

(II) AS PART OF ITS NOTIFICATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE ~~MANAGED CARE ORGANIZATION~~ SUBSTANCE ABUSE PROVIDER SHALL NOTIFY THE LOCAL DEPARTMENT IF THE ADULT OR MINOR PARENT RECIPIENT:

1. ~~IS COMPLYING WITH THE TREATMENT PROTOCOL;~~
2. ~~IS NOT COMPLYING WITH THE TREATMENT PROTOCOL~~

1. IS NOT ACTIVELY ENROLLED IN A SUBSTANCE ABUSE TREATMENT PROGRAM AS DEFINED BY THE ALCOHOL AND DRUG ABUSE ADMINISTRATION;

3. 2 IS AWAITING THE AVAILABILITY OF APPROPRIATE TREATMENT; OR

4. 3 HAS SUCCESSFULLY COMPLETED THE TREATMENT.

~~(3) A MANAGED CARE ORGANIZATION SHALL NOTIFY THE LOCAL DEPARTMENT WHENEVER THERE IS ANY CHANGE IN THE ADULT OR MINOR PARENT RECIPIENT'S STATUS IN REGARD TO SUBSTANCE ABUSE TREATMENT.~~

(C) A RECIPIENT WHO COMPLIES WITH THE REQUIREMENTS OF THE FIP IN REGARD TO SUBSTANCE ABUSE TREATMENT:

(1) SHALL RECEIVE THE FULL TEMPORARY CASH ASSISTANCE BENEFIT AS LONG AS THE ADULT OR MINOR PARENT RECIPIENT CONTINUES TO MEET OTHER TEMPORARY CASH ASSISTANCE ELIGIBILITY REQUIREMENTS; AND

(2) MAY BE EXEMPT FROM THE WORK REQUIREMENTS FOR A PERIOD OF TIME DETERMINED BY THE LOCAL DEPARTMENT IN CONSULTATION WITH THE SUBSTANCE ABUSE TREATMENT PROVIDER OR THE MANAGED CARE ORGANIZATION.

(D) A AN ADULT OR MINOR PARENT RECIPIENT SHALL BE CONSIDERED NOT IN COMPLIANCE WITH FIP REQUIREMENTS, IF THE LOCAL DEPARTMENT RECEIVES NOTICE FROM THE ~~DEPARTMENT OF HEALTH AND MENTAL HYGIENE OR ITS DESIGNEE~~ MANAGED CARE ORGANIZATION THAT THE ADULT OR MINOR PARENT RECIPIENT:

(1) HAS NOT COMPLETED THE INITIAL HEALTH SCREEN REQUIRED BY THE ADULT OR MINOR PARENT RECIPIENT'S 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; OR

(2) WAS REFERRED FOR APPROPRIATE SUBSTANCE ABUSE TREATMENT BY THE MANAGED CARE ORGANIZATION, BUT THE ADULT OR MINOR PARENT RECIPIENT FAILED TO ~~SATISFACTORILY COMPLY~~ MAINTAIN ACTIVE ENROLLMENT, AS DEFINED BY THE ALCOHOL AND DRUG ABUSE ADMINISTRATION, IN THE TREATMENT PROGRAM OR COMPLETE THE TREATMENT PROTOCOL.