

BARRIERS THAT THE APPLICANT ADULT OR MINOR PARENT RECIPIENT MAY HAVE IN OBTAINING EMPLOYMENT SUCH AS HAVING A SUBSTANCE ABUSE PROBLEM.

(3) THE LOCAL DEPARTMENT SHALL INFORM EACH APPLICANT ADULT OR MINOR PARENT RECIPIENT OF THE REQUIREMENTS OF FIP REGARDING SUBSTANCE ABUSE TREATMENT, INCLUDING AN ADULT OR MINOR PARENT RECIPIENT'S OBLIGATION TO PARTICIPATE IN AN INITIAL HEALTH SCREEN WITH THE ADULT OR MINOR PARENT RECIPIENT'S MANAGED CARE ORGANIZATION WITHIN THE TIME SPECIFIED BY REGULATION FOLLOWING THE ADULT OR MINOR PARENT RECIPIENT'S ENROLLMENT IN THE MANAGED CARE ORGANIZATION OR LOSE FIP BENEFITS.

(4) AFTER THE APPLICANT ADULT OR MINOR PARENT RECIPIENT IS CERTIFIED ELIGIBLE FOR TEMPORARY CASH ASSISTANCE UNDER THIS SUBTITLE AND FOR MEDICAL ASSISTANCE UNDER TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE, THE APPLICANT ADULT OR MINOR PARENT RECIPIENT SHALL BE SCREENED FOR SUBSTANCE ABUSE AS PART OF THE INITIAL HEALTH SCREEN REQUIRED TO BE PERFORMED BY A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE UNDER TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE.

(5) THE MANAGED CARE ORGANIZATION SHALL NOTIFY THE LOCAL DEPARTMENT IF THE ADULT OR MINOR PARENT RECIPIENT HAS NOT COMPLETED THE INITIAL HEALTH SCREEN REQUIRED BY THE ADULT OR MINOR PARENT RECIPIENT'S MANAGED CARE ORGANIZATION.

(B) (1) IF THE INITIAL HEALTH SCREEN OR ANY FOLLOW-UP DIAGNOSTIC TESTING OR TREATMENT PERFORMED BY A MANAGED CARE ORGANIZATION OR DIRECT PROVIDER OF SERVICES REVEALS THAT A AN ADULT OR MINOR PARENT RECIPIENT HAS A SUBSTANCE ABUSE PROBLEM, THE MANAGED CARE ORGANIZATION OR DIRECT PROVIDER OF SERVICES SHALL SHALL ~~REFER THE ADULT OR MINOR PARENT RECIPIENT FOR APPROPRIATE SUBSTANCE ABUSE TREATMENT, AS REQUIRED BY REGULATIONS ADOPTED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE UNDER TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE.~~

(I) REFER THE ADULT OR MINOR PARENT RECIPIENT FOR APPROPRIATE SUBSTANCE ABUSE TREATMENT; AND

(II) COMPLETE AND SUBMIT TO THE LOCAL DEPARTMENT THE SUBSTANCE ABUSE IDENTIFICATION FORM REQUIRED BY REGULATIONS DEVELOPED BY THE SECRETARY.

(2) (1) ~~THE MANAGED CARE ORGANIZATION~~ SUBSTANCE ABUSE PROVIDER SHALL NOTIFY THE LOCAL DEPARTMENT THAT A AN ADULT OR MINOR PARENT RECIPIENT HAS BEEN REFERRED FOR APPROPRIATE SUBSTANCE ABUSE TREATMENT.