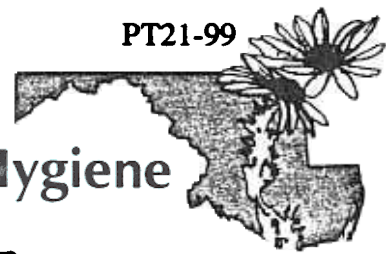


State of Maryland

Department of Health and Mental Hygiene

Parris N. Glendening, Governor - Martin P. Wasserman, M.D., J.D., Secretary

Medical Care Policy Administration



MARYLAND MEDICAL ASSISTANCE PROGRAM Managed Care Organization Transmittal No. 9

February 12, 1999

Managed Care Organizations

FROM: Susan Tucker, Acting Director
Medical Care Policy Administration

MCO/PCP Responsibility to Report Failure to Appear for an Initial Appointment within 90 Days of Enrollment by an Adult or Minor Parent Recipient of Temporary Cash Assistance

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

The purpose of this transmittal is to remind MCOs of a reporting requirement of the Welfare Innovation Act of 1997 that is incorporated in HealthChoice regulations. This requirement applies only to MCO members who are adult or minor parent recipients of Temporary Cash Assistance (TCA) for whom the MCO has received a "Consent for the Release of Confidential Alcohol and Drug Treatment Information" form (DHR/FIA #1176).

COMAR 10.09.65.11-1 requires that an MCO shall notify, or ensure that the enrollee's PCP notifies, the enrollee's local Department of Social Services when either of the following occurs:

- (1) An enrollee fails to appear within 90 days of enrollment for an initial appointment scheduled by the enrollee's MCO as required by COMAR 10.09.66.07; or
- (2) An enrollee, who previously has been the subject of a notice made pursuant to the above, completes an initial appointment scheduled by the enrollee's MCO.

These reports must be made on the "Substance Abuse Identification and Treatment Notification form" (DHR/FIA #1178), a copy of which is attached. These reports may be photocopied, or obtained from the MCO's liaison to local Departments of Social Services.

This process is discussed in detail in the Provider Manual Template and in the *TCA Process* document recently sent to MCOs. Please direct any questions on this transmittal to Michael S. Franch, Health Planner, Medical Care Policy Administration, at (410) 767-1434.

201 West Preston Street - Baltimore, Maryland 21201
TDD for Disabled - Maryland Relay Service (800) 735-2258

Healthy People in Healthy Communities

SUBSTANCE ABUSE IDENTIFICATION AND TREATMENT NOTIFICATION

Local Department of Social Services/District

DSS Head of Household _____

PATIENT NAME _____

MA# _____

PART 1 IDENTIFICATION & MCO/PCP REFERRAL FOR ASSESSMENT AND TREATMENT
(To be completed by MCO or PCP)

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.

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

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

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.

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

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)