

PM FORM 3.19.3

**Notice to Non TXIX Individuals Receiving Substance Abuse Services
Under the SAPT Federal Block Grant**

Behavioral Health providers of substance abuse services receiving Federal funds from the United States Substance Abuse and Mental Health Services Administration, including this organization, may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and the receipt of alternative services, must occur within seven (7) days, or earlier if your condition requires, after you request them.

The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

Member Name (Please Print)

Member Signature

Date

BH Provider Staff Signature

Date

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SAA/TAA to NARBHA Reporting Form

**SAPT Notice of Charitable Choice Referral
Non TXIX Only**

_____ has made a Charitable Choice referral for a Non TXIX SAPT member.
(SAA/TAA)

Member Name:

Member ID#:

Date of Member Request for Charitable Choice referral: (This form must be sent to NARBHA within 48 hours of Charitable Choice referral.) _____

Date Member was referred to Charitable Choice alternative (within 7 days of member request, or sooner if clinically indicated): _____

Date Member received Charitable Choice alternative services (within 7 days of member request, or sooner if clinically indicated): _____

A signed and dated PM Attachment 3.19.1 is in the member's clinical record:

Yes No

The member has received a copy of the signed and dated PM Attachment 3.19.1:

Yes No

The member's clinical record has documentation that the member has made contact with the Charitable Choice referral agency (within 7 days of member request, or sooner if clinically indicated), or if the member has not contacted the Charitable Choice referral agency the member's clinical record has documentation of outreach and follow up activities:

Yes No

Name of Individual completing this form: _____
(Please Print)

FORM: PM Attachment 3.19.1