



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

**FIA ACTION
TRANSMITTAL**

Control Number: FIA/OPRS #99-24

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**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.

Referral By
MCO to
treatment prog.

treatment
prog.
certification
enrollment

Provider
reports CI
not actively
participating

- 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.
 5. Comprehensive assessment indicates patient not in need of treatment.
 6. Referred patient for substance abuse treatment.
 7. Failed to appear for treatment referral or enroll into treatment program.
 8. Awaiting available vacancy.
 9. Enrolled in treatment.
 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."

4 months for
SIA people

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 Name ② 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.

⑧ Janice Doe
Signature of adult or minor parent TCA applicant or recipient

⑨ 9/10/98
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.

① Baltimore City / Westwood DEPARTMENT OF SOCIAL SERVICES

SCREENING REFERRAL

HEAD OF HOUSE HOLD ② Janice Doe AU ID# ④ 070008816INDIVIDUAL'S NAME ③ Janice Doe MA # ⑤ 30807632690Managed 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.

⑨ Phyllis Collier
Case manager⑩ 9/14/98
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
 DSS Head of Household Janice Doe
 PATIENT NAME Janice Doe MA# 30807632690

PART 1 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 _____
 (substance abuse treatment program)
- ☐ 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 9/16/98
 (substance abuse treatment program) Date
John Able / Greenpring 9/21/98
 (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

PATIENT NAME

Janice Doe

MA#

30807632696

PART 1 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
(substance abuse treatment program)
- ☐ 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
(substance abuse treatment program)
- _____
(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
(Signature of Treatment Provider)

9/21/98
(Date)

SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

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

PART 1 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 _____
(substance abuse treatment program)
- ☐ 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 _____
(substance abuse treatment program)

*(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
(Signature of Treatment Provider)

10/30/98
(Date)

Managed Care Organization (MCO) Provider Guide

MCO	PROVIDER NUMBER	Toll Free Number
FreeState HealthCare	521191399	1-800-640-3872
Helix Family Choice	521995799	1-888-404-3549
JAI Medical Systems, Inc.	521105199	1-888-524-1999
Maryland Physicians Care	223476999	1-800-953-8852
Prime Health	521951599	1-888-637-7645
Priority Partners	522007699	1-800-654-9728
Prudential HealthCare	741844299	1-800-423-9381
United HealthCare (Chesapeake Family First)	521130199	1-800-318-8821

MCO LIAISONS TO LDSS AND OTHER MCO CONTACTS

Send Consent Form (#1176) and Screening Referrals (#1177) to MCO Liaisons listed below	To check on a positive Screening Referral (#1177) Call	To get authorization and scheduling for a CSAA for a substance abuse emergency or positive screen (#1177) for a TCA recipient, call
FREESTATE HEALTH PLAN Jenifer Kolberg 1946 Greenspring Drive Timonium, MD 21093 Phone: (410) 308-3908 Fax: (410) 561-7963 <i>Forms may be mailed or faxed</i>	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 <i>Forms should be mailed</i>	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 <i>Forms should be mailed</i>	Deborah Akpa Phone: (410) 433-2200 Fax: (410) 433-8500	Ellawee Earlee Phone: (410) 433-2200 Fax: (410) 433-8500

<p>Send Consent Form (#1176) and Screening Referrals (#1177) to MCO Liaisons listed below</p>	<p>To check on a positive Screening Referral (#1177) Call</p>	<p>To get authorization and scheduling for a CSAA for a substance abuse emergency or positive screen (#1177) for a TCA recipient call</p>
<p>MARYLAND PHYSICIANS CARE</p> <p>Rhonda Jones 7106 Ambassador Road, Suite 100 Baltimore, MD 21244</p> <p>Phone: (410) 277-9710 ext. 4058 Fax: (410) 277-9722</p> <p><i>Forms may be mailed or faxed</i></p>	<p>Rhonda Jones Phone: (410) 277-9710 ext. 4058 Fax: (410) 277-9722</p>	<p>Herman Jones Glass Substance Abuse Program Phone: (410) 225-9185 or 1-800-725-9185 Fax: (410) 225-7964</p>
<p>PRIME HEALTH CORPORATION</p> <p>Glendora Holborough 9602-C Martin Luther King, Jr. Hwy. Lanham, MD 20706</p> <p>Phone: (301) 731-5793 Fax: (301) 429-5861</p> <p><i>Forms should be mailed</i></p>	<p>Shirley Singer Phone: (301) 731-7140 Fax: (301) 731-9410</p> <p>OR</p> <p><i>If Singer not available, call Holborough</i></p>	<p>Shirley Singer Phone: (301) 731-7140 Fax: (301) 731-9410</p>
<p>PRIORITY PARTNERS</p> <p>Darlene Weber 111 Market Place, Suite 200 Baltimore, MD 21202</p> <p>Phone: (410) 545-0526 Fax: (410) 545-0504</p> <p><i>Forms may be mailed or faxed</i></p>	<p>Darlene Weber Phone: (410) 545-0526 Fax: (410) 545-0504</p>	<p>Health Management Strategies Care Coordinator 1-800-261-2429 Fax: (703)706-8628</p>

<p>Send Consent Form (#1176) and Screening Referrals (#1177) to MCO Liaisons listed below</p>	<p>To check on a positive Screening Referral (#1177) Call</p>	<p>To get authorization and scheduling for a CSAA for a substance abuse emergency or positive screen (#1177) for a TCA recipient, call</p>
<p>PRUDENTIAL HEALTHCARE</p> <p>Susan Weigel 2800 N. Charles Street, 5th Floor Baltimore, MD 21218</p> <p>Phone: (410) 554-7308 Fax: 1(888) 778-5480</p> <p><i>Forms should be mailed</i></p>	<p>Susan Weigel Phone: (410) 554-7308 Fax: 1(888) 778-5480</p>	<p>Value Options 1-800-750-6979</p>
<p>UNITED HEALTHCARE / CHESAPEAKE</p> <p>Pamela Seldon 6300 Security Boulevard Baltimore, MD 21207</p> <p>Phone: (410) 277-6320 Fax: (410) 277-6681</p> <p><i>Forms may be mailed or faxed</i></p>	<p>Daniel Scott Phone: (410) 277-6326 Fax: (410) 277-6681</p>	<p>Apryl Stewart United Behavioral Health Phone: (614) 527-5300</p>

ALCOHOL AND DRUG ABUSE COUNTY COORDINATORS

Each of Maryland's twenty-four jurisdictions has an identified substance abuse County Coordinator. County Coordinators assist 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

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

ANNE ARUNDEL COUNTY

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

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

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)

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

BALTIMORE COUNTY

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

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

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

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

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

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

HOWARD COUNTY

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

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

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

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

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

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**

LOCAL DEPARTMENT/DISTRICT OFFICE#	NAME - PHONE# - FAX#
Allegany County DSS #010 One Frederick Street Cumberland, MD 21502	Roxanne Lynch Phone: (301) 784-7010 Fax: (301) 784-7222
Anne Arundel County DSS 80 West Street Annapolis, MD 21407-1787 Annapolis #020 Glen Burnie #021	Vesta Kimble Phone: (410) 269-4600 Fax: (410) 974-8566
Baltimore County DSS 1 Investment Place Towson, MD 21204 Towson #030 Catonsville #031 Dundalk #032 Essex #033 Reisterstown #034	Carole Ziegler Phone: (410) 853-3984 Fax: (410) 887-6067
Calvert County DSS #040 200 Duke Street Prince Frederick, MD 20678	Doris Freeland Phone: (410) 535-8734 Fax: (410) 535-8799
Caroline County DSS #050 207 South Third Street Denton, MD 21639	Rayshelle Robinson Phone: (410) 479-5900 Fax: (410) 479-5910
Carroll County DSS #060 10 Distillery Drive Westminster, MD 21157	Phyllis Seipp Phone: (410) 857-6214 Fax: (410) 857-6313
Cecil County DSS #070 170 East Main Street Elkton, MD 21921	Dorothea Phillips Phone: (410) 996-0656 Fax: (410) 996-0605
Charles County DSS #080 101 Catalpa Drive La Plata, MD 20646	Mary Hazel Phone: (301) 934-6641 Fax: (301) 870-3958
Dorchester County DSS #090 774 Cambridge Plaza Cambridge, MD 21613	Joan Wilson Phone: (410) 221-2246 Fax: (410) 228-8923

LOCAL DEPARTMENT/DISTRICT OFFICE#	NAME - PHONE# - FAX#
Frederick County DSS #100 100 East All Saints Street Frederick, MD 21701	Christine Bickle Phone: (301) 694-2405 Fax: (301) 694-4550
Garrett County DSS #110 12578 Garrett Highway Oakland, MD 21550	Linda Ashby Phone: (301) 334-9461 Fax: (301) 334-5449
HARFORD COUNTY DSS Aberdeen Office #121 411 W. Bel Air Avenue Aberdeen, MD 21001 Belair Office #120 2 South Bond Street Bel Air, MD 21014	Patricia Junchiewicz Phone: (410) 272-9081 Fax: (410) Sarah Adams Phone: (410) 836-4736 Fax: (410) 836-4945
Howard County DSS #130 7121 Columbia Gateway Drive Columbia, MD 21046	Gloria Dunton Phone: (410) 872-4200 ext. 261 Fax: (410) 872-4222
Kent County DSS #140 350 High Street Chestertown, MD 21620	Shirley Williams Phone: (410) 778-0820 Fax: (410) 778-1497
Montgomery County HHS #153 101 Monroe Street Rockville, MD 20850 Rockville #150 Silver Spring #151 Germantown #152	Carol Pearson Phone: (301) 315-4084 Fax: (301) 315-4100
PRINCE GEORGE'S COUNTY DSS #165 Camp Springs Office #162 6420 Allentown Road Temple Hills, MD 20748 Hyattsville Office #160 6111 Ager Road Hyattsville, MD 220782 Palmer Park Office #161 7801 Barlowe Road Landover, MD 20785	Bob Frere and Vivian Carter Phone: (301) 449-2562 Fax: (301) 449-2558 Janice Causey Phone: (301) 422-5048 Fax: (301) 422-5097 Noel Medoh and Una Palmer Phone: (301) 341-3800 Fax: (301) 341-2819
Queen Anne's County DSS #170 120 Broadway Centreville, MD 21617	Beatrice Embry Phone: (410) 758-5111 Fax: (410) 758-5155
Saint Mary's County DSS #180 180 Washington Street Leonardtown, MD 20650	Carol Tolodziecki Phone: (301) 475-4153 Fax: (301) 475-4799

LOCAL DEPARTMENT/DISTRICT OFFICE#	NAME - PHONE# - FAX#
Somerset County DSS #190 30397 Mount Vernon Road Princess Anne, MD 21853	Elizabeth Warfield Phone: (410) 651-0311 ext. 320 Fax: (410) 651-9264
Talbot County DSS #200 10 South Hanson Street Easton, MD 21601	Joyce Alderman Phone: (410) 822-7802 Fax: (410) 820-7067
Washington County DSS #210 122 North Potomac Street Hagerstown, MD 21741	Karen Coss Phone: (301) 739-8491 Fax: (301) 791-6289
Wicomico County DSS #220 201 Baptist Street Salisbury, MD 21802	Michelle Canopii Phone: (410) 543-6878 Fax: (410) 543-6682
Worcester County DSS #230 299 Commerce Street Snow Hill, MD 21863	Martha McGee Phone: (410) 632-4525 Fax: (410) 632-3542

**BALTIMORE CITY DEPARTMENT OF SOCIAL SERVICES
LDSS COORDINATORS TO MCO**

CENTRAL OFFICE	LDSS LIAISON	SUPERVISOR	TELEPHONE /FAX #	
			LIAISON	SUPERVISOR
CENTRAL OPERATIONS #300 1510 GUILFORD AVE 21202	Marie McLendon	Karen Matheson	(410) 361-2676 Fax: 361-2040	361-3920
CHERRY HILL #332 2490 GILES RD. 21225	Margo Ramsey	Justine Fossett	(410) 361-5490 Fax: 361-5488	361-5470
CLIFTON #333 1920 N. BROADWAY 21213	Patricia Slade	Deborah Kirwan	(410) 361-4808 Fax: 361-5806	361-4852
DUNBAR #335 313 N. GAY ST. 21205	Annie Hawkins-Martin	Lillian McLeod	(410) 361-2220 x214 Fax: 361-5565	361-2120 x22
EESU #331 2000 N. BROADWAY 21213	Rose Fragua Phyllis Burgess	Grace Patterson Rose Fragua	(410) 361-4641 x348 361-4641 x326 Fax: 361-5899	361-4641 x35 361-4641 x34
HARFORD HEIGHTS #337 2000 N. BROADWAY 21213	Louis Heidel	Nathelia Richardson	(410) 361-3727 Fax: 361-4949	361-4940
HILTON HEIGHTS #344 500 N. HILTON ST. 21229	Barbara Sykes	Felicia Bruce	(410) 361-5313 x246 Fax: 361-5343	361-5313 x24
JOHNSTON SQUARE #338 2000 N. BROADWAY 21213	Joyce Lofton	Arlene Cooper	(410) 361-4968 x281 Fax: 361-5899	361-4968 x22
JERTY GARRISON #340 5818 REISTERSTOWN RD. 21215	Deborah Franklin	Curtis Webb	(410) 361-6400 x325 Fax: 361-6427	361-6400
MOUNT CLARE #343 1223 W. PRATT ST. 21231	Gwendolyn Johnson Sandrietta Jackson	Barbara Brown Analisa Johnson	(410) 361-4000 x367 (410) 361-4000 x326 Fax: 361-2204	361-4000 x36 361-4000 x32
ORANGEVILLE #341 3031 E. BIDDLE ST. 21213	Harriet Gray	Carylon Morton	(410) 361-5694 Fax: 361-4428	361-4422
PARK CIRCLE #342 5818 REISTERSTOWN RD. 21215	Craig Newton	Laura Moseley	(410) 361-5976 Fax: 361-5948	361-5975
PATAPSCO #355 603 PATAPSCO AVE. 21225	Blaine Young	Antonica Ingram	(410) 361-5405 Fax: 361-5414	361-5403
STEUART HILL #345 1223 W. PRATT ST. 21231	Yvonne Holland Ann Jones	Beverly Eskridge Leona Brown-Porter	(410) 361-4000 x249 (410) 361-4000 x255 Fax: 361-2659	361-4000 x24 361-4000 x25
UPTON #346 2500 PENNSYLVANIA AVE. 21217	Linda Perkins	Rosa Lee	(410) 361-5100 x263 Fax: 361-7040	361-5110 x25
STWOOD #347 2500 PENNSYLVANIA AVE. 21217	Constance Collier	Evelyn House	(410) 361-5100 x361 Fax: 361-5115	361-5100 x36

**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 Name ② 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.

⑧ Janice Doe
 Signature of adult or minor parent TCA applicant or recipient

⑨ 9/10/98
 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.

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 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.

⑨ Phyllis Collier
Case manager

⑩ 9/14/98
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#

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 _____
- (substance abuse treatment program) 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 9/16/98
- (substance abuse treatment program) Date*
- John Able / Greenpring on 9/21/98
- (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 NOTIFICATIONLocal Department of Social Services/District Baltimore City / WestwoodSS Head of Household Janice DoePATIENT NAME Janice DoeMA# 30807632696**PART 1 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) 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 _____
(substance abuse treatment program) 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: _____

Patient able to work? ☐ YES ☒ NOJoan Cooper - Crossroads Center
*(Signature of Treatment Provider)*9/21/98
(Date)

SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

Local Department of Social Services/District

Baltimore City/Westwood

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 _____
(substance abuse treatment program) 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 _____
(substance abuse treatment program) 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 ☐ NOJean Cooper - Crossroads Center
*(Signature of Treatment Provider)*10/30/98
(Date)