



Department of Human Resources
 311 W. Saratoga St.
 Baltimore, MD. 21201-3521

FIA ACTION TRANSMITT

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Charles E. Henry for
FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, FIA
 JOSEPH MILLSTONE, DIRECTOR, DHMH/MCPA
 JOSEPH E. DAVIS, DIRECTOR, DHMH/PSOA
 THOMAS DAVIS, DIRECTOR, DHMH/ADAA

RE: FIP SUBSTANCE ABUSE TREATMENT PROVISIONS

PROGRAMS AFFECTED: TEMPORARY CASH ASSISTANCE (TCA), FOOD STAMPS (FS), AND MEDICAL ASSISTANCE (MA)

ORIGINATING OFFICE: OFFICE OF POLICY AND RESEARCH

SUMMARY: During its 1997 session, the Maryland General Assembly passed Senate Bill 499, The Welfare Innovation Act of 1997. Provisions of this bill set forth requirements for substance abuse screening and treatment for customers receiving Temporary Cash Assistance (TCA) benefits under the Family Investment Program.

Beginning July 1, 1997, Local Departments of Social Services (DSS) must add questions designed to identify substance abuse to the up-front job readiness assessment for all TCA adult and minor parent applicants and recipients. Local departments must also inform all adult and minor parent TCA applicants and recipients about the FIP substance abuse treatment provisions, including the customer's obligation to participate in an initial health screen with the Managed Care Organization (MCO). Customers must sign consent forms to allow the MCO or treatment provider to exchange information with the DSS about the customer's compliance with substance abuse screening and treatment (if treatment is necessary).

The MCO screens for substance abuse as part of a comprehensive health screen for TCA customers when they enroll in the MCO. If the initial health screen suggests a substance abuse problem, the MCO provider refers the individual for a comprehensive substance abuse assessment and notifies the DSS of the referral. The purpose of this assessment is to determine whether the individual really needs treatment, and if so, the appropriate level and intensity of treatment needed.

The MCO or substance abuse assessment provider notifies the DSS of the outcome of the assessment. When a substance abuse treatment provider receives the referral, it must notify the DSS of the individual's compliance with the recommended treatment program.

A customer with a substance abuse problem who complies with the FIP substance abuse treatment provisions is eligible for TCA benefits. The individual may be exempted from work requirements for a period of time as determined by the DSS. The DSS must remove customers who are not in compliance from the TCA grant and pay the remainder to a third party.

ACTION REQUIRED: The following procedure is effective for all TCA adult and minor parent applicants and recipients at their first redetermination after July 1, 1997. We recognize that it is paper intensive and may present administrative problems. There are very stringent federal regulations and requirements surrounding confidentiality for persons with substance abuse problems. Designing a system to meet these and the legislative requirements surrounding this policy has been a challenging task. We are committed to improving and automating this system to the fullest extent possible. We encourage your feedback on these procedures and suggestions on how to improve them.

PHASE I. DSS - NOTIFICATIONS / ASSESSMENT/ CONSENT FORMS

Face to Face Interview:

- ◆ At application or redetermination interview for TCA, the FIA Case Manager:
 - ▶ Completes an enhanced assessment on each TCA adult and minor parent applicant or recipient as part of the employment assessment. The local department shall add the following questions to its employment assessment instrument:
 1. *Do you feel or has anyone ever told you that you should cut down on your drinking or drug use?*
 2. *Have you ever tried to cut down or quit drinking or using other drugs?*
 3. *Has the use of alcohol or drugs caused problems in your life such as getting or keeping a job?*
 4. *Do you sometimes need a drink or drug first thing in the morning (an eye opener) to steady your nerves or get rid of a hangover?*

A minor parent included in an adult caretaker relative's TCA application must be assessed using the same questions even if the minor parent is in school and would not otherwise be called in for an employment assessment. Local departments that require minor parents to sign a family responsibility plan may include the questions as part of the assessment for the plan. Local departments may use a more extensive substance abuse screening instrument, such as the MAST (Michigan Alcoholism Screening Test), as long as they screen each adult and minor parent.

- ▶ Informs all adult and minor parent TCA applicants and recipients about the FIP substance abuse treatment provisions, including the obligation to complete an initial health screen at the MCO; and has the individual sign a **Consent for the Release of Confidential Alcohol and Drug Treatment Information** form (Attachment I).
- ◆ If the adult or minor parent TCA customer gives an affirmative answer to any of the substance abuse screen questions at the employment assessment, the individual discloses a substance abuse problem and requests a treatment referral, or the case manager otherwise has reason to believe a problem exists, the case manager must:
 - ▶ Determine if the individual should be referred for work activities. This must be done on a case by case basis based on established local department criteria. If the individual meets all other technical and financial eligibility criteria, certify the customer for a four month period. Four-month redeterminations allow case managers to follow-up on MCO treatment referrals.
 - ▶ Indicate the positive results of the screen on the **DSS Consent to Release Confidential Alcohol and Drug Screening Information** form (Attachment II) to notify the MCO. Unlike the **MCO Consent for the Release of Confidential Alcohol and Drug Treatment Information** form which must be signed by all adult and minor parent TCA applicants or recipients, only those TCA adults and minor parents whose screen suggests a substance abuse problem or who self disclose a substance abuse problem must sign the **DSS Consent to Release Confidential Alcohol and Drug Screening Information** form.
- ◆ Provided the customer meets all other technical and financial eligibility factors, issue the TCA within 30 days of the application and authorize Medical Assistance (MA). Forward the consent form/s to the MCO through the local department MCO Liaison.

Forwarding Forms to the MCO

- ◆ Each local department has designated one person to act as a liaison between the MCOs in their jurisdiction and that local department. The MCO liaison (or his or her designee) is responsible for keeping controls on the consent forms and forwarding information to the MCOs. The MCO liaison or designee is also responsible for tracking information on compliance after a customer enrolls in a treatment program.
- ◆ After the case manager completes the application or redetermination, he or she files the record copy or copies of the consent form/s in the case record and gives the original consent form/s and other copies to the MCO liaison or designee.
- ◆ The MCO liaison or designee checks MMIS II to determine if the customer is enrolled in an MCO. If enrolled, the MCO liaison or designee writes the name of the MCO on the consent

forms and forwards them to the appropriate MCO. Effective June 1997, the MMIS II reflects MCO enrollment information. DHMH updates this information daily.

- ◆ If the customer has not enrolled in an MCO, the MCO liaison or designee keeps the consent forms in a tickler file and reviews MMIS II each week until the customer enrolls. Once the individual enrolls and the MCO information is available on MMIS II, the MCO liaison forwards the original and copies of the consent forms to the appropriate MCO in the jurisdiction.
- ◆ The MCO liaison or designee batches and forwards these forms to the MCO weekly. A list of the Statewide MCO liaisons is attached (Attachment III).

PHASE II. DHMH /MCO - SCREENING/TREATMENT REFERRALS

New MCO Enrollees:

- ◆ Once the DSS authorizes MA, DHMH issues the MA card and provides the enrollment broker with a list of new TCA customers daily. Within five days of notification, the enrollment broker sends the customer an enrollment packet with a notification to choose an MCO. The packet includes a Health Risk Assessment (HRA) form to be completed when the customer enrolls. The customer has 21 days from the date of mailing to choose an MCO, except recipients in foster care or kinship care who have 30 days from the date of mailing. If a choice is not made within the specified time frame, DHMH assigns the customer to an MCO. DHMH provides the MCOs a list of new enrollees on a daily basis with TCA recipients identified. Access to customer's MCO enrollment status is available in MMIS II.
- ◆ When the MCO receives an HRA form, they evaluate the customer's need for immediate service. Individuals who are considered high risk (such as pregnant or post-partum substance abusing women) are scheduled for an initial health screen within 10 - 15 days of the MCO's receipt of the HRA form.
- ◆ If the MCO receives no HRA form or the HRA form indicates that the individual is not at risk, the MCO shall schedule the new enrollee for an initial health screen with the assigned Primary Care Physician (PCP) within 90 days of the individual's enrollment in the MCO.

All TCA Customers Effective July 1, 1997

- ◆ All Medicaid enrollees, including TCA adults and minor parents, who complete an initial health screen at the MCO are screened for substance abuse by the primary care provider (PCP) as part of that initial health screen.
- ◆ If the screen reveals substance abuse, the PCP refers the customer for a more comprehensive substance abuse assessment by a provider qualified to determine the appropriate level and

intensity of care needed. If substance abuse treatment is needed based on this assessment, the PCP or the comprehensive substance abuse assessment provider authorized to make treatment referrals refers the customer to an appropriate substance abuse treatment provider:

- ▶ When the MCO receives an **MCO Consent for the Release of Confidential Alcohol and Drug Treatment Information** form, the PCP (or designee) completes **PART I - Identification and Treatment Referral of the Substance Abuse Identification and Treatment Notification** form (Attachment IV). The actual form is still being developed by DHR in conjunction with DHMH and the MCOs. The attached draft is a prototype; the final form may contain additional sections to accommodate comprehensive assessment alternatives. The PCP forwards the original of this form to the substance abuse treatment provider. The PCP also forwards, along with the referral to the substance abuse treatment provider, a page of the enrollee's carbonized **MCO Consent for the Release of Confidential Alcohol and Drug Treatment Information** form.
- ▶ The PCP (or designee) forwards the second copy of the **Substance Abuse Identification and Treatment Notification** form to the DSS MCO liaison within 30 days of the date he or she refers the individual to treatment services.
- ◆ If the individual has a positive substance abuse screen at the initial health screening with the PCP but fails to show up for the comprehensive substance abuse assessment, the PCP (or designee) notifies the DSS. The PCP (or designee) must complete **PART I - Identification and Treatment Referral of the Substance Abuse Identification and Treatment Notification** form within 30 days of the of the individual's missed appointment for the comprehensive substance abuse assessment and forward it to the DSS MCO liaison.
- ◆ If the PCP completes an initial health screen before receiving consent form/s from the DSS, or the enrollee is exempted from the initial health screen as a preestablished patient of the PCP, and the adult or minor parent TCA recipient screens positive for substance use, the PCP shall refer the customer for a comprehensive substance abuse assessment. If the results of the assessment are positive, the PCP or the comprehensive substance abuse assessment provider authorized to make treatment referral shall refer the customer to the appropriate treatment service. Upon receipt of the consent forms, the PCP shall consult the individual's medical record, complete the **Substance Abuse Identification and Treatment Notification** form based on information in that medical record, and forward the forms to the treatment provider and the DSS as described above.
- ◆ If an adult or minor parent TCA recipient does not complete the initial health screen within 90 days of enrollment, and the MCO receives a **DSS Consent to Release Confidential Alcohol and Drug Screening Information** form indicating that the DSS assessment revealed substance abuse, or that the individual self disclosed a substance abuse problem and is requesting a treatment referral, the MCO shall attempt to administer substance abuse screening and refer the customer for a comprehensive substance abuse assessment. If the MCO is successful in its

outreach efforts and refers the individual for appropriate treatment, they shall notify the DSS as above.

- ◆ When a substance abuse treatment provider receives a referral and consent form for a TCA adult or minor parent from an MCO/PCP, the treatment provider must complete **PART II - Compliance Notification of the Substance Abuse Identification and Treatment Notification** form to notify the DSS within 30 days if the individual:
 - ▶ Is the subject of a referral for substance abuse treatment,
 - ▶ Fails to schedule and appear for initial appointment within 30 days of date of referral, or, if no appointment available within 30 days of referral, patient fails to schedule and appear for first available appointment,
 - ▶ Is awaiting an available vacancy,
 - ▶ Is enrolled in the treatment program,
 - ▶ Is not maintaining active attendance/participation, or
 - ▶ Has successfully completed the treatment program.

PHASE III. DSS - COMPLIANCE

- ◆ When the DSS receives a **Substance Abuse Identification and Treatment Notification** form from the MCO with positive substance abuse identification of an adult or minor parent TCA recipient, and the individual was referred for treatment services, the case manager flags the case to expect the treatment provider copy of the form in 30 days.
- ◆ Upon receipt of the treatment provider copy of the form, the case manager reviews **Part II - Compliance Notification** of the form to decide if the individual meets FIP substance abuse treatment provisions.
- ◆ If the individual identified in need of substance abuse treatment meets FIP substance abuse treatment compliance the TCA grant continues as long as the individual meets other TCA eligibility requirements. The case manager may exempt the individual from work activities if determined necessary by the treatment provider. The individual is considered in compliance if he or she:
 - ▶ Is awaiting availability of a treatment vacancy,
 - ▶ Is actively enrolled in an Alcohol and Drug Abuse Administration (ADAA) defined treatment program, or
 - ▶ Has successfully completed the treatment program.
- ◆ Local department case managers must place all adult and minor parent TCA recipients identified as having a substance abuse problem into redetermination cycles of no longer than four months. At each subsequent redetermination, the case manager will review the case file for verification of the customer's compliance with FIP substance abuse treatment

provisions. If there is no verification in the case record, the case manager and local department MCO liaison must secure it. Verification requires that the individual's case record include the **Substance Abuse Identification and Treatment Notification** form (Part II only) completed by the treatment provider indicating compliance with the FIP substance abuse treatment provisions until the substance abuse treatment provider discharges the individual.

- ◆ If the individual who is identified in need of substance abuse treatment does not comply, the case manager sends notification to inform the individual that he or she does not meet FIP substance abuse treatment provisions. The individual is out of compliance if he or she:
 - ▶ Fails to keep initial health screen appointment at the MCO (after June 30, 1998)
 - ▶ Had a positive substance abuse screen at the MCO and has not enrolled in available and appropriate treatment, or
 - ▶ Is not attending/participating as defined by ADAA to maintain active enrollment in the treatment program.

- ◆ If the case manager or customer cannot verify that the individual is in compliance after 30 days, the case manager must remove the individual from the TCA grant. The individual shall remain active on MA provided he or she continues to meet eligibility for the program. For FS purposes, phantom income rules apply.

- ◆ If the individual is also the TCA head of household, pay the remainder of the TCA benefit to a third party until the individual provides a **Substance Abuse Identification and Treatment Notification** form from the MCO or the treatment provider to verify that he or she is in compliance.

AIMS PROCEDURES:

When the **Substance Abuse Identification and Treatment Notification** form is received, complete the following procedures:

- ◆ To identify a case with an individual affected by the substance abuse treatment provisions, on the AIMS 2 form, beside the "Good Cause" field, enter the code "SA" (for substance abuse). Applicable codes for "SA" are as follows:
 - ▶ "01" - when the individual is enrolled in the treatment program.
 - ▶ "02" - when the individual is awaiting an available vacancy.
 - ▶ "03" - when the individual has successfully completed the treatment program.
 - ▶ "04" - when the individual fails to enroll in appropriate and available substance abuse treatment.
 - ▶ "05" - when the individual fails to maintain active enrollment in appropriate and available substance abuse treatment.

- ▶ “06” - when the individual fails to complete the initial MCO health screening within the time specified by DHMH regulation (CODE IS ENTERED, BUT SANCTIONING IS NOT APPLICABLE UNTIL AFTER 6/30/98).

When a customer does not comply with the substance abuse treatment provisions, remove the individual from the TCA grant as follows:

- ◆ On the **AIMS 2**, close the individual using the following codes:
 - ▶ **094** - when an individual fails to complete the initial MCO health screening within the time specified by DHMH regulations (NOT APPLICABLE UNTIL AFTER 6/30/98)
 - ▶ **095** - when an individual fails to enroll in appropriate and available substance abuse treatment
 - ▶ **096** - when an individual fails to maintain active enrollment in appropriate and available substance abuse treatment.
- ◆ If the non-compliant individual is also the head of household, add a third party payee by entering a “Y” on the **AIMS 2** in the alternate information field 14. On the **AIMS 2/3 C**, enter the representative payee’s name.
- ◆ Subtract the new TCA benefit amount from the TCA amount received prior to the sanction. Enter the difference on the **AIMS 3** in the **Unearned Income** section as type **F10**.

REMINDER: Shorten the certification end date on the **AIMS 2** to four months for **ALL** cases that have at least one individual who is affected by the substance abuse treatment provisions (including those who are in compliance).

The sanctioned individual remains eligible for medical coverage provided he or she continues to meet eligibility for the program.

The case manager must close the household’s medical assistance with the appropriate code on the DHMH 8000 form if a customer does not complete the TCA recertification process at 4 months.

NARRATE ALL CASE ACTIVITY.

CARES PROCEDURES:

When the **Substance Abuse Identification and Treatment Notification** form is received, complete the following procedures:

- ◆ To identify a case with an individual affected by the substance abuse treatment provisions, enter on the individual’s **DEM1** screen in the **HOSPITAL** field:
 - ▶ “SA1” - when the individual is enrolled in the treatment program.

- ▶ “SA2” - when the individual is awaiting an available vacancy.
- ▶ “SA3” - when the individual has successfully completed the treatment program.
- ▶ “SA4” - when the individual fails to enroll in appropriate and available substance abuse treatment.
- ▶ “SA5” - when the individual fails to maintain active enrollment in appropriate and available substance abuse treatment.
- ▶ “SA6” - when the individual fails to complete the initial MCO health screening within the time specified by DHMH regulation (CODE IS ENTERED, BUT SANCTIONING IS NOT APPLICABLE UNTIL AFTER 6/30/98).

When a customer does not comply with the substance abuse treatment provisions, remove the individual from the TCA grant as follows:

- ◆ Enter on the non-compliant individual’s UINC screen the amount of the sanction (the difference between the amount of the grant for the household size with the individual and without) as:
 - ▶ “OA” (Other Countable, Cash Only) - The grant will then be in the correct amount for the sanctioning and still allow medical coverage.
 - AND**
 - ▶ “OF” (Other Countable, Food Stamps Only) - This will maintain the FS allotment at the level prior to the sanction.
 - ▶ Enter “OT” for the verification amount and “AC” for the frequency.

- ◆ On the CAFI screen, press PF13 and enter the appropriate text and COMAR citation:
 - ▶ For SA4 - “<INDIVIDUAL’S NAME> FAILED TO ENROLL IN APPROPRIATE AND AVAILABLE SUBSTANCE ABUSE TREATMENT. COMAR 07.03.03.15E(1)(b).”
 - ▶ For SA5 - “<INDIVIDUAL’S NAME> FAILED TO MAINTAIN ACTIVE ENROLLMENT IN APPROPRIATE AND AVAILABLE SUBSTANCE ABUSE TREATMENT. COMAR 07.03.03.15E(1)(c).”
 - ▶ For SA6 - “<INDIVIDUAL’S NAME> FAILED TO COMPLETE THE INITIAL MCO HEALTH SCREENING WITHIN THE TIME SPECIFIED BY DHMH REGULATION. COMAR 07.03.03.15E(1)(a).” (NOT APPLICABLE UNTIL AFTER 6/30/98.)

- ◆ If the non-compliant individual is also the head of household, add a third party payee to the AREP screen for TCA with Rep Type “P1” and issue an EBT card to that person.

REMINDER: Shorten the redet end date to reflect the required four month certification period for ALL AUs that have an individual affected by the substance abuse treatment provisions (including those who are in compliance).

The sanctioned customer remains eligible for medical coverage provided he or she continues to meet eligibility for the program.

NARRATE ALL CASE ACTIVITY.

INQUIRIES/FEEDBACK/SUGGESTIONS:

Call or write: Phyliss J. Arrington, FIA Policy Specialist
Office of Policy and Research
311 W. Saratoga Street
Room # 642
Baltimore, MD 21201
(410) 767-7079

Call Joyce Westbrook on (410) 767-8735 for CARES / AIMS inquiries.

cc: DHR Executive Staff
DHMH Executive Staff
FIA Management Staff
FIA Trainers
Constituent Services
OIM Help Desk
CTF

**CONSENT FOR THE RELEASE OF
CONFIDENTIAL ALCOHOL AND DRUG TREATMENT INFORMATION
by Managed Care Organizations to Departments of Social Services**

MA Case # _____

DSS Office: _____

I, _____ authorize the managed care
(Print name of adult or minor parent TCA applicant or recipient)
organization 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 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 or appear for my first appointment for substance abuse treatment because I:
 - did not schedule the first appointment within 15 days of referral; or
 - did not, within 15 days of the missed appointment, make a new appointment; or
 - did not appear for an appointment I made to make up for the missed 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 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 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. In any case, this consent will automatically be canceled when my TCA benefits end.

Dated: _____

(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.

DEPARTMENT OF SOCIAL SERVICES

CONSENT TO RELEASE CONFIDENTIAL ALCOHOL AND DRUG
SCREENING INFORMATION TO COMPLY WITH
THE WELFARE INNOVATION ACT OF 1997

CUSTOMER NAME _____ MA CASE # _____

Managed Care Organization _____

I, _____ authorize
(Print name of adult or minor parent TCA applicant or recipient)

the Department of Social Services (DSS) to disclose to the Managed Care Organization specified above, in which I am enrolled, the following information:

- The results of substance abuse screening performed during the employability assessment at the DSS office are positive.
- I acknowledge that I have a substance abuse problem and request a referral for treatment.

The purpose of the disclosure authorized herein is to comply with the State law requiring disclosure of this information in order to receive Temporary Cash Assistance benefits under the Family Investment Program.

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 disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, that if I revoke my consent, I may lose my Temporary Cash Assistance benefits, and that in any event this consent expires automatically upon my termination from the Temporary Cash Assistance Program.

Dated: _____
(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 you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR 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 treatment patient.

ATTACHMENT III

LOCAL DEPARTMENT OF SOCIAL SERVICES MANAGED CARE ORGANIZATION LIAISONS

LOCAL DEPARTMENT / DISTRICT OFFICE	NAME	PHONE# / FAX#
Allegany County	Roxanne Lynch	(301) 777-2062
Anne Arundel County		
Baltimore County	Carole Ziegler Lisa Montford	(410) 887-2514 (410) 887-6204
Calvert County	Doris Freeland	(410) 535-8734
Caroline County	Rayshelle Robinson	(410) 479-5900
Carroll County	Phyllis Seipp	(410) 857-6214 FAX 857-6313
Cecil County	Dorothea Phillips	(410) 996-0656
Charles County	Mary Hazel	(301) 934-6641
Dorchester County	George Barnett	(410) 228-5100 ext. 201
Frederick County	Christine Bickle	(301) 694-2405
Garrett County	Linda Ashby	(301) 334-9461
HARFORD COUNTY Aberdeen Bel Air	Patricia Junchiewicz Sandra Watson	(410) 272-9081 (410) 836-4791
Howard County	Katherine Ward	(410) 872-4200 ext.320
Kent County	Shirley Williams	(410) 778-0820
Montgomery County	Carol Pearson	(301) 468-4009
PRINCE GEORGE'S Camp Springs Hyattsville Palmer Park RISE Program	Bob Frere Jeffrey Ntoai Janice Cansey Joy Etukudo Lela Moody	(301) 449-2562 (301) 449-2514 FAX 449-2558 (301) 422-5048 FAX 422-5097 (301) 341-2810 FAX 341-2819 (301) 386-5522 ext.128 FAX 386-5533
Queen Anne's County	Beatrice Embry	(410) 758-5111
Saint Mary's County	Jemine Miller	(301) 475-4831 FAX 475-4799
Somerset County	Kathy Thomas	(410) 651-5346
Talbot County	Joyce Alderman	(410) 822-7802 FAX 820-7067
Washington County	Karen Worthington Ruth Fuller	(301) 739-8491 (301) 791-3464
Wicomico County	Robert Drudge	(410) 543-6814
Worcester County	Martha McGee	(410) 632-4525 FAX 632-3542
Baltimore City	Karen Matheson Janet Richardson	(410) 361-3920 (410) 361-6229 FAX 361-6254

SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

PATIENT NAME _____ MA CASE # _____

Local Department of Social Services/Office _____

PART I - IDENTIFICATION & TREATMENT REFERRAL (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
- 2. Substance abuse problem indicated by positive initial screen, follow-up diagnostic testing, or treatment
- 3. Failed to keep appointment for comprehensive substance abuse assessment
- 4. Comprehensive assessment indicates patient not in need of substance abuse treatment
- 5. Patient referred to: _____ on _____ Date
(substance abuse treatment program)

(Signature of MCO/PCP Designee)

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

- 1. Date treatment provider received consent form and referral from MCO/PCP _____
- 2. Patient failed to schedule or appear for initial appointment by:
 - not scheduling an initial appointment within 15 days of referral;
 - not appearing for scheduled initial appointment and then not rescheduling within 15 days of the missed appointment; or
 - not appearing for a rescheduled missed initial 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