DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

April 23, 2018

What's Inside:

M E M O R A N D U M

TO: ALL REGIONAL AND COUNTY CD AND FSD STAFF

FROM: TIM DECKER, DIRECTOR, CHILDREN'S DIVISION

SUBJECT: STATEWIDE AND CTS DRUG TESTING CONTRACT NAME CHANGE

DISCUSSION:

The purpose of this memorandum is to introduce the statewide (#CS170316002) and CTS (SDA39916602) drug testing contracts name change beginning January 1, 2018 ARCPOINT Labs Kansas City changed their name to Blue Eyed Bull Investment Corporation DBA Test Smartly Labs.

The contacts remain the same for Test Smartly Labs. As a result of the name change the Test Smartly Labs New Agency Form and Referral for Drug Testing Services have been updated as well.

NECESSARY ACTION

1. Review this memorandum with all Children's Division and Family Support Division staff.
2. Review revised Child Care Subsidy sections as indicated below.
3. All questions should be cleared through normal supervisory channels and directed to:

PDS/MAS II CONTACT	**PROGRAM MANAGER**
Nancy L. Reid, M.Ed., LPC, PDS 573-522-2316 Nancy.L.Reid@dss.mo.gov	Tasha Toebben 573-751-6793 Tasha.Toebben@dss.mo.gov

CHILD CARE SUBSIDY PROGRAM MANUAL REVISIONS
N/A

FORMS AND INSTRUCTIONS
Test Smartly Labs New Agency Form
Test Smartly Labs 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 N/A
FACES REQUIREMENTS N/A

Drug, Alcohol, DNA, and Lab Testing

NEW AGENCY FORM

Date	
Agency Name	
Address	
Phone Number	
Point of Contact	
Point of Contact email and number	
Billing Address	
Billing Point of Contact	
Billing Contact Email and number	

Type of Testing Requesting

___ 5 Panel Urine Testing

___ 9 Panel Urine Testing

___ Oral Swab Testing

Ability to Electronically Scheduled Test Yes / No

Method of Results Email/ Fax/ Mail

Test Results Email _____

test smartly labs

- Drug & Alcohol
- DNA/Paternity
- Lab Work
- Health Panels

Missouri Department of SOCIAL SERVICES
Your Potential. Our Support.

REFERRAL FOR DRUG TESTING SERVICES

Children's Division

Children's Division:			
Case Manager	County	Account Number	Child's Div. # (CD FIPS Code)
Receive Results by (select one): ☐ Email ☐ FAX	Email Address	FAX Number	Phone Number

Client Being Referred:				
Name	☐Male ☐Female	Date of Birth	DCN	Phone Number

Drug Screening:			
Collection Location	Collection Site:		
	Mobile Site: (Must have Circuit Manager signature to use Mobile Site)		
Services Requested:	CTS Contract Service Description	Unit of Service	CTS FACES Code
	☐ Drug Testing-Five Panel	Test	DRUG
	☐ Drug Testing-Nine Panel	Test	DU09
	☐ Drug Testing-Ten Panel	Test	DU10
	☐Drug Testing-Eleven Panel	Test	DU11
	☐Drug Testing- Hair Follicle, five Panel	Test	DH05
	☐Drug Testing-Hair follicle, Ten Panel	Test	DH10

	☐Drug Testing-Medical Review Office Test results Review	Review	DMRO
	☐Drug Testing-Drug Specimen Positive Confirmation Test	Test	DSPC
	☐Drug Testing- Alcohol Breathalyzer or Urine Test	Test	ETCH
	☐ Drug Testing-Oral Fluid Test	Test	ORAL

Signature:

Case Manager Signature:	Date

Circuit Manager Authorization

I have reviewed the Drug Testing request and agree to the test(s) and collection site being requested for future payment through the DSS Payment Process (An email approval from the Circuit Manager may be used in lieu of a signature for authorization, and must be attached.)

_____ _____

Signature of Children's Division Circuit Manager Date