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<b>DHR</b> Department of Human Resources 311 West Saratoga Street Baltimore MD 21201	<b>FIA ACTION TRANSMITTAL ADDENDUM</b>
	Control Number: FIA/OPR #98-40
	Effective Date: Upon Receipt Issuance Date: March 24, 1998

**TO:** DIRECTORS, LOCAL DEPARTMENT OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS/ELIGIBILITY STAFF

**FROM:** KEVIN MAHON, EXECUTIVE DIRECTOR, FIA  
JOSEPH MILLSTONE, DIRECTOR, MCPA  
THOMAS DAVIS, DIRECTOR, ADA  
JOSEPH DAVIS, DIRECTOR, MCOA

**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

**BACKGROUND:** With the implementation of the FIP Substance Abuse Treatment Provisions (the DHR Warehouse distributed the needed forms to LDSS on September 1, 1997) several policy and procedural questions have been received in this office. The following is a compilation of the most frequently asked questions and the policy directives in response. In addition, since the implementation of the provisions, some procedural simplifications have been authorized by this office in conjunction with DHMH. These simplifications have also been included in this addendum.

This Action Transmittal Addendum (ATA #98-07) is adopted for use as a supplement to Action Transmittal (AT #98-07). It does not replace the policies set forth in that transmittal, but it does include new procedures for implementing those policies. Where the two transmittals differ, use the procedures described in this transmittal.

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**Question #1:** *How does the MCO Liaison determine which MCO a TCA adult or minor parent has been assigned to? Currently on MMIS II an MCO Provider ID appears but a guide has not been provided to read the screen. It indicates that an MCO has been assigned*

*but not which particular one the customer has been assigned to.*

**Answer:** Information concerning the assignment of a customer into *HealthChoice* may be found on Screen #9 of the MMIS II which indicates a provider number for the designated MCO. Attachment I of this ATA is a guide to MCO Provider ID. It currently includes the nine MCOs that have been approved. As other MCOs join *HealthChoice*, the guide will be updated.

**Question #2:** *Is there a list of Liaisons on staff at the various MCOs as a counterpart for the MCO Liaison at the LDSS to coordinate the exchange of information on the TCA customer?*

**Answer:** Attachment II of this ATA is a list of the Substance Abuse Treatment (SAT) Liaisons representing the various MCOs. Attachment III represents an updated list of LDSS Substance Abuse Treatment (SAT) Liaisons. LDSSs are encouraged to work with the MCOs to develop the details for implementing procedures to exchange information.

**Question #3:** *What are the correct sanctioning procedures for a TCA adult and/or minor parent who refuses to sign the DHR/FIA #1176 consent form at initial application? Do we deny the entire application if the adult refuses, or do we allow the adult to find a representative payee and establish eligibility for the children only? If we deny, what COMAR reference do we cite? If it is a two-parent household, and one parent refuses, do we deny the entire application or allow the remaining parent to establish eligibility for self and children? Again, if we deny, what is the COMAR reference? If the required adult(s) sign but the minor parent refuses, do we deny the application or leave out the minor parent but include the minor parent's child? At the first redetermination, same questions?*

**Answer:** COMAR 07.03.03.04C(5) requires all adult and minor parent FIP applicants to sign a release (consent form DHR/FIA #1176) authorizing an MCO or service provider to provide certain information to the local department about the applicant's health screening and any substance abuse screening or treatment. This is a FIP program requirement and failure to comply is grounds for denial of the application under COMAR 07.03.03.06A(1). In the case of a recipient refusing to sign the form during redetermination, the applicable provision is the full family sanction of COMAR 07.03.03.15C(1), which is preceded by the appropriate 30 day conciliation period. For refusal to sign the DHR/FIA #1176:

- Deny the entire application or close the case at redetermination if it is a one-parent household and that parent refuses to sign. The appropriate citation is "failure to comply with FIP program requirement", COMAR 07.03.03.04C(5).
- If two parents are in the household and both parents refuse or one parent refuses but the other signs the form, the entire household is ineligible. Deny the application or close the case at redetermination for "failure to comply with FIP program requirement", COMAR 07.03.03.04C(5).
- If the appropriate adult/s sign/s and a minor parent who is not the head of household refuses to sign the form, leave the minor parent out but include the minor parent's child on the TCA case. This case is "mixed" household for food stamps. For medical assistance

- the minor parent may be included if he/she meets other technical and financial eligibility.
- If a minor parent who is the head of household refuses to sign the form, deny/close the case for "failure to comply with FIP program requirements", COMAR 07.03.03.04C(5).

*Question #4: Do we sanction an individual who signs the first consent form, DHR/FIA #1176, shows apparent signs of substance use or admits to a substance problem but refuses to sign the second consent form DHR/FIA #1177?*

**Answer:** As long as an individual has signed the **DHR/FIA #1176 Consent for the Release of Confidential Alcohol and Drug Treatment Information**, he or she is in compliance with the FIP assessment requirements of COMAR 07.03.03.04C(5). The second form **DHR/FIA #1177** is revised (see Attachment VI). It is no longer a consent form and therefore does not require the customer's signature. Instead, it is now a **Department of Social Services Screening Referral** form used to notify the MCO of positive screening results at the LDSS. If the customer's LDSS substance assessment screen is positive, or the individual discloses a substance problem to the FIA case manager and requests a referral for treatment, or the individual shows obvious signs of substance use (i.e. tracks from needle marks, nodding and scratching, smell of alcohol to name a few), the worker should complete and forward the **DHR/FIA #1177 Department of Social Services Screening Referral** form to the MCO along with the signed **DHR/FIA #1176 Consent for the Release of Confidential Alcohol and Drug Treatment Information**.

*Question #5: Do we need to get a new consent form at each redetermination or is this necessary if the adult and/or minor parent has signed at application or at one redetermination?*

**Answer:** Once a TCA adult or minor parent signs a **DHR/FIA #1176** consent form, the MCO or Substance Abuse Treatment Provider is obligated to provide the LDSS with certain information concerning that individual's substance abuse screening and treatment until the individual withdraws that consent or until the TCA case is closed. If a TCA adult or minor parent has signed the **DHR/FIA #1176** at application or at a redetermination after July 1, 1997, it is not necessary for him/her to sign one at each subsequent redetermination. However, if the case is closed and the customer reapplies for TCA at a later date, a new form is required.

*Question #6: Does each individual have to sign his/her own form? Specifically, can the adult TCA head of household sign for his/her minor child who is also a minor parent?*

**Answer:** One of the major goals of the Family Investment Program is to encourage responsibility amongst parents, especially teen parents. Minor parents will one day be responsible for their own lives, as well as the lives of their children. This population should be prepared for work even if they are currently in school. They must be made aware of the availability of substance abuse treatment and the FIP policy implications of failing to get substance abuse treatment if it is needed. Therefore, the policy requires the LDSS to inform minor parents about the FIP provisions concerning substance abuse treatment, screen minor parents to determine if there is a need for treatment, and requires each minor parent to sign a

consent form. The adult TCA head of household may not sign for his/her minor child who is also a parent.

*Question # 7: Phantom income is used for FS if a TCA grant is reduced because a customer fails to comply with the FIP Substance Abuse Treatment Provisions. If a TCA case is closed or denied with a full family sanction because a customer refuses to sign the form, do we also use phantom income for the FS, or actual zero income? What about MA for these cases?*

**Answer:** Since signing the consent form is a program requirement, FS eligibility must be based on phantom income. Eligibility for medical assistance, however, is not tied to the FIP Substance Abuse provisions. If the person is not eligible for TCA, a decision must be made concerning MA eligibility for FAC or other appropriate MA programs based on the specific technical and financial MA eligibility regulations pertaining to that individual's situation.

*Question #8: If a customer does not return their HRA form to the enrollment broker does it affect their eligibility for medical assistance?*

**Answer:** No. The purpose of the health risk assessment is to assist the MCO in taking appropriate action to ensure that a new enrollee who needs special or immediate health care services receives them in a timely manner.

*Question #9: The AT #98-07 indicates that the individual is out of compliance if they fail to keep the initial health screen appointment (after 6/30/98). Does this mean that we will not be taking any adverse actions until after 6/30/98? Please clarify the policy concerning sanctioning of these individuals.*

**Answer:** This means that we will not take adverse action against a TCA adult or minor parent who fails to keep his/her initial health screen appointment until after 6/30/98. Implementation of this provision alone in the Welfare Innovation Act of 1997 was postponed until that time. Effective July 1, 1998, a TCA adult or minor parent who fails to keep his/her initial health screen at the MCO shall be removed from the TCA benefit. The remainder of the TCA benefit continues to be paid to the individual even if the individual is the TCA head of household. This sanction does not require a third party representative.

The other components of the Act are effective July 1, 1997. A customer who fails to comply with these requirements is subject to adverse action now. For non-compliance with these requirements appropriate sanctioning is:

- a full family sanction (as explained in question #3) for failure to sign the consent form, or
- removal of an individual from the TCA benefit for failing to enroll or maintain enrollment in appropriate and available treatment with the remainder of the TCA benefit paid to a third party representative if the individual is also the TCA head of household.

*Question#10: The AT #98-07 indicates that if an individual who is also the adult head of household is sanctioned for failure to comply with FIP Substance Abuse Treatment Provisions, they are to be removed from the TCA grant with the remainder paid to a third*

*party representative. What happens if the individual fails to name a third party rep? Do we then close the case?*

**Answer:** If an individual refuses to name a third party representative, the local department may be the third party. In these instances, this should be a temporary situation with a referral to the Social Services component of the local program to explore the individual's reasons for non-compliance and to locate a more permanent third party representative until the individual complies.

**Question #11:** *The FIP Substance Abuse Treatment Policy speaks of TCA adults and minor parents. The household could contain minors 16 - 18 years old, not parents, but high school dropouts. Should these minors be assessed for appropriateness of work activities, screened for possible substance abuse and if detected, referred for treatment?*

**Answer:** Since the activities of minors other than parents cannot be counted in the State's work participation rate, local departments must make a decision on whether or not they will place the minor in a work activity or impose the \$25 disallowance on the family. If the local decision is to enroll the minor who is not a parent into a work activity, an assessment for job readiness must be done. The screening for possible substance abuse as an employment barrier is a part of this assessment. However, under this regulation, only minor parents are mandated to adhere to the FIP Substance Abuse Treatment Provisions to be eligible for inclusion in the TCA assistance unit. If substance abuse is suspected in a TCA minor who is not a parent, a referral to the Social Services component of the local department for that minor may be initiated.

**Question #12:** *Will the MCO or Treatment Provider let the LDSS know if an individual goes into residential treatment and for how long? How does an individual being in a residential treatment facility affect their eligibility for TCA? For FS?*

**Answer:** Information concerning the specific type of treatment program a patient is enrolled into will not be routinely provided by the MCO or Treatment Provider. It remains the responsibility of the TCA customer to inform the LDSS about changes such as moving into a residential treatment facility. As long as there is a DHR/FIA# 1176 in the case record, the LDSS may contact the Treatment Provider concerning the type of facility and expected length of stay. For consideration of TCA, the individual may be considered "temporarily absent" if in a residential treatment facility. The individual may remain on the TCA grant as long as he/she continues to comply with the treatment program requirements and remains otherwise technically and financially eligible for TCA. If the facility is not one that allows children to stay in residence with the parent, the length of stay at the facility and the arrangement of the children during the interim must be considered individually. For FS purposes these individuals may make up or be part of a FS household provided the facility meets certain requirements. Eligibility for FS must be considered based on the individual circumstance. If the children are staying temporarily with others while the adult is in treatment, the children become part of that other household for FS. The adult may be eligible for FS at the facility. If the residential facility allows children to stay with the parent at the facility, they would continue to be an intact household for FS purposes.

**PROCEDURAL SIMPLIFICATIONS:** Since the implementation of the FIP Substance Abuse Treatment Provisions, DHMH and DHR have worked to establish ways to simplify the paper flow between the LDSS and the MCOs. Towards this end, DHMH and DHR have established a workgroup that is currently looking at ways to fully automate the process of transmitting information among MCOs, substance abuse assessment and treatment network, and LDSSs concerning the TCA customer who is subject to those provisions. Meanwhile some changes have been made to the forms and to the transmittal procedures between the MCOs and LDSSs. Local departments are encouraged to include interaction between the designated Substance Abuse Treatment Liaisons of the LDSS and the MCO as they develop procedures to transmit information between the agencies in their jurisdictions:

- **The DHR/FIA #1178 Substance Abuse Identification and Treatment Notification form (Attachment IV)** has been redesigned to more accurately reflect the processes of screening and referrals for comprehensive assessments that could vary at each MCO. This form will be made available to the MCOs via the DHR warehouse. The MCO Liaison will forward completed forms to the LDSS. The LDSS Liaison (**Attachment III**) must contact the MCO Liaison (**Attachment II**) at the appropriate MCO for information on the individual if there are questions concerning the individual's compliance (i.e., only status of treatment information, e.g., active, inactive). The MCO Liaison may fax or mail a copy of the form to the LDSS.
- **Attachment V is the revised DHR/FIA #1176 Consent for the Release of Confidential Alcohol and Drug Treatment Information (By Managed Care Organizations to Departments of Social Services).** The wording in the seventh bullet has changed to conform with **PART III** of the new **DHR/FIA #1178**. Other changes to this form include the use of a two page carbonized form, instead of the current four copies. This form originally consisted of four pages so that original signatures could be distributed to MCOs and Treatment Providers. The DHMH Attorney General's Office has advised us that faxes and photocopies of the consent form are sufficient under the federal confidentiality regulations provided the original is kept and available. The original signature of the TCA adult or minor parent shall be kept in the LDSS case record. The copy may be mailed or faxed to the appropriate MCO. If there is a need for a Treatment Provider to have a copy, the MCO or LDSS may mail or fax a copy to them. Local departments may continue to use the old form until a supply of the new form is printed and available in the DHR Warehouse.
- **Changes to the DHR/FIA #1177 (Department of Social Services) Consent to Release Confidential Alcohol and Drug Screening Information to Comply with The Welfare Innovation Act of 1997** are substantial. The form is now **DHR/FIA #1177 Department of Social Services Screening Referral form (Attachment VI)**. It is to be completed when: the results of the LDSS screen are positive (customer answers yes to one of the four screening questions on the local assessment form); or the customer discloses a substance abuse problem during the LDSS interview and requests a referral for treatment; or the FIA

case manager has reason (such as obvious signs of substance use) to refer the customer for further screening and assessment at the MCO. If the case manager initiates the referral, specify clearly the reasons for the referral, i.e. a description of the observed behavior. The original of this form shall be maintained in the LDSS case record. The copy shall be mailed or faxed to the MCO along with a copy of the customer's signed **DHR/FIA #1176 Consent for the Release of Confidential Alcohol and Drug Treatment Information.**

**INQUIRIES:** May be directed to Phyliss J. Arrington at (410) 767-7079.

cc: DHR Executive Staff  
DHMH Executive Staff  
FIA Management Staff  
DHMH Management Staff  
FIA Trainers  
SAT Liaisons  
Constituent Services

<b>Managed Care Organization (MCO) Provider Guide</b>
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<b>MCO</b>	<b>PROVIDER NUMBER</b>	<b>Toll Free Number</b>
<b>FreeState HealthCare</b>	<b>521191399</b>	<b>1-800-640-3872</b>
<b>Helix Family Choice</b>	<b>521995799</b>	<b>1-888-404-3549</b>
<b>JAI Medical Systems, Inc.</b>	<b>521105199</b>	<b>1-888-524-1999</b>
<b>New American Health</b>	<b>521869199</b>	<b>1-800-655-7345</b>
<b>Maryland Physicians Care</b>	<b>223476999</b>	<b>1-800-953-8852</b>
<b>Prime Health</b>	<b>521951599</b>	<b>1-888-637-7645</b>
<b>Priority Partners</b>	<b>522007699</b>	<b>1-800-654-9728</b>
<b>Prudential HealthCare</b>	<b>741844299</b>	<b>1-800-423-9381</b>
<b>United HealthCare (Chesapeake Family First)</b>	<b>521130199</b>	<b>1-800-318-8821</b>



**MANAGED CARE ORGANIZATION (MCO)  
SUBSTANCE ABUSE TREATMENT (SAT) LIAISONS**

<b>MANAGED CARE ORGANIZATION</b>	<b>NAME – PHONE# – FAX#</b>
<b>Free State Health Plan</b> 10444 Mill Run Circle, Mailstop MED-04 Owings Mills, MD 21117	<b>Gwen Richards</b> Phone: (410) 308-3908 Fax: (410) 561-7963
<b>Helix Family Choice</b> 2330 West Joppa Road Lutherville, MD 21093	<b>Inca Schultz</b> Phone: (410) 933-2229 Fax: (410) 933-2233
<b>JAI Medical Systems, Inc.</b> 5010 York Road Baltimore, MD 21212	<b>Robin A. France</b> Phone: (410) 433-2200 Fax: (410)532-7246
<b>Maryland Physicians Care</b> 7106 Ambassador Road Parkview Center 3, Suite 100 Baltimore, MD 21244	<b>Elizabeth Grant</b> Phone: (410) 277-9710 Fax: 1(800) 953-8854
<b>New American Health</b> 2301 Dorsey Road, Suite 110 Glen Burnie, MD 21061	<b>Sylvia Chambers</b> Phone: (410) 424-3209 Fax: (410) 768-0132
<b>PrimeHealth Corporation</b> 9602 Martin Luther King, Jr. Highway Lanham, MD 20706	<b>Glendora Holborough</b> Phone: (301) 731-9570 Fax: (301) 459-1039
<b>Priority Partners</b> 111 Market Place, Suite 200 Baltimore, MD 21202	<b>Rebecca Kritzer</b> Phone: (410) 545-0534 Fax: (410) 545-0504
<b>Prudential HealthCare</b> 2800 N. Charles Street, 5 <sup>th</sup> Floor Baltimore, MD 21218	<b>Susan Weigel</b> Phone: (410) 554-7308 Fax: 1(888) 778-5480
<b>United HealthCare of the Mid-Atlantic (Chesapeake Family First)</b> 6300 Security Boulevard Baltimore, MD 21207	<b>Danny Davis</b> Phone: (410) 277-6064 Fax: (410) 277-6674

**LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS)  
SUBSTANCE ABUSE TREATMENT (SAT) LIAISONS**

<i>LOCAL DEPARTMENT/DISTRICT OFFICE</i>	<i>NAME - PHONE# - FAX#</i>
<b>Allegheny County DSS</b> 218 Paca Street Cumberland, MD 21502-1420	<b>Roxanne Lynch</b> Phone: (301) 777-2062 Fax: (301) 777-5806
<b>Anne Arundel County DSS</b> 80 West Street Annapolis, MD 21407-1787	Phone: (410) 269-4600 Fax: (410) 974-8566
<b>Baltimore County DSS</b> 1 Investment Place Towson, MD 21204	<b>Carole Ziegler</b> Phone: (410) 887-3231 Fax: (410) 887-6067
<b>Calvert County DSS</b> 200 Duke Street Prince Frederick, MD 20678	<b>Doris Freeland</b> Phone: (410) 535-8734 Fax: (410) 535-8799
<b>Caroline County DSS</b> 207 South Third Street Denton, MD 21639	<b>Rayshelle Robinson</b> Phone: (410) 479-5900 Fax: (410) 479-5910
<b>Carroll County DSS</b> 10 Distillery Drive Westminster, MD 21157	<b>Phyllis Seipp</b> Phone: (410) 857-6214 Fax: (410) 857-6313
<b>Cecil County DSS</b> 170 East Main Street Elkton, MD 21921	<b>Dorothea Phillips</b> Phone: (410) 996-0656 Fax: (410) 996-0605
<b>Charles County DSS</b> 101 Catalpa Drive La Plata, MD 20646	<b>Mary Hazel</b> Phone: (301) 934-6641 Fax: (301) 870-3958
<b>Dorchester County DSS</b> 774 Cambridge Plaza Cambridge, MD 21613	<b>Joan Wilson</b> Phone: (410) 228-5100 ext. 246 Fax: (410) 228-8923
<b>Frederick County DSS</b> 100 East All Saints Street Frederick, MD 21701	<b>Christine Bickle</b> Phone: (301) 694-2405 Fax: (301) 694-4550

<i>LOCAL DEPARTMENT/DISTRICT OFFICE</i>	<i>NAME - PHONE# - FAX#</i>
<p>Garrett County DSS 12578 Garrett Highway Oakland, MD 21550</p>	<p>Linda Asuby Phone: (301) 334-9461 Fax: (301) 334-5449</p>
<p><b>HARFORD COUNTY DSS</b></p> <p><b>Aberdeen Office</b> 411 W. Bel Air Avenue Aberdeen, MD 21001</p> <p><b>Belair Office</b> 2 South Bond Street Bel Air, MD 21014</p>	<p><b>Patricia Junchiewicz</b> Phone: (410) 272-9081 Fax: (410)</p> <p><b>Sarah Adams</b> Phone: (410) 836-4736 Fax: (410) 836-4945</p>
<p><b>Howard County DSS</b> 7121 Columbia Gateway Drive Columbia, MD 21046</p>	<p><b>Gloria Dunton</b> Phone: (410) 872-4200 ext. 261 Fax: (410) 872-4222</p>
<p><b>Kent County DSS</b> 350 High Street Chestertown, MD 21620</p>	<p><b>Shirley Williams</b> Phone: (410) 778-0820 Fax: (410) 778-1497</p>
<p><b>Montgomery County HHS</b> 101 Monroe Street Rockville, MD 20850</p>	<p><b>Carol Pearson</b> Phone: (301) 315-4084 Fax: (301) 315-4100</p>
<p><b>PRINCE GEORGE'S COUNTY DSS</b></p> <p><b>Camp Springs Office</b> 6420 Allentown Road Temple Hills, MD 20748</p> <p><b>Hyattsville Office</b> 6111 Ager Road Hyattsville, MD 220782</p> <p><b>Palmer Park Office</b> 7801 Barlowe Road Landover, MD 20785</p> <p><b>RISE Program</b> 1802 Brightseat Road Landover, MD 20785</p>	<p><b>Bob Frere</b> <b>Vivian Carter</b> Phone: (301) 449-2562 Fax: (301) 449-2558</p> <p><b>Janice Causey</b> Phone: (301) 422-5048 Fax: (301) 422-5097</p> <p><b>Joy Etukudo</b> Phone: (301) 341-3861 Fax: (301) 341-2819</p> <p><b>Greer McArthur</b> Phone: (301) 386-5522 ext. 100 Fax: (301) 386-5533</p>
<p><b>Queen Anne's County DSS</b> 120 Broadway Centreville, MD 21617</p>	<p><b>Beatrice Embry</b> Phone: (410) 758-5111 Fax: (410) 758-5155</p>
<p><b>Saint Mary's County DSS</b> 180 Washington Street Leonardtown, MD 20650</p>	<p><b>Robertta Loker</b> Phone: (301) 475-4709 Fax: (301) 475-4799</p>

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

<i>LOCAL DEPARTMENT/DISTRICT OFFICE</i>	<i>NAME - PHONE# - FAX#</i>
<b>BALTIMORE CITY DSS</b>	
<b>Central Operations</b> 1510 Guilford Avenue Baltimore, MD 21202	<b>Karen Matheson</b> Phone: (410) 361-3920 Fax: (410) 361-2040
<b>Cherry Hill Center</b> 2490 Giles Road Baltimore, MD 21225	<b>Margo Ramsey</b> Phone: (410) 361-5470 Fax: (410) 361-5488
<b>Clifton Center</b> 1920 N. Broadway Baltimore, MD 21213	<b>Patricia Slade</b> Phone: (410) 361-4808 Fax: (410) 361-5806
<b>Dunbar Center</b> 621 North Eden Street Baltimore, MD 21205	<b>Annie Hawkins-Martin</b> Phone: (410) 361-5561 Fax: (410) 361-5565
<b>Emergency Environmental Services Unit (EESU)</b> 2000 North Broadway Baltimore, MD 21213	<b>Rosa Fragua</b> Phone: (410) 361-4662 Fax: (410) 361-5899
<b>Harford Heights Center</b> 2000 North Broadway Baltimore, MD 21213	<b>Nathalia Richardson</b> Phone: (410) 361-3708 Fax: (410) 361-4949
<b>Hilton Heights Center</b> 500 N. Hilton Street Baltimore, MD 21229	<b>Barbara Sykes</b> Phone: (410) 361-5313 ext.246 Fax: (410) 361-5343
<b>Johnston Square Center</b> 2000 North Broadway Baltimore, MD 21213	<b>Joyce Lofton</b> Phone: (410) 361-4968 ext. 281 Fax: (410) 361-5899
<b>Liberty Garrison Center</b> 5818 Reisterstown Road Baltimore, MD 21215	<b>Betty Graham</b> Phone: (410) 361-6400 ext. 327 Fax: (410) 361-6427
<b>Mount Clare Center</b> 1223 West Pratt Street Baltimore, MD 21231	<b>Gwendolyn Johnson</b> Phone: (410) 361-4000 ext. 367 Fax: (410) 361-2204
<b>Orangeville Center</b> 3031 East Biddle Street Baltimore, MD 21213	<b>Nettie Plessy</b> Phone: (410) 361-4461 Fax: (410) 361-4428
<b>Park Circle Center</b> 5818 Reisterstown Road Baltimore, MD 21215	<b>Craig Newton</b> Phone: (410) 361-5976 Fax: (410) 361-5948
<b>Patapsco Center</b> 603 Patapsco Avenue Baltimore, MD 21225	<b>Elaine Young</b> Phone: (410) 361-5422 Fax: (410) 361-5414
<b>Steuart Hill Center</b> 1223 West Pratt Street Baltimore, MD 21231	<b>Yvonne Holland</b> Phone: (410) 361-4000 ext. 249 Fax: (410) 361-2659
<b>Upton Center</b> 2500 Pennsylvania Avenue Baltimore, MD 21217	<b>Linda Perkins</b> Phone: (410) 361-5100 ext.263 Fax: (410) 361-7040
<b>Westwood Center</b> 2500 Pennsylvania Avenue Baltimore, MD 21217	<b>Constance Coller</b> Phone: (410) 361-5100 ext.362 Fax: (410) 361-5115

SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

Department of Social Services/District \_\_\_\_\_

DSS Head of Household \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ MA# \_\_\_\_\_

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

- Q1 After June 30, 1998, failed to appear for initial health screen appointment...
Q1a Patient previously reported for failure to appear for initial health screen has subsequently completed initial health screen.
Q2 Substance abuse problem indicated by positive initial screen, follow-up diagnostic testing, or treatment.
Q3 PCP performed comprehensive substance abuse assessment, or referred patient for comprehensive substance abuse assessment with instructions to report results back to PCP.
Q3a Patient failed to keep appointment for comprehensive substance abuse assessment.
Q3b Comprehensive assessment indicates patient not in need of substance abuse treatment.
Q3c Patient referred for treatment to: (substance abuse treatment program) on Date
Q4 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)

- Q1 Patient failed to keep appointment for comprehensive substance abuse assessment.
Q2 Comprehensive assessment indicates patient not in need of substance abuse treatment.
Q3 Patient referred for treatment to: (substance abuse treatment program) on Date
(signature of comprehensive assessment provider) on Date

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

- Q1 Date treatment provider received consent form and referral
Q2 Patient failed 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.
Q3 Awaiting available vacancy. Q5 Not maintaining active attendance/participation.
Q4 Enrolled in treatment program. Q6 Successfully completed program.

Discharge date: \_\_\_\_\_
Patient able to work? YES NO

Discharge date \_\_\_\_\_
(Signature of Treatment Provider) Date

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

Head of Household: \_\_\_\_\_

DSS Office: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

MA#: \_\_\_\_\_

I, \_\_\_\_\_ authorize the managed care organ  
(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  
substance abuse assessment or treatment, to report to the Department of Social Services ("DSS") office named above  
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 provid  
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 MC  
one of its providers:

- That I did not schedule and appear for my first appointment for substance abuse treatment within 30 days of refer  
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 progra  
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  
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 Dr  
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 n  
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 conse  
could lose my TCA benefits. In any case, this consent will automatically be canceled when my TCA benefits end.

\_\_\_\_\_  
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 part 2). The federal rules prohibit  
further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted  
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 a

DEPARTMENT OF SOCIAL SERVICES

SCREENING REFERRAL

HEAD OF HOUSE HOLD \_\_\_\_\_ AU ID# \_\_\_\_\_

INDIVIDUAL'S NAME \_\_\_\_\_ MA # \_\_\_\_\_

Managed Care Organization \_\_\_\_\_

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

- 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Case manager

\_\_\_\_\_  
Date