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**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR INCOME MAINTENANCE
DEPUTY/ASSISTANT DIRECTORS FOR SERVICES
INCOME MAINTENANCE SUPERVISORS
SOCIAL SERVICES TO ADULTS SUPERVISORS**

FROM: EUGENE BARTELL, EXECUTIVE DIRECTOR, CSA

KEVIN MAHON, EXECUTIVE DIRECTOR, IMA

RE: TEMHA REDESIGN

**PROGRAM AFFECTED: TRANSITIONAL EMERGENCY, MEDICAL, AND HOUSING
ASSISTANCE (TEMHA)**

**ORIGINATING OFFICES: CSA/OFFICE OF ADULT SERVICES
IMA/OFFICE OF POLICY ADMINISTRATION**

PURPOSE:

This Action Transmittal will introduce the redesigned Transitional Emergency, Medical, and Housing Assistance (TEMHA) program to be known, henceforth, as TEMHA II. Contents are presented in a format that approximates the AIMS, CARES and Programs Manuals and will serve to establish the policy guidelines for TEMHA II. **This takes precedence over materials used in training and obsoletes Action Transmittal #95-57.**

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I. INTRODUCTION

A. Background:

Transitional Emergency, Medical, and Housing Assistance (TEMHA) was implemented effective July 1, 1995. Although TEMHA served the same population formerly served by the Disability Assistance and Loan Program (DALP), there were marked conceptual differences between the programs. The original TEMHA was not an entitlement program and it provided no direct cash benefit to the eligible customer. Each local department received an allocation from the Department of Human Resources (DHR) to provide customers with a safety net of essential services (e.g., emergency housing/rent payments, personal grooming kits, clothing). TEMHA-funded expenditures to meet customers' needs were governed by local program plans approved by DHR.

B. Changes:

Effective January 1, 1996, for new applicants and February 1, 1996 for recipients and applicants pending as of December 31, 1995, TEMHA will become a capped entitlement program. Eligible persons will be paid a flat \$100 grant that will not be reduced by unearned income as long as the amount does not exceed \$157. If the individual has more than \$157 in unearned income, he is ineligible. TEMHA-eligible persons cannot have any earned income.

Grant expenditures will be handled centrally, by DHR's Office of Budget and Finance. Voucher payments on behalf of TEMHA eligibles will be issued locally. Assistance from flex funds will cease, effective with the January benefit issuance; however, local departments will continue to pay bills for purchases made through TEMHA flex funds prior to February 1, 1996.

Customers whose treating physician has indicated on the DHR/IMA 402B a primary or secondary diagnosis of substance abuse (alcohol or drugs) and who are not actively participating in an inpatient or outpatient substance abuse treatment program certified by DHMH are required to designate a representative payee as a condition of payment. If a representative/protective payee is not designated, a voucher(s) must be issued on the customer's behalf to service providers. Customers whose active participation in an accepted substance abuse treatment program has been verified are not required to have a representative payee. These customers may receive the \$100 directly.

Individuals with a medical disability of less than 12 months' duration or who are not certified by the State Review Team (SRT) as medically disabled according to SSI standards, are limited to receiving TEMHA benefits for no more than 12 months

in a 36 month period. The 12 month limit begins in February 1996 for recipients, and from the first month of benefits for applicants.

The redesigned TEMHA program (TEMHA II) is a capped entitlement program with individuals determined eligible on a first-come, first-served basis. Eligibility determination for TEMHA II will parallel that of TEMHA I. Benefits are paid for as many customers as resources permit. DHR will impose a statewide freeze once funds are committed to a preestablished expenditure level. Once the freeze has been imposed, local departments of social services are prohibited from accepting or processing TEMHA applications until the freeze is lifted.

II. INCOME MAINTENANCE PROCEDURES

A. Process for Identifying/Typing Cases

To assist with simplification of the TEMHA caseload review engendered by the redesign, the Department's Office of Information Management provided local departments with a special run of the S160 caseload register of TEMHA cases. The IMA Disability Management Office (DMO) State Review Team (SRT) issued a listing of TEMHA cases that have been through SRT. The list identified cases with substance abuse diagnoses and indicated whether the case had been determined disabled or non-disabled by SRT according to SSI criteria. In accordance with local department requests, the lists were run in alpha order. Appropriate identifying labels were also provided to facilitate the TEMHA caseload review. This procedure streamlined the review process to determine which cases will be eligible for cash benefits and which will require either a representative payee or the issuance of a vendor payment/voucher at conversion.

Local discretion is advised in the manner in which the substance abuse cases are flagged.

B. Representative Payee

A representative payee is required for grant payments for all substance abuse customers. **The person is exempt if actively participating in a DHMH certified inpatient or outpatient substance abuse treatment program. This must be verified.** Non-substance abuse TEMHA eligible customers who request a representative payee must be allowed to designate a person to perform this function. These customers will, unfortunately, inflate the count of substance abuse cases as they will be coded as not to receive direct cash benefits. Some customers may already have a representative payee on EBTS (Electronic Benefit Transfer System) for the Food Stamp benefit. This person may also serve as the payee for TEMHA. The representative payee must be added to the system prior to referral for an EBTS card.

Advise the representative payee who does not already possess an EBTS card that some valid (i.e., government issued) form of photo ID is required for EBTS training. If he has previously received EBTS training, he can walk in for a new card.

In some instances, the treatment program may serve as the representative payee for both FS and TEMHA PA benefits. Local department discretion will determine the procedure for obtaining the signed and completed representative payee request/declaration and agreement form(s). The payee must agree to the conditions and be responsible for making payments on the customer's behalf.

Local discretion is advised for determining whether a background check on the designated representative payee is necessary. When the customer requires assistance in designating a representative payee, he is to be referred to the appropriate worker.

C. Vendor Payment

Customers whose cases have been identified for non-receipt of direct cash benefits and who have not designated a representative payee may submit a rent declaration form from the landlord. A vendor payment will be paid directly to the landlord for customers who have substance abuse diagnoses. If the rent is less than \$100 or if there is no landlord to whom rent is owed, the remainder must be vendored for another purpose, such as support of informal living arrangements, food, clothing, utilities, or personal care items. Refer customers who need vendor payments to the appropriate worker.

D. Applying for Assistance after December 31, 1995

Anyone who wishes to apply for assistance after December 31, 1995 must be given the opportunity to apply. When all funding has been committed, DHR will impose a statewide freeze on the TEMHA active caseload. No new applications will be accepted and processing of applications will cease.

The local department of social services will continue to refer at-risk eligible applicants to the local housing authority for issuance of rent vouchers, if such assistance is available, and make referral for appropriate community services.

E. Applicants

All applicants are to be considered "short-term", even if they submit a 12 month medical, pending SRT approval. Once the case is SRT-approved, change the coding to "long-term".

F. Current Recipients

Active ongoing TEMHA cases will not receive cash benefits until February 1, 1996. Ongoing long-term cases will be considered "short-term", pending SRT confirmation of 12-month disability according to Supplemental Security Income (SSI) criteria. The end dates will not change.

Customers receiving Food Stamp benefits will continue to receive them; however, the TEMHA flat grant amount or voucher is countable Food Stamps income. According to a provision in Food Stamp policy, "all or part of a public assistance (PA) or general assistance (GA) grant or payment which is diverted to a third party or to a protective payee for purposes, such as, but not limited to, managing a household's expenses, shall be considered income to the household and not excluded as a vendor payment..."

Customers who have a Medical Assistance or Pharmacy Assistance card will retain coverage under the appropriate program.

Current recipients of the Primary Care for the Medically Indigent (PCMI) Program who are enrolled with a PCMI provider will continue to automatically receive health benefits administered by the Department of Health and Mental Hygiene.

G. Eligibility Determination

Assignment of responsibility for determining TEMHA eligibility will be at the local department's discretion. Staff performing the eligibility determination function will establish the eligibility period based on the disability period specified by the physician who completed the DHR/IMA 402B Medical Evaluation Report. The appropriate worker will take the application for Food Stamps and/or Medical Assistance, if applicable.

H. SRT

Refer all 12-month disability applications to the State Review Team for possible eligibility for a Federal Medical Assistance category. If a TEMHA applicant requests Medical Assistance, referral is made to SRT regardless of the length of the disability. All applicants with a twelve-month disability must be certified by the SRT or be treated as a short-term recipient subject to the 12 grants in 36 months restriction. In other words, all applications will be considered short-term cases subject to the 12 grants in 36 months limitation unless there is SRT approval.

The cases of current customers with 12 month disabilities are coded 04-82. Those with SRT approval will remain as 04-82 if payments are to be by voucher. All others with SRT approval will be converted to 04-84. Those without SRT approval will be coded 04-83 or 04-81 (if vendor payments).

If the diagnosis on the 402B reflects a terminal condition, the eligibility period must be entered on the system as 12 months regardless of the actual prognosis. These cases must be referred to SRT and DEAP. **SRT will certify the case as permanently disabled - no re-application required.** The system will not accept these cases for long-term payment otherwise.

I. Payment Period

Once the individual receives 12 months of benefits, he must be SRT-approved again for any additional benefits. If SRT does not approve the subsequent application, eligibility for TEMHA ends. If an individual has received 12 payments and then is SRT approved, eligibility continues. **The 12 months begins February 1996 for recipients and the first payment month for applicants.**

J. Appeal Rights

TEMHA applicants and recipients cannot appeal the change, denial or termination of benefits due to exhaustion of funding or due to the transition from TEMHA I to TEMHA II.

K. Promissory Notes

TEMHA II has no promissory notes. However, as with TEMHA I, any DALP promissory notes in effect June 30, 1995 that have not been forgiven because the customer subsequently obtained a 12 month medical, are pursued when the TEMHA II case closes.

L. TEMHA AIMS Procedures

Code the Subcategory field on the AIMS 2 as follows:

- "83" to indicate short-term cash assistance issued directly to the customer or to a representative payee for persons who were not approved by SRT (State Review Team) or whose medical documents a condition of less than 12 months' duration or while awaiting SRT decision.
- "84" to indicate long-term cash assistance directly or through a representative payee for persons whose cases were approved by SRT.
- (Code "81" will continue to be used for active short-term assistance with no pay, and code "82" will continue to be used for long-term assistance with no pay. Codes "81" and "82" must be used for substance abusers receiving voucher assistance.

Caseworkers must assure that cash assistance is not issued directly to TEMHA eligibles who have a substance abuse diagnosis indicated on the DHR/IMA 402B, and who are not actively participating in substance abuse treatment. The treatment program must be certified by DHMH and involve transactions with/by a substance abuse counselor.

1. PENDING TEMHA APPLICATIONS PRIOR TO DECEMBER 31, 1995

If the application date for TEMHA is prior to January 1, 1996, apply pre-January, 1996 TEMHA regulations to those eligibility decisions. These customers cannot receive cash assistance until February 1, 1996, but may be eligible for flex fund assistance during January, 1996.

2. APPLYING FOR ASSISTANCE AFTER DECEMBER 31, 1995

Use the Combined Application Form (CAF) in AIMS jurisdictions to determine eligibility for TEMHA, Food Stamps and Federal Medical Assistance (FMA). A completed application and a face-to-face interview are required at application and at 12-month intervals.

- Enter the "C" indicator code (face-to-face interview not required) in the appropriate field on the AIMS 2 for cases in subcategory code 04-81 and 04-83.
- Enter a "D" (face-to-face interview required) on the AIMS 2 for cases in subcategory 04-82 and 04-84.

The AIMS Eligibility End Date for TEMHA equals the period of medical incapacity indicated on the DHR/IMA 402B or the month in which the 12 payment maximum is reached. **Customers approved by SRT have no limit on the number of 12 month payment periods. All others are subject to the 12 months eligibility in 36 months limitation.**

The AIMS Face-to-Face Indicator is "C" if the Benefit End Date is not month 12 of TEMHA eligibility. The AIMS Face-to-Face Indicator is "D" if the Eligibility End Date is the 12th month of TEMHA eligibility. Redeterminations are due at least every 12 months.

At the end of the certification period the caseworker will send the customer form 402B. A new 402B is required for each new certification period. If the customer fails to return the 402B or he returns the

form but is no longer disabled, the worker will enter the correct status reason code on the AIMS 2/3A to close the TEMHA case promptly so as to avoid closure of the Food Stamp case. Continue the Food Stamps case in Category 18 until the end of the certification period.

Following are some specifics to be applied to the redesigned TEMHA program:

- AIMS will be programmed to automatically issue a cash benefit amount of \$100.00 for each month of eligibility, for customers with subcategory code 04-83 or 04-84. In AIMS, the first benefit is always done by OTO.
- The first month's benefit is not prorated.
- There will be no recoupment of a previously owed debt incurred through DALP or GPA.
- Until AIMS can be reprogrammed to change the system-generated approval letter for new TEMHA eligibles, the approval letter must be suppressed by caseworkers. The current approval letter states that no cash assistance is available under TEMHA. A revised approval letter is attached to this Action Transmittal. The worker will send the letter to the customer.

Enter the amount of the TEMHA benefit received through a voucher payment as unearned income on the AIMS 3 for Food Stamps. For cash benefits paid, AIMS will carry over the cash amount received to the calculation of the Food Stamps benefit.

Food Stamp and Federal Medical Assistance Certification Period:

The Food Stamp certification period for all TEMHA recipients in category 04 is 12 months.

Federal Medical Assistance (FMA) is certified for a 12-month period.

NOTE: If the local department of social services is issuing a local supplement, manual notices must be sent when the benefit is increased or decreased due to a change in the local supplement.

M. CARES Procedures

CARES WILL DETERMINE ELIGIBILITY FOR TEMHA BUT WILL NOT ISSUE THE REGULAR GRANT UNTIL SYSTEM CHANGES ARE MADE. THE \$100 TEMHA FLAT GRANT IS ISSUED BY CREATING AN UNDERPAYMENT BENEFIT ERROR GROUP (BEG) OR MANUALLY THROUGH THE 312-T VOUCHER PROCESS OUTSIDE OF CARES.

Use the procedures in Sections A, B or C depending on application date and case status to put case into TEMHA II.

SECTION A **TEMHA CASES ACTIVE ON CARES EFFECTIVE 1/1/96**

1. Determine that the case is correctly on CARES:

- Review the case record to determine if substance abuse is indicated on the medical form (402B).
- If substance abuse is indicated on the 402B and the customer is not actively participating in substance abuse treatment, the case must be set up as an authorized representative EBTS payment or use the 312-T voucher process. Discussion with the customer will be needed to determine the appropriate process.

If an authorized representative is required, enter a "Y" in the Auth Rep field on the ADDR screen. When the AREP screen appears, enter the representative type of "P1" and the necessary information regarding the representative.

- Check the STAT screen to determine the issuance method is correct (BEET for regular and authorized representatives and BCHK for check issuances).
- On the DEM1 screen, in the "Place of Birth" field, enter the word "BEG" if the customer receives direct cash assistance or has an authorized representative. Enter "voucher" if benefits are being paid via 312-T processing.
- Review the information on the DEM2 screen to ensure that it is correct:

Disability Type field - If substance abuse is either the primary or secondary diagnosis, enter:

"A" for Alcoholism

"T" for Drug Abuse

If another type of disability, enter the appropriate code

TEMHA Type field

"1" for short term or for 12 month disabilities pending or denied SRT certification

"2" for long term disabilities certified by SRT

Disability Approval Source field

"MP" if not approved by SRT

"MS" if approved by SRT

Treatment Participation field

If the substance abuse TEMHA customer is actively participating in a DHMH-certified treatment program, enter a "Y" in this field. Use the appropriate verification valid value.

- Enter the TEMHA benefit on the UINC screen so it is counted toward MA and FS:

Enter \$100 of unearned income coded as "GA"
(GPA-Maryland)

Enter verification code of "OT" (Other)

Enter the frequency as "AC" (Actual)

Make sure that an application and updated status for either SSI or DEAP is indicated on the bottom of the UINC screen.

2. Making TEMHA payments for cases active on CARES

- The first cash payment for TEMHA recipients active prior to January 1, 1996 will be paid February 1996. Customers with an application date of 1/1/96 or later may receive cash payment during January 1996.
- The first week of the month, each LDSS will receive a listing of its active TEMHA cases, effective the first of that month.
- Determine the payment type:
 - A. Issue a \$100 underpayment BEG if:
 - 1) the disability type on DEM2 is not "A" or "T";
 - 2) the disability type on DEM2 is "A" or "T", but there is a "Y" in the Treatment Participation field; or

- 3) the disability type on DEM2 is "A" or "T" and there is an authorized representative.

Option "R" from CARES Main Menu screen
Option "E" from RMEN screen
Enter \$100 for payment month
Code BEG type as "SN" (special need)

- B. If the disability type on DEM2 is "A" or "T" and there is **no** authorized representative, benefits are paid via 312-T processing.

SECTION B **TEMHA APPLICATIONS TAKEN PRIOR TO JANUARY 1, 1996**

1. These cases follow the old TEMHA rules through January 31, 1996. Only voucher payments through TEMHA flex funds in accordance with local plans can be issued through 1/31/96.
2. These cases will receive the \$100 benefit amount effective February 1, 1996 and follow the same procedures outlined in Section A (TEMHA CASES ACTIVE ON CARES 1/1/96).

SECTION C **TEMHA CASES THAT APPLY ON OR AFTER JANUARY 1, 1996**

1. These cases will receive the \$100 benefit effective the first of the month in which they apply.
2. Process the case using the following procedures.
 - Make sure that new applications are still being taken for TEMHA (the program is a statewide capped entitlement.)
 - Review the 402B medical form to determine if substance abuse is indicated.
 - If substance abuse is indicated on the 402B and the customer is not actively participating in a DHMH-certified substance abuse treatment program, the case must be set up as an authorized representative EBTS payment or use the 312-T voucher process. Discussion with the customer will be needed to determine the appropriate process.

- If an authorized representative is required, enter a "Y" in the Auth Rep field on the ADDR screen. When the AREP screen appears, enter the representative type of "P1" and the necessary information regarding the representative.
- Check the STAT screen to determine the issuance method is correct (BEBT for regular and authorized representatives and BCHK for check issuances).
- On the DEM1 screen, in the "Place of Birth" field, enter the word "BEG" if the customer is to receive direct cash assistance or "VOUCHER" if benefits are to be paid via 312-T processing.
- Review the information on the DEM2 screen to insure that it is correct:

Disability Type field If substance abuse is either the primary or secondary diagnosis, enter:

"A" for Alcoholism

"T" for Drug Abuse

If another type of disability, enter the proper code

TEMHA Type field

"1" for short term or for 12 month disabilities pending or denied SRT certification

"2" for long term disabilities certified by SRT

Disability Approval Source field

"MP" if not approved by SRT

"MS" if approved by SRT

Treatment Participation field

If the substance abuse TEMHA customer is actively participating in a DHMH-certified treatment program, enter a "Y" in this field. Use the appropriate verification valid value.

- Enter the TEMHA benefit on the UINC screen so it is counted toward MA and FS:

Enter \$100 of unearned income coded as "GA"
(GPA-Maryland)

Enter verification code of "OT" (Other)

Enter the frequency as "AC" (Actual)

Make sure that an application and updated status for either SSI or DEAP is indicated on the bottom of the UINC screen.

2. **Making TEMHA payments for cases that apply 1/1/96 or later**
 - Customers with an application date of 1/1/96 or later may receive cash payment during January 1996.
 - The first week of the month, each LDSS will receive a listing of its active TEMHA cases, effective the first of that month.
 - Determine the payment type:
 - A. Issue a \$100 underpayment BEG if:
 - 1) the disability type on DEM2 is not "A" or "T";
 - 2) the disability type on DEM2 is "A" or "T", but there is a "Y" in the Treatment Participation field; or
 - 3) the disability type on DEM2 is "A" or "T" and there is an authorized representative

Option "R" from CARES Main Menu screen
Option "E" from RMEN screen
Enter \$100 for the payment month
Code BEG type as "SN" (special need)
 - B. If the disability type on DEM2 is "A" or "T" and there is **no** authorized representative, benefits are paid via 312-T processing unless the person is in a DHMH-certified treatment program.

3. **Regular TEMHA payments through BEG**

When paying regular TEMHA payments through BEGs, follow the procedures for paying existing TEMHA cases described in Section A. Use the query report each month to identify active TEMHA cases and the type of issuance to perform.

SECTION D NOTICESOverriding Notices

While finalizing and performing interim changes on TEMHA cases, the notices must be overridden and a manual letter sent.

- In CARES Letters (option F) from CARES Main Menu, a template for the TEMHA Approval Notice (#0112) has been added and can be utilized by the local department.
- A template for the Interim Change Notice (#0111) has been added in CARES Letters (option F) from CARES Main Menu.
- The correct COMAR Citations must be added to each letter in the appropriate space.

Underpayment notices currently produced by batch processing will not be sent to a TEMHA recipient who has an underpayment BEG approved for reason "SN" (special need). GPA-PW recipients who have an underpayment coded as "SN" will also not receive a batch generated notice. Another reason code (AE or CE) should be used when issuing an underpayment to this population.

N. Disability Entitlement Advocacy Program (DEAP)

Completion of DEAP-Related Forms

The local department must refer to DEAP, for representation with the Social Security Administration (SSA), all active TEMHA customers with a disability of 12 months or more.

Referrals must be sent to DEAP immediately upon approval, concurrently with the SRT referral. NOTE: Customers with a 12-month disability who are SRT approved will be considered mandatory for cooperation with the SSI process. All others will be considered volunteers and will not be sanctioned for failure to cooperate. Do not batch referrals for weekly or monthly mailing.

The following forms must be included in all referrals to DEAP:

SSA-1696-U4 (9/94) with all copies intact. The caseworker should make a photocopy of the FILE COPY of the 1696 for the case record. If the customer has another representative, the other representative's name is to be recorded in Part I of the 1696.

Only the following blocks on the 1696 are to be completed:

- Name (Customer), at the top of the form
- Social Security Number, at the top of the form
- Signature (Customer), in Part I
- Address, in Part I. Enter the complete address
- Telephone Number (With Area Code), in Part I
- Date, in Part I

DHR/IMA 340 (Interim Payment Reimbursement Authorization, rev. 6/94) **Original only**. The 340 requires a State Representative's Signature and Title. This signature must be dated the same date as the Applicant's Signature.

Copy of the DHR/IMA 402B (Medical Evaluation Report)

Copy of the DHMH 4204

The mailing address for DEAP is:

**Disability Entitlement Advocacy Program
301 N. Charles Street, Suite 100
Baltimore, MD 21201**

The caseworker will place copies of the 1696 and 340 in the case record, give the customer a copy of the 340, and forward a copy of the 340 to the local finance office. DEAP will send the customer his/her copy of the 1696 after it has been signed by the DEAP representative.

Additional forms/material that should be sent to DEAP if the recipient has already filed include:

SSA 8001 - Receipt for SSI Claim

SSA FS-16 - Receipt for SSDI Claim

Any available documentation of the customer's disability and any other correspondence from the Social Security Administration.

Normal Processing of Social Security Applications and Appeals

1. Application

Within 30 days after application for SSI/SSDI, the Social Security Field Office forwards the claim to the Disability Determination Service (DDS). The DDS gathers the medical evidence necessary to determine if the customer satisfies the federal definition of disabled and returns the disability decision to the SSA Field Office (FO). If the

customer has been found disabled, the DO contacts the customer by mail to arrange a Pre-Effectuation Review Conference (PERC). The customer may request assistance from the local department Social Services to Adults (SSTA) worker. At this conference, the SSA Claims Examiner will review the customer's income and resources and determine if the customer meets the federal financial criteria for eligibility prior to beginning the actual SSI payments.

The SSI application process is currently averaging 7 months. When a decision is reached, the customer and the Authorized Representative will be notified by mail.

2. Reconsideration

The customer has 60 days from notification of denial to request Reconsideration. This first level of appeal is a paper review. DEAP (or another Authorized Representative chosen by the customer) will initiate the request. Social Security will return the reconsideration request to the DDS where the medical records will be updated and the customer's eligibility reassessed. This process currently averages an additional 7 months.

3. Social Security Administrative Law Judge (ALJ)

When denial of the application for SSI is upheld at reconsideration, the Social Security Administration will notify the customer and the Authorized Representative of the 60-day window for filing for a hearing before an Administrative Law Judge (ALJ). This is the second level of appeal. The Request for Hearing is sent to the Social Security FO for forwarding to the federal Office of Hearings and Appeals (OHA) in either Baltimore or Washington, D.C. After receiving the request, OHA assigns a hearing date. The ALJ process currently averages an additional 11 months for a total of 25 months, on average, from the initial application to approval at the ALJ level.

For hearings before an SSA ALJ, the customer should appear in person with his representative. DEAP provides a representative to accompany the customer or the customer may elect to have a private representative. **Representation by DEAP is paid for by the State. There is no cost to the customer.** Private representatives usually require a contract stipulating that, if the customer is found eligible for SSI, he/she will pay a flat fee or a percentage of the benefit award amount not to exceed \$4,000. The hearing affords the customer an opportunity to present updated medical records and testimony. After the hearing, the ALJ has an additional 60 days to render a decision.

4. Further Appeals

Further appeals to the SSA Appeals Council of OHA and to the Federal Court are possible.

5. Establishing Customers in Pay Status

Favorable eligibility decisions by Social Security at any of the levels described above will require a Pre-Effectuation Review Conference (PERC), as previously described. Receipt of the first check will usually occur within 60 days from the favorable Social Security decision. Because of the Interim Assistance Reimbursement (IAR) process, the Social Security Administration should send the customer's initial retroactive lump sum check to the local department of social services for reimbursement of the value of TEMHA payments issued during concurrent months of eligibility.

Customer Applications to Social Security

The local department worker will submit all 12-month disability TEMHA cases to the State Review Team. Those cases wherein SRT confirms the 12-month condition as disabling according to SSI criteria must be referred to DEAP. The worker will inform the customer that DEAP will make an appointment on his behalf in order for him to apply for SSI.

Customers with disabilities of 12 months or more must be referred to DEAP. Those that become SRT approved are required to cooperate with DEAP. The others are voluntary. Advise all customers with 12-month disabilities that they must apply for and fully pursue all possible cash grant benefits, especially SSI/SSDI.

It is recommended that staff advise TEMHA customers referred to DEAP to attend all scheduled Social Security appointments in person so that the SSA representative can record observations about the customer's condition in the Social Security case file. Failure to pursue these federal benefits fully will result in termination of TEMHA benefits. The IM worker will inform the customer with potential eligibility for SSI/SSDI that his complete cooperation with DEAP is required in order for the SSI/SSDI application process to proceed in a timely manner.

DEAP will verify, via the State Data Exchange (SDX) and other SSA notification, the customer's filing of an application for benefits.

Persons applying for SSI benefits or appealing denials should be accompanied by an Authorized Representative during each step of the process. This representation can be provided by DHR/DEAP or a private attorney. If the TEMHA customer has already designated someone to act on his behalf in the Social Security application process, the designated worker indicates in Section 1 of the SSA 1696 form the name of the person who is representing the customer.

DEAP Notification to LDSS

1. Quarterly Reporting of Case Status

Prior to the 10th of the first month of each quarter, DEAP will provide the TEMHA Coordinator in each local department with a list that gives the current status of all DEAP cases within that jurisdiction. This notification will come in the form of a computer-generated listing which must be retained by the local TEMHA Coordinator or a designated individual within each office. These quarterly DEAP Status Reports must be accessible to all local IM workers because the information contained in these monthly reports may affect eligibility for other programs.

Before taking adverse action based on the information contained on the report, workers should attempt to contact the customer to verify information. If information is incorrect or more current information is available from these customer contacts, the designated worker should notify DEAP via a 428 Notice of Change form. Any questions or clarifications should be handled, to the extent possible, with a telephone call to DEAP using either the Baltimore area number (332-0185) or the statewide number (1-800-727-6451).

If the customer is shown as having an Authorized Representative other than DEAP, it is the responsibility of the IM worker to monitor the customer's progress in pursuing SSI/SSDI. This monitoring should occur through discussions with the customer or the Representative, or through requests for and review of TPQY information. The worker should use the 745 to flag the case for follow up at 3 month intervals.

Note: SSI decisions are not considered "final" as long as the customer is pursuing the case through the Social Security appeal process. A "final decision" can occur at any level of the Social Security process, i.e., Initial, Reconsideration, ALJ, Appeals Council or Federal Court.

Even though the TPOY may indicate a denial, the customer could be appealing the decision. It is the worker's responsibility to verify the customer's appeal status by contacting the Authorized Representative or by seeing the customer's notice of appeal which is sent by Social Security.

2. Failure to Pursue Benefits

DEAP will notify the local department, regularly, of all customers whose cases DEAP has closed for any reason. This notice of DEAP closing will be in the form of a memo, to the local department's Income Maintenance TEMHA Coordinator indicating the reason for DEAP's withdrawal of representation. In response to memos notifying the local department of closure due to customer noncooperation, the worker will refer the customer to the SSTA worker for crisis management or case management services to address barriers to keeping future appointments, give written 10-day advance notice of adverse action to the customer that his TEMHA case will be closed and will file a copy of the notice in the case record. At this point, continuing eligibility for FS must be reviewed. If the worker is unable to determine continued FS eligibility, the case is closed effective the month following the TEMHA closing month (unless the TEMHA closing coincides with the end of the FS certification period).

3. Receipt of SSI/SSDI Benefits

In addition to the monthly report, DEAP will provide the TEMHA Coordinator within each local office with a separate monthly listing of active TEMHA customers who have been placed in pay status for SSI/SSDI benefits. Cases in pay status for federal benefits must be closed on TEMHA and the Food Stamp case for individuals who receive SSI must be adjusted to reflect the new income amounts.

In AIMS jurisdictions, the worker will change the FMA code on the 8000 from 09, 19, or 29 to 01 (Aged), 03 (Blind), and 06 (Disabled).

In CARES jurisdictions, the worker will close the S98 coverage group first and then open the case in the S02 coverage group.

0. Maryland Pharmacy Assistance Program (MPAP)

There is no change in eligibility requirements for a Maryland Pharmacy Assistance Program card.

P. Primary Care for the Medically Indigent (PCMI)

Medical services coverage under the Primary Care for the Medically Indigent (PCMI) program will continue for eligible and enrolled TEMHA customers.

III. TEMHA Service Codes

The appropriate worker will assess the medically eligible applicant's service need(s) and make the appropriate referral(s).

The five project categories currently being used for TEMHA service assistance will continue. The service codes are as follow:

TEMHA Project Categories - Program Category 16

- (S) 16N1 Flex Dollars - Intake
- (S) 16C1 Flex Dollars - Continuing Receipt
- (S) 16N2 Rental Allowance Program (RAP) - Intake
- (S) 16C2 Rental Allowance Program (RAP) - Services

SSTA Project Category - Program Category 10

- (S) 10C5 TEMHA - Case Management

(Note: "S" is used as part of a service code in AMF jurisdictions, but is not used as part of a service code in CARES jurisdictions. This difference is indicated by "(S)" as part of a service code.)

Any of the TEMHA project categories may be closed with the general Close/ODO codes of 000-004 and a new code of 098 for customer-initiated closing. The IM-related codes with specific reasons for termination of TEMHA eligibility are 002-004. If the specific codes do not apply, use Code 001 for all other financial, medical, and technical reasons for an eligibility worker terminating TEMHA eligibility. Use Code 000 if TEMHA assistance ends because objectives are achieved; however, that should now be rare due to the new entitlement nature of TEMHA.

Code 098, Customer Initiated Closing, is used when a customer's action or inaction is the reason for a case closure. Among the potential reasons are that the customer cannot be located, does not make necessary interview appointments, is not reachable by mail or telephone, or does not identify third parties to whom voucher payments may be made.

A. Service Codes for TEMHA Voucher Assistance

Project category (S) 16N1, Flex Dollars - Intake, is used when a worker reviews a TEMHA eligible person for TEMHA voucher assistance for rent payments and purchase of goods or services. Voucher assistance is only available under TEMHA redesign for TEMHA eligibles with a medical diagnosis of substance abuse (drugs or alcohol) on the DHR/IMA 402B, who are not actively participating in a DHMH-certified substance abuse treatment program, and for whom a representative payee cannot be identified for receipt of TEMHA grant assistance. Voucher assistance is not available for the other categories of TEMHA eligibles. TEMHA redesign takes effect as of 1/1/96 for new applicants and as of 2/1/96 for currently eligible persons and for new enrollees applying prior to 1/1/96.

The same process is used for issuing voucher assistance under TEMHA redesign as was used for flex fund assistance under the original TEMHA. The main difference is that under TEMHA redesign the voucher assistance is not made available in accordance with local plans or at the local department's discretion. Voucher assistance is a capped entitlement for TEMHA eligibles with a substance abuse diagnosis and without a representative payee. The monthly benefit amount is \$100.

Individuals are determined eligible for TEMHA on a first-come first-served basis. Benefits are paid for as many customers as resources permit. Once the maximum appropriation for a fiscal year is committed based on the Statewide TEMHA caseload, processing of TEMHA applications will cease and no new eligibles may be approved for benefits until the Statewide freeze is lifted.

The DHR/CSA 312-T TEMHA Purchase Authorization and Invoice is still used by the local worker to issue vouchers for rent payments and goods and services purchased for TEMHA eligibles unable to receive grant assistance. Each 312-T form is limited to purchases for one TEMHA eligible customer from one vendor. More than one TEMHA fund type may be included on the form, at the locality's discretion.

The existing process in each jurisdiction for completing and issuing vouchers, tracking, and cutting checks to vendors is followed. Prior to issuing TEMHA voucher assistance, it must be confirmed that the individual is an active TEMHA case for the date of assistance and is not receiving TEMHA grant assistance directly or through a representative payee. Also, it must be assured that \$100 in voucher assistance is issued for an individual each month. The \$100 of assistance may be distributed through more than one vendor.

When a check is issued through the local finance office for voucher assistance, the expenditure information must be recorded by the local finance office onto the TEMHA Interim Assistance Reimbursement (IAR) data base. The TEMHA data base is used for collecting information for management reporting, as well as for the federal IAR claims process when a TEMHA eligible person gains SSI or SSDI eligibility.

The following Close/ODO codes are used to document the result of a TEMHA voucher assistance intake review:

(S) 16N1, Flex Dollars - Intake

160 benefit denied (non-IM reason)
161 benefit approved (continuing assistance)
162 benefit approved for OTO (one-time-only) issuance
000 objective achieved
001 customer not financially eligible (IM reason)
002 deceased
003 moved out of jurisdiction of the local department
004 entered an institution (e.g., nursing home)
098 customer initiated closing

Codes 160-162 are limited to the TEMHA project categories of (S) 16N1 and (S) 16N2.

Code 160 is used when voucher assistance is denied for a TEMHA customer because the individual does not have a medical diagnosis of substance abuse and must receive grant assistance directly. Also, for customers with documented substance abuse diagnoses, voucher assistance is denied if a representative payee is identified for receipt of the grant assistance.

Code 161 means that ongoing voucher assistance is approved. Concurrent with closing the (S) 16N1 intake project category, the project category (S) 16C1, Flex Dollars - Continuing Receipt is opened.

Code 162 means that voucher assistance is approved for one-time-only. This may occur if it is known that grant assistance through a representative payee will begin the following month, so voucher assistance is only needed for one month.

Project category (S) 16C1, Flex Dollars - Continuing Receipt is used when an (S) 16N1 project category is closed with a code of 161, indicating approval for ongoing receipt (e.g., more than one-time-only) of TEMHA assistance through vouchers. Keep the (S) 16C1 project category open until

you terminate ongoing voucher assistance with one of the following Close/ODO codes:

(S) 16C1, Flex Dollars - Continuing Receipt
165 benefit terminated (for a reason not otherwise defined)
166 no longer eligible (non-IM reason)
167 SSI approved
000 objective achieved
001 customer not financially eligible (IM reason)
002 deceased
003 moved out of jurisdiction of the local department
004 entered an institution (e.g., nursing home)
098 customer initiated closing

Codes 165-167 are limited for use with the TEMHA project categories of (S) 16C1 and (S) 16C2.

Use Code 165 when ongoing voucher assistance is ended due to any reason not related to eligibility or the other reasons which are coded.

Use Code 166 when voucher assistance ends because a representative payee has been identified who will start to receive the customer's grant assistance. Also, it would end if the individual no longer has a medical diagnosis of substance abuse or is actively participating in treatment.

Use Code 167, rather than Code 001, when TEMHA eligibility is terminated because the individual has been approved for Supplemental Security Income (SSI).

B. Service Codes for TEMHA RAP

Under TEMHA redesign, there is no change in the use of project categories (S) 16N2, **Rental Allowance Program (RAP) - Intake** and (S) 16C2, **Rental Allowance Program (RAP) - Services**. The codes are only relevant for those jurisdictions participating in TEMHA RAP. The TEMHA 312-T form is not used for TEMHA RAP referrals. Forms and procedures established by the Department of Housing and Community Development and the local housing authority are used.

(S) 16N2 is opened when a TEMHA eligible person is reviewed for TEMHA RAP assistance. Use one of the following

Close/ODO codes to document the result of the intake review:

(S) 16N2, Rental Allowance Program (RAP) - Intake
 160 benefit denied (non-IM reason)
 161 benefit approved (continuing assistance)
 000 objective achieved
 001 customer not financially eligible (IM reason)
 002 deceased
 003 moved out of jurisdiction of the local department
 004 entered an institution (e.g., nursing home)
 098 customer initiated closing

Usually, the appropriate code is 160 or 161. The worker may deny RAP assistance as being unnecessary, inappropriate, or non-fundable, and use code 160 without referring to the local RAP authority. If a RAP referral is made, the service worker uses a code 160 or 161 once the local RAP authority communicates its final determination of RAP eligibility. In unusual circumstances, code 000-004 or 098 may be appropriate for ending RAP intake.

A code of 161 for approval means that a project category of **(S) 16C2, Rental Allowance Program (RAP) - Services**, must then be opened for ongoing RAP assistance. Keep (S) 16C2 open until TEMHA RAP assistance is terminated with one of the following Close/ODO codes:

(S) 16C2, Rental Allowance Program (RAP) - Services
 165 benefit terminated (for a reason not otherwise defined)
 166 no longer eligible (non-IM reason)
 167 SSI approved
 000 objective achieved
 001 customer not financially eligible (IM reason)
 002 deceased
 003 moved out of jurisdiction of the local department
 004 entered an institution (e.g., nursing home)
 098 customer initiated closing

Use Code 165 when TEMHA RAP assistance ends due to any reason not related to eligibility or the other reasons which are coded, especially due to lack of funding.

Use Code 166 when RAP assistance ends because of TEMHA RAP criteria, even though the individual still is TEMHA eligible according to COMAR 07.06.05.

Use Code 167, rather than Code 001, when TEMHA eligibility is terminated because the individual has been approved for Supplemental Security Income (SSI).

C. TEMHA Case Management

Under program category 10 Social Services to Adults (SSTA), project category (S) 10C5 TEMHA - Case Management is available for TEMHA case management, although TEMHA is regulated separately from SSTA. (S) 10C5 is used when a TEMHA eligible person does not qualify for, need, or desire SSTA social services but does have the need for a limited amount of ongoing services from a case manager. If a TEMHA eligible person needs or is receiving SSTA services, the appropriate SSTA project category should be opened, rather than (S) 10C5.

TEMHA case management services are not regulated and do not require reconsiderations, unlike SSTA which is regulated by COMAR 07.02.15. TEMHA case management services may include identifying and making arrangements with a representative payee for a TEMHA eligible person identified as a substance abuser. Assistance may also include information and referral services such as assistance with accessing services, meeting basic living needs, or applying for SSI.

When closing a case with an (S) 10C5 project category, use one of the following Close/ODO codes to give the reason for closure:

(S) 10C5, TEMHA - Case Management
 000 objective achieved
 001 customer not financially eligible (IM reason)
 002 deceased
 003 moved out of jurisdiction of the local department
 004 entered an institution (e.g., nursing home)
 005 closed because APS (Adult Protective Service case) began
 098 customer initiated closing
 099 other

IV. QUESTIONS:

Please direct questions concerning this policy issuance as follows:

- TEMHA eligibility period - Yvonne Wiley Batson (410) 767-7733
- Referral for services - Mary Corddry (410) 767-7257
- DEAP - David Baker (410) 767-8910
- CARES - Help Desk 1-800-347-1350
- AIMS - Help Desk or (410) 767-7002

EPB/KM:mc/ywb

cc: DHR Executive Staff
 IMA Management Staff
 CSA Management Staff
 Arnold Dixon

COMAR CITATIONS

<u>COMAR</u>	<u>Message</u>
07.06.05.03D	Because you have already received the maximum benefits.
07.06.05.14D(6)(C)	Because agency mail was returned by the post office with no forwarding address. Please contact this department.
07.06.05.04B(1)	Because you have failed to provide information or verification needed to determine your eligibility.
07.06.05.11B(3)	Because you refused to cooperate in a Quality Control review.
07.06.05.03F(2)	Because you are currently receiving unemployment benefits.
07.06.05.03F(3)	Because you are receiving Supplemental Security Income.
07.06.05.09A(3)	Because lump sum income in the application month makes income higher than the amount allowed, you are ineligible until <u>xx xx</u> .
07.06.05.10C.	Because income determined available from your sponsor is higher than the amount allowed.
07.06.05.10A	Because your income is over scale.
07.06.05.03A(6)	Because you are not technically ineligible for a category of assistance in which there is federal financial participation as required by regulation.
07.06.05.03C(3)	Because you have failed to provide or apply for Social Security number.
07.06.05.03F(6)	Because you are living in a public institution.
07.06.05.03A(2)	Because you are not living in Maryland.

- 07.06.05.03A(3) Because you are employed.
- 07.06.05.03A(5) Because you do not have a disability which prevents employment.
- 07.06.05.08A. Because your assets are higher than the amount allowed.
- 07.06.05.03A(5) Because a 3 month disability is required.
- 07.06.05.03C(2) Because you refused to sign an interim assistance agreement.
- 07.06.05.17. Because you are disqualified due to a previous fraud conviction.
- 07.06.05.03A(1) Because you do not meet citizenship requirements.
- 07.06.05.10C Because you did not provide information/proof of income and resources of your sponsor.
- 07.06.05.14D(6)(a) Because of the reported death of the member of the assistance unit.
- 07.06.05.10A Because a person living in your home who does not receive assistance has begun paying support or increased the amount of support provided to you.
- 07.06.05.10A Because you have begun to receive or received an increase in benefits or pensions such as Social Security, Supplemental Security Income, Unemployment, Workman's Compensation or State, Federal or private retirement.
- 07.06.05.10C Because your sponsor can now contribute more to your support.
- 07.06.05.04C(6) Because the eligibility period established when you applied has expired. If you feel that you are still in need, you may reapply.
- 07.06.05.03C(1) Because you have not applied for Social Security or Supplemental Security Income.

- 07.06.05.03C(1) Because you have been determined ineligible for Federal benefits due to your own acts or omissions and are ineligible for Temha.
- 07.06.05.11B(2) Because you may not receive TEMHA while temporarily out of the state for one than one month.
- 07.06.05.03F(4) Because you are more than 60 days beyond your 65th birthday.
- 07.06.05.14D(6)(c) Because the agency cannot locate you.
- 07.06.05.08H Because you transferred property while eligible for TEMHA without the consent of the local department in order to remain eligible.
- 07.06.05.03 E(1) Because you did not cooperate with the Disability Entitlement Advocacy Program.
- 07.06.05.03C Because you did not actively try to obtain compensation due you.
- 07.06.05.03A(5) Because you are no longer disabled.
- 07.06.05.03E Because you did not actively try to obtain benefits from the government.

_____ Department of Social Services

Case/AU # _____
Date _____

Dear _____,

You are eligible for Transitional Emergency, Medical and Housing Assistance (TEMHA) of \$100. You will **not** receive the \$100 cash benefit directly because your doctor has indicated alcohol or drug abuse on your medical form. Payment must be made through a payee or as a vendor payment.

Because you must have a payee, you and your payee must fill out and sign forms which explain the rules. The person you select must agree to the rules and is responsible for using the money to pay your bills.

If you do not have a payee, keep the appointment. The worker can help you get a payee and explain vendor payments. Vendor payment means the payment will go directly to pay your rent or other bills.

If you can prove that you are in a drug or alcohol abuse treatment program approved by the Department of Health and Mental Hygiene, you will not need a payee or a vendor payment. You must still keep the appointment and bring the proof from the treatment program with you.

AN APPOINTMENT HAS BEEN MADE FOR YOU AND YOUR PAYEE:

Date/Time: _____

Place: _____

Address: _____

You and your payee must keep this appointment if you want to get cash assistance. Your payee will need to be trained to use an Independence Card in order for cash benefits to be paid. Training will take approximately 15 minutes. If you cannot keep the appointment, you must call your worker at the number below. **Please bring this letter with you.**

Sincerely,

Worker

Telephone #

Frederick County
Frederick Community Center
100 South Market Street, Frederick 21701
301-694-1506

Garrett County
Garrett County Health Department
253 North Fourth Street, Oakland 21550
301-334-8111

Harford County
Upper Chesapeake Medical Services
601 South Union Avenue, Havre de Grace 21078
410-939-1049

Howard County
Columbia Medical Plan
Two Knoll North Drive, Columbia 21045
410-997-0214 (appointments)
410-964-6223 (information)

Kent County
Kent County Health Department
125 South Lynchburg St., Chestertown 21620
410-778-1350

Montgomery County
Community Clinic, Inc.
107 Fleet Street, Rockville 20850
301-340-9666

Mobile Medical Care, Inc.
4511 Bestor Drive, Rockville 20853
301-460-3535

Community Clinic, Inc.
12900 Middlebrook Road, Germantown
301-540-9094

Prince Georges County
Greater Baden Medical Services
13605 Baden Westwood Road, Brandywine 20613
301-888-2233

Uplift Medical Center
601 60th Place, Fairmont Heights, 20743
301-925-4222

Mobile Medical Care, Inc.
107 Fleet Street, Rockville, 20853
301-460-3535
(serves Silver Spring-Takoma Park area)

Queen Anne's County
Queen Anne's County Health Department
206 N. Commerce Street, Centreville 21617
410-758-0720

Somerset County
Somerset County Health Department
7929 Crisfield Highway, Westover 21871
410-651-5600

Talbot County
Talbot County Health Department
100 South Hanson Street, Easton 21601
410-822-2292

Washington County
Community Free Clinic
125 N. Prospect Street, Hagerstown 21740
301-733-9234

Wicomico County
Wicomico County Health Department
DALP Coordinator
300 W. Carroll Street, Salisbury 21801
410-219-2826

Worcester County
Worcester County Health Department
6040 Public Landing Road, Snow Hill 21863
410-632-1100

For Further Information
About This Program Contact:
PCMI - Primary Care
Local and Family Health Administration
Maryland Department of
Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201
410-225-5601
410-225-5590
410-225-5599

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges and accommodations.

The department, in compliance with the Americans Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

PRIMARY CARE

For the Medically Indigent (PCMI)

*Health services for low-income
uninsured adults with medical
conditions that require on-going care*

Maryland Department of Health
and Mental Hygiene

Parris N. Glendening
Governor

Martin P. Wasserman, MD, JD
Secretary, DHMH

What is Primary Care for the Medically Indigent (PCMI) ?

This is a health care program for people who are on the Maryland Pharmacy Assistance Program, and who have no other private medical insurance, Medical Assistance or Medicare.

Who is eligible for this program?

Anyone who has a Maryland Pharmacy Assistance Program card, is between the ages of 21 and 65, has no medical insurance, and has an on-going medical condition which has been verified at one of the clinics listed in this brochure.

What services are available?

Free health care services offered by the program include:

- Office visits for sick and well care
- Laboratory tests
- X-rays
- Alcohol and drug addiction counseling
- Diabetes treatment
- HIV/AIDS
- Help with co-payments for prescriptions
- Some providers offer limited Specialty care, emergency dental care, and eye glasses

How do I apply for assistance?

First, apply for the Maryland Pharmacy Assistance Program card. After you have received your Maryland Pharmacy Assistance Program card, call or visit any of the doctor's offices listed in this pamphlet for an appointment. A physician will verify the on-going medical condition and you will be enrolled for care.

Baltimore City

Chase-Brexton Health Services
(only serves HIV/AIDS clients)
1001 Cathedral Street, Baltimore 21202
410-837-2050

Daybreak Primary Care Clinic
2490 Giles Road, Baltimore 21225
410-396-1646

Family Medicine Primary Care
419 W. Redwood Street, Baltimore 21201
410-328-6009

GBMC - Community & Family Health Center
1017 E. Baltimore Street, Baltimore 21202
410-522-6555

Glenwood Life Health Center
5225 York Road, Baltimore 21212
410-323-9811

Health Care for the Homeless
(only serves homeless clients)
111 Park Avenue, Baltimore 21201
410-837-5533

Jai Medical Center (2 clinics)
5010 York Road, Baltimore 21212
410-433-2200

Mercy Southern Health Center
1400 South Charles Street, Baltimore 21230
410-727-3228

Park Circle Medical Associates (2 clinics)
3100 Towanda Avenue, Baltimore 21215
410-945-4900

Park Heights Medical Clinic
4432 Park Heights Avenue, Baltimore 21215
410-542-8130

Park West Medical Center (2 clinics)
3319 West Belvedere Avenue, Baltimore 21215
410-542-7800

People's Community Health Center
3028 Greenmount Avenue, Baltimore 21218
410-467-6040

South Baltimore Family Health Center
631 Cherry Hill Road, Baltimore 21225
410-354-2001

Total Health Care (4 clinics)
1501 Division Street, Baltimore 21217
410-383-8300

Allegany County
Allegany Health Right
12 North Liberty Street, Cumberland 21502
301-777-7749

Anne Arundel County
Annapolis Family Practice
600 Ridgely Avenue, Suite 120, Annapolis 21401
410-224-0070

North County Community Health Center
1406 Crain Hwy. South, Glen Burnie 21061
410-761-4000

Owensville Medical Center
134 Owensville Road, West River 20881
410-867-4700

Baltimore County
Baltimore County residents should contact the nearest provider in Baltimore City or Anne Arundel County

Calvert County
Calvert County Health Department
975 Solomon's Island Road North
P.O. Box 980, Prince Frederick 20678
410-535-5400

Caroline County
Caroline County Health Department
411 Franklin Street, Denton 21269
410-479-0556

Carroll County
Carrolltown Medical Center, Carrolltowne Shopping Center, 6468 Ridge Road, Sykesville 21784
410-549-2000

Cecil County
Upper Chesapeake Medical Services
1394 West Pulaski Highway, Elkton 21921
410-392-9302

Charles County
Greater Baden Medical Services
13605 Baden Westwood Road, Brandywine 20613
301-888-2233

Dorchester County
Dorchester County Health Department
751 Woods Road, Cambridge 21613
410-228-3223

Primary Care for the Medically Indigent (PCMI) Eligible Populations

Basis for Eligibility	Length of PCMI Eligibility	Process for Renewal
Eligible for DALP on 6/30/95 and enrolled with a PCMI provider	12 months, expires June 30, 1996	Apply for MPAP or TEMHA
Eligible for TEMHA	Length of TEMHA eligibility	Apply for MPAP or re-apply fir TEHMA
MPAP eligible, uninsured, 21-65 years old medical condition requiring ongoing care	12 months from the date of MPAP eligibility	Re-apply for MPAP

MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
1/2/96

FACILITY	STREET	CITY	ZIP	PHONE	FACT1
<u>ALLEGANY COUNTY</u>					
ALLEGANY CHD - LOIS E. JACKSON	P.O. Box 1722 - Finan Center	Cumberland	21502	777-2290	ICF
ALLEGANY CHD - MASSIE UNIT	P.O. Box 1722, Finan Center	Cumberland	21502	777-2285	ICF
ALLEGANY CHD OUTPATIENT	P.O. Box 1745, Willowbrook Rd.	Cumberland	21502	777-5680	OP
FAMILY THERAPY SERVICES	621 Crest Drive	Cumberland	21502	724-0471	OP
FAMILY THERAPY SERVICES	2 Cumberland Street	Cumberland	21502	724-0471	OP
SACRED HEART HOSP. OP	952 Seton Drive	Cumberland	21502	759-3933	OP
<u>ANNE ARUNDEL COUNTY</u>					
AARS INSIGHT TREATMENT SERVICES	2 North Crain Highway 5 & 6	Glen Burnie	21061	345-1200	OP
ALCOHOL & DRUG RECOVERY, LTD.	102 Old Solomons Island Rd. 3B	Annapolis	21401	266-8635	OP
ALCOHOL & DRUG RECOVERY, LTD.	#5 Crain Highway Suite 104	Glen Burnie	21061	768-3526	OP
ALCOHOL AND DRUG PROGRAMS MANAGEMENT INC.	404 Crain Highway SW	Glen Burnie	21060	768-3303	OP
ALCOHOL AND DRUG PROGRAMS MANAGEMENT, INC.	107 Ridgely Ave. Suite 13 B	Annapolis	21401	267-5998	OP
ANNE ARUNDEL COUNTY HEALTH DEPT.	2200 Somerville Rd.	Annapolis	21401	222-7428	METH & DF
ANNE ARUNDEL COUNTY HEALTH DEPT.	407 S. Crain Highway	Glen Burnie	21061	222-6665	METH & DF
ANNE ARUNDEL COUNTY HEALTH DEPT.	33 Parole Plaza Suite 203	Annapolis	21401	222-7900	OP
CHARTER BEHAVIORAL HEALTH SYSTEM OF MARYLAND	135 Old Solomon's Island Road	Annapolis	21403	224-8657	OP
CHARTER BEHAVIORAL HEALTH SYSTEM OF MARYLAND	730 Maryland Route 3	Gambrells	21054	923-6022	ICF
CHRYSALIS HOUSE	1570 Crownsville Road	Crownsville	21032	974-6829	RES
CREATIVE MENTAL HEALTH SERVICES	30 Greenway N.W., Suite 1	Glen Burnie	21061	768-3921	OP
DAMASCUS HOUSE	4203 Ritchie Highway	Baltimore	21225	789-7446	RES
DWI ASSESSMENT & COUNSELING PROGRAM	1520 Birdwood Court	Crofton	21114	721-0861	OP
GREENSPRING MENTAL HEALTH SERVICES, INC.	Ste 205 180 Admiral Cochran Dr	Annapolis	21401	266-9494	OP
HEALTH MANAGEMENT ENTERPRISE	211 Chinoquapin Round Rd.	Annapolis	21401	263-1331	OP
HOPE HOUSE - ICF	P.O. Box 546	Crownsville	21032	923-6700	ICF
HOPE HOUSE EXTENDED CARE	P.O. Box 546	Crownsville	21032	923-6700	RES
IN PSYCHE, INC.	7310 Ritchie Highway Ste 407	Glen Burnie	21061	494-8123	OP
NEW LIFE ADDICTIONS COUNSELING SERVICES, INC.	2528 Mountain Road	Pasadena	21122	255-4475	OP
PATHWAYS	2620 Riva Road	Annapolis	21401	573-5400	ICF
RECOVERY CENTER OF ANNAPOLIS	Nicholson Bldg.	Annapolis	21401	224-3336	OP
<u>ANNE ARUNDEL COUNTY</u>					
SAPARTAN HOUSE	P.O. Box 6039	Annapolis	21401	269-5605	RES
SECOND GENESIS, INC.	107 Circle Drive	Crownsville	21032	923-0401	RES
STRESS AND HEALTH MANAGEMENT	540 Richie Highway Suite 101	Severna Park	21146	647-0441	OP
THE CORNER CLINIC	404 Crain Highway SW	Glen Burnie	21061	224-8658	OP
THE CORNER CLINIC	132 Holiday Court Ste 211	Annapolis	21401	224-8658	OP
THE OP RECOVERY PROGRAMS AT SHEPPARD PRATT	111 Annapolis Street	Annapolis	21401	263-8255	OP
THE RECOVERY RESOURCES GROUP, INC.	2 B Crain Highway, S.W.	Glen Burnie	21061	787-0964	OP
TRANSFORMATION	407 S. Crain Highway Ste 101	Glen Burnie	21061	761-9998	OP
<u>BALTIMORE COUNTY</u>					
A.W.A.R.E. (A WOMAN'S ACTIVE RECOVERY ENTERP.)	7800 York Rd. Suite 350	Baltimore	21204	828-7388	TOP
ADDICTION RECOVERY AND RELATED THERAPIES	P.O. Box 24194	Arbutus	21227	274-5792	OP
ADDICTIONS COUNSELING SERVICE	17 Warren Road, Suite 8A	Baltimore	21208	484-6021	OP
ALLIANCE, INC.	9201 Philadelphia Ave.	Baltimore	21234	574-7700	OP
ALTERNATIVES TO DEPENDENCY	40 W. Chesapeake Ave. Ste 205	Towson	21204	583-2222	OP
ALTERNATIVES TO DEPENDENCY	518 Eastern Blvd.	Essex	21221	391-8240	OP

MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
1/2/96

FACILITY	STREET	CITY	ZIP	PHONE	FACT1
<u>BALTIMORE COUNTY continued</u>					
AWAKENINGS COUNSELING PROGRAM	2 West Aylesbury Road	Timonium	21093	561-9591	METH
BALTIMORE COUNTY OFFICE OF SUBSTANCE ABUSE	2 Aylesbury Road	Timonium	21093	887-7671	OP
BALTIMORE COUNTY OFFICE OF SUBSTANCE ABUSE	9100 Franklin Square Dr 3rd fl	Baltimore	21237	687-6501	OP
BALTIMORE COUNTY OFFICE OF SUBSTANCE ABUSE	7701 Dunmanway	Dundalk	21222	887-7344	OP
BALTIMORE COUNTY OFFICE OF SUBSTANCE ABUSE	8737-B Liberty Rd.	Randallstown	21133	897-0624	OP
BALTIMORE COUNTY OFFICE OF SUBSTANCE ABUSE	401 Washington Ave. Suite 300	Towson	21204	887-3828	ADM
BEHAVIORAL SCIENCE ASSOCIATION, INC.	10751 Falls Rd.	Lutherville	21093	339-5370	OP
BOCAT	208 Washington Ave.	Towson	21204	628-6120	OP
CENTER FOR BEHAVIORAL CHANGE, INC.	8025 Philadelphia Rd.	Baltimore	21237	866-3229	OP
CHARLES H. HICKEY, JR. SCHOOL	2400 Cub Hill Road	Baltimore	21234	668-3300	OP
CHARTER HIDDEN BROOK BALTIMORE COUNTY	50 Scotts Adams Rd. Ste. 212	Cockeysville	21030	628-7272	OP
CHESAPEAKE COUNSELING SERVICE	825 Eastern Avenue	Baltimore	21221	682-4141	OP
CLEARVIEW MENTAL HEALTH SERV.	200 E. Joppa Rd. Suite 101	Towson	21204	337-7171	OP
CLEARVIEW MENTAL HEALTH SERVICES	2200 Broening Highway Ste 255	Dundalk	21224	337-7171	OP
COMMUNITY COUNSELING AND RESOURCE CENTER	10400 Ridgeland Road	Cockeysville	21030	628-6120	OP
COMPREHENSIVE PSYCHO-SOCIAL SERVICES	1401 Reisterstown Rd., Ste. 11	Baltimore	21208	653-6300	OP
DEPENDENCY RECOVERY	26 W. Pennsylvania Ave.	Towson	21204	337-0999	OP
DRUG & ALCOHOL REHABILITATION CENTER (DART)	2119 Gwynn Oak Ave.	Baltimore	21207	944-1492	OP
EDUCATIONAL RESOURCE ASSOCIATES	1701 Edmondson Avenue	Baltimore	21228	788-4360	OP
EPOCH COUNSELING CENTER	1107 N. Point Blvd., Suite 205	Dundalk	21224	284-3070	OP
EPOCH COUNSELING CENTER	621 E. Stemmers Run Rd.	Essex	21221	574-2500	OP
EPOCH COUNSELING CENTER	22 Bloomsbury Avenue	Catonsville	21228	744-5937	OP
EPOCH COUNSELING CENTER FRIENDS MEDICAL	2330 W. Joppa Rd. Suite 103	Lutherville	21093	823-5116	ADM
FIRST STEP	8303 Liberly Road	Baltimore	21244	521-4141	OP
FIRST STEP YOUTH SERVICES CENTER	500 Main Street	Reisterstown	21136	526-7100	OP
FRANKLIN SQUARE COUNSELING CTR AT WHITE MARSH	8114 Sandpiper Circle Ste. 116	Baltimore	21236	931-6650	OP
FRIENDS HEALTH SERVICES	3902 Annapolis Road	Lansdowne	21227	789-2647	OP
GREATER BALTIMORE MEDICAL CENTER	6701 N. Charles Street Rm 5130	Baltimore	21204	828-2301	OP
GREEKSPRING MENTAL HEALTH SERVICES, INC.	7801 York Road Suite 350	Towson	21204	823-0037	OP
HELP AND RECOVERY TODAY	8200 Harford Road Suite 200	Baltimore	21234	661-7200	OP
IN PSYCHE, INC.	309 W. Pennsylvania Ave.	Towson	21204	494-8123	OP
IN PSYCHE, INC.	3701 Old Court Road, Ste 16.17	Baltimore	21208	494-8123	OP
IN PSYCHE, INC.	2 Market Place	Baltimore	21222	494-8123	OP
INDEPENDENCE, INC.	3949 McDonough Rd	Baltimore	21133	521-2550	OP
INNOVATIVE COUNSELING AND REHABILITATION	605 Baltimore Ave., 2nd floor	Towson	21204	825-3730	OP
JEWISH ALCOHOL AND DRUG ABUSE SERVICES	1515 Reisterstown Road	Baltimore	21208	653-5714	OP
JUDITH P. RITCHEY CENTER	8840 Belair Road	Baltimore	21236	529-3500	OP
METROPOLITAN ADDICTION RECOVERY STRATEGIES	7238 T Park Heights Ave	Baltimore	21208	746-1889	OP
MOUNTAIN MANOR	1107 N. Point Blvd., Suite 224	Baltimore	21224	282-3262	OP
NEW LIFE ADDICTIONS COUNSELING SERVICES, INC.	Dundalk Professional Bldg.	Baltimore	21222	285-0736	OP
NEW WATERS	405 Frederick Road, Suite 251	Catonsville	21228	298-0818	OP
PHOENIX AFFILIATES, INC. T/A TRW ASSOCIATES	2201 Eastern Blvd.	Middlesex	21221	780-3555	OP
RECOVERY PROG.-SHEPPARD PRATT	6501 N. Charles Street	Towson	21204	938-4050	OP
RESOURCE GROUP COUNS. & EDUC.	7801 York Rd. Suite 215	Baltimore	21204	337-7772	OP
RIGHT TURN OF MARYLAND	10225 Jensen Lane	Owings Mills	21117	581-4900	CORR
S & S COUNSELING SERVICE	101 East Chesapeake Ave.	Baltimore	21285	494-2558	OP
S&S COUNSELING SERVICE	429 Eastern Blvd.	Baltimore	21221	574-1850	OP
TOWSON STATE UNIV. COUNS. CTR.	Towson State University	Towson	21204	830-2512	OP
WHITFIELD ASSOCIATES	21 West Road, Suite 350	Baltimore	21204	825-0341	OP

MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
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FACILITY	STREET	CITY	ZIP	PHONE	FACT1
<u>CALVERT COUNTY</u>					
CALVERT CO. HO NEW LEAF COUNSELING CENTER	#2 Harbor Square	Chesapeake Beach	20532	535-5400	OP
CALVERT COUNTY NEW LEAF COUNSELING CENTER	Stoakley and Route 4	Prince Frederick	20678	535-5400	OP
CALVERT COUNTY SUBSTANCE ABUSE PROGRAM	Captains Quarters	Chesapeake Beach	20732	535-3079	OP
CALVERT COUNTY SUBSTANCE ABUSE PROGRAM	South Maryland Community Ctr.	Lusby	20657	535-3079	OP
CALVERT COUNTY SUBSTANCE ABUSE PROGRAM	315 Stafford Road	Prince Frederick	20678	535-3079	OP
COURAGE TO CHANGE COUNSELING PROGRAM	4020 Hidden Hill Drive	Huntington	20639	257-7640	OP
DWI SERVICES, INC. CALVERT CO TREATMENT FACIL.	315 Stafford Rd.	Prince Frederick	20678	535-8930	CORR
J. RUSSELL HORTON ASSOCIATES	3047 Shamrock Court	Port Republic	20676	855-1004	OP
<u>CAROLINE COUNTY</u>					
ALTERNATIVES SUBSTANCE ABUSE TREATMENT PRG.	920 Market St.	Denton		21629 819-8226	OP
CAROLINE COUNSELING CENTER OF	104 Franklin St.	Denton		21629 479-1882	OP
<u>CARROLL COUNTY</u>					
ADAPT COUNSELING, INC.	1425 Liberty Road, Suite 202	Eldersburg		21784 549-6282	OP
CARROLL ADDICTIONS SHOEMAKER CENTER	Springfield Hospital Ctr.	Sykesville		21784 876-1990	ICF
CARROLL CHD - OUTPATIENT	540 Washington Rd.	Westminster		21157 876-4410	OP
CARROLL COUNTY HEALTH DEPARTMENT	100 N. Court St.	Westminster		21157 795-7000	OP
JUNCTION, INC.	98 N. Court St.	Westminster		21157 876-1788	OP
MARYLAND COUNSELING CENTERS, INC.	1512 Ridgeway Drive	Mt. Airy		21771 831-7800	OP
NETWORK HEALTH SERVICE, INC.	2120-A Liberty Road	Eldersburg		21784 781-4158	METH
MOUNTAIN MANOR	Carroll Plaza Shopping Plaza	Westminster		21158 876-2425	OP
NEW LIFE ADDICTIONS COUNSELING SERVICE, INC.	Rear - 70PE, Main St. Ste 216	Westminster		21157 876-1336	OP
RE-ENTRY MENTAL HEALTH	Suite 105-40 South Church St.	Westminster		21157 848-9244	OP
SHOEMAKER WOMEN'S PROJECT	P.O. BOX 845	Westminster		21158 876-1990	ICF
<u>CECIL COUNTY</u>					
CECIL COUNTY HEALTH DEPARTMENT	401 Bow Street	Elkton		21921 996-5106	OP
HAVEN HOUSE	253 South Bridge St.	Elkton		21922 398-5868	RES
HAVEN HOUSE - OP	253 South Bridge St.	Elkton		21922 398-5899	OP
PHOENIX AFFILIATES, INC. T/A TRW ASSOCIATES	205 W. Pulaski Highway	Elkton		21921 398-0010	OP
<u>CHARLES COUNTY</u>					
ALCOHOL AND DRUG RECOVERY, LTD.	2670 Crain Highway	Waldorf		20601 266-8635	OP
AMERICAN DAY TREATMENT CENTER	2 St. Patrick Drive Suite 301	Waldorf		20603 705-5526	OP
C P HEALTH SERVICES, INC.	PO BX 2010	Waldorf		20604 870-5100	OP
C P HEALTH SERVICES, INC.	PO Bx 2010	Waldorf		20604 465-9500	OP
CHARLES CHD-SUBSTANCE ABUSE PROGRAM	612 East Charles Street	LaPlata		20646 932-4907	OP
CHARLES COUNTY HEALTH DEPARTMENT	2670 Crain Highway	Waldorf		20601 843-8324	OP
ETHOS FOUNDATION	Charles Professional Bldg.	Waldorf		20610 220-1195	OP
JUDE HOUSE, INC. LONG-TERM	Route 301 South	Bel Alton		20611 932-0700	RES
MID-ATLANTIC MENTAL HEALTH CENTER, INC.	11750 Business Park Dr. Ste 206	Waldorf		20601 843-5111	OP
WALDORF COUNSELING SERVICES	Smallwood Bldg. Suite 400	Waldorf		20601 645-8869	OP

MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
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FACILITY	STREET	CITY	ZIP	PHONE	FACT1
<u>DORCHESTER COUNTY</u>					
CHARTER BEHAVIORAL HEALTH SYSTEMS AT WARWICK	3680 Warwick Rd. Rte.1 Box 178	East New Marke	21631	943-8108	ICF
CHARTER BEHAVIORAL HEALTH SYSTEMS WHITE OAK	1441 Taylors Island Rd.	Woolford	21677	1-800-451-0925	ICF
DORCHESTER CHD - OUTPATIENT	751 Woods Road	Cambridge	21613	228-7714	OP
DORCHESTER COUNTY ADDICTIONS PROGRAM	443 Race Street	Cambridge	21613	228-7714	OP
<u>FREDERICK COUNTY</u>					
A-1 ALCOHOL & DRUG ABUSE SERVICES	507 North Bentz	Frederick	21701	662-4178	OP
ALLIED COUNSELING GROUP	178 Thomas Johnson Dr.	Frederick	21702	698-7077	OP
CATOCTIN COUNSELING CENTER	18 N. Church St.	Thurmont	21788	271-4870	OP
CATOCTIN SUMMIT ADOLESCENT PROGRAM	5980 Cullen Drive	Sabillasville	21780	791-4665	RES
DRUG ENSIC SYSTEMS, INC.	7310 Grove Rd. Suite 203	Frederick	21701	620-7967	OP
FAMILY SERVICES FOUNDATION	1564 Oppossumtown Pike	Frederick	21701	694-7828	OP
FREDERICK CHD - OUTPATIENT	300B Scholl's Lane	Frederick	21701	694-1775	METH & DF
FREDERICK COUNSELING CTR.	405 W. Seventh Street	Frederick	21701		OP
FREDERICK COUNTY ADOLESCENT PROGRAM	350 Montevue Lane	Frederick	21702	694-1778	OP
FREDERICK COUNTY DETENTION CENTER	1500 Marcies Choice Lane	Frederick	21701	694-1775	CORR
FRESH START	5716-C Industry Lane	Frederick	21701	663-4130	METH
GALE HOUSE	336 North Market Street	Frederick	21701	662-2303	RES
GALE HOUSE/ALICE OLSON RECOV.	608 E. Patrick St.	Frederick	21701	662-7003	RES
GUIDELINES COUNSELING PROGRAM, INC.	309 West Patrick Street	Frederick	21701	846-0967	OP
KHI SERVICES KARMA ACADEMY AT FREDERICK	13 West 3rd Street	Frederick	21701	695-8853	RES
MARYLAND COUNSELING CENTER INC.	1517 W. Patrick St. B6	Frederick	21702	662-0855	OP
MARYLAND YOUTH CORPORATION, INC.	6000 Cullen Drive	Sabillasville	21780	241-4189	OP
MOUNTAIN MANOR	P.O. Box E	Emmitsburg	21727	447-2361	OP & ICF
MOUNTAIN MANOR	335 W. Patrick Street	Frederick	21701	662-1407	OP
DAKVIEW TREATMENT CENTER	405 West 7th St.	Frederick	21701		OP
SAFE HARBOR	Route 15	Emmitsburg	21727	447-2361	RES
<u>GARRETT COUNTY</u>					
GARRETT COUNTY ADDICTIONS SERVICES	221 South Third Street	Oakland	21550	334-8115	OP
MEADOW MOUNTAIN DRUG TREATMENT PROGRAM	Rt. 2 BOX 75	Grantsville	21536	895-5669	RES
<u>HARFORD COUNTY</u>					
ADDICTION RECOVERY AND RELATED THERAPIES	3111 Churchville Road	Churchville	21028	836-2551	OP
ASHLEY, INC. OUTPATIENT	10 Howard Street	Aberdeen	21001	273-0305	OP
CHARTER AT HIDDEN BROOK	522 Thomas Run Rd. P.O.Bx 1607	Bel Air	21014	879-1919	ICF & OP
EMMORTON TREATMENT PROGRAM	3105 Emmorton Road	Abingdon	21009	515-7510	OP
FATHER MARTIN'S ASHLEY	800 Tydings Lane	Havre De Grace	21078	273-6600	ICF
HARFORD CO. DRUG ABUSE PROGRAM	715 South Shamrock Road L-3	Bel Air	21014	879-0539	METH & DF
HARFORD CO. HEALTH DEPT. - ALCOHOLISM PROGRAM	5 North Main St. P.O. Bx 797	Bel Air	21014	879-6988	OP
HARFORD COUNTY HEALTH DEPARTMENT	417 Pennington Avenue	Harve De Grace	21078	939-6722	OP
HELP AND RECOVERY TODAY	112 W. Pennsylvania Ave.	Bel Air	21014	893-8310	OP
IN PSYCHE, INC.	2107 Laurel Bush Rd. W. #201	Bel Air	21015	515-0220	OP
MANN HOUSE	14 Williams Street	Bel Air	21014	879-7619	RES
PHOENIX AFFILIATES, INC T/A TRW ASSOCIATES	728 Bel Air Rd., Suite 135	Bel Air	21014	879-4532	OP
PHOENIX AFFILIATES, INC. T/A TRW ASSOCIATES	716 S. Philadelphia Blvd.	Aberdeen	21001	272-5454	OP
RECOVERY PROGRAM FOR SHEPPARD PRATT	2105 Laurel Bush Rd.	Bel Air	21014	515-4900	OP

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MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
1/2/96

FACILITY	STREET	CITY	ZIP	PHONE	FACT1
HOWARD COUNTY					
ALTERNATIVES TO DEPENDENCY	9030 Red Branch Rd. Ste 140	Columbia	21045	740-2222	OP
CHANGING POINT, INC.	P.O. Box 396, 4100 College Ave	Ellicott City	21041	465-9500	ICF
CHANGING POINT/TAYLOR HEALTH SYSTEM	College Ave. - P.O. Box 396	Ellicott City	21041	444-9500	OP
COLUMBIA ADDICTIONS CENTER	10774 Hickory Ridge Road	Columbia	21044	730-1333	OP
GRAHAM - MELVIN ASSOCIATES	7060 Oakland Mills Rd. Suite 1	Columbia	21046	290-3906	METH
GREENSPRING MENTAL HEALTH SERVICES, INC.	5565 Sterrett Place Suite 312	Columbia	21044	992-6693	OP
HOWARD CHD - OUTPATIENT	3545 Ellicott Mills Dr. Unit C	Ellicott City	21043	455-6500	OP
HOWARD COUNTY DETENTION CENTER	7301 Waterloo Road	Jessup	20794	313-5214	CORR
HOWARD COUNTY HEALTH DEPARTMENT	10630 Little Patuxent Parkway	Columbia	21044	313-7500	OP
HOWARD COUNTY HEALTH DEPT.	9525 Durness Lane	Laurel	20723	880-5886	OP
METRO ALCOHOL AND DRUG ABUSE SERVICES INC.	7130 Minstrel Way Suite 100	Columbia	21045	381-0088	OP
NEW PATHWAYS HEALTH SERVICES, INC.	5485 Harper's Farm Rd. Ste 244	Columbia	21044	740-2452	OP
OAKVIEW TREATMENT CENTER	3100 North Ridge Road	Ellicott City	21043	451-9922	ICF
OAKVIEW TREATMENT CENTER	3100 North Ridge Road	Ellicott City	21043	740-8000	OP
PATUXENT INSTITUTION/REGIMENTED OFFENDER TRT	P. O. BOX 700	Jessup	20794	799-3400	OP
PSYCHOLOGICAL HEALTH ASSOC.	5300 Dorsey Hill Drive	Ellicott City	21042	730-8000	OP
KENT COUNTY					
A. F. WHITSITT CENTER	P.O. Box 229 - Scheeler Road	Chestertown	21620	778-6404	ICF
ALTERNATIVES SUBSTANCE ABUSE TREATMENT PROGRAM	151 Dixon Drive, Suite 4	Chestertown	21620	778-7907	OP
COUNSELING RESOURCES, INC.	21997 Kelly Park Rd.	Rock Hall	21661	778-6286	OP
KENT CHD - PUBLIC HOUSE	114 A S. Lynchburg Street	Chestertown	21620	778-2616	OP
MONTGOMERY COUNTY					
ALCOHOL AND DRUG EDUCATION COUNSELING CTR.	20120 Timber Oak Lane	Germantown	20874	972-0013	OP
ANOTHER PATH PROGRAM	5320 Marinelli Road	Rockville	20874	468-0980	OP
ANOTHER WAY, INC.	11308 Grandview Ave. 2nd Fl.	Wheaton	20902	942-5054	METH
AVERY HOUSE FOR MOTHERS & CHILDREN	14705 Avery Rd.	Rockville	20853	762-4651	RES
AVERY ROAD TREATMENT CENTER	14703 Avery Road	Rockville	20853	762-5613	ICF
AVERY ROAD TRT. SOCIAL MODEL DETOX	14703 Avery Road	Rockville	20853	762-5613	DETOX
CIRCLE TREATMENT CENTER	424 N. Frederick Ave., #D A	Gaithersburg	20877	258-2626	OP
COUNSELING INSTITUTE	4401 East West Highway, Ste 306	Bethesda	20814	654-7021	OP
COUNSELING PLUS, INC.	11141 Georgia Ave., Suite A24	Wheaton	20902	933-3403	OP
COUNSELING SERVICES & SYSTEMS, INC.	8641 Zetts Avenue	Gaithersburg	20877	330-9198	OP
D. A. WYBNE & ASSOCIATES	1709 Elton Road	Silver Spring	20903	431-1911	OP
ETHOS FOUNDATION	10701 Old Georgetown Rd.	Rockville	20850	948-2037	OP
ETHOS FOUNDATION-GAITHERSBURG	19638 Clubhouse Rd. Suite 215	Gaithersburg	20879	948-2037	OP
FAMILY THERAPY INSTITUTE OF WASHINGTON, D.C.	5850 Hubbard Drive	Rockville	20852	984-5730	OP
GUIDE - MONTGOMERY	11141 Georgia Avenue, #420	Silver Spring	20902	929-0588	OP
GUIDE PROGRAM MONTGOMERY COUNTY, INC.	1 West Deer Park Drive Ste 101	Gaithersburg	20877	590-9860	OP
KHI SERVICES KARMA ACADEMY FOR BOYS	175 Watts Branch Parkway	Rockville	20850	340-8880	RES
KOLMAC CLINIC	19650 Clubhouse Road	Gaithersburg	20879	330-7696	OP
KOLMAC CLINIC	1003 Spring Street	Silver Spring	20910	589-0255	OP
MARYLAND COUNSELING CENTERS, INC.	20 Courthouse Square Suite 202	Rockville	20850	424-6955	OP
MELWOOD FARMS TREATMENT CENTER	BOX 182, 19715 Zion Rd.	Olney	20830	924-5000	ICF
METRO ALCOHOL AND DRUG ABUSE SERVICES INC.	15719 Crabbs Branch Way	Rockville	20855	598-9400	OP
MONT. CHD - LAWRENCE COURT	1 Lawrence Court	Rockville	20850	279-1202	RES
MONTGOMERY CHD-DHI/OAS/MTA	751 Twinbrook Parkway	Rockville	20851	217-3777	METH & DF

MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
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FACILITY	STREET	CITY	ZIP	PHONE	FACT1
<u>MONTGOMERY COUNTY continued</u>					
MONTGOMERY CO. CHILD & ADOL. OP SERVICES	401 Hungerford Drive 6th floor	Rockville	20850	217-1430	OP
MONTGOMERY CO. CHILD & ADOL. OP SERVICES	12900 Middlebrook Rd.	Germanstown	20874	217-1430	OP
MONTGOMERY COUNTY JAIL ADDICTIONS SERVICES	1307 Seven Locks Road	Rockville	20854	294-1826	JAIL
MONTGOMERY COUNTY PRE-RELEASE CENTER	11651 Nebel Street	Rockville	20850	468-4200	OP
MONTGOMERY GENERAL HOSPITAL ADDICTIONS TRT. DACES	18101 Prince Philip Dr.	Olney	20832	774-8870	OP
SECOND GENESIS - ROCKVILLE	330A Hungerford Drive	Rockville	20850	762-1383	OP
SECOND GENESIS, INC.	7910 Woodmont Ave., Suite 500	Bethesda	20814	656-1545	ADM
SUBURBAN HOSP. - OP	14701 Avery Road	Rockville	20853	424-8500	RES
SUBURBAN HOSPITAL ADDICTIONS	6001 Montrose Rd., Suite 302	Rockville	20850	230-6044	OP
THE HEALING PLACE	8600 Old Georgetown Rd. Wng 2B	Bethesda	20814	530-2036	OP
THE RECOVERY CONNECTION	104 Chestnut Street Suite # 1	Gaithersburg	20877	963-7591	OP
THOMAS COMPREHENSIVE COUNS.	14901 Broschart Road	Rockville	20850	251-4652	OP
UNIVERSITY ALCOHOL & SUBSTANCE ABUSE PROGRAM	800 Pershing Drive, Suite 105A	Silver Spring	20910	585-2977	OP
WHITE FLINT RECOVERY, INC.	18572 Office Park Drive	Gaithersburg	20879	921-4644	OP
	1335 Rockville Pike, Suite 106	Rockville	20852	294-6545	OP
<u>PRINCE GEORGE'S COUNTY</u>					
AARS INSIGHT TREATMENT SERVICES	4907 Niagra Road	College Park	20740	345-1200	OP
AARS INSIGHT TREATMENT SERVICES	5210 Auth Road	Suitland	20746	345-1200	OP
ACT II COUNSELING SERVICES	379 Main Street Suite 4	Laurel	20707	498-5766	OP
AKER ADDICTION COUNSELING SERVICES	6128 R. Baltimore Avenue	Riverdale	20737	927-6989	OP
ALCOHOL & DRUG RECOVERY, LTD.	7610 Pennsylvania Ave. Ste 300	Forestville	20747	266-8635	OP
C.A. MAYO & ASSOC. INC.	3403 Perry Street	Mount Ranier	20712	699-0344	OP
CHELTENHAM YOUNG WOMEN'S RESIDENTIAL TRT. PRG	1101 Frank Tippatt	Cheltenham	20623	880-6875	RES
COMPREHENSIVE ALCOHOL/DRUG COUNSELING SERVICES	Suite 10, 2810 Walters Lane	Forestville	20747	568-4447	OP
COUNSELING SERVICES	150 Washington Blvd. Suite 200	Laurel	20707	725-5616	OP
COUNSELING SERVICES ALTERNATIVES, INC.	7900 Old Branch Ave. Ste. 202	Clinton	20735	599-0992	OP
DARE SYSTEMS	#1 Chamber Avenue	Capitol Height	20743	499-1834	OP
ETHOS FOUNDATION	6371 Oxon Hill Rd.	Oxon Hill	20745	220-1195	OP
ETHOS FOUNDATION-COLLEGE PARK	8400 Baltimore Ave Suite 106	College Park	20740	220-1195	OP
FAMILY SERVICE FOUNDATION	5301 76th Avenue 2nd Floor	Landover Hills	20784	459-2121	OP
FLYNN/LANG COUNSELING CENTER	13 C Street, Suite H	Laurel	20707	725-1747	OP
GET A LIFE ADOLESCENT TREATMENT, INC.	2810 Walter's Lane Suite 10	Forestville	20747	568-4447	OP
GUIDE PSYCHOLOGICAL SERVICES, INC.	5126 Baltimore Ave.	Hyattsville	20781	779-7010	ADM
HOLISTIC COUNS. AND THERAPIES	372 Main Street	Laurel	20707	792-2031	OP
INSTITUTE OF LIFE AND HEALTH	5311 Water St. Suite D	Upper Marlboro	20772	627-3007	OP
KOLMAC CLINIC	7726 Finns Lane Suite 101	New Carrollton	20706	459-4647	OP
LAUREL REGIONAL HOSPITAL	7300 Van Dusen Rd.	Laurel	20707	1-800-435-5550	OP
OPEN ARMS	8240 Professional Pl. Ste 213	Landover	20785	731-9110	METH
PG HD ADDICTIONS - SOUTHERN REGION	9314 Piscataway Road	Clinton	20735	856-9400	OP
PG HD ADDICTIONS - SOUTHERN REGION	1522 K Pointer Ridge Place	Bowie	20715	249-3390	OP
PG HD ADDICTIONS CENTRAL REGION	5408 Silver Hill Road 1st. Fl	Forestville	20747	817-3070	METH & DF
PG HD ADDICTIONS NORTHERN REGION	3003 Hospital Dr. Rm 166	Cheverly	20785	386-0227	METH & DF
PG HD ADDICTIONS NORTHERN REGION	6505 Belcrest Place, Ste 10	Hyattsville	20782	209-2427	OP
PG HD ADDICTIONS NORTHERN REGION	8108 Sandy Spring Rd. Ste 101	Laurel	20707	498-7500	OP
PG HD CENTER FOR ADDICTION AND PREGNANCY	5408 Silver Hill Road, 5th Fl	Forestville	20747	817-3231	IOP
PG HD DWI FACILITY COMMUNITY CORRECTIONS CTR.	5000 Rhode Island	Hyattsville	20781	699-2920	CORR
PG THE FAMILY CONNECTIONS	6200 Annapolis Rd. Suite 420	Landover Hills	20784	386-1200	OP
REALITY HOUSE AFTERCARE	419 Main Street	Laurel	20707	490-5551	RES

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MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
1/2/96

FACILITY	STREET	CITY	ZIP	PHONE	FACT1
<u>PRINCE GEORGE'S COUNTY continued</u>					
REALITY HOUSE II HALFWAY (COED)	429 Main Street	Laurel	20707	490-3877	RES
REALITY HOUSE-REHAB QUARTERWAY	419 Main Street	Laurel	20707	490-5551	ICF
REALITY INC: TRANSITIONAL REHABILITATION	200 Laurel Avenue	Laurel	20707	953-7207	RES
RECOVERY & FAMILY TREATMENT INC.	9131 Piscataway Rd. Suite 670	Clinton	20735	856-3636	OP
SECOND GENESIS - UPPER MARL.	P.O. Box 658	Upper Marlboro	20772	568-4822	RES
UNIV. OF MD. COLLEGE PARK	University Health Center 2106	College Park	20742	314-8126	OP
UNIVERSITY ALCOHOL & SUBSTANCE ABUSE PROGRAM	5889 Allentown Road	Camp Springs	20748	423-1216	OP
UNIVERSITY ALCOHOL & SUBSTANCE ABUSE PROGRAM	4700 Berwyn House Rd-Suite 201	College Park	20740	441-1818	OP
WE CARE HEALTH SERVICES, INC.	8730-1 Cherry Lane	Laurel	20707	490-7995	METH
WILLIAMS CENTER	7100 Oxon Hill Road	Oxon Hill	20745	567-4593	DP
<u>QUEEN ANNE'S COUNTY</u>					
QUEEN ANNE'S CHD - OUTPATIENT	206 North Commerce Street	Centreville	21617	758-1306	OP
QUEEN ANNE'S COUNTY HEALTH DEPARTMENT	210 White Pine Lane	Stevensville	21666	643-7773	OP
<u>ST. MARY'S COUNTY</u>					
C P HEALTH SERVICES, INC.	Rte. 235 - P.O. Box 250	Hollywood	20601	373-3600	OP
MARCEY HALFWAY HOUSE	P.O. 622	Leonardtown	20650	475-4701	RES
RELAPSE PREVENTION EDUC. CTR.	593 Jefferson St. Suite 3	Leonardtown	20650	475-5741	OP
SIERRA HOUSE	St. Andrew's Chrch Rd-Box 1238	California	20619	863-6661	RES
WALDEN/SIERRA INC.	316 Peabody St.	Leonardtown	20650	475-4314	OP
WALDEN/SIERRA INC. PSYCHOTHERAPEUTIC SERVICES	P.O. Box 1238	California	20619	863-6661	OP
<u>SOMERSET COUNTY</u>					
SOMERSET CHD ADDICTION SERV.	7920 Crisfield Highway	Westover	21871	651-5660	OP
ALTERNATIVES SUBSTANCE ABUSE TREATMENT PROG.	301 Bay Street Suite 202	Easton	21601	819-8226	OP
METRO ALCOHOL AND DRUG ABUSE SERVICES INC.	1 Mill Place, Suite 105	Easton	21601	822-4262	OP
<u>TALBOT COUNTY</u>					
TALBOT CHD - OUTPATIENT	100 South Hanson St.	Easton	21601	822-4133	OP
TALBOT COUNTY ADDICTIONS PROGRAM	1132 Canvasback Drive	Easton	21601	822-4133	OP
<u>WASHINGTON COUNTY</u>					
ADDICTIONS SPECIALIST ASSOCIATES	138 E. Antietam St., Ste. 201	Hagerstown	21740	739-3752	OP
FUNCTIONAL SOCIAL WORK	10401 Sharpsburg Pike	Hagerstown	21740	791-3904	OP
W HOUSE, INC.	37 East Antietam Street	Hagerstown	21740	791-7826	RES
WASHINGTON CHD - CAP	1302 Pennsylvania Avenue	Hagerstown	21742	791-3240	CORR
WASHINGTON CHD - JAIL AFTERCARE PROGRAM	13126 Pennsylvania Avenue	Hagerstown	21742	791-2495	JAIL
WASHINGTON CHD - OUTPATIENT	13126 Pennsylvania Avenue	Hagerstown	21742	791-2495	OP
WASHINGTON CO. - JAIL	500 Western Maryland Parkway	Hagerstown	21742	791-3300	CORR
WASHINGTON COUNTY HEALTH DEPARTMENT ADDL.	112 W. Baltimore Street	Hagerstown	21740	791-3314	OP
WASHINGTON COUNTY HOSPITAL	Pangborn Hall, Ste 400	Hagerstown	21740	790-8960	OP
WASHINGTON ISAP	1302 Pennsylvania Ave.	Hagerstown	21742	791-3935	IOP
WELLS HOUSE	324 North Locust Street	Hagerstown	21740	791-3189	RES

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TO
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FROM
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MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
1/2/96

FACILITY	STREET	CITY	ZIP	PHONE	FACT1
<u>WICOMICO COUNTY</u>					
CHARTER BEHAVIORAL HEALTH SYSTEMS SALISBURY	1202 Old Ocean Rd.	Salisbury	21801	548-2302	OP
COMPREHENSIVE PSYCHIATRIC GROUP ADDICTIONS	120 E. Main Street	Salisbury	21801	548-9400	OP
HUDSON CENTER	P.O. Box 1096 Building "D"	Salisbury	21802	742-0151	ICF
SECOND WIND	309 Newton Street	Salisbury	21801	749-8038	RES
WHITE FLINT RECOVERY/EASTERN SHORE	1918 B. Northwood Dr.	Salisbury	21801	749-6422	OP
WICOMICO ADDICTIONS CENTER	300 W. Carroll St.	Salisbury	21801	742-3784	METH & DF
<u>WORCESTER COUNTY</u>					
CENTER 4 CLEAN START	P. O. BOX 249	Snow Hill	21863	632-1100	TOP
WHITE FLINT RECOVERY, INC.	105 Dorchester St.	Ocean City	21842	294-6545	OP
WORCESTER CHD ADDICTIONS	PO Box 249,6040 Public Landing	Snow Hill	21863	632-1100	OP
WORCESTER COUNTY HEALTH DEPARTMENT	4004 Walnut Street	Pocomoke City	21851	957-2005	OP
WORCESTER COUNTY HEALTH DEPARTMENT	11827 Ocean Gateway	Berlin	21842	213-0202	OP
<u>BALTIMORE CITY</u>					
ACTION COUNSELING SERVICES	611 Park Ave., Suite 2	Baltimore	21201	539-5368	OP
ADAPT CARES (PROJECT ADAPT)	3101 Tokanda Avenue	Baltimore	21215	383-4900	METH
ADDICT REFERRAL & COUNSELING CENTER, INC.	21 W 25th Street	Baltimore	21218	366-1717	OP
AWELE TREATMENT AND REHAB SERVICES, INC.	2300 N. Calvert St. Suite 102	Baltimore	21218	467-2518	OP
BALTIMORE ADOLESCENT TREATMENT PROGRAM	Francis Scott Key Medical Ctr	Baltimore	21224	550-0103	OP
BALTIMORE CITY HEALTH DEPARTMENT	3939 Reisterstown Rd. Rm 105	Baltimore	21215	396-0222	OP
BALTIMORE HOLISTIC INSTITUTE	6776 Reisterstown Rd.	Baltimore	21215	358-0100	OP
BALTIMORE RECOVERY CENTER - 28-DAY	16 S. Poppleton Street	Baltimore	21201	962-7180	ICF
BALTIMORE RECOVERY CENTER - OP/AFTERCARE	16 S. Poppleton Street	Baltimore	21201	962-7180	OP
BALTIMORE RECOVERY CNTR.-INTENSIVE OUTPATIENT	16 S. Poppleton Street	Baltimore	21201	962-7180	TOP
BALTIMORE WOMEN'S AWARENESS & ACUPUNCTURE CTR	911 N. Broadway	Baltimore	21205	955-9534	OP
BRIDGE HOUSE	1516 Madison Avenue	Baltimore	21217	523-6351	RES
BRIGHT HOPE HOUSE	1611 Baker Street	Baltimore	21217	462-5510	OP
C P HEALTH SERVICES, INC.	4808 Harford Rd.	Baltimore	21214	444-0400	OP
CHARTER HIDDEN BROOK AT BALTIMORE	10 W. Eager Street 2nd Fl.	Baltimore	21201	837-7272	OP
CONTEMPORARY COUNSELING SERVICES, INC.	723 South Charles St.	Baltimore	21230	528-9333	OP
COUNSELING CENTER (FORMERLY JONES FALLS)	5900 York Rd. Suite 201	Baltimore	21212	532-1770	OP
CROSSROADS CENTERS	2 W. Madison Street	Baltimore	21201	752-6505	OP
DAYBREAK REHABILITATION	2490 Giles Road	Baltimore	21225	396-1646	METH
EAST BALTIMORE DRUG ABUSE PROG.	707 Constitution Street	Baltimore	21202	727-7400	METH
ECHO HOUSE FOUNDATION, INC.	1705 West Fayette Street	Baltimore	21223	947-1700	OP
FAMILY SERVICE FOUNDATION	2310 N. Charles	Baltimore	21218	889-8040	OP
FRIENDSHIP HOUSE - HALFWAY	1435 South Hanover Street	Baltimore	21230	752-2475	RES
FSK - ARC HOUSE	4940 Eastern Avenue	Baltimore	21224	550-0053	ICF
FSK - ARC HOUSE OP	4940 Eastern Avenue	Baltimore	21224	550-0053	TOP
FSK BEHAVIORAL PHARMACOLOGY RESEARCH UNIT	5510 Nathan Shock Drive	Baltimore	21256	550-0056	METH
FSK CENTER FOR ADDICTION & PREGNANCY	4940 Eastern Avenue FSK	Baltimore	21224	550-3027	TOP
GLASS SUBSTANCE ABUSE PROG.	821 N. Eutaw St., Suite 101	Baltimore	21201	225-0594	METH
GLENWOOD LIFE COUNSELING CTR.	516 Glenwood Avenue	Baltimore	21212	323-9811	METH
GRAHAM-MELVIN ASSOC. INC. METRO	2117 Maryland Ave.	Baltimore	21218	332-4457	TOP
GREATER BALTIMORE MEDICAL CENTER	1017 E. Baltimore Street	Baltimore	21202	522-7828	OP
GUNDRY/GLASS OUTPATIENT	2 North K'ickham Rd.	Baltimore	21229	644-9917	OP

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MARYLAND ALCOHOL AND DRUG ABUSE CERTIFIED PROGRAMS
1/2/96

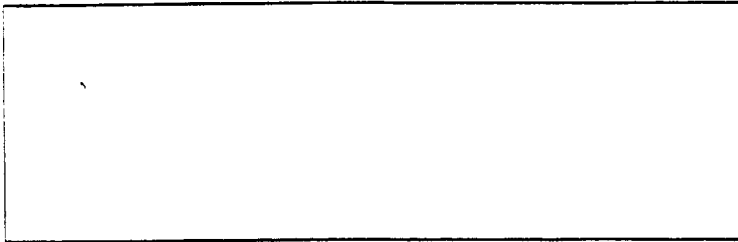
TOTAL P. 10

FACILITY	STREET	CITY	ZIP	PHONE	FACT1
<u>BALTIMORE CITY continued</u>					
HARBEL SUBSTANCE ABUSE SERVICES	5807 Harford Road	Baltimore	21214	444-2100	OP
HARBEL YOUTH SERVICES	5807 Harford Road	Baltimore	21214	444-2100	OP
HARBOR MENTAL HEALTH	6310 Harford Road	Baltimore	21214	426-6380	OP
HARBOUR CENTER	924 East Baltimore	Baltimore	21202	332-1111	OP
IM PSYCHE, INC.	1000 Eager St.	Baltimore	21209	494-8123	OP
INSTITUTES FOR BEHAVIORAL RESOURCES, INC.	22 W. 25th Street Suite 100	Baltimore	21218	366-8000	METH
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	4940 Eastern Avenue	Baltimore	21224	550-0364	OP
JOHNS HOPKINS COMPREHENSIVE WOMEN'S CENTER	911 North Broadway	Baltimore	21205	955-9534	TOP
JOHNS HOPKINS HOSP. PROGRAMS FOR ALCOHOLISM	911 North Broadway	Baltimore	21205	550-3364	OP
LOYOLA COLLEGE ALCOHOL & DRUG EDUCATION	4501 N. Charles St.	Baltimore	21210	617-2928	OP
MAN ALIVE	2100 N. Charles Street	Baltimore	21218	837-4292	METH
MARYLAND YOUTH CORPORATION	2612 Wilkens Avenue	Baltimore	21223	947-4988	OP
MOUNTAIN MANOR	3800 Frederick Ave.	Baltimore	21229	233-1400	ICF
MOUNTAIN MANOR TREATMENT CTR.	3800 Frederick Ave.	Baltimore	21229	233-1400	OP
NEW HOPE TREATMENT CENTER	2401 West Baltimore Street	Baltimore	21223	945-7706	METH
NEW OUTLOOK	821 N. Eutaw St. Suite 201	Baltimore	21201	225-9185	OP
NEXT PASSAGE (LIBERTY MED CTR)	730 Ashburton Street	Baltimore	21216	362-7983	OP
NORTH BALTIMORE CENTER	2225 N. Charles Street	Baltimore	21218	366-4360	OP
NORTHWEST BALTO. YOUTH SERVICE	3319 N. Belvedere Avenue	Baltimore	21215	578-8100	OP
OPERATION RECOVERY MERCY HOSP.	301 St. Paul Pl. Suite 812	Baltimore	21202	659-2878	OP
OVERCOME (LIBERTY TOWANDA)	3101 Towanda Ave.	Baltimore	21215	383-4982	OP
PEOPLE'S COMMUNITY ADDICTIONS PROGRAM	3028 Greenmount Ave.	Baltimore	21218	467-6040	OP
POWELL RECOVERY CENTER	14 S. Broadway	Baltimore	21231	276-1773	OP
QUARTERWAY INC. NILSSON HOUSE	P.O. Box 31419	Baltimore	21216	233-0684	RES
QUARTERWAY INC. WEISMAN/KAPLAN	P.O. Box 31419	Baltimore	21216	233-0684	RES
QUARTERWAY OUTPATIENT CLINIC	730 Ashburton Street	Baltimore	21216	233-0684	OP
SAFE HOUSE	7 West Randall Street	Baltimore	21230	637-1941	RES
SINAI HOSP. DRUG DEPENDANCY	Greenspring & Belvedere Aves.	Baltimore	21215	578-5355	METH
SINAI HOSP. SUBSTANCE ABUSE PROGRAM	2401 W. Belvedere Avenue	Baltimore	21215	578-5457	OP
SOUTHEASTERN DPM	5501 Nathan Shock Dr. Ste 5510	Baltimore	21224	550-0132	METH
STITH AND ASSOCIATES	2300 N. Calvert St.	Baltimore	21218	366-2797	OP
TOTAL HEALTH CARE	1800 North Charles St.	Baltimore	21218	383-7711	OP
TREATMENT RESOURCES FOR YOUTH (TRY)	2517 N. Charles Street	Baltimore	21210	366-2123	OP
TURK HOUSE	P.O. Bx 31419	Baltimore	21216	233-0684	ICF
UNIV. OF MARYLAND - OP	405 W. Redwood Street	Baltimore	21201	328-6600	OP
UNIV. OF MD. DRUG TREATMENT	630 West Fayette Street	Baltimore	21201	328-0126	METH
UNIVERSAL COUNSELING SERVICES	101 W. Read St., Suite 422	Baltimore	21201	752-5525	OP
UNIVERSITY OF MARYLAND	630 W. Fayette Street	Baltimore	21201	328-2335	OP
VALLEY HOUSE	28 South Broadway	Baltimore	21231	675-7765	RES
WILLIAM DONALD SCHAEFER HOUSE	907 Druid Lake Drive	Baltimore	21217	333-7152	RES

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MEDICAL REPORT

Department of Social Services



District: _____

Worker: _____

Phone #: _____

Date: _____

Client ID: _____

Pharmacy Assistance: NONE

Active Case Application Taken

Part I: (To be completed by client)

Name: _____ Birth Date: ___/___/___ Last Grade Completed: _____

Address: _____ Telephone #: _____

1. What illness or injury keeps you from working? _____

Were you injured on the job? Yes No

2. What other health problems do you have? _____

I authorize the physician/health practitioner to release any information about my medical condition required by the state to determine eligibility for benefits.

Client's Signature: _____ Date: _____

Part II: (To be completed by Examining Physician/Health Practitioner)

Date of Examination: _____ First Visit: _____ Last Visit: _____

Please provide detailed responses regarding the patient's impairment(s), based on the most recent examination or treatment record. Copies of laboratory reports, xray reports, EKG tracings, and other studies that support a finding of disability should accompany this report. Please continue responses on a separate sheet, if needed, attaching it securely to this form. The information provided may be used to determine eligibility for federal programs using Social Security disability criteria.

1. **DIAGNOSIS:** Please state the major or chief physical and/or mental impairment(s), that may result in the inability to perform work, activity, or routine activity of daily living.

	ICD-9-CM	Estimated Date of ONSET
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **HISTORY OF IMPAIRMENT(S):** Include at a minimum; a) description of the pertinent history of the impairment; b) treatment and hospitalization, including a description of those factors that limit the patient's ability to function. Include all current medications by drug name and dosage.

MEDICAL REPORT

(Page 2 Continues)

3. **REVIEW OF SYSTEMS:** Present all pertinent findings in making a differential diagnosis or evaluating the severity of the impairment, including a family history, and a description of the use of alcohol, tobacco, or any non-prescription medication.

4. **PHYSICAL FINDINGS:** Include your observations and significant findings related to the impairment(s). This must include all information as requested, and a description of the patient's general appearance and behavior during the examination. Present specific findings objectively, for example, range of motion of a joint, should be reported in degrees.

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____ Respiration: _____
Muscle Strength (1/5 to 5/5): UE _____ LE _____

5. **LABORATORY/XRAY/TEST RESULTS:** Include the actual values for laboratory tests, xray reports, electrocardiograph and or spirometric tracings.

6. **TREATMENT AND RESPONSE:** Include past treatment and response, if known; projected treatment and anticipated response, include all medication and/or recommended therapy.

Based upon your evaluation is this patient impaired? Yes No If yes, duration from _____ to _____
Is the patient able to work? Yes No

TO THE PHYSICIAN/HEALTH CARE PRACTITIONER COMPLETING THIS FORM:

My signature indicates that this information is correct to the best of my knowledge. I understand that if this form is not completed in its entirety, it will be returned to me by the local department and I will not be reimbursed.

Name: _____

Printed Name: _____

Address: _____

Title: _____

License #: _____

MA Provider # _____

Telephone: _____

Date: _____

DEPARTMENT OF HUMAN RESOURCES
INCOME MAINTENANCE ADMINISTRATION

Attachment #6

Department of Social Services

INTERIM PAYMENT REIMBURSEMENT AUTHORIZATION

AU Number	Category	District/Territory (Baltimore City DSS) FEDERAL CODE _____	FEDERAL COUNTY CODE _____ (COUNTY DSS) MARYLAND
Client ID Number			
APPLICANT'S LAST NAME FIRST MIDDLE		SOCIAL SECURITY NUMBER	
ADDRESS	CITY OR TOWN	ZIP CODE	TELEPHONE NO.

DEFINITION: INTERIM ASSISTANCE is the state-funded grant paid to needy disabled persons under the Disability Assistance and Loan Program (DALP), formerly known as General Public Assistance (GPA), and Public Assistance to Adults (PAA) while the Social Security Administration reviews the person's application for Supplemental Security Income (SSI) eligibility. **THE INTERIM ASSISTANCE PERIOD BEGINS WITH THE ACTUAL DAY OF THE MONTH THE SSI ELIGIBILITY BEGINS AND ENDS WITH THE LAST DALP/GPA OR PAA GRANT PAID PRIOR TO THE STATE'S RECEIPT OF THE INITIAL LUMP-SUM SSI CHECK.**

I authorize the Secretary of the U.S. Department of Health and Human Services (HHS) to send my initial payment of Supplemental Security Income (SSI) benefits to the Maryland Department of Human Resources (DHR).

I further authorize DHR to deduct from my initial payment an amount equal to the sum of all public assistance benefits (not including benefits financed wholly or partly with federal funds) made to or on behalf of me by DHR beginning with the day of the month I am found eligible for an SSI payment and ending with the month my SSI payment begins.

I understand that, after making the deductions described above from my initial payment, DHR will pay to me the balance, if any, no later than ten (10) working days from the date DHR receives my initial payment from HHS/Social Security Administration.

I further understand that I have the right to a fair hearing before DHR if I feel that the amount deducted from my initial payment of SSI benefits is more than the amount of public assistance benefits paid to or on behalf of me by DHR.

I further understand that this authorization is effective for one (1) year from the date I sign it and that it will cease to have effect at the end of one (1) year UNLESS I FILE FOR SSI WITHIN THAT TIME OR ONE OF THE FOLLOWING EVENTS OCCURS EARLIER, IN WHICH CASE THE AUTHORIZATION WILL CEASE TO HAVE EFFECT AS OF THE DATE OF SUCH EVENT: (1) THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MAKES AN INITIAL PAYMENT ON MY CLAIM; (2) THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MAKES A FINAL DETERMINATION ON MY CLAIM AND NO TIMELY REQUEST FOR REVIEW IS FILED BY ME; OR, (3) THE STATE OF MARYLAND AND I AGREE TO TERMINATE THE AUTHORIZATION.

I further understand that signing this form means I intend to file for SSI benefits. I also understand that I must file an SSI application with the Social Security Administration for that agency to decide if I am eligible for SSI benefits. My eligibility for SSI can begin as early as the date I sign this form only if I file the SSI application within sixty (60) days from the day I sign this form.

Applicant's Signature

Date

State Representative's Signature and Title

Date

DISTRIBUTION INSTRUCTIONS: Forward to the addressee printed in red at the bottom of each copy.
DHR/IMA 340(REV 6/94) Please destroy all previous versions of this form.

SOCIAL SECURITY DISTRICT OFFICE

MEDICAL ASSISTANCE PROGRAM VOCATIONAL, EDUCATIONAL, AND SOCIAL DATA

Dept. of Social Services

(To be completed by caseworker in the interview with the applicant)

C.I. # _____	D.O.B. _____	Sex _____
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Name _____	Social Security # _____
------------	-------------------------

I. EMPLOYMENT HISTORY	Usual Occupation _____	Last Day of Work _____
	Other Types of Work _____	What is applicant's opinion of his/her ability to work? _____
	Last place of employment _____	Dates _____ Reason for Leaving _____
	Last place of employment _____	Dates _____ Reason for Leaving _____

II. EDUCATION AND TRAINING	Can applicant read and write English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest grade completed in school _____	Type of Diploma _____	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Attended College or technical school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree or Certificate _____		
	If ever in college or technical school for some time, state semester hours spent school. _____ hrs.		Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		

III. SOCIAL DATA	Current living arrangement: <input type="checkbox"/> Alone <input type="checkbox"/> With others <input type="checkbox"/> Chronic or other hospital			
	<input type="checkbox"/> Private Home <input type="checkbox"/> Own Home/Apartment			
Does applicant take care of his/her own personal needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the applicant need personal assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type needed: _____				

IV. PHYSICAL DATA	Briefly describe applicant's physical appearance and daily activities: _____						
	Does the applicant have difficulty: ** Indicate degree of difficulty						
	Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extreme	Does the applicant use a device such as cane, wheelchair, crutches, or other prostheses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
	Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extreme	
	Lifting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extreme	
	Bending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extreme	
Climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extreme		

V. REHABILITATION AND DISABILITY COMPENSATION REFERRALS

Has the applicant been referred to a vocational rehabilitation program? Yes No

If yes, Name and address of referring agency: _____

and Name and address of rehabilitation agency: _____

Has the applicant applied for any related compensation, e.g., Social Security, SSI, VA, Workmen's Compensation? Yes No

If yes, complete the following:

TYPE	DATE APPLIED	DECISION (i.e., Eligible, Ineligible or Pending)

If applicant was determined ineligible for Social Security and/or Supplemental Security Income, state the reasons why: _____

Caseworker Signature _____	Date _____	Printed Name of Worker _____
Supervisor's Signature _____	Date _____	Telephone Number of Caseworker _____

Name (Claimant) (Print or Type)	Social Security Number
Wage Earner (If Different)	Social Security Number

Attachment #
(page 1 of 2)

Part I APPOINTMENT OF REPRESENTATIVE

I appoint this person, _____
(Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

Title II (RSDI)
 Title XVI (SSI)
 Title IV FMSHA (Black Lung)
 Title XVIII (Medicare Coverage)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I am appointing, or I now have, more than one representative. My main representative is _____
 (Name of Principal Representative)

Signature (Claimant)	Address
Telephone Number (with Area Code) ()	Date

Part II ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

I am an attorney.
 I am not an attorney.
 (Check one.)

Signature (Representative)	Address
Telephone Number (with Area Code) ()	Date

Part III (Optional) WAIVER OF FEE

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)	Date
----------------------------	------

Part IV (Optional) ATTORNEY'S WAIVER OF DIRECT PAYMENT

I waive only my right to direct payment of a fee from the withheld past-due Social Security benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Attorney Representative)	Date
-------------------------------------	------

COMPLETING THIS FORM TO APPOINT A REPRESENTATIVE

Choosing To Be Represented

You can choose to have a representative help you when you do business with Social Security. We will work with your representative, just as we would with you. It is important that you select a qualified person because, once appointed, your representative may act for you in most Social Security matters. We give more information, and examples of what a representative may do, on the back of the "Claimant's Copy" of this form.

Paperwork and Privacy Act Notice

The Social Security Administration will recognize someone else as your representative if you sign a written notice appointing that person and, if he or she is not an attorney, that person signs the notice agreeing to be your representative. (You can read more about this in our regulations: 20 CFR §§ 404.1707, 410.684, and 416.1507.) Giving the information this form requests is voluntary. Without it though, we may not work with the person you choose to represent you.

How To Complete This Form

Please print or type. At the top, show your full name and your Social Security number. If your claim is based on another person's work and earnings, also show the "wage earner's" name and Social Security number. If you appoint more than one person, you may want to complete a form for each of them.

Part I Appointment of Representative

Give the name and address of the person(s) you are appointing. You may appoint an attorney or any other qualified person to represent you. You also may appoint more than one person, but see "What Your Representative(s) May Charge" on the back of the "Claimant's Copy" of this form. You can appoint one or more persons in a firm, corporation, or other organization as your representative(s), but you may not appoint a law firm, legal aid group, corporation, or organization itself.

Check the block(s) showing the program(s) under which you have a claim. You may check more than one block. Check:

- Title II (RSDI), if your claim concerns retirement, survivors, or disability insurance benefits.
- Title XVI (SSI), if your claim concerns supplemental security income.
- Title IV FMSHA (Black Lung), if your claim concerns black lung benefits under the Federal Mine Safety and Health Act.
- Title XVIII (Medicare Coverage), if your claim concerns entitlement to Medicare or enrollment in the Supplementary Medical Insurance (SMI) plan.

If you will have more than one representative, check the block and give the name of the person you want to be the main representative.

How To Complete This Form, continued

Sign your name, but print or type your address, your area code and telephone number, and the date.

Part II Acceptance of Appointment

Each person you appoint (named in part I) completes this part, preferably in all cases. If the person is not an attorney, he or she must give his or her name, state that he or she accepts the appointment, and sign the form.

Part III (Optional) Waiver of Fee

Your representative may complete this part if he or she will not charge any fee for the services provided in this claim. If you appoint a second representative or co-counsel who also will not charge a fee, he or she also should sign this part or give us a separate, written waiver statement.

Part IV (Optional) Attorney's Waiver of Direct Payment

Your representative may complete this part if he or she is an attorney who does not want direct payment of all or part of the approved fee from past-due social security or black lung benefits withheld.

Time It Takes to Complete This Form

We think it will take you about 10 minutes to complete this form. This includes the time to read the instructions, gather the needed facts, and fill out the form. If you have comments or suggestions about our estimate or any other aspect of this form, write to the:

- Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Building, Baltimore, MD 21235-0001; and
- Office of Management and Budget, Paperwork Reduction Project (0960-0527), Washington, DC 20503.

Send only comments about this form to these offices. Send requests for Social Security cards or claims-related information to your local Social Security office. (Your telephone book lists the address under United States (U.S.) Government, Department (Dept.) of Health and Human Services, Social Security Administration.)

References

- 18 U.S.C. §§203, 205, and 207; 30 U.S.C. § 923(b); and 42 U.S.C. §§ 406(a), 1320a-6, and 1383(d)(2)
- 20 CFR §§ 404.1700 *et. seq.*, 410.684 *et. seq.*, and 416.1500 *et. seq.*
- Social Security Rulings 88-10c (C.E. 1988), 85-3 (C.E. 1985), 83-27 (C.E. 1983), and 82-39 (C.E. 1982)

DISABILITY ENTITLEMENT ADVOCACY PROGRAM

NOTICE OF CHANGE

Name: _____ MA Case No: _____

Date: _____ SSN: _____

TO

FROM

_____ DSS, _____ District
Attention: District Manager

Disability Entitlement Advocacy Program, P.O. BOX 116, Baltimore, MD 21203-0116
Attention: Case Tracking Unit

DMAU, 311 W. Saratoga Street, Baltimore, MD 21201
Attention: Supervisor

The following change(s) has occurred in this case. Since we share responsibility, we are reporting the information to you for appropriate action.

Date the
Change Was
Recorded

Effective
Date of
Change

Change

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PRESS FIRMLY — YOU ARE MAKING THREE COPIES



PURCHASE AUTHORIZATION AND INVOICE*(Prepare in Duplicate: Original to Vendor; Duplicate to Finance Officer)*

LOCAL DEPARTMENT OF SOCIAL SERVICES

CASE INFORMATION:

Name: _____

VENDOR:

(Name and Address-Print or Type)

Case Number: _____

Category: _____

AUTHORIZATION SIGNATURES:

Worker: _____

Supervisor: _____

SERVICES OR MATERIALS AUTHORIZED:

COST NOT TO EXCEED:

\$

	Attendance during month of full-time on-campus school program in child care facility.
	Burial
	Day Care
	Initial Clothing
	Group Home
	Eye Examination (Report of Eye Examination, form DHR/SSA 701 must accompany invoice; payment made after State Review). Review in hand.
	Medical Examination (Medical Examination Record, Form 402, must accompany invoice; payment made after State Review). Payment will <u>not</u> be authorized for an incomplete form.
	Other (Specify)

INVOICE: *(Do Not Detach)*

LOCAL DEPARTMENT OF SOCIAL SERVICES:

VENDOR:

(Print or Type)

SERVICES OR MATERIALS FURNISHED

AMOUNT: \$ _____

TOTAL: \$ _____

E: _____ VENDOR SIGNATURE: _____

VENDOR FEDERAL ID OR SOCIAL SECURITY NUMBER: _____

TEMHA PURCHASE AUTHORIZATION AND INVOICE

(Prepare 4 Copies: Original to Vendor, 1 Copy to Invoice Processing, 1 Copy to Finance Office, and 1 Copy to Case Worker)

(Completed by Local Department)

LOCAL DEPARTMENT OF SOCIAL SERVICES: CASE INFORMATION:
 (Name and Address) Case #/Client ID: _____
 Name: _____
 Date Authorized: _____
 AUTHORIZATION SIGNATURES:
 Vendor: _____ Worker: _____
 TOTAL COST NOT TO EXCEED: \$ _____ Supervisor: _____

Max.\$	Auth.	Description	Fund	Type	Goods or Services
_____	_____	_____	_____	01	Eviction Prevention Assistance
_____	_____	_____	_____	02	Emergency Housing
_____	_____	_____	_____	03	Utility Expenses
_____	_____	_____	_____	04	Clothing
_____	_____	_____	_____	05	Food
_____	_____	_____	_____	06	Bus/Metro Pass
_____	_____	_____	_____	07	Other Transportation Assistance
_____	_____	_____	_____	08	Over-the-Counter Medical Supplies
_____	_____	_____	_____	09	Personal Hygiene, Cleaning, Laundry
_____	_____	_____	_____	10	Health Services
_____	_____	_____	_____	11	Mental Health Services
_____	_____	_____	_____	12	Addiction Services
_____	_____	_____	_____	13	Flex Rental Assistance (dates from _____ thru _____)
_____	_____	_____	_____	14	Medical Equipment or Rental
_____	_____	_____	_____	15	Prescriptions or Co-Payments
_____	_____	_____	_____	16	Telephone or Postage
_____	_____	_____	_____	17	Furniture, Appliances, Furnishings
_____	_____	_____	_____	18	Moving and Storage
_____	_____	_____	_____	19	Education/Job Placement
_____	_____	_____	_____	97	Other--IAR Non-Reimbursable
_____	_____	_____	_____	98	Other--IAR Reimbursable
_____	_____	_____	_____	99	Rental Allowance Program (RAP)

Monthly the finance office must receive authorization to issue a rent check.

INVOICE: (Submitted by Vendor to Local Department)

VENDOR FEDERAL ID OR SOCIAL SECURITY NUMBER: _____ (if necessary)
 SERVICE DATE: _____ PAYMENT REQUESTED: \$ _____
 VENDOR NAME: _____ VENDOR SIGNATURE: _____
 ADDRESS: _____

CLIENT SIGNATURE: _____ (required for codes 04,05,08,09,17)

NOTE: ATTACH A COPY OF THE BILL OF SALE SHOWING ALL ASSOCIATED COSTS. THE BILL OF SALE MAY NOT EXCEED THE AUTHORIZED COSTS. CLIENT MUST PRESENT THIS VOUCHER AND PHOTO ID TO VENDOR. DO NOT REFUND CASH TO CLIENTS WHO HAVE PURCHASED WITH A VOUCHER.

PAYMENT INFORMATION

(Completed by Local Department's Finance Office)

ISSUANCE DATE: _____ VENDOR ON CARES VENDOR DATA BASE?: _____ YES (optional)
 TOTAL AMOUNT PAID: \$ _____ STATE: \$ _____ LOCAL: \$ _____

FUND TYPE (01-99)	FUND SOURCE (S/L)	AMOUNT PAID
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of Maryland
Department of Human Resources

REFERRAL FOR SERVICES

1 0	<input type="checkbox"/> PROJECT INDEPENDENCE-PI	<input type="checkbox"/> NEW CHOICES	F R O M	LDSS:	G R O U P	CIRCLE ONE: L E Y
	<input type="checkbox"/> TARGETED CASE MANAGEMENT-PPI	<input type="checkbox"/> OTHER				
LOCATION:			WORKER:			
			TELEPHONE: ()			

I. CLIENT INFORMATION

1. CLIENT NAME AND ADDRESS		4. SOCIAL SECURITY NUMBER	5. D.O.B.	6. DATE(S) REFERRED IM: _____ New Choices: _____	
2. CASE #		7. REFERRAL PROCESS (check all that apply):			
3. TELEPHONE # ()		<input type="checkbox"/> client completed a New Choices Seminar <input type="checkbox"/> client requested a service worker <input type="checkbox"/> client had active service case <input type="checkbox"/> Project Independence barrier removal			

III. REFERRAL INFORMATION

8. REASONS FOR REFERRAL (check all that apply): <input type="checkbox"/> health <input type="checkbox"/> educational <input type="checkbox"/> PI <input type="checkbox"/> other (explain)					
COMMENTS:					
Children:					
1. _____ Name		DOB		4. _____ Name	
2. _____ Name		DOB		5. _____ Name	
3. _____ Name		DOB		6. _____ Name	
9. NEW CHOICES ONLY:					
Are child care services needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of children needing child care: _____					

III. SOCIAL/COMMUNITY SERVICES ONLY -- RETURN TO I.M.

10. DATE RECEIVED:	11. RECEIVED BY:	12. ASSIGNED TO:	13. TELEPHONE: ()	14. DATE ASSIGNED:
15. NEW CHOICES ACTION TAKEN: Date: _____				
<input type="checkbox"/> Client completed seminar <input type="checkbox"/> Referral to TCM needed <input type="checkbox"/> Client did not attend <input type="checkbox"/> Counseling referral made				
16. SOCIAL SERVICES ACTION TAKEN: Response Date: _____		Second Response Date: _____		
<input type="checkbox"/> provided <input type="checkbox"/> refused <input type="checkbox"/> no contact <input type="checkbox"/> closed/date: _____ <input type="checkbox"/> waiting list/due date: _____ <input type="checkbox"/> comprehensive services: _____		<input type="checkbox"/> provided <input type="checkbox"/> refused <input type="checkbox"/> no contact <input type="checkbox"/> closed/date: _____ <input type="checkbox"/> waiting list/due date: _____ <input type="checkbox"/> comprehensive services: _____		
_____ (services/agency)		_____ (services/agency)		
_____ (phone #/address)		_____ (phone #/address)		
_____ (contact person)		_____ (contact person)		
COMMENTS:		COMMENTS:		

**TRANSITIONAL EMERGENCY MEDICAL AND HOUSING ASSISTANCE PROGRAM
RENTAL ALLOWANCE PROGRAM**

ELIGIBILITY/REFERRAL NOTIFICATION		REFERRAL ACTION	
DATE:	_____	ACTION TYPE	EFEC. DATE
TO:	RAP LAA: _____	<input type="checkbox"/> Eligible	_____
FROM:	SSTA Worker: _____ Phone # _____ (typed name)	<input type="checkbox"/> Terminate	_____
	SSTA Worker: _____ (signature)	<input type="checkbox"/> Unit Change	_____
	Supervisor: _____ Phone # _____ (typed name)	<input type="checkbox"/> Other	_____
<p>The following household has been determined to be eligible for the TEMHA Program and is being referred to your agency for consideration of RAP/TEMHA housing assistance:</p>		Description of above action type:	
CLIENT ID #:	_____	_____	
NAME:	_____ (last, first, M.I.)	_____	
CURRENT ADDRESS:	_____ (street)	_____	
	_____ (city, state, zip)	_____	
TELEPHONE:	_____	_____	
OTHER CONTACT:	_____	_____	

NOTICE OF UNIT AVAILABILITY			
LOCATION:	_____ (address)		
TYPE OF HOUSING:	(Check One)		
<input type="checkbox"/> Apartment	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Town House	<input type="checkbox"/> Single Family Home
<input type="checkbox"/> Boarding Room	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other (Please Describe)
NUMBER OF BEDROOMS:	_____	CURRENT RENT:	\$ _____ Per _____
CONTACT LANDLORD: NAME:	_____		
	ADDRESS: _____		
	PHONE: _____		



TEMHA

REPRESENTATIVE'S AGREEMENT AND DECLARATION

I agree to be the Representative Payee for _____
Name of TEMHA Recipient

I declare that I am not a substance abuser and agree that a background check can be made at Department of Social Services' () discretion.

I understand and agree to the following:

I will use the TEMHA cash payment solely to obtain shelter, clothing, and personal needs items for the recipient.

I will use none of the TEMHA cash benefit for my own personal use or personal gain.

I will give NO cash benefit directly to the recipient.

I will report to DSS any change of which I am aware in the financial circumstances of the recipient or any change in my relationship to the recipient.

I will visit the DSS office to get a referral for Electronic Benefit Transfer (EBT) card, go to EBT training, and pick-up an EBT card.

I will keep a record of how the TEMHA cash benefit is used.

I understand that this is a temporary agreement which is subject to change at any time.

I AM NOT AN EMPLOYEE OF THE DEPARTMENT OF HUMAN RESOURCES OR ANY OF ITS LOCAL DEPARTMENT OF SOCIAL SERVICES' OFFICES, INCLUDING DEPARTMENT OF SOCIAL SERVICES .

Signature of Representative Payee

Social Security Number

Date

FOR OFFICE USE ONLY:

DISTRICT: _____

CASE NUMBER: _____

CASE NUMBER: _____

WORKER'S NAME: _____

DATE: _____

D-4006 (12/95)



TEMHA

REQUEST FOR REPRESENTATIVE PAYEE AND AGREEMENT

I request that _____
first middle last name social security number

be my Representative Payee for the Transitional Emergency Medical and Housing (TEMHA) Program. I understand that my representative payee will receive my TEMHA cash benefit. My Representative Payee will use the cash benefit to obtain shelter, clothing, and items for my personal needs. The person I have selected is:

over 18 years of age,

not a substance abuser, and

not an employee of the Department of Human Resources or any of its local department of social services' offices, including Department of Social Services ().

I further understand and agree that the Department of Social Services will not become involved in disputes over use of the TEMHA benefits. There will be NO replacement of benefits.

I remain responsible to report any changes in my financial circumstances or living arrangement to the Department of Social Services. It is also my responsibility to establish and re-establish my eligibility for TEMHA benefits.

I have the right to select a new Representative Payee.

Signature of TEMHA Recipient

Social Security Number

Date

FOR OFFICE USE ONLY:
DISTRICT: _____

CASE NUMBER: _____

CASE NUMBER: _____

WORKER'S NAME: _____

DATE: _____