

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

June 14, 2013

M E M O R A N D U M

What's Inside: Statewide Drug Testing Contract – Guardian Medical Logistics
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TO: REGIONAL, EXECUTIVE STAFF, CIRCUIT MANAGERS,
AND CHILDREN'S DIVISION STAFF

FROM: CANDACE SHIVELY, DIRECTOR

SUBJECT: STATEWIDE DRUG TESTING CONTRACT
GUARDIAN MEDICAL LOGISTICS

DISCUSSION:

The purpose of this memorandum is to introduce the statewide drug testing contract with Guardian Medical Logistics, available immediately. The Office of Administration amended the existing contract for Temporary Assistance (TA) applicant and participant testing through Family Support Division to include Children's Division.

Drug testing is a service covered by MO HealthNet and MO HealthNet Managed Care. Prior to using Children's Treatment Services (CTS) funds for drug testing, staff should first determine the client's MO HealthNet or MO HealthNet Managed Care eligibility for coverage. This service is being provided as an option, however if staff currently utilize other alternatives, such as the court, or other public entities, which offer more cost-effective, or free testing, they should continue the practice.

Contract Information

This contract does not provide alcohol testing or drug screening by hair follicle collection. Complete contractual requirements, service item options and service item pricing can be found in [Contract C313004001-002](#). Features of the contract include:

- Drug testing services provided in each county of the state
- A mobile collection unit to provide services if a collection site is not established
- On-site specimen collection, upon request (does not include donor's home)
- Testing services provided twenty-four hours/day, seven days/week, including federal and state holidays, at some collection sites
- Walk-in donation, upon referral, accepted at some collection sites
- Split specimen collection storing one of two specimen collections for later re-testing, if necessary
- Testing conducted with a 5-panel or 9-panel drug screen

Clinic Directory

The [Guardian Drug Testing Clinic Directory](#) lists all available collection sites throughout the state and includes for each site: contact information, hours of operation and accommodation for walk-in donors. The clinic directory is posted on the intranet under “Resources & Links”, “Other Helpful Resources” and will be updated as needed with information provided by Guardian.

Referral Requirements

Referral authorizations should be faxed directly to the collection site prior to the donor’s arrival using the [Guardian Referral for Drug Testing Services](#) form located on E-Forms under “Reference Documents and Resources.” In order for test results and invoices to be distributed to the correct offices, the referring county’s FIPS code should be clearly documented in the “Child’s Div. #” field on the referral form.

Testing Process

Specimen collections are forwarded to a lab for testing to determine either a positive or negative result for detectable drugs based on the requested panel drug screen. Collections are split into two separate specimens; one specimen is tested immediately and the other specimen is stored for re-testing, if necessary. Positive detection of any drug included in the specified panel drug screen warrants a confirmation test. The confirmation test will provide identification and quantification of a specific drug(s). Guardian Medical Logistics will provide test results to the referral source either by fax or secure email, as designated on the referral form.

Payment Information

Once invoiced by Guardian for services rendered, payment should be made via a Payment Request and entered into FACES using DVN 002415621. The Vendor Type and Program Area are both CT. All service items included in this contract should be paid using service code DRUG with the corresponding “firm, fixed price” noted on the contract’s pricing table. Positive confirmation test fees should be entered as a separate line item from the client’s panel drug screen fee. The invoice number and the account number with “Child’s Div #” (FIPS code) should be documented in the “Provider Invoice/Account Number” field on the Payment Request screen to ensure payments are credited to the correct accounts.

NECESSARY ACTION	
1. Review this memorandum with all Children’s Division staff.	
2. All questions should be cleared through normal supervisory channels and directed to:	
PDS CONTACT Lori Masek 573-751-4344 Lori.Masek@dss.mo.gov	PROGRAM MANAGER Christy Collins 573-751-9603 Christy.Collins@dss.mo.gov
CHILD WELFARE MANUAL REVISIONS N/A	

FORMS AND INSTRUCTIONS Guardian Referral for Drug Testing Services
REFERENCE DOCUMENTS AND RESOURCES N/A
RELATED STATUTE N/A
ADMINISTRATIVE RULE N/A
COUNCIL ON ACCREDITATION (COA) STANDARDS N/A
CHILD AND FAMILY SERVICES REVIEW (CFSR) N/A
PROTECTIVE FACTORS Parental Resilience – N/A Social Connections – N/A Knowledge of Parenting and Child Development – N/A Concrete Support in Times of Need – N/A Social and Emotional Competence of Children – N/A
FACES REQUIREMENTS N/A