute a positive screen for the presence of alcohol under this Consent Order. All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (3) Respondent understands and agrees that if respondent fails to submit a urine sample when requested by respondent's monitor, such missed screen shall be deemed a positive screen.
- (4) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash, fermented beverages and over the counter cough or cold medicines or

remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of an EtG at 500ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash, fermented beverages and over the counter cough or cold medicines or remedies during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports an EtG at 500ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or fermented beverages and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.

- (5) Respondent shall be responsible for notifying the laboratory, therapist, the Department and respondent's prescribing practitioner of any drug(s) respondent is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department, until such time as the controlled substance(s) are not prescribed by the provider, documenting the following:
 1. A list of controlled substance(s) prescribed by this provider for the respondent;
 2. A list of controlled substance(s) prescribed by other providers;
 3. An evaluation of the respondent's need for the controlled substance(s);
 4. An assessment of the respondent's continued need for the controlled substance(s).

- C. During the entire probation, respondent shall attend "anonymous" or support group meetings at least eight times per month, and shall provide quarterly reports to the Department concerning respondent's record of attendance.
- D. Respondent shall provide respondent's supervisor at each place where respondent practices as a behavior analyst throughout the probationary period ("employer") with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of practice with a new employer. Respondent agrees to provide reports from such employer monthly for the first and fourth years and quarterly for the second and third years of the probationary period, stating whether respondent is practicing with reasonable skill and safety and in an alcohol and substance free state. A report indicating that respondent is not practicing with reasonable skill and safety or in a substance free state shall be deemed to be a violation of this Consent Order.
4. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau. The purpose of this Prelicensure Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
5. In the event respondent violates a term of this Prelicensure Consent Order, respondent agrees immediately to refrain from practicing as behavior analyst, upon request by the Department for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the

Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes §§ 4-182(c) and 19a-17(c). The Department and respondent understand that the Commissioner has complete and final discretion as to whether a summary suspension is ordered.

6. This Prelicensure Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Prelicensure Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.
7. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
8. Respondent shall notify the Department of any change(s) in her employment within 15 days of such change.
9. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Practitioner Compliance and Monitoring Unit
Department of Public Health
Practitioner Licensing and Investigations
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, Connecticut 06134-0308

10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to Practitioner Licensing and Investigations of the Healthcare Quality and Safety Branch of the Department.

11. Respondent understands and agrees that this Prelicensure Consent Order may be considered as evidence and the above-admitted violations shall be deemed true in any proceeding before the Department in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with Connecticut General Statutes §20-185m, as amended, is at issue.
12. If, during the period of probation, respondent practices as a behavioral analyst outside Connecticut, she shall provide written notice to the Department concerning such employment. During such time period, respondent shall not be responsible for complying with the terms of probation of this Prelicensure Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Prelicensure Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to practice as a behavioral analyst in Connecticut, respondent agrees to comply with all terms and conditions contained in paragraph 3 above.
13. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent understands that this Prelicensure Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 and 368a, provided that

this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.

14. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
15. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
16. Respondent understands this Prelicensure Consent Order is a matter of public record and shall be reported to National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank maintained by the United States Department of Health and Human Services.
17. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

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I, Danielle K. Miranda, have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

D. Miranda

Danielle K. Miranda

Subscribed and sworn to before me this 10th day of January 2025.



Danielle Viveiros

Notary Public or person authorized
by law to administer an oath or
affirmation

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 10 day of January 2025, it is hereby ordered and accepted.

Christian D. Andresen

Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ATTACHMENT A

REQUIREMENTS FOR DRUG AND ALCOHOL SCREENS

Respondent: Danielle K. Miranda, BA

Petition No. 2024-747

Screening Monitor Information (Name, Address, Phone, Fax, and E-Mail):

RecoveryTrek
440 Monticello Avenue
Suite E100
Norfolk, VA 23510-2671

greatsupport@recoverytrek.com

Erica Knappenberger, Recovery Trek Success Manager 757-943-9800 ext. 4181

PLEASE READ THE FOLLOWING CAREFULLY AND CONDUCT SCREENS ACCORDINGLY:

1. Each screen must test for the following substances: alcohol (breathalyzer tests are not acceptable), EtG (ethanol), amphetamines, barbiturates, benzodiazepines, cannabinoids (THC metabolites), cocaine, opiates (test includes: hydrocodone, hydromorphone, codeine and morphine), oxycodone/oxymorphone, phencyclidine (PCP), meperidine, methadone, methaqualone, propoxyphene, Tramadol and Fentanyl. Screens for additional substances may also be required if so requested by the Department. Partial screens will not be accepted.
2. **Urine collections must be directly observed. The urine monitor must be in the room with the respondent and directly observe the donor providing the urine specimen into the cup.**
3. The frequency of screens is as follows: _____ thru _____ weekly; _____ thru _____ 2 times per month; and _____ thru _____ weekly
4. **Collections must be random. There must be no pre-arrangement between respondent and his or her employer, supervisor, therapist, screening monitor, and/or the lab in scheduling drug and alcohol screens. There must be no pattern of times, dates, or identifiable sequence (i.e. every Monday or alternating Wednesdays).** If a respondent's therapist is also serving as screening monitor, the specimen collection may not only occur on the same day as a therapy session.



Phone: (860)509-7458 * Fax: (860)509-8368 * VP: (860)899-1611

410 Capitol Avenue - MS # 12HSR

P.O. Box 340308 Hartford, CT 06134

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5. Respondent shall check their account through RecoveryTrek every day, Monday through Friday, before 9 a.m., without exception, at which time s/he shall be advised of whether s/he must appear for a screen. Respondent shall appear for specimen collections no later than five (5) hours from the time s/he speaks with the screening monitor.

Respondent must appear for specimen collections within 2 - 5 hours of being notified. The clock starts ticking from the time the screening monitor places the call.

The RecoveryTrek will notify the Department if respondent fails to phone the screening monitor before 9 a.m. (if applicable) or fails to arrive at the collection site within 5 hours of the screening monitor's call.

A MISSED SCREEN IS CONSIDERED A POSITIVE SCREEN.

6. **Respondent will notify RecoveryTrek and the Department in writing at least two weeks prior to scheduled vacations.** Screens will be collected prior to and following periods of vacation at the Department's discretion. **Respondent will give the screening monitor a minimum of seventy-two hours' prior notice if s/he will be unavailable for a screen on a certain day. Absent notice, a missed screen will be considered to be a positive screen.**
7. Specimens are to be handled in such a manner as to maintain Chain of Custody. Chain of Custody documentation must accompany all laboratory reports and/or the laboratory reports shall indicate that the Chain of Custody procedure has been followed. **Respondent must document all medications s/he is taking on each Chain of Custody form (just find a blank space on the form).** Respondent is responsible for Chain of Custody documentation being completed properly. In the event Chain of Custody is incomplete, the respondent may be called for a repeat screen. Chain of Custody forms can be found through your online account with RecoveryTrek. Please see information below on how to set up an account and download the RecoveryTrek mobile app.
8. All positive results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing method.
9. Lab analysis of urine specimens must be conducted through Recovery Trek and has partnered with Clinical Reference Laboratories. To setup an account, please logon to Recovery Trek website and complete the form (<http://www.recoverytrek.com>) and click "contact us" tab. Download the MobileTrek app for RecoveryTrek once you have completed your enrollment.
10. If any problems or questions arise, the screening monitor should call Lavita Sookram at (860) 509-7458, or Olive Tronchin at (860) 509-7644.

Re: Danielle K. Miranda, BA
Pet. No. 2024-747