

**DATE:**

Dear:

Thank you for facilitating the admission of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who will be

scheduled for a maximum of four random urine drugs screens at your program beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This client’s Medicaid number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The client’s Welfare Case Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The client’s WFNJ SAI/BHI Client ID# is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The client’s DCP&P NJ Spirit# is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The client should be placed in **Extended Evaluation Services for Urine Drug Screen (UDS) Monitoring Only**.

Signed releases of information that permit communication about this client between the NCADD-NJ WFNJ SAI/BHI and your program, and between the welfare agency and your program, are being forwarded to you with this letter. Included with this packet are a completed UDS Referral Form and UDS Request Form. The client will also present a completed UDS Referral Form to you along with photo identification at the time of the first UDS appointment. The treatment provider will be required to complete the UDS Referral Form and fax it back to the WFNJ SAI/BHI Care Coordinator at the number indicated on the UDS Referral Form on the same day as the UDS.

The WFNJ SAI/BHI Care Coordinator has completed the top portion of the UDS Request Form. The treatment provider is required to complete the bottom portion of this form as soon as the UDS results are obtained and fax it to the number indicated on the UDS Request Form. The completed top portion of the UDS Request Form will be sent to you in advance of all UDSs scheduled. Clients should never be given an unscheduled UDS that has not been pre-approved by the WFNJ SAI/BHI.

If the client does not show for the drug screen appointment, please inform the WFNJ SAI/BHI Care Coordinator immediately. Upon receipt of each of the completed Request for UDS forms, indicating the UDS results, the WFNJ SAI/BHI CC will issue individual authorizations for payment to the provider that will be sent at the end of the month.

If you have any questions or concerns about this client’s placement, or if there is an emergency (including unscheduled termination of services) regarding this client, please contact me as follows:

Monday through Friday:

* By phone:

Thank you for your participation in the WFNJ Substance Abuse Initiative/Behavioral Health Initiative.

Sincerely,

WFNJ SAI/BHI Care Coordinator

\_\_\_\_\_\_\_\_\_\_\_County