

Substance Abuse and Mental Health (SAMH) DAILY Treatment Verification

CONFIDENTIAL SENSITIVE INFORMATION - MUST BE KEPT LOCKED WHEN NOT IN USE.

Section A:

_____	____/____/____
Participant Name	Social Security Number
_____	RWB Region: _____
Regional Workforce Board (RWB) Designee	
_____	RWB Fax #: _____
RWB Address _____	

_____	_____
SAMH Provider Agency	Telephone Number Fax Number

Section B: Limited Work Exception for Non-Medical Incapacity Treatment Verification

The participant above is currently participating in a treatment program. The participant has completed ____ hours of treatment during the past month, for the following weeks:

WEEK OF ____ / ____ /200

DAY	TOTAL HOURS	SIGNATURE
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

The participant's total hours of completion in the treatment program during the past week are _____ hours.

_____	_____
Name and Credentials of SAMH Counselor/Case Manager	Telephone Number

Signature of SAMH Counselor/Case Manager	

_____	_____
Participant Signature	Date
_____	_____
Regional Workforce Board Designee	Date

Comments: For Official Use: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2) and Chapters 394 and 397, Florida Statutes. The federal and state rules prohibit you from making any further disclosure of the

information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2 and Chapters 394 and 397, F.S. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal; and state rules restrict any use of the information to criminally investigate or prosecute any substance abuse/mental health participant.

SAMH Treatment Verification Instructions

The purpose for this form is to cover the legislative mandates added to Chapter 414, Florida Statutes this year regarding mental health and/or substance abuse treatment for those receiving temporary cash assistance. This form is designed to provide the treatment verification for both the limited exception from work activity for non-medical incapacity treatment and completion of treatment.

Section 414.065(4) (e), F.S., Noncompliance related to outpatient mental health and substance abuse treatment. If an individual cannot participate in the required hours of work activity due to a need to become or remain involved in outpatient mental health or substance abuse counseling or treatment, the individual may be exempted from work activity up to 5 hours per week, not to exceed 100 hours per year. An individual may not be excused from a work activity unless a mental health or substance abuse professional recognized by the Department or Regional Workforce Board certifies the treatment protocol and provided verification of attendance at the counseling or treatment sessions each week.

Section 414.105(3), F.S., a TCA recipient who is not exempt from work activity requirements and who participates in a recommended mental health or substance abuse treatment program may earn one-month of eligibility for extended temporary cash assistance, up to a maximum of 12 additional months, for each month in which the individual fully complies with the requirements of the treatment program. This treatment credit may be awarded only upon successful completion of the treatment program and only once during the 48-month time limit.

Section A

This section is the confidential demographic information that is used to transfer treatment verifications through different correspondence channels. The form originates at the SAMH treatment provider agency and information is transmitted to the Regional Workforce Board (RWB) designee for Section B during outpatient (non-residential treatment levels) and Section C at the completion of treatment for all treatment levels. The names of the RWB designees and Public Assistance Specialists (PAS) are provided by the TANF SAMH participants who need to investigate who their contact persons are if they don't already know as part of becoming economically self-sufficient.

Section B

This section is for verification of treatment to be forwarded to the RWB designee by the SAMH counselor/case manager on a weekly, bi-weekly or monthly basis. The number of hours that the TANF SAMH client participates in "non-medical incapacity" treatment to assist with work activity completion may not exceed 5 hours a week, and 100 hours in any 12 month period. This is known as limited work exception activity and can be used as "good cause" for not working up to the required work activity hours assigned. Should more treatment hours be indicated, a physician's approval for "Medical Incapacity" is required for any level of care.