TO: DIRECTORS, LOCAL DEPARTMENT OF SOCIAL SERVICES
   DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
   FAMILY INVESTMENT SUPERVISORS/ELIGIBILITY STAFF
   TCA SUBSTANCE ABUSE TREATMENT LIAISONS @ LDSS/MCO

FROM: ROBERT J. EVERHARD, EXECUTIVE DIRECTOR, FIA
       JOSEPH MILLSTONE, DIRECTOR, DHMH/MCP
       JOSEPH E. DAVIS, DIRECTOR, DHMH/PSOA
       THOMAS DAVIS, DIRECTOR, DHMH/ADAA

RE: TCA SUBSTANCE ABUSE TREATMENT FORMS

PROGRAMS AFFECTED: TEMPORARY CASH ASSISTANCE (TCA)
   MEDICAL ASSISTANCE (MA)

ORIGINATING OFFICE: OFFICE OF POLICY, RESEARCH AND SYSTEMS

SUMMARY:

Substance abuse reports show that local Family Investment staff now send
consent forms (DHR/FIA#1176) to Managed Care Organizations (MCOs) on TCA adults
and minor parents at application. The reports also show that staff send screening referrals
(DHR/FIA #1177) on TCA customers who are screened positive at assessment or who
request referrals for treatment. FIA commends you for these efforts and encourages you
to continue.

However, MCOs report problems with some of the forms. Although MCO
liaisons are encouraged to communicate directly with their LDSS counterparts about
forms problems, the large volume of consent forms means that MCOs are more likely to
simply mail inaccurate or incomplete forms to the LDSS. Returning forms for correction
can delay service to customers in need of treatment.

As TCA caseloads decline, the proportion of customers with barriers increases.
As the first wave of customers reaches the 24-month time limit, the need to prepare our
customers for independence becomes more critical than ever. To avoid delays in TCA
customers receiving treatment, please ensure that all forms are completed consistently
and accurately before you forward them to the MCO.
ACTION REQUIRED:

To keep forms flowing smoothly to ensure unhampered service to TCA customers, please follow these updated instructions for the forms used for screening, referring, and reporting substance abuse treatment information between the LDSS, MCO, Primary Care Providers (PCP) and treatment providers. The forms are the DHR/FIA #1176, #1177, and #1178.

For ease of referral, the numbered fields in the attached sample forms correspond to the numbers in the following instructions.

DHR/FIA #1176 - Consent for the Release of Confidential Alcohol and Drug Treatment Information: TCA adults and minor parents must sign the consent form to meet eligibility requirements for TCA. The MCO must have a copy of this consent before releasing any information from the customer's medical record to the DSS. Maintain the consent form with the original signature in the LDSS case record.

*Always* forward a copy of the consent form to the appropriate MCO on each adult and minor parent at all TCA applications and at the *first* TCA redetermination after July 1997. If no consent form is found in the case record at redetermination, the case manager must get one signed and send a copy to the MCO. *A new consent form is not required at each redetermination if one was signed at application or a previous redetermination. By now most of the adults and minor parents in the continuing TCA caseload should have signed one. However, new TCA applications, reopened TCA cases, add-on of another adult or minor parent in an old TCA case always require the signing and forwarding of a consent form.*

At redetermination the case manager asks customers if they have changed MCO since the application or the last redetermination. If the customer has enrolled in a different MCO, the case manager must check MMIS II to verify enrollment, then forward a copy of the consent form to the new MCO.

Complete the #1176 consent form as shown in Attachment I. Except for signature, print all information on the form:

1. The person designated as the head of the TCA household, usually the parent or other adult relative of the minor children in the assistance unit.
2. The individual TCA adult or minor parent applicant or recipient.
3. Official name of local department and when appropriate, district office.
4. MMIS II Medical Assistance number - The eleven digit system assigned number which identifies the individual to MMIS II.
5. The nine-digit system assigned number, which identifies the assistance unit to CARES for program participation.
6. The nine-digit Social Security number.
7. The printed name of the TCA adult or minor parent applicant or recipient.
8. The signature of the TCA adult or minor parent applicant or recipient.
9. The date the TCA adult or minor parent signs the form.
DHR/FIA #1177 - Screening Referral: Use this form when the results of the LDSS screening are positive, the TCA customer admits to a substance problem or requests a referral for treatment, the FIA case manager has reason to suspect a problem, or the customer is already enrolled in a treatment program. It does not require a customer signature. Forward the form to the MCO with an accompanying copy of the #1176 consent form.

If the customer who is enrolled in an MCO presents an emergency situation, such as pregnancy, or requests an immediate referral for substance abuse treatment, the case manager may call the person listed in the third column on Attachment V to schedule an appointment for a comprehensive substance abuse assessment (CSAA). If the individual is an applicant not yet approved for TCA or Medical Assistance, the case manager may call a provider funded by a grant from the Alcohol and Drug Abuse Administration (ADAA) for an appointment. Attachment VI lists the ADAA County Coordinators who can identify and coordinate publicly funded treatment in each jurisdiction.

If an appointment is made for the individual, or if the individual is already in a treatment program, indicate this in the comment section of the screening referral form. Forward these #1177s to the MCO Liaison as soon as the individual is enrolled in the MCO. Complete the #1177 form as shown in Attachment II. Print all information on the form:

1. Official name of local department and when appropriate, district office.
2. Person designated as the head of the TCA household, usually the parent or other adult relative of the minor children in the assistance unit.
3. The TCA adult or minor parent applicant or recipient referred to the MCO for further assessment.
4. The nine-digit system-assigned number which identifies the assistance unit to CARES for program participation.
5. MMIS II Medical Assistance ID number -The eleven-digit system assigned number which identifies the individual to MMIS II.
6. Managed Care Organization in which the customer enrolls. Found on MMIS II screen 9 (See Attachment IV provider guide).
7. The nine-digit social security number.
8. One or more of the three boxes in the section must be checked. Use this space for additional comments to the MCO on the reason for the referral if needed. Also use this space to indicate if a TCA customer is already in a treatment program or there is other information the PCP should know, such as pregnancy, or other emergency information.
9. Name of the FIA case manager completing the form.
10. Date the FIA case manager makes the referral.

DHR/FIA #1178 - Substance Abuse Identification and Treatment Notification: Managed Care Organizations, Primary Care Providers and Treatment providers must report information to local departments of social services on the results of screening and treatment of TCA adults and minor parents. When there is a copy of a consent form in the patient's medical record, these providers will complete and forward an #1178 to the local department when one of the reportable events occur.
Attachments III-A, III-B, and III-C are examples of #1178s that show what the case manager may expect to receive. Information reported to the case manager via the #1178 often requires action, such as a shortened certification period, initiation of conciliation procedures, implementation of a 745 to follow up information, or sanctioning.

- The case manager must decide what type of action, if any, is required as a result of the #1178. For instance, in the case of example III-A, the case manager needs only to complete a 745 to follow up on the referral in 30 days to see if the individual kept the appointment for the treatment referral.

- When example form III-B is received, the case manager shortens the customer’s certification period to four months. However, if this customer was certified for a four-month cycle at application, no other action is required at this time. The case manager files the #1178 in the case record and follows up with the treatment provider at the next redetermination (by phone) to verify that the customer is complying with the treatment program.

- If the case manager receives a #1178 such as the one in III-C, the case manager must initiate conciliation procedures. During the conciliation period, the case manager must contact the individual to try to determine the reason for non-compliance and if necessary, make referrals for Social Services intervention or sanction the customer. Eleven events can trigger some type of action on the part of the case manager:
  1. Failed to complete initial MCO health screen or comprehensive assessment.
  2. Previously failed to appear, has subsequently completed health screen or assessment.
  3. Initial MCO health screen indicates substance abuse problem.
  4. PCP performed or referred patient for comprehensive assessment.
  7. Failed to appear for treatment referral or enroll into treatment program.
  8. Awaiting available vacancy.
  10. Not maintaining active attendance/participation.
  11. Successfully completed treatment program.

- When a case manager identifies an AU with a member who needs substance abuse treatment, is enrolled in treatment or waiting an available vacancy, or one who fails to comply, a four-month redetermination is required. At each redetermination of such cases, the case manager verifies the status of the individual's compliance with treatment by a telephone call to the MCO or treatment provider. Continue the four-month redetermination cycle until the member completes treatment. This must be verified through an #1178 with "comprehensive assessment indicates not in need of treatment" or "successfully completed treatment program."
Role of MCO and LDSS Liaisons:

The MCO and LDSS liaisons ensure the continuous flow of accurate information between the two systems. This helps ensure that customers receive necessary substance abuse treatment, and also enables the case manager to provide additional supports to customers or apply required sanctions. DHR and DHMH will send LDSS and MCOs updated lists of liaisons on a regular basis. It is important to report changes of liaisons immediately. MCOs who wish to change the designated liaison should contact Mike Franch at DHMH while LDSS should contact Phyliss Arrington at DHR.

MCO Liaison to LDSS:

The LDSS sends completed #1176 and #1177 forms to the MCO liaisons at the MCO. The MCO liaison receives the forms and forwards them to the Primary Care Providers (PCP) and the MCO’s Behavioral Health Organization (BHO) or network of substance abuse treatment providers. The MCO liaison also forwards the #1178 form to the LDSS and is the person LDSS staff contacts with questions about substance abuse issues for TCA adults and minor parents. If the MCO does not respond to the request, the LDSS should call Mike Franch at DHMH. Attachment V is an up-to-date list of MCO liaisons and other MCO contacts.

LDSS Liaison to MCO:

Current LDSS liaisons are listed on Attachment VII. The LDSS liaisons send completed #1176 and #1177 forms to the MCO liaisons listed on Attachment V. The LDSS liaison should send the forms in the manner (mail, fax) preferred by the MCO. Attachment V also lists this information. LDSS liaisons also receive the #1178 forms from MCO liaisons and from the MCO’s network of substance abuse comprehensive assessment and treatment providers and distribute them within the LDSS.

NOTE: Beginning October 1998, local departments started collecting data for a monthly report on substance abuse treatment activity. The report is due to FIA by the fifth working day each month. Forms and instructions for the reports were sent to local departments via memos from Robert Everhard, on September 23, 1998 and October 19, 1998.

INQUIRIES: Local departments may direct questions to Phyliss Arrington, FIA Program Analyst, at (410) 767-7079 or Cynthia Davis, FIA Program Analyst, at (410) 767-7495. Local department and MCO liaisons may call Mike Franch, DHMH Health Planner at (410) 767-1434.

C: DHR Executive Staff
   DHMH Executive Staff
   DHMH Management Staff
FIA Management Staff
   FIA Trainers
   Constituent Services
CONSENT FOR THE RELEASE OF
CONFIDENTIAL ALCOHOL AND DRUG TREATMENT INFORMATION
by Managed Care Organizations to Departments of Social Services

Head of Household ① Janice Doe  DSS Office: ③ Baltimore City / Westwood

Individual’s Name② Janice Doe  MA#: ④ 30807632690

AU ID#: ⑤ 070008816  SS#: ⑥ 123-45-6789

I ⑦ Janice Doe authorize the managed care organization

(Print name of adult or minor parent TCA applicant or recipient)

that I am or will be enrolled in ("the MCO"), a provider chosen by the MCO, and any provider that I may be referred
to for substance abuse assessment or treatment, to report to the Department of Social Services ("DSS") office named
above the information listed below, if it has this information about me:

- That I failed to appear for an initial appointment scheduled by my MCO within 90 days of enrollment. (This
  provision effective after June 30, 1998.)

- That my initial substance abuse screen, follow-up diagnostic testing or treatment by the MCO or one of its
  providers shows that I have a substance abuse problem;

- That I did not keep an appointment for a comprehensive substance abuse assessment ordered by the MCO or one
  of its providers;

- That a comprehensive substance abuse assessment indicates that I am not in need of substance abuse treatment.

- That the MCO or one of its providers has referred me for substance abuse treatment;

- That a substance abuse treatment provider has received my consent form and referral for treatment from the
  MCO or one of its providers;

- That I did not schedule and appear for my first appointment for substance abuse treatment within 30 days of
  referral, or as soon as I could get an appointment;

- That I am waiting for there to be room for me in the kind of substance abuse treatment program I was referred to;

- That I am enrolled in a substance abuse treatment program that I was referred to by my MCO;

- That I am not "actively enrolled" in a substance abuse treatment program (because I have not come to the
  program's sessions or appointments on a regular basis); and

- That I successfully completed the substance abuse treatment that I was referred to.

This release is necessary to comply with State law which requires that this information has to be reported to your
local DSS office if you are going to receive Temporary Cash Assistance (TCA) benefits.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and
Drug Abuse Patient Records, 42 CFR Part 2, and cannot be reported to anyone without my written consent unless
those regulations provide otherwise. I also understand that I can cancel this consent at any time, but the cancellation
will not apply to the past acts of someone who was covered by this consent at the time and relied on it; if I do cancel
this consent, I could lose my TCA benefits. In any case, this consent will automatically be canceled when my TCA
benefits end.

Janice Doe ⑧ 9/10/98 ⑨ Date

Signature of adult or minor parent TCA applicant or recipient

PROHIBITION OF REDISCLOSURE
This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The federal rules prohibit any
further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise
permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The
Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse treatment patient.
Attachment II

1 Baltimore City / Westwood DEPARTMENT OF SOCIAL SERVICES

SCREENING REFERRAL

HEAD OF HOUSE HOLD ② Janice Doe AU ID# ④ 070008816

INDIVIDUAL'S NAME ③ Janice Doe MA # ⑤ 30807632690

Managed Care Organization ④ Helix Family Choice SS # ⑦ 123-45-6789

The above named individual is being referred for a comprehensive substance abuse assessment because: ⑧

☐ The results of substance abuse screening performed during the employability assessment at the DSS office are positive.

☒ The individual acknowledges a substance abuse problem and requests a referral for treatment.

☐ FIA case manager referral (specify reason)

Ms. Doe stated during the employment assessment interview that she was applying for TCA because she had recently lost her job due to drug usage. She is unable to work at this time and is requesting a referral for treatment. Ms. Doe was already enrolled in Helix Family Choice so case manager made appointment for Ms. Doe at Greenspring Behavioral Health on 9/16/98 for a comprehensive substance abuse assessment.

③ Phyllis Coller ① 9/14/98
Case manager Date

DHR/FIA #1177 (Revised 6/98) Previous editions obsolete

WHITE – DSS Case Record Copy YELLOW MCO Provider Copy
SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

Local Department of Social Services/District: [Redacted]
DSS Head of Household: Janice Doe
PATIENT NAME: Janice Doe
MA# 30807632690

PART I-IDENTIFICATION & MCO/PCP REFERRAL FOR ASSESSMENT AND TREATMENT
(To be completed by MCO or PCP)

☐ 1 After June 30, 1998, failed to appear for initial health screen appointment scheduled by MCO or PCP within 90 days of enrollment.
   ☐ 1a Patient previously reported for failure to appear for initial health screen has subsequently completed initial health screen.

☐ 2 Substance abuse problem indicated by positive initial screen, follow up diagnostic testing, or treatment

☐ 3 PCP performed comprehensive substance abuse assessment, or referred patient for comprehensive substance abuse assessment with instructions to report results back to PCP.
   ☐ 3a Patient failed to keep appointment for comprehensive substance abuse assessment.
   ☐ 3b Comprehensive assessment indicates patient not in need of substance abuse treatment.
   ☐ 3c Patient referred for treatment to: [Redacted] on [Redacted]

☐ 4 PCP referred patient for comprehensive substance abuse assessment with expectation that assessment provider will, based on the results of the comprehensive assessment, refer patient for appropriate substance abuse treatment, if indicated.

(Signature of PCP/MCO designee) [Redacted]

PART II- COMPLIANCE NOTIFICATION: COMPREHENSIVE ASSESSMENT & TREATMENT REFERRAL
(To be completed by comprehensive assessment providers authorized to make treatment referrals)

☐ 1 Patient failed to keep appointment for comprehensive substance abuse assessment.

☐ 2 Comprehensive assessment indicates patient not in need of substance abuse treatment

☒ 3 Patient referred for treatment to: Crossroads Center on 9/16/98
   (Substance abuse treatment program)

   (Signature of comprehensive assessment provider)
   John Able [Redacted] 9/21/98

PART III- TREATMENT COMPLIANCE NOTIFICATION (To be completed by substance abuse treatment provider)

☐ 1 Date treatment provider received consent form and referral

☐ 2 Patient failed to schedule or appear for initial appointment within 30 days of referral or if no appointment available within 30 days of referral, patient fails to schedule and appear for first available appointment.

☐ 3 Awaiting available vacancy

☐ 4 Enrolled in treatment program

☐ 5 Not maintaining active attendance/participation

☐ 6 Successfully completed program

Admission date: [Redacted] Discharge date: [Redacted]

Patient able to work? ☐ YES ☐ NO

(Signature of Treatment Provider) [Redacted] (Date)
SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION
Local Department of Social Services/District Baltimore City / Westminster
SS Head of Household Janice Doe
IDENT NAME Janice Doe MA# 308076232696

PART I IDENTIFICATION & MCO/PCP REFERRAL FOR ASSESSMENT AND TREATMENT
(To be completed by MCO or PCP)

☐ 1 After June 30, 1998, failed to appear for initial health screen appointment scheduled by MCO or PCP within 90 days of enrollment.
   ☑ 1a Patient previously reported for failure to appear for initial health screen has subsequently completed initial health screen.

☐ 2 Substance abuse problem indicated by positive initial screen, follow up diagnostic testing, or treatment

☐ 3 PCP performed comprehensive substance abuse assessment, or referred patient for comprehensive substance abuse assessment with instructions to report results back to PCP.
   ☑ 3a Patient failed to keep appointment for comprehensive substance abuse assessment.
   ☑ 3b Comprehensive assessment indicates patient not in need of substance abuse treatment.
   ☑ 3c Patient referred for treatment to: _____________________________ on ________________________
   (substance abuse treatment program) on Date

☐ 4 PCP referred patient for comprehensive substance abuse assessment with expectation that assessment provider will, based on the results of the comprehensive assessment, refer patient for appropriate substance abuse treatment, if indicated.

☐ 5 (signature of PCP/MCO designee) ____________________________ Date ________________________

PART II- COMPLIANCE NOTIFICATION: COMPREHENSIVE ASSESSMENT & TREATMENT REFERRAL
(To be completed by comprehensive assessment providers authorized to make treatment referrals)

☐ 1 Patient failed to keep appointment for comprehensive substance abuse assessment.

☐ 2 Comprehensive assessment indicates patient not in need of substance abuse treatment

☐ 3 Patient referred for treatment to: _____________________________ on ________________________
   (substance abuse treatment program) on Date ____________________________
   (signature of comprehensive assessment provider) ____________________________ Date ________________________

PART III-TREATMENT COMPLIANCE NOTIFICATION (To be completed by substance abuse treatment provider)

☐ 1 Date treatment provider received consent form and referral 9/18/98

☐ 2 Patient failed to schedule or appear for initial appointment within 30 days of referral or if no appointment available within 30 days of referral, patient fails to schedule and appear for first available appointment.

☐ 3 Awaiting available vacancy

☒ 4 Enrolled in treatment program

☐ 5 Not maintaining active attendance/participation

☐ 6 Successfully completed program

Admission date: 9/21/98 Discharge date: ____________________________

ent able to work? ☐ YES ☑ NO

Joan Cooper - Crossroads Center 9/21/98

(Signature of Treatment Provider) (Date)
SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

Local Department of Social Services/District: Baltimore City/West End
DSS Head of Household: Janice Doe
PATIENT NAME: Janice Doe
MA#: 30807632690

PART I IDENTIFICATION & MCO/PCP REFERRAL FOR ASSESSMENT AND TREATMENT
(To be completed by MCO or PCP)

☐ 1 After June 30, 1998, failed to appear for initial health screen appointment scheduled by MCO or PCP within 90 days of enrollment.
   ☐ 1a Patient previously reported for failure to appear for initial health screen has subsequently completed initial health screen.

☐ 2 Substance abuse problem indicated by positive initial screen, follow up diagnostic testing, or treatment

☐ 3 PCP performed comprehensive substance abuse assessment, or referred patient for comprehensive substance abuse assessment with instructions to report results back to PCP.
   ☐ 3a Patient failed to keep appointment for comprehensive substance abuse assessment.
   ☐ 3b Comprehensive assessment indicates patient not in need of substance abuse treatment.
   ☐ 3c Patient referred for treatment to: __________________________________ on ____________________ Date __________________

☐ 4 PCP referred patient for comprehensive substance abuse assessment with expectation that assessment provider will, based on the results of the comprehensive assessment, refer patient for appropriate substance abuse treatment, if indicated.

_____________________________ ________________________
(signature of PCP/MCO designee) Date

PART II- COMPLIANCE NOTIFICATION: COMPREHENSIVE ASSESSMENT & TREATMENT REFERRAL
(To be completed by comprehensive assessment providers authorized to make treatment referrals)

☐ 1 Patient failed to keep appointment for comprehensive substance abuse assessment.

☐ 2 Comprehensive assessment indicates patient not in need of substance abuse treatment

☐ 3 Patient referred for treatment to: __________________________________ on ____________________ Date __________________

_____________________________ ________________________
(signature of comprehensive assessment provider) Date

PART III- TREATMENT COMPLIANCE NOTIFICATION (To be completed by substance abuse treatment provider)

☐ 1 Date treatment provider received consent form and referral __________________

☐ 2 Patient failed to schedule or appear for initial appointment within 30 days of referral or if no appointment available within 30 days of referral, patient fails to schedule and appear for first available appointment.

☐ 3 Awaiting available vacancy

☐ 4 Enrolled in treatment program

☐ 5 Not maintaining active attendance/participation

☐ 6 Successfully completed program

Admission date: ____________________ Discharge date: ____________________

Patient able to work? ☐ YES ☐ NO

_____________________________ ________________________
Signature of Treatment Provider Date

DHR/FIA 1178 (2-98) Previous editions obsolete
## Managed Care Organization (MCO) Provider Guide

<table>
<thead>
<tr>
<th>MCO</th>
<th>PROVIDER NUMBER</th>
<th>Toll Free Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FreeState HealthCare</td>
<td>521191399</td>
<td>1-800-640-3872</td>
</tr>
<tr>
<td>Helix Family Choice</td>
<td>521995799</td>
<td>1-888-404-3549</td>
</tr>
<tr>
<td>JAI Medical Systems, Inc.</td>
<td>521105199</td>
<td>1-888-524-1999</td>
</tr>
<tr>
<td>Maryland Physicians Care</td>
<td>223476999</td>
<td>1-800-953-8852</td>
</tr>
<tr>
<td>Prime Health</td>
<td>521951599</td>
<td>1-888-637-7645</td>
</tr>
<tr>
<td>Priority Partners</td>
<td>522007699</td>
<td>1-800-654-9728</td>
</tr>
<tr>
<td>Prudential HealthCare</td>
<td>741844299</td>
<td>1-800-423-9381</td>
</tr>
<tr>
<td>United HealthCare (Chesapeake Family First)</td>
<td>521130199</td>
<td>1-800-318-8821</td>
</tr>
</tbody>
</table>
## MCO Liaisons to LDSS and Other MCO Contacts

<table>
<thead>
<tr>
<th>Send Consent Form (#1176) and Screening Referrals (#1177) to MCO Liaisons listed below</th>
<th>To check on a positive Screening Referral (#1177) Call</th>
<th>To get authorization and scheduling for a CSAA for a substance abuse emergency or positive screen (#1177) for a TCA recipient, call</th>
</tr>
</thead>
</table>
| **FREESTATE HEALTH PLAN**  
  Jenifer Kolberg  
  1946 Greenspring Drive  
  Timonium, MD 21093  
  Phone: (410) 308-3908  
  Fax: (410) 561-7963  
  *Forms may be mailed or faxed* | Linda Clark  
  Phone: (410) 308-8354  
  Fax: (410) 561-7963 | Linda Clark  
  Phone: (410) 308-8354  
  Fax: (410) 561-7963 |
| **HELIX FAMILY CHOICE**  
  Claudia Wainwright  
  8094 Sandpiper Circle  
  Baltimore, MD 21236  
  Phone: (410) 933-2286  
  Fax: (410) 933-2264  
  *Forms should be mailed* | Claudia Wainwright  
  Phone: (410) 933-2286  
  Fax: (410) 933-2264 | Greenspring Behavioral Health Organization  
  1-800-441-6001 |
| **JAI MEDICAL SYSTEMS**  
  Ellawee Earlee or Deborah Akpa  
  5010 York Road  
  Baltimore, MD 21212  
  Phone: (410) 433-2200  
  Fax: (410) 433-8500  
  *Forms should be mailed* | Deborah Akpa  
  Phone: (410) 433-2200  
  Fax: (410) 433-8500 | Ellawee Earlee  
  Phone: (410) 433-2200  
  Fax: (410) 433-8500 |
<table>
<thead>
<tr>
<th><strong>Send Consent Form (#1176) and Screening Referrals (#1177) to MCO Liaisons listed below</strong></th>
<th><strong>To check on a positive Screening Referral (#1177) Call</strong></th>
<th><strong>To get authorization and scheduling for a CSAA for a substance abuse emergency or positive screen (#1177) for a TCA recipient call</strong></th>
</tr>
</thead>
</table>
| **MARYLAND PHYSICIANS CARE**  
Rhonda Jones  
7106 Ambassador Road, Suite 100  
Baltimore, MD 21244  
Phone: (410) 277-9710 ext. 4058  
Fax: (410) 277-9722  
*Forms may be mailed or faxed* | Rhonda Jones  
Phone: (410) 277-9710  
ext. 4058  
Fax: (410) 277-9722 | Herman Jones  
Glass Substance Abuse Program  
Phone: (410) 225-9185 or 1-800-725-9185  
Fax: (410) 225-7964 |
| **PRIME HEALTH CORPORATION**  
Glendora Holborough  
9602-C Martin Luther King, Jr. Hwy.  
Lanham, MD 20706  
Phone: (301) 731-5793  
Fax: (301) 429-5861  
*Forms should be mailed* | Shirley Singer  
Phone: (301) 731-7140  
Fax: (301) 731-9410  
OR  
If Singer not available, call Holborough | Shirley Singer  
Phone: (301) 731-7140  
Fax: (301) 731-9410 |
| **PRIORITY PARTNERS**  
Darlene Weber  
111 Market Place, Suite 200  
Baltimore, MD 21202  
Phone: (410) 545-0526  
Fax: (410) 545-0504  
*Forms may be mailed or faxed* | Darlene Weber  
Phone: (410) 545-0526  
Fax: (410) 545-0504 | Health Management Strategies  
Care Coordinator  
1-800-261-2429  
Fax: (703) 706-8628 |
<table>
<thead>
<tr>
<th>Send Consent Form (#1176) and Screening Referrals (#1177) to MCO Liaisons listed below</th>
<th>To check on a positive Screening Referral (#1177) Call</th>
<th>To get authorization and scheduling for a CSAA for a substance abuse emergency or positive screen (#1177) for a TCA recipient, call</th>
</tr>
</thead>
</table>
| **PRUDENTIAL HEALTHCARE**  
Susan Weigel  
2800 N. Charles Street, 5th Floor  
Baltimore, MD 21218  
Phone: (410) 554-7308  
Fax: 1(888) 778-5480  
*Forms should be mailed* | Susan Weigel  
Phone: (410) 554-7308  
Fax: 1(888) 778-5480 | Value Options  
1-800-750-6979  
*Forms should be mailed* |
| **UNITED HEALTHCARE / CHESAPEAKE**  
Pamela Seldon  
6300 Security Boulevard  
Baltimore, MD 21207  
Phone: (410) 277-6320  
Fax: (410) 277-6681  
*Forms may be mailed or faxed* | Daniel Scott  
Phone: (410) 277-6326  
Fax: (410) 277-6681 | Apryl Stewart  
United Behavioral Health  
Phone: (614) 527-5300  
*Forms may be mailed or faxed* |
ALCOHOL AND DRUG ABUSE COUNTY COORDINATORS

Each of Maryland's twenty-four jurisdictions has an identified substance abuse County Coordinator. County Coordinators assists local citizens and organizations in identifying alcohol and drug abuse treatment needs and services, and coordinate the delivery of publicly funded treatment in each jurisdiction.

ALLEGANY COUNTY

Rodger Simons, Addiction Coordinator
Allegany County Health Department
P.O. Box 1745, Willowbrook Road
Cumberland, MD 21502
(301) 777-5680       FAX (301) 777-5674

ANNE ARUNDEL COUNTY

Linda Fassett, Director
Anne Arundel County Mental Health
and Addictions
2200 Sommerville Road
Annapolis, MD 21401
(410) 222-7164       FAX (410) 222-7294

BALTIMORE CITY

Andrea Evans, Director
Baltimore Substance Abuse Systems, Inc.
2701 North Charles Street, Suite 501
Baltimore, MD 21218
(410) 554-8111       FAX (554-8122

BALTIMORE COUNTY

Michael Gimbel, Director
Baltimore County Substance Abuse
401 Washington Avenue, Suite 300
Towson, MD 21204
(410) 887-3828       FAX (410) 887-3786

CALVERT COUNTY

Brian Lynch, Addictions Coordinator
Calvert County Health Department
P.O. Box 980
Prince Frederick, MD 20678
(410) 535-5400       FAX (410) 535-5285

CAROLINE COUNTY

Betty Malkus, M.D., Program Director
Caroline County Addictions Program
P.O. Box 10
104 Franklin Street
Denton, MD 21629
(410) 479-1882       FAX (410) 479-0554

CARROLL COUNTY

Howard Held
Alcohol Drug Abuse Coordinator
Carroll County Health Department
P.O. Box 845
Westminster, MD 21158
(410) 876-4410       FAX (410) 876-4439

CECIL COUNTY

Bob Kuiper, Program Director
Cecil County Health Department
401 Bow Street
Elkton, MD 21921
(410) 996-5106       FAX (410) 996-5707
CHARLES COUNTY
Shirley Lamb
Director of Substance Abuse Services
Charles County Health Department
2670 Crain Highway, Suite 300
Waldorf, MD 20604
(301) 843-8324 FAX (301) 645-3826

HARFORD COUNTY
Lillian La Rocca, Director
Mental Health and Addictions
Harford County Health Department
715 South Shamrock Road
Bel Air, MD 21014
(410) 838-1500 FAX (410) 515-1858

DORCHESTER COUNTY
Jay Cuttler, Acting Program Director
Dorchester County Health Department
751 Woods Road - Route 50, Box 319
Cambridge, MD 21613
(410) 228-7714 FAX (410) 228-9319

HOWARD COUNTY
Frank McGloin, Addictions Coordinator
Howard County Health Department
7101 Riverwood Drive
Columbia, MD 21046
(410) 313-6200 FAX (410) 313-3212

FREDERICK COUNTY
Katherine Schriver
Alcohol and Drug Abuse Coordinator
Frederick County Health Department
Substance Abuse Treatment
350 Montevue Lane
Frederick, MD 21702
(301) 694-1778 FAX (301) 698-9161

KENT COUNTY
Gary Fry, Addictions Coordinator
A.F. Whitsitt Center
P.O. Box 229 – Scheeler Road
Chestertown, MD 21620
(410) 778-6404 FAX (410) 778-5431

GARRETT COUNTY
Olive Corliss
Addictions Program Director
Garrett County Health Department
221 South Third Street
Oakland, MD 21550
(301) 334-8115 FAX (301) 334-8856

MONTGOMERY COUNTY
Mildred Holmes-Williams
Service Areas Chief
Department of Addiction Victim and Mental Health Services
Montgomery County Health Department
401 Hungerford Drive, Suite 504
Rockville, MD 20850
(301) 217-1245 FAX (301) 217-1494
PRINCE GEORGE'S COUNTY
Michael Fuller, Director of Addictions
Prince George's County Health Department
1701 McCormick Drive, Suite 230
Largo, MD 20774
(301) 883-7853 FAX (301) 883-7881

QUEEN ANNE'S COUNTY
Kathy Wright, Director
Alcohol and Drug Abuse Services
Queen Anne's County Health Department
206 North Commerce Street
Centreville, MD 21617
(410) 758-1306 FAX (410) 758-2133

ST. MARY'S COUNTY
Kathy O'Brien, Director of Addictions
Walden Substance Abuse
P.O. Box 1238
California, MD 20619
(301) 475-4314 FAX (301) 475-4350

TALBOT COUNTY
Dr. John Ryan, M.D. (Health Officer)
Talbot County Health Department
100 South Hanson Street
Easton, MD 21601
(410) 822-4133 FAX (410) 822-2583

WASHINGTON COUNTY
Rebecca Hogamier, Director
Division of Addictions
Washington County Health Department
1302 Pennsylvania Avenue
Hagerstown, MD 21742
(301) 791-3242 FAX (301) 791-3239

WICOMICO COUNTY
Lori Tindall, Addictions Director
Wicomico County Health Department
108 E. Main Street
Salisbury, MD 21801
(410) 742-3784 FAX (410) 543-6680

SOMERSET COUNTY
Gail Lankford
Addiction Program Director
Behavioral Health Services Addiction Program
Somerset County Health Department
7920 Crisfield Highway
Westover, MD 21871
(410) 651-5660 FAX (410) 651-5680

WORCESTER COUNTY
David MacLeod, Director
Alcohol & Drug Abuse Services
Worcester County Health Department
6040 Public Landing
Snow Hill, MD 21863
(410) 632-1100 FAX (410) 632-0906
## LOCAL DEPARTMENT OF SOCIAL SERVICES
### LDSS LIAISONS TO MCO

<table>
<thead>
<tr>
<th>LOCAL DEPARTMENT/DISTRICT OFFICE#</th>
<th>NAME – PHONE# – FAX#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany County DSS #010</td>
<td>Roxanne Lynch</td>
</tr>
<tr>
<td>One Frederick Street</td>
<td>Phone: (301) 784-7010</td>
</tr>
<tr>
<td>Cumberland, MD 21502</td>
<td>Fax: (301) 784-7222</td>
</tr>
<tr>
<td>Anne Arundel County DSS</td>
<td>Vesta Kimble</td>
</tr>
<tr>
<td>80 West Street</td>
<td>Phone: (410) 269-4600</td>
</tr>
<tr>
<td>Annapolis, MD 21407-1787</td>
<td>Fax: (410) 974-8566</td>
</tr>
<tr>
<td>Glen Burnie #021</td>
<td></td>
</tr>
<tr>
<td>Baltimore County DSS</td>
<td>Carole Ziegler</td>
</tr>
<tr>
<td>1 Investment Place</td>
<td>Phone: (410) 853-3984</td>
</tr>
<tr>
<td>Towson, MD 21204</td>
<td>Fax: (410) 887-6067</td>
</tr>
<tr>
<td>Towson #030</td>
<td></td>
</tr>
<tr>
<td>Catonsville #031</td>
<td></td>
</tr>
<tr>
<td>Dundalk #032</td>
<td></td>
</tr>
<tr>
<td>Essex #033</td>
<td></td>
</tr>
<tr>
<td>Reisterstown #034</td>
<td></td>
</tr>
<tr>
<td>Calvert County DSS #040</td>
<td>Doris Freeland</td>
</tr>
<tr>
<td>200 Duke Street</td>
<td>Phone: (410) 535-8734</td>
</tr>
<tr>
<td>Prince Frederick, MD 20678</td>
<td>Fax: (410) 535-8799</td>
</tr>
<tr>
<td>Caroline County DSS #050</td>
<td>Rayshelle Robinson</td>
</tr>
<tr>
<td>207 South Third Street</td>
<td>Phone: (410) 479-5900</td>
</tr>
<tr>
<td>Denton, MD 21639</td>
<td>Fax: (410) 479-5910</td>
</tr>
<tr>
<td>Carroll County DSS #060</td>
<td>Phyllis Seipp</td>
</tr>
<tr>
<td>10 Distillery Drive</td>
<td>Phone: (410) 857-6214</td>
</tr>
<tr>
<td>Westminster, MD 21157</td>
<td>Fax: (410) 857-6313</td>
</tr>
<tr>
<td>Cecil County DSS #070</td>
<td>Dorothea Phillips</td>
</tr>
<tr>
<td>170 East Main Street</td>
<td>Phone: (410) 996-0656</td>
</tr>
<tr>
<td>Elkton, MD 21921</td>
<td>Fax: (410) 996-0605</td>
</tr>
<tr>
<td>Charles County DSS #080</td>
<td>Mary Hazel</td>
</tr>
<tr>
<td>101 Catalpa Drive</td>
<td>Phone: (301) 934-6641</td>
</tr>
<tr>
<td>La Plata, MD 20646</td>
<td>Fax: (301) 870-3958</td>
</tr>
<tr>
<td>Dorchester County DSS #090</td>
<td>Joan Wilson</td>
</tr>
<tr>
<td>774 Cambridge Plaza</td>
<td>Phone: (410) 221-2246</td>
</tr>
<tr>
<td>Cambridge, MD 21613</td>
<td>Fax: (410) 228-8923</td>
</tr>
<tr>
<td>LOCAL DEPARTMENT/DISTRICT OFFICE#</td>
<td>NAME – PHONE# – FAX#</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Frederick County DSS #100</td>
<td>Christine Bickle</td>
</tr>
<tr>
<td>100 East All Saints Street</td>
<td>Phone: (301) 694-2405</td>
</tr>
<tr>
<td>Frederick , MD 21701</td>
<td>Fax: (301) 694-4550</td>
</tr>
<tr>
<td>Garrett County DSS #110</td>
<td>Linda Ashby</td>
</tr>
<tr>
<td>12578 Garrett Highway</td>
<td>Phone: (301) 334-9461</td>
</tr>
<tr>
<td>Oakland, MD 21550</td>
<td>Fax: (301) 334-5449</td>
</tr>
<tr>
<td><strong>HARFORD COUNTY DSS</strong></td>
<td>Patricia Junchiewicz</td>
</tr>
<tr>
<td>Aberdeen Office #121</td>
<td>Phone: (410) 272-9081</td>
</tr>
<tr>
<td>411 W. Bel Air Avenue</td>
<td>Fax: (410)</td>
</tr>
<tr>
<td>Aberdeen, MD 21001</td>
<td></td>
</tr>
<tr>
<td>Bel Air Office #120</td>
<td>Sarah Adams</td>
</tr>
<tr>
<td>2 South Bond Street</td>
<td>Phone: (410) 836-4736</td>
</tr>
<tr>
<td>Bel Air, MD 21014</td>
<td>Fax: (410) 836-4945</td>
</tr>
<tr>
<td>Howard County DSS #130</td>
<td>Gloria Dunton</td>
</tr>
<tr>
<td>7121 Columbia Gateway Drive</td>
<td>Phone: (410) 872-4200 ext. 261</td>
</tr>
<tr>
<td>Columbia, MD 21046</td>
<td>Fax: (410) 872-4222</td>
</tr>
<tr>
<td>Kent County DSS #140</td>
<td>Shirley Williams</td>
</tr>
<tr>
<td>350 High Street</td>
<td>Phone: (410) 778-0820</td>
</tr>
<tr>
<td>Chestertown, MD 21620</td>
<td>Fax: (410) 778-1497</td>
</tr>
<tr>
<td>Montgomery County HHS #153</td>
<td>Carol Pearson</td>
</tr>
<tr>
<td>101 Monroe Street</td>
<td>Phone: (301) 315-4084</td>
</tr>
<tr>
<td>Rockville, MD 20850</td>
<td>Fax: (301) 315-4100</td>
</tr>
<tr>
<td>Rockville #150</td>
<td></td>
</tr>
<tr>
<td>Silver Spring #151</td>
<td></td>
</tr>
<tr>
<td>Germantown #152</td>
<td></td>
</tr>
<tr>
<td><strong>PRINCE GEORGE’S COUNTY DSS #165</strong></td>
<td>Bob Frere and Vivian Carter</td>
</tr>
<tr>
<td>Camp Springs Office #162</td>
<td>Phone: (301) 449-2562</td>
</tr>
<tr>
<td>6420 Allentown Road</td>
<td>Fax: (301) 449-2558</td>
</tr>
<tr>
<td>Temple Hills, MD 20748</td>
<td></td>
</tr>
<tr>
<td>Hyattsville Office #160</td>
<td>Janice Causey</td>
</tr>
<tr>
<td>6111 Ager Road</td>
<td>Phone: (301) 422-5048</td>
</tr>
<tr>
<td>Hyattsville, MD 220782</td>
<td>Fax: (301) 422-5097</td>
</tr>
<tr>
<td>Palmer Park Office #161</td>
<td>Noel Medoh and Una Palmer</td>
</tr>
<tr>
<td>7801 Barlowe Road</td>
<td>Phone: (301) 341-3800</td>
</tr>
<tr>
<td>Landover, MD 20785</td>
<td>Fax: (301) 341-2819</td>
</tr>
<tr>
<td>Queen Anne’s County DSS #170</td>
<td>Beatrice Embry</td>
</tr>
<tr>
<td>120 Broadway</td>
<td>Phone: (410) 758-5111</td>
</tr>
<tr>
<td>Centreville, MD 21617</td>
<td>Fax: (410) 758-5155</td>
</tr>
<tr>
<td>Saint Mary’s County DSS #180</td>
<td>Carol Tolodziecki</td>
</tr>
<tr>
<td>180 Washington Street</td>
<td>Phone: (301) 475-4153</td>
</tr>
<tr>
<td>Leonardtown, MD 20650</td>
<td>Fax: (301) 475-4799</td>
</tr>
<tr>
<td>LOCAL DEPARTMENT/DISTRICT OFFICE#</td>
<td>NAME – PHONE# – FAX#</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Somerset County DSS #190</td>
<td>Elizabeth Warfield</td>
</tr>
<tr>
<td>30397 Mount Vernon Road</td>
<td>Phone: (410) 651-0311 ext. 320</td>
</tr>
<tr>
<td>Princess Anne, MD 21853</td>
<td>Fax: (410) 651-9264</td>
</tr>
<tr>
<td>Talbot County DSS #200</td>
<td>Joyce Alderman</td>
</tr>
<tr>
<td>10 South Hanson Street</td>
<td>Phone: (410) 822-7802</td>
</tr>
<tr>
<td>Easton, MD 21601</td>
<td>Fax: (410) 820-7067</td>
</tr>
<tr>
<td>Washington County DSS #210</td>
<td>Karen Coss</td>
</tr>
<tr>
<td>122 North Potomac Street</td>
<td>Phone: (301) 739-8491</td>
</tr>
<tr>
<td>Hagerstown, MD 21741</td>
<td>Fax: (301) 791-6289</td>
</tr>
<tr>
<td>Wicomico County DSS #228</td>
<td>Michelle Canopili</td>
</tr>
<tr>
<td>201 Baptist Street</td>
<td>Phone: (410) 543-6878</td>
</tr>
<tr>
<td>Salisbury, MD 21802</td>
<td>Fax: (410) 543-6682</td>
</tr>
<tr>
<td>Worcester County DSS #230</td>
<td>Martha McGee</td>
</tr>
<tr>
<td>299 Commerce Street</td>
<td>Phone: (410) 632-4525</td>
</tr>
<tr>
<td>Snow Hill, MD 21863</td>
<td>Fax: (410) 632-3542</td>
</tr>
<tr>
<td>Location</td>
<td>LDSS Liaison</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>CENTRAL OPERATIONS #300</td>
<td>Marie McLendon</td>
</tr>
<tr>
<td>1510 GUILFORD AVE 21202</td>
<td></td>
</tr>
<tr>
<td>CHERRY HILL #332</td>
<td>Margo Ramsey</td>
</tr>
<tr>
<td>2490 GILES RD. 21225</td>
<td></td>
</tr>
<tr>
<td>CLIFTON #333</td>
<td>Patricia Slade</td>
</tr>
<tr>
<td>1920 N. BROADWAY 21213</td>
<td></td>
</tr>
<tr>
<td>DUNBAR #335</td>
<td>Annie Hawkins-Martin</td>
</tr>
<tr>
<td>313 N. GAY ST. 21205</td>
<td></td>
</tr>
<tr>
<td>EESU #331</td>
<td>Rose Fragua</td>
</tr>
<tr>
<td>2000 N. BROADWAY 21213</td>
<td>Phyllis Burgess</td>
</tr>
<tr>
<td>HARFORD HEIGHTS #337</td>
<td>Louis Heidel</td>
</tr>
<tr>
<td>2000 N. BROADWAY 21213</td>
<td></td>
</tr>
<tr>
<td>HILTON HEIGHTS #344</td>
<td>Barbara Sykes</td>
</tr>
<tr>
<td>500 N. HILTON ST. 21229</td>
<td></td>
</tr>
<tr>
<td>JOHNSTON SQUARE #338</td>
<td>Joyce Loffe</td>
</tr>
<tr>
<td>2000 N. BROADWAY 21213</td>
<td></td>
</tr>
<tr>
<td>JERTY GARRISON #340</td>
<td>Deborah Franklin</td>
</tr>
<tr>
<td>5818 REISTERSTOWN RD. 21215</td>
<td></td>
</tr>
<tr>
<td>MOUNT CLARE #343</td>
<td>Gweneth Johnson</td>
</tr>
<tr>
<td>1223 W. PRATT ST. 21231</td>
<td>Samantha Mitchell</td>
</tr>
<tr>
<td>ORANGEVILLE #341</td>
<td>Harriet Gay</td>
</tr>
<tr>
<td>3031 E. Biddle ST. 21213</td>
<td></td>
</tr>
<tr>
<td>PARK CIRCLE #342</td>
<td>Craig Newton</td>
</tr>
<tr>
<td>5818 REISTERSTOWN RD. 21215</td>
<td></td>
</tr>
<tr>
<td>PATAPSCO #355</td>
<td>Blaine Young</td>
</tr>
<tr>
<td>603 PATAPSCO AVE. 21225</td>
<td></td>
</tr>
<tr>
<td>STEUART HILL #345</td>
<td>Yvonne Holland</td>
</tr>
<tr>
<td>1223 W. PRATT ST. 21231</td>
<td>Ann Jones</td>
</tr>
<tr>
<td>UPTON #346</td>
<td>Linda Perkins</td>
</tr>
<tr>
<td>2500 PENNSYLVANIA AVE. 21217</td>
<td></td>
</tr>
<tr>
<td>STWOOD #347</td>
<td>Constance Collier</td>
</tr>
<tr>
<td>2000 PENNSYLVANIA AVE. 21217</td>
<td></td>
</tr>
</tbody>
</table>
CONSENT FOR THE RELEASE OF
CONFIDENTIAL ALCOHOL AND DRUG TREATMENT INFORMATION
by Managed Care Organizations to Departments of Social Services

Head of Household ① Janice Doe  DSS Office: ④ Baltimore City / Westwood

Individual’s Name ② Janice Doe  MA#: ④ 30807632690

AU ID#: ③ 070008816  SS#: ④ 123-45-6789

I, ③ J a n i c e D o e  authorize the managed care organization
(Print name of adult or minor parent TCA applicant or recipient)
that I am or will be enrolled in ("the MCO"), a provider chosen by the MCO, and any provider that I may be referred
to for substance abuse assessment or treatment, to report to the Department of Social Services ("DSS") office named
above the information listed below, if it has this information about me:

• That I failed to appear for an initial appointment scheduled by my MCO within 90 days of enrollment. (This
  provision effective after June 30, 1998.)

• That my initial substance abuse screen, follow-up diagnostic testing or treatment by the MCO or one of its
  providers shows that I have a substance abuse problem;

• That I did not keep an appointment for a comprehensive substance abuse assessment ordered by the MCO or one
  of its providers;

• That a comprehensive substance abuse assessment indicates that I am not in need of substance abuse treatment.

• That the MCO or one of its providers has referred me for substance abuse treatment;

• That a substance abuse treatment provider has received my consent form and referral for treatment from the
  MCO or one of its providers;

• That I did not schedule and appear for my first appointment for substance abuse treatment within 30 days of
  referral, or as soon as I could get an appointment;

• That I am waiting for there to be room for me in the kind of substance abuse treatment program I was referred to;

• That I am enrolled in a substance abuse treatment program that I was referred to by my MCO;

• That I am not "actively enrolled" in a substance abuse treatment program (because I have not come to the
  program's sessions or appointments on a regular basis); and

• That I successfully completed the substance abuse treatment that I was referred to.

This release is necessary to comply with State law which requires that this information has to be reported to your
local DSS office if you are going to receive Temporary Cash Assistance (TCA) benefits.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and
Drug Abuse Patient Records, 42 CFR Part 2, and cannot be reported to anyone without my written consent unless
those regulations provide otherwise. I also understand that I can cancel this consent at any time, but the cancellation
will not apply to the past acts of someone who was covered by this consent at the time and relied on it; if I do cancel
this consent, I could lose my TCA benefits. In any case, this consent will automatically be canceled when my TCA
benefits end.

③ J a n i c e D o e  ⑤ 9/10/98
Signature of adult or minor parent TCA applicant or recipient  Date

PROHIBITION OF REDISCLOSURE
This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part2). The federal rules prohibit any
further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise
permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The
Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse treatment patient.
Baltimore City / Westwood

DEPARTMENT OF SOCIAL SERVICES

SCREENING REFERRAL

HEAD OF HOUSE HOLD ② Janice Doe  AU ID# ③ 070008816
INDIVIDUAL’S NAME ③ Janice Doe  MA # ⑥ 30807632690
Managed Care Organization ⑥ Helix Family Choice  SS # ⑦ 123-45-6789

The above named individual is being referred for a comprehensive substance abuse assessment because: ⑧

☐ The results of substance abuse screening performed during the employability assessment at the DSS office are positive.
☒ The individual acknowledges a substance abuse problem and requests a referral for treatment.
☐ FIA case manager referral (specify reason)

Ms. Doe stated during the employment assessment interview that she was applying for TCA because she had recently lost her job due to drug usage. She is unable to work at this time and is requesting a referral for treatment. Ms. Doe was already enrolled in Helix Family Choice so case manager made appointment for Ms. Doe at Greenspring Behavioral Health on 9/16/98 for a comprehensive substance abuse assessment.

Phyllis Cottle ⑨  9/14/98 ⑩ Case manager  Date

DHR/FIA #1177 (Revised 6/98) Previous editions obsolete

WHITE – DSS Case Record Copy  YELLOW MCO Provider Copy
SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

Local Department of Social Services/District: Balto. City / Westwood

SS Head of Household: Janice Doe

PATIENT NAME: Janice Doe

MA# 30807132690

PART I- IDENTIFICATION & MCO/PCP REFERRAL FOR ASSESSMENT AND TREATMENT

☐ 1 After June 30, 1998, failed to appear for initial health screen appointment scheduled by MCO or PCP within 90 days of enrollment.
   ☐ 1a Patient previously reported for failure to appear for initial health screen has subsequently completed initial health screen.

☐ 2 Substance abuse problem indicated by positive initial screen, follow up diagnostic testing, or treatment

☐ 3 PCP performed comprehensive substance abuse assessment, or referred patient for comprehensive substance abuse assessment with instructions to report results back to PCP.
   ☐ 3a Patient failed to keep appointment for comprehensive substance abuse assessment.
   ☐ 3b Comprehensive assessment indicates patient not in need of substance abuse treatment.
   ☐ 3c Patient referred for treatment to: ___________________________ on ____________ Date

☐ 4 PCP referred patient for comprehensive substance abuse assessment with expectation that assessment provider will, based on the results of the comprehensive assessment, refer patient for appropriate substance abuse treatment, if indicated.

(Signature of PCP/MCO designee) ___________________________ Date

PART II- COMPLIANCE NOTIFICATION: COMPREHENSIVE ASSESSMENT & TREATMENT REFERRAL

(To be completed by comprehensive assessment providers authorized to make treatment referrals)

☐ 1 Patient failed to keep appointment for comprehensive substance abuse assessment.

☐ 2 Comprehensive assessment indicates patient not in need of substance abuse treatment

☐ 3 Patient referred for treatment to: Crossroads Center on 9/14/98

(Signature of comprehensive assessment provider) ___________________________ Date

PART III-TREATMENT COMPLIANCE NOTIFICATION (To be completed by substance abuse treatment provider)

☐ 1 Date treatment provider received consent form and referral ___________________________

☐ 2 Patient failed to schedule or appear for initial appointment within 30 days of referral or if no appointment available within 30 days of referral, patient fails to schedule and appear for first available appointment.

☐ 3 Awaiting available vacancy

☐ 4 Enrolled in treatment program

☐ 5 Not maintaining active attendance/participation

☐ 6 Successfully completed program

Admission date: ___________________________ Discharge date: ___________________________

Patient able to work? ☐ YES ☐ NO

(Signature of Treatment Provider) ___________________________ (Date)
SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

Local Department of Social Services/District: Baltimore City / Westwood

SS Head of Household: Janice Doe
IDENT NAME: Janice Doe

PART I IDENTIFICATION & MCO/PCP REFERRAL FOR ASSESSMENT AND TREATMENT
(To be completed by MCO or PCP)

☐ 1 After June 30, 1998, failed to appear for initial health screen appointment scheduled by MCO or PCP within 90 days of enrollment.
   ☐ 1a Patient previously reported for failure to appear for initial health screen has subsequently completed initial health screen.

☐ 2 Substance abuse problem indicated by positive initial screen, follow up diagnostic testing, or treatment

☐ 3 PCP performed comprehensive substance abuse assessment, or referred patient for comprehensive substance abuse assessment with instructions to report results back to PCP.
   ☐ 3a Patient failed to keep appointment for comprehensive substance abuse assessment.
   ☐ 3b Comprehensive assessment indicates patient not in need of substance abuse treatment.
   ☐ 3c Patient referred for treatment to: ___________________________ on ___________.

☐ 4 PCP referred patient for comprehensive substance abuse assessment with expectation that assessment provider will, based on the results of the comprehensive assessment, refer patient for appropriate substance abuse treatment, if indicated.

☐ 5 (Signature of PCP/MCO designee) ___________________________ Date: ___________.

PART II- COMPLIANCE NOTIFICATION: COMPREHENSIVE ASSESSMENT & TREATMENT REFERRAL
(To be completed by comprehensive assessment providers authorized to make treatment referrals)

☐ 1 Patient failed to keep appointment for comprehensive substance abuse assessment.

☐ 2 Comprehensive assessment indicates patient not in need of substance abuse treatment

☐ 3 Patient referred for treatment to: ___________________________ on ___________.

   (substance abuse treatment program) ___________________________ on ___________.

   (signature of comprehensive assessment provider) ___________________________ Date: ___________.

PART III- TREATMENT COMPLIANCE NOTIFICATION 
(To be completed by substance abuse treatment provider)

☐ 1 Date treatment provider received consent form and referral: 9/15/98

☐ 2 Patient failed to schedule or appear for initial appointment within 30 days of referral or if no appointment available within 30 days of referral, patient fails to schedule and appear for first available appointment.

☐ 3 Awaiting available vacancy

☐ 4 Enrolled in treatment program

☐ 5 Not maintaining active attendance/participation

☐ 6 Successfully completed program

Admission date: 9/11/98
Discharge date: 9/21/98

[Signature of Treatment Provider] ___________________________ Date: ___________.

[Patient's signature] ___________________________ Date: ___________.

Treatment available to work? ☐ YES ☐ NO
SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

Local Department of Social Services/District: Baltimore City / Westward

DSS Head of Household: Janice Doe

PATIENT NAME: Janice Doe  MA# 3080762690

PART I IDENTIFICATION & MCO/PCP REFERRAL FOR ASSESSMENT AND TREATMENT

☐ 1 After June 30, 1998, failed to appear for initial health screen appointment scheduled by MCO or PCP within 90 days of enrollment.
   ☐ 1a Patient previously reported for failure to appear for initial health screen has subsequently completed initial health screen.

☐ 2 Substance abuse problem indicated by positive initial screen, follow up diagnostic testing, or treatment

☐ 3 PCP performed comprehensive substance abuse assessment, or referred patient for comprehensive substance abuse assessment with instructions to report results back to PCP.
   ☐ 3a Patient failed to keep appointment for comprehensive substance abuse assessment.
   ☐ 3b Comprehensive assessment indicates patient not in need of substance abuse treatment.
   ☐ 3c Patient referred for treatment to: ____________________________ on ____________________________ Date

☐ 4 PCP referred patient for comprehensive substance abuse assessment with expectation that assessment provider will, based on the results of the comprehensive assessment, refer patient for appropriate substance abuse treatment, if indicated.

   (signature of PCP/MCO designee) Date

PART II- COMPLIANCE NOTIFICATION: COMPREHENSIVE ASSESSMENT & TREATMENT REFERRAL

(To be completed by comprehensive assessment providers authorized to make treatment referrals)

Patient failed to keep appointment for comprehensive substance abuse assessment.

☐ 2 Comprehensive assessment indicates patient not in need of substance abuse treatment

☐ 3 Patient referred for treatment to: ____________________________ on ____________________________ Date

   (signature of comprehensive assessment provider) Date

PART III-TREATMENT COMPLIANCE NOTIFICATION (To be completed by substance abuse treatment provider)

☐ 1 Date treatment provider received consent form and referral ________________

☐ 2 Patient failed to schedule or appear for initial appointment within 30 days of referral or if no appointment available within 30 days of referral, patient fails to schedule and appear for first available appointment.

☐ 3 Awaiting available vacancy

☐ 4 Enrolled in treatment program

☐ 5 Not maintaining active attendance/participation

☐ 6 Successfully completed program

Admission date: ____________________________ Discharge date: ____________________________

Patient able to work? ☐ YES ☐ NO

Jean Cooper - Crossroads Center 10/30/98

(Signature of Treatment Provider) (Date)

DHR/FIA 1178 (2/98) Previous editions obsolete