

Rosemary Malone

DEPARTMENT OF HUMAN RESOURCES 311 W. SARATOGA STREET BALTIMORE, MARYLAND 21201	IMA/CSA ACTION TRANSMITTAL
ISSUANCE DATE: July 5, 1996	EFFECTIVE DATE: Upon Receipt CONTROL NUMBER: IMA/GPA # 96-42

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: KEVIN MAHON, EXECUTIVE DIRECTOR, IMA
Rosemary Malone
DENESE F. MAKER, ACTING EXECUTIVE DIRECTOR, CSA

RE: TRANSITIONAL EMERGENCY, MEDICAL, AND HOUSING ASSISTANCE
(TEMHA)

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

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

This memo provides reminders and policy clarifications for Transitional Emergency, Medical, and Housing Assistance (TEMHA).

Clarification of Substance Abuse and Treatment

TEMHA regulations state, "The eligible individual may not be the payee if the medical diagnosis identifies a medical condition of alcoholism or drug addiction and the recipient is not in a treatment program." The following provides clarification of this policy.

1. The medical diagnosis is made by the medical provider on the DHR/IMA 402-B Medical Report. If the provider requires confirmation of a diagnosis, laboratory tests may be ordered. Up to \$20 in reimbursement for laboratory tests in connection with the medical evaluation is available from the Department of Human Resources (DHR) through the regular DHR/IMA 312 process.
2. A TEMHA eligible person may not receive direct cash assistance if there is an active primary or secondary diagnosis of substance abuse. The condition is considered inactive if there is medical documentation that the individual has successfully completed a certified treatment

program or the individual is no longer a substance abuser. The customer's statement that he is no longer abusing is not sufficient verification. The customer's health care provider must submit a statement to that effect. If the condition of substance abuse is **inactive**, the individual **may be** the payee. Otherwise, TEMHA benefits **must be** received through a representative payee or voucher assistance.

3. A treatment program is defined in the IMA/CSA Action Transmittal #96-27, issued 1/26/96, as "an inpatient or outpatient substance abuse treatment program certified by DHMH" (Department of Health and Mental Hygiene). The Action Transmittal included a list of DHMH-certified treatment programs. If you are uncertain whether a program is certified, call DHMH's Alcohol and Drug Abuse Administration at (410) 767-6886.
4. TEMHA customers who do not have federal Medical Assistance eligibility may obtain medical care through the Primary Care for the Medically Indigent (PCMI) program. Although PCMI providers are required to cover substance abuse treatment services, many PCMI providers do not offer services from a certified treatment program. DHMH agreed to a six-month phase-in, ending October 1996, for all PCMI providers to become certified or make arrangements with certified programs. During this transitional period, all PCMI providers will be considered as having certified treatment programs, for TEMHA purposes. If the individual is in PCMI, the provider must state that the individual is in a treatment program. An advance copy of the revised listing of PCMI providers, effective July 1, 1996, is attached to this transmittal. If you question whether a provider has a PCMI contract, call DHMH's Office of Primary Care Services at (410) 767-5601, 5590, or 5599.
5. The participation in treatment by an individual with an active substance abuse diagnosis must be confirmed at the time of initial TEMHA determination and at reconsideration. It is not necessary to confirm treatment participation during the interim. To confirm treatment participation, a letter is required from a DHMH-certified treatment program, on the agency's letterhead. Treatment plans or medical records may not be requested, since such information is confidential. DHR will develop a form for completion by the treatment provider, to assist with treatment verification.
6. You may ask the treatment provider to inform you if a TEMHA eligible drops out of treatment prior to successful completion. Then the individual must identify a representative payee or receive voucher assistance.

TEMHA Voucher Assistance Reminder

If a TEMHA eligible person has an active substance abuse diagnosis and is not receiving treatment from a DHMH-certified program, the individual cannot be the payee for TEMHA benefits. The local worker assists the individual with identifying an acceptable representative payee (i.e., not an active substance abuser). Until a representative payee is identified, the TEMHA eligible person is **entitled** to assistance totaling \$100 per month. The assistance is received through the 312-T process by vouchers issued to third parties, such as landlords.

DHR will create a listing of people who are active TEMHA customers on AIMS and should have had vouchers issued on their behalf since February 1996. The expectation is that this report will be sent to each local department by July 1, 1996. The local department may want to consider developing a pool of potential representative payees for this purpose. In CARES jurisdictions, monthly reports of active TEMHA customers with no paid benefits are already produced. This listing should be used to contact the customer. The local department will send two notices to the TEMHA eligible customer. If the customer does not respond to the second notice, the case is closed.

PCMI Referral Reminder

Many TEMHA customers do not qualify for federal Medical Assistance. They are automatically enrolled in the Maryland Pharmacy Assistance Program (MPAP) and receive a card for pharmacy benefits. Although they also qualify for Primary Care to the Medically Indigent (PCMI), enrollment is not automatic. The individual must **select** a PCMI provider and **enroll** with the provider to receive the covered medical benefits.

It is important for the local worker to inform the customer about the PCMI program, encourage enrollment, and help to identify providers. It is also important for the local worker to explain to the customer that PCMI and MPAP are available to some customers during the interim period (approximately 30 - 45 days) while the State Review Team determines eligibility for a category of federal Medical Assistance.

TEMHA Coding Reminder

It is important for TEMHA eligible persons to be coded in the correct eligibility category, because coding affects the nature and duration of TEMHA benefits.

TEMHA AIMS Coding

Code the Subcategory field on the AIMS 2 as follows:

- "83" indicates short-term cash assistance (i.e., no more than 12 out of 36 months) issued directly to the customer or to a representative payee for individuals who are not approved by the State Review Team (SRT), whose medical documents a condition of less than 12 months' duration, or while awaiting the SRT decision.
- "84" indicates long-term cash assistance (i.e., no limit in number of 12-month eligibility periods) issued directly or through a representative payee for individuals whose cases are approved by the SRT.
- "81" indicates short-term assistance, no pay with benefits through voucher assistance.
- "82" indicates long-term assistance, no pay with benefits through voucher assistance.

TEMHA CARES Coding

Disability Type

'A' for alcoholism
'T' for drug abuse

The correct valid value should be entered for all other disabilities.

TEMHA Type

Type '1' for short term (Disability under 12 months or not approved by the State Review Team)

Type '2' for long term (Disability 12 months or more and certified by SRT)

Disability Approval Source

The following valid values are acceptable Disability Approval Sources for Type 1:

"HP"	Health Provider
"MP"	Medical Provider
"RR"	Railroad Retirement Disability
"RS"	SSA Disability
"SS"	SSI
"VZ"	Veterans Administration (< 100%)
"VA"	Veterans Administration (100%)

Valid Value "RS" should be used for TEMHA Type 1 disabilities that have been approved by SRT to receive Medical Assistance.

The following valid values are acceptable Disability Approval Sources for Type 2:

"HO"	Hearing Officer
"MS"	MRT/SRT
"PA"	Presumptive -- AIDS

Treatment Participation

If the disability type is 'A' or 'T', this field must be completed.

The acceptable valid values are:

"Y" Yes customer is participating in a treatment program approved by DHMH

"N" No, customer is not participating in an approved treatment program.

Food Stamp Clarification

Transmittal #96-27 stated that an application and face-to-face interview are required at application and at 12-month intervals. That statement assumes that a 12-month certification period is assigned. If a shorter certification period is assigned, a new application and face-to-face interview are required before food stamps can be recertified. Eligibility for food stamps must be reevaluated for any changes in household circumstances.

If TEMHA payments are terminated **during** the food stamp certification period, the local department will reevaluate food stamp eligibility and take one of the following actions:
 (1) shorten the food stamp certification period or (2) change the food stamp category code to 18 and allow benefits to continue to the end of the food stamp certification period. If the decision is to shorten the food stamp certification period, the local department must send the customer notice of the expiration of the certification period.

If there is not enough information to determine ongoing eligibility for food stamps, the food stamp certification period can be shortened to end the month immediately following the month the notice of expiration is sent.

In all other situations, benefits can be issued through the end of the food stamp certification period, if the person remains eligible, based on the changed circumstances.

Action Due:

Upon receipt.

TEMHA Policy Questions

Please contact Mary Corddry in CSA's Office of Adult Services at (410) 767-7257 or Yvonne Batson in IMA's Office of Policy Administration at (410) 767-7733.

PCMI Questions

Please direct inquiries to Cameron Stearns in DHMH's Primary Care to the Medically Indigent (PCMI) Program at (410) 767-5601. (Please note that this is a new telephone number.)

System Questions

Please call the DHR Help Desk at 767-7002 or 1-800-347-1350 with AIMS- or CARES-related questions.

Thank you for your usual cooperation in this matter.

cc: DHR Executive Staff
IMA Management Staff
CSA Management Staff
Help Desk
CTF
Arnold Dixon

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:

Name: _____

Address: _____

Vendor: _____

TOTAL COST NOT TO EXCEED: \$ _____

CASE INFORMATION:

Case #/Client ID: _____

Name: _____

Date Authorized: _____

AUTHORIZATION SIGNATURES:

Worker: _____

Supervisor: _____

Max \$ Auth	Description	Fund Type	Goods or Services
_____	_____	01	Eviction Prevention Assistance
_____	_____	02	Emergency Housing
_____	_____	03	Utility Expenses
_____	_____	04	Clothing
_____	_____	05	Food
_____	_____	06	Medical Transportation
_____	_____	07	Non-Medical Transportation
_____	_____	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 _____ to _____)

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

_____	_____	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)

INVOICE: (Submitted by Vendor to Local Department)

(Completed by Vendor)

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 TO VENDOR. DO NOT REFUND CASH TO CLIENTS WHO HAVE PURCHASED WITH A VOUCHER.

PAYMENT INFORMATION

(Completed by Local Departments 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

FISCAL OFFICE R
Authorization Signature: _____

Baltimore City

Baltimore Medical System (3 sites)

1. Highlandtown Community:3509 Eastern Avenue
Baltimore, 21224
410-563-8900
2. Belair Road Family:3301 Belair Road
Baltimore, 21213
410-276-4800
3. Matilda Koval Medical:2323 Orleans Street
Baltimore, 21224
410-276-6000

Community Healthcare Network (9 sites)

1. Park Circle:3100 Towanda Avenue
Baltimore, 21215
410-728-2273
2. Libertycare:4419 Falls Road
Baltimore, 21211
410-366-1101
3. Libertycare:6819 Reisterstown Road
Baltimore, 21215
410-358-5556
4. Park Circle:530 North Hilton Street
Baltimore, 21229
410-945-4900
5. Libertycare:4820 Seton Drive
Baltimore, 21215
410-945-4900
6. Bon Secours Family:1940 West Baltimore Street
Baltimore, 21223
410-362-3079
7. New Hope:2401 West Baltimore Street
Baltimore, 21223
410-945-7706
8. St. Edwards:2846 West Lafayette
Baltimore, 21216
410-233-1484
9. Washington Village:700 Washington Boulevard
Baltimore, 21230
410-752-3340

GBMC: Community and Family Health Center
1017 East Baltimore Street
Baltimore, 21202
410-522-6555

Glenwood Health Center
5225 York Road
Baltimore, 21212
410-435-8506

Jai Medical Center (3 sites)

1. 5010 York Road
Baltimore, 21212
410-433-2200
2. 2425 Eutaw Place
Baltimore, 21201
410-728-6900
3. 4432 Park Heights Avenue
Baltimore, 21215
542-8130

Johns Hopkins Medical Services Corporation (5 sites)

1. Berea:2900 East Oliver Street
Baltimore, 21213
410-522-9957
2. East Baltimore:1000 East Eager Street
Baltimore, 21202
410-522-9800
3. Johnson:2800 Kirk Avenue
Baltimore, 21218
410-243-1800
4. Tindeco:2809 Boston Street
Baltimore, 21224
410-522-9940
5. Wyman Park:3100 Wyman Park Drive
Baltimore, 21211
410-338-3000

Mercy Medical Center (3 sites)

1. 1400 South Charles Street
Baltimore, 21230
410-727-3228
2. 315 North Calvert Street
Baltimore, 21201
410-332-9347
3. 1300 Fulton Avenue
Baltimore 21217
410-728-5600

Park West Medical Center

4120 Patterson Avenue
Baltimore, 21215
410-764-2266

Peoples' Community Health Center

3028 Greenmount Avenue
Baltimore, 21218
410-467-6040

South Baltimore Family Health Center (2 sites)

1. 631 Cherry Hill Road
Baltimore, 21225
410-354-2001
2. Fourth and Potomac Streets
Baltimore, 21225
410-355-0343

Total Health Care (4 sites)

1. 1501 Division Street
Baltimore, 21217
410-383-8300
2. 2149 Kirk Avenue
Baltimore, 21218
410-338-6910
3. 1200 Mondawmin Concourse, Suite 113
Baltimore, 21215
410-669-8800
4. 1501 West Saratoga Street
Baltimore, 21223
410-383-1400

University Family Medicine Associates (2 sites)

1. 29 South Paca Street
Baltimore, 21201
410-328-8792

University Care

1. 4538 Edmondson Avenue
Baltimore, 21229
410-328-2273
2. 2447 Frederick Avenue
Baltimore, 21229
410-328-9378
3. 920 Washington Boulevard
Baltimore, 21230
410-783-1859
4. 1374 West North Avenue
Baltimore, 21217
410-328-9355
5. 4510 Liberty Heights Avenue
Baltimore, 21207
410-328-3627

Allegany County

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

Anne Arundel County

Johns Hopkins Medical Services Corporation (3 sites)

1. Marley Horizons:8023 Ritchie Highway
Suites 110-112 Pasadena, 21122
410-766-8580
2. Odenton-Meade:1132 Annapolis Road
Odenton, 21113
410-224-8220
3. South River:200 Harry S. Truman Parkway
Suite 380 Annapolis, 21401
410-224-8220

Owensville Primary Care

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

North County Community Health Center

1406 Crain Highway South
Glen Burnie, 21061
410-761-4000

Baltimore County

Johns Hopkins Medical Systems Corporation (4 sites)

1. Crestridge:10155 York Road Suite 201
Cockeysville, 21030
410-667-6500
2. Eastern:502 Eastern Boulevard
Baltimore, 21221
410-574-5100
3. Patapsco Valley:4600 Wilkens Avenue Suite 102
Baltimore, 21229
410-536-9444
4. Putty Hill:4211 Blakely Avenue
Perry Hall, 21236
410-529-3930

Calvert County

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

Caroline and Talbot Counties

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

Carroll County

Hopkins : Cranberry Station Medical
532 Baltimore Boulevard Suite 201
Westminster, 21157
410-876-5515 or 410-857-2300

Cecil County

Cecil County Health Department
401 Bow Street
Elkton, 21921
410-996-5179

Charles County

Nanjemoy Health Services
4375 Port Tobacco Road Suite 101
Nanjemoy, 20662
301-609-7633

Dorchester County

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

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

Harford County Health Department
119 Hays Street, Box 797
Bel Air, 21014-0191
410-879-6823

Howard County

Hopkins: Signature Health Center
8827 Columbia 100 Parkway Suite 2
Columbia, 21045
410-992-0950

Kent and Queen Anne's Counties

Queen Anne County Health Department
206 North Commerce Street
Centreville, 21617
410-758-0720

Montgomery County

Community Clinic, Inc. (4 sites)
107 Fleet Steet
Rockville, 20850
301-340-9666

Call for clinic times and locations at
Gaithersburg, Silver Spring and Germantown

Hopkins: Montgomery Grove Medical
15201 Shady Grove Road Suite 202
Rockville, 20850
301-990-3190

Mobile Medical Care, Inc. (7 sites)
Administrative Offices: 4511 Bestor Drive
Rockville, 20853
301-460-3535

Call administrative number for times and
locations of clinics in Silver Spring,
Kensington, Wheaton, Takoma Park, and Rockville

Prince Georges County

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

Hopkins: Laurel Health Center
13960 Baltimore Boulevard
Laurel, 20707
410-880-6032 or 301-604-5254

Renaissance Health Care (3 sites)

1. 9811 Mallard Drive
Laurel, 20784
301-498-5400
2. 6513 Annapolis Road
Hyattsville, 20784
301-322-1300
3. 601 60th Place
Capital Heights, 20743
301-925-2255

Somerset County

Three Lower Counties Community Services, Inc.
12337 Elm Street
Princess Anne, 21853
410-651-1000

St. Mary's County

HealthShares of St. Mary's County, Inc.
P.O. Box 1208
Leonardtown, 20650
301-475-3496

Washington County

Potomac Street Community Health Center
239 North Potomac Street
Hagerstown, 21783
301-745-3777

Tri-State Community Health Center
130 West High Street
Hancock, 21750
301-678-7256

Wicomico County

Wicomico County Health Department
300 West Carroll Street
Salisbury, 21801
410-219-2826

Worcester County

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