POLICY: Montgomery County Drug and Alcohol Subcontracted D&A Providers shall adhere to all laws and regulations pertaining to the confidentiality of client records and the conditions under which some or all of that information may be released pursuant to ACT 126 of 1998 and Juvenile Probation cases.

PROCEDURE:

**DRUG AND ALCOHOL EVALUATIONS & INPATIENT PROCEDURES FOR COMMUNITY CASES**

All Montgomery County residents are eligible for Drug and Alcohol Case management services regardless of their financial eligibility. However, when arranging for placement it is important to note that only Non-HMO Medical Assistance actively eligible and County funded eligible persons may access treatment funds available through the County D&A program. Private and public HMO recipients and all other private insurance recipients’ placements must be made in accordance with the provisions of the individuals’ health insurance policy.

**Procedures**

1. Probation Officer identifies a juvenile as in need of drug and alcohol services.

2. Probation Officer refers all juveniles with Healthchoices M.A. HMO coverage to Magellan for D&A assessment services (1-877-769-9782). The Probation Officer should have the juvenile’s M.A. HMO recipient number available when calling Magellan. Please be aware that for juveniles with Magellan M.A. coverage, the decision for treatment level of care and length of stay can not be overridden and placement decisions rest with the Magellan Care Manager.

3. For all other juveniles with a Non-M.A. HMO, Probation Officer determines the appropriate Drug and Alcohol Case Management office and contacts the D&A Case Manager to schedule an appointment for a D&A assessment/evaluation.

4. The D&A Case Manager obtains the appropriate Release of Information forms at the assessment.

5. The D&A Case Manager conducts a clinical assessment utilizing the APSI and/or bio-psychosocial instruments. The ASAM for adolescents must be completed to determine the appropriate level of care.
6. The D&A Case Manager completes a financial liability indicating the adolescent liability as zero. If the client has private insurance coverage, contact the insurance/managed care carrier to attempt to obtain insurance coverage for treatment using the results of the ASAM/APSI/Psychosocial evaluation as documentation for needed treatment. Document in a progress note the date, time and person spoken with at the insurance/managed care company. Document the decision of the company to provide coverage or not provide coverage for D&A treatment services. Attempt to obtain written rejections from the insurance company.

7. In the event the juvenile’s insurance carrier will provide for inpatient treatment services, D&A Case Manager refers client to the appropriate provider as per the insurance carrier’s instructions.

8. In the event the juvenile’s insurance carrier will not provide for inpatient treatment services based on exhaustion of benefits or denial of level of care for inpatient treatment, D&A Case Manager will follow instructions for documentation in item #6 above.

9. D&A Case Manager will contact Probation Officer with the results of the assessment and outcome of the financial/insurance screening.

10. The decision for where the juvenile is to be placed is made by the D&A Case Manager in coordination and cooperation with the Probation Officer if the County D&A program is to pay for any part of or all of the treatment. If placement is at a facility where there is a split rate; JPO and D&A will jointly fund the placement based on the approved Provider rate as set by the SCA. Juvenile Probation will seek Domestic Relations charges in cases where the County Drug and Alcohol program pays any and or all of the cost of treatment.

11. When a provider has been agreed upon, the D&A Case Manager will give all insurance/funding information to the provider agency. The D&A Case Manager will make the provider agency aware that they must use payment sources in the following order: 1. Parent insurance (primary) 2. Medical assistance (secondary) 3. County funding via D&A and/or JPO.

12. Once primary insurance and secondary insurance’s are depleted (if applicable), D&A will pick up the balance or split fund with Juvenile Probation until the provider believes treatment is no longer necessary based upon applicable continuing stay placement criteria.

Exceptions to the Above

1. Parent’s primary insurance approves in-patient services and does not contract with one of our D&A Adolescent Providers for in-patient services. If it is decided that Juvenile Probation does not want to use the primary insurance’s provider, Juvenile Probation will be responsible for the total payment of in-patient services. The Probation Officer must get approval prior to the placement from his/her supervisor.
2. If the D&A Case Manager recommends intensive outpatient or regular outpatient services and the Probation Officer believes the juvenile should have in-patient services and this issue can not be resolved, Juvenile Probation will pay for the total payment of in-patient services. The Probation Officer must get approval prior to placement from his/her supervisor.

3. If the Probation Officer disagrees with the provider’s decision that treatment is no longer necessary, Juvenile Probation will pay for in-patient services from the date the provider stated treatment is no longer necessary. The Probation Officer must get approval for continuing placement from his/her supervisor.

Related Communication and Transmittal Letter to JPO re Consents Under Act 126

TO: Montgomery County Juvenile Probation Officers
FROM: Kay McGowan, Asst. D&A Administrator
DATE: November 26, 2007
RE: Release of Confidential Drug & Alcohol Information

This memo serves to assist you in your role as a Juvenile Probation Officer in obtaining Confidential Drug & Alcohol information from D&A provider agencies. Confidentiality of drug and alcohol information has always been a source of contention between the Juvenile Probation and Children & Youth systems and the Drug & Alcohol system for many years. However, with the passage of Act 126 in 1998, which amended the Juvenile Act, 42 Pa. C.S. 6301 ëë-6565, the release of such information is allowable with the use of a valid consent to release such information.

Therefore, accompanying this memo are two different releases of confidential information forms which are to be used when seeking drug and information from a D&A provider agency for any of your open cases. This memo serves to explain the differences between the two releases as well as other general information in the use of the releases.

First and foremost, please note that the Client Signature on the form is that of the Child or Adolescent in the case. The client is the person who has a substance abuse issue and for whom you are seeking information regardless of age! It is the Child or Adolescent who needs to sign the release of information NOT the child or adolescent’s parents! This is a different practice than in the Mental Health system and is very important to note!

Below I have indicated when to use each Release:

1. Consent which states to release to JPO the following information: Adolescent ASAM Summary Sheet and Assessment results – Use this release when you are referring an adolescent to one of the three Case Management Offices/Assessment sites (see attached listing) to have the adolescent assessed for a problem with substance use. The assessment Case Manager will then send you a copy of a completed Adolescent ASAM Summary Sheet which will indicate what level of care the adolescent requires for treatment services.

2. Consent which states to release to JPO information for the sole purpose(s) of: Assessing and monitoring the safety and well being of the adolescent involved in this open Juvenile Probation case – Use this release only when an adolescent is in drug & alcohol treatment services, not for the assessment of the drug & alcohol problem.
It is important to note that Assessment and Treatment are two different practices.

Below I have indicated how to complete and use each Release:

1. Consent which states to release to JPO the following information: Adolescent ASAM Summary Sheet and Assessment results – simply have the Adolescent and the Juvenile Probation Officer sign and date the consent to release form. Send the completed release to the appropriate Case Management/Assessment site. Please make sure the adolescent also signs whether or not he/she wishes to have a copy of the consent form.

2. Consent which states to release to JPO information for the sole purpose(s) of: Assessing and monitoring the safety and well being of the adolescent involved in this open Juvenile Probation case – The items listed under ACT 126 CASE should only be checked IF the Probation Officer sends to the treatment provider the signed Consent form along with a copy of a court order, indicating that the case has been “adjudicated” delinquent. Otherwise, the items listed under NON-ACT 126 CASE should be checked. If the case is “alleged” to be delinquent, then a court order document OR a copy of the family service plan must accompany the consent form to release the items listed under ACT 126 CASE. Otherwise, the items listed under NON-ACT 126 CASE should be checked.

Additionally, the Adolescent and the Juvenile Probation Officer must both sign and date the consent to release form. Send the completed release and court order documents and/or family service plan to the appropriate Drug & Alcohol Treatment Provider. Please make sure the adolescent also signs whether or not he/she wishes to have a copy of the consent form.

Using the appropriate releases at the appropriate times should help ease the barriers between our two systems as we both attempt to meet the needs of our common client population.

Feel free to contact me at 610-278-3630, if you have any further questions.

c.c.  Dawn Sandrow
     Barbara Dery
CONSENT FOR THE RELEASE OF CONFIDENTIAL DRUG & ALCOHOL INFORMATION

I, __________________________________________________, give my consent and authorize

(Name of Client)

_____________________________________________ to release to

(Name of Agency making disclosure)

The Montgomery County Juvenile Probation Dept. – Juvenile Probation Officer

(Name of person or organization to which the Disclosure is to be made)

information for the sole purpose(s) of: Assessing and monitoring the safety and well being

(Purpose of disclosure, be as specific as possible)

of the adolescent involved in this open Juvenile Probation case.

I understand that information will be disclosed only for the purpose(s) noted above, and the
release of information will be limited to the following information:

ACT 126 CASE **

___Progress Reports ___Comprehensive Treatment Plan

___Service Plan ___Discharge Summary

___Aftercare Plan ___Assessment Results

NON-ACT 126 CASE (D&A 255.5 Case)

___Whether or not client is in treatment ___Prognosis

___Nature of the project ___Brief statement regarding progress

___Brief statement regarding relapse and ___Nature of the project

__(**send Court Order for Adjudicated Dependency or Delinquency cases OR Family Service Plan for Alleged Dependency or Delinquency cases)

I understand that my records are protected under the federal regulations governing
Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Chapter I, Part 2, and cannot be disclosed without my written consent unless otherwise permitted by the regulations. I also understand that I may revoke this consent at any time, verbally and/or in writing, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

One year from the date of the Client Signature

(Specification of a date, event or condition upon which this consent expires)

____________________________________ ______________________

Client Signature Date

____________________________________ ______________________

Witness Signature Date

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you
from records protected under federal confidentiality rules (42 C.F.R., Chapter I, Part 2). The
federal rules prohibit you from making any further disclosure of this information unless further
disclosure is expressly permitted by the written consent of the person to whom it pertains or as
otherwise permitted by 42 C.F.R. Chapter I, 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 patient.

I, _______________________________ have been offered a copy of this form

(Signature of Client)

And I have ____Accepted ______Refused a copy of this consent.
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, ____________________________________________________________, authorize
(Name of patient/client)

___________________________________________________________
(Name of program making disclosure)

to release to the Montgomery County Juvenile Probation Office the following
(Name of person or organization to which the Disclosure is to be made)

Information: Adolescent ASAM Summary Sheet and Assessment results.
(Nature of the information, as limited as possible)

The purpose of the disclosure authorized herein is to:

Assess the individual’s need for drug and alcohol services and the appropriate level of care.
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing
Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Chapter I,
Part 2, and cannot be disclosed without my written consent unless otherwise permitted by the regulations. I also understand that I may revoke this consent at any time, verbally and/or in writing, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

One year from the date of Client Signature
(Specification of the date, event or condition upon which this consent expires)

____________________________________  __________________
Client Signature                           Date

____________________________________  __________________
Witness Signature                         Date

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from records protected under federal confidentiality rules (42 C.F.R., Chapter I, Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Chapter I, 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 patient.

I, _____________________________________________ have been offered a copy of this form
(Signature of Client)

and I have _____Accepted _____Refused a copy of this consent
Adolescent Placement Summary Sheet

1. **Client Name:** ____________________________  **SS#:** __________________
   **Reviewer/Therapist:** ______________________  **Phone # & Ext.** ____________
   **Facility:** ________________________________  **Date:** ________________

   Circle One:  ADMISSION  CONTINUED STAY  DISCHARGE/REFERRAL

2. Show the level of care and criteria indicated for each dimension below (e.g., Dimension 3: LOC 1; Criteria a, b, c):

   - Indicate the level of care recommended: ______________
   - Indicate the program or facility referred to: ___________________________________________

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Criteria Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute Intoxication and/or Withdrawal Potential</td>
<td>______</td>
</tr>
<tr>
<td>2. Biomedical Conditions and Complications</td>
<td>______</td>
</tr>
<tr>
<td>3. Emotional/Behavioral or Cognitive Conditions and Complications</td>
<td>______</td>
</tr>
<tr>
<td>4. Readiness to Change</td>
<td>______</td>
</tr>
<tr>
<td>5. Relapse, Continued Use or Continued Problem Potential</td>
<td>______</td>
</tr>
<tr>
<td>6. Recovery Environment</td>
<td>______</td>
</tr>
</tbody>
</table>

3. A brief comment about the client’s progress or status is required in each dimension. For detox admissions, include in Dimension 1 amount, duration, and last use for each Substance.

   - **Dimension 1:** ____________________________________________
   - **Dimension 2:** ____________________________________________
   - **Dimension 3:** ____________________________________________
   - **Dimension 4:** ____________________________________________
   - **Dimension 5:** ____________________________________________
   - **Dimension 6:** ____________________________________________