

DCS ADMINISTERED TESTING

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AGENDA

- Changes in DCS Process
- Who is Cordant Health Solutions?
- FCM Administered Drug Screen Referrals
- Oral Fluid Collection
- Chain of Custody- Test Ordering
- Instant Device Oral Fluid Collection
- Result Matching
- Additional Resources

IN DCS SPECIFIC CHANGES IN OUR PROCESSES

OVERALL CHANGES IN SUBSTANCE ABUSE SCREEINING

- Moving from 2 Vendors to 1 vendor
- All results from substance abuse screens returned to DCS

DCS ADMINISTERED SCREENS

- Referral for DCS Administered Testing
- Instant Oral screens
- Transition of clients to Cordant

CORDANT ADMINISTERED SCREENS

- New client Orientation- Documentation
- Client requirement to call-in daily
- Clinic Collections

CORDANT HEALTH SOLUTIONS

Beyond our commitment to excellence and providing the best solutions available, we are driven by a higher purpose at Cordant Health Solutions—to make a difference in the lives of those we serve, especially those affected by addiction. **We are all part of the solution.**

Cordant's National Footprint

DEDICATION TO SERVICE

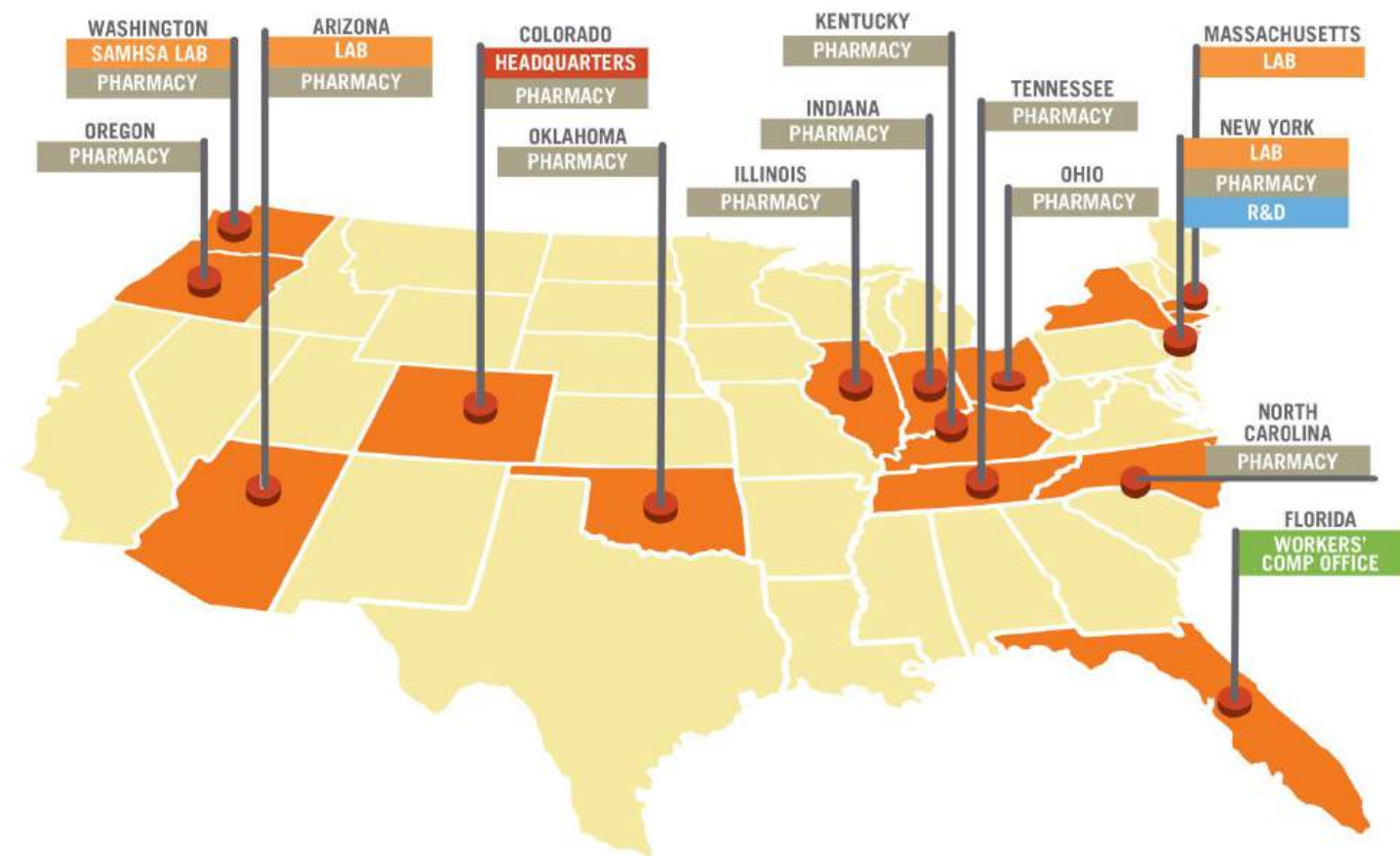
- **4.7 million samples** tested annually across 50 states
- **8,000 patients served** by our managed pharmacy program
- **65,000 MAT prescriptions** filled
- **395,000 pills disposed** of through our take-back program

LEADER IN QUALITY

- **1 of only 21 labs** nationwide certified by the U.S. Department of Health and Human Services (SAMHSA)
- CLIA, CAP and CAP FDT certified

INDUSTRIES WE SERVE

- Substance Use Treatment
 - *Abstinence-Based, Medication-Assisted*
- Criminal Justice Agencies
 - *Treatment Courts, Parole, Probation, Social Services*
- Mental Health
- Hospitals and Health Systems
- Chronic Pain Management
- Workers' Compensation



Laboratory Services Available Nationally

Pharmacy Services Available Regionally



FCM ADMINISTERED DRUG SCREEN REFERRALS

FCM ADMINISTERED DRUG SCREENS

☐ I'd like to view service recommendations for this family - [click here](#) to get more information about service mapping.

☐ I'd like to create a standard service referral

☐ Create PPS Referral

☐ Create YCP Referral

Cancel

Proceed

❖ FCM administered screen is a **standard service referral**

MaGIK

Search

Session

Select Service County:
Adams

Source:
Case

Source ID:
[REDACTED]

Description:

Service County:
Adams

Current User:
Pence, Rebecca J

Select Referred Persons

For those checked, please verify their current addresses below. If any need updated, click on the CB ID link to go to Casebook and update to the correct address before continuing creating the referral. Note: If a child is in a placement, the address displayed will be the address of the placement.

	Referred Persons	Role	Birth Date	Age	Bx Health CANS	Interpreter Services
☒	[REDACTED]	parent	[REDACTED]	[REDACTED]		☐
☐	[REDACTED]	parent	Invalid Date			☐
☐	[REDACTED]	Relative	Invalid Date			☐
☒	Example Child [REDACTED]	Child	[REDACTED]	[REDACTED]	1	☐

1

10 items per page

Continue

Cancel

FCM ADMINISTERED DRUG SCREENS

❖ When creating referral select: **Drug Screens and Treatment for Substance Use Disorders**

Session

Select Service County:

Source:
Case

Source ID:

Description:

Service County:

Current User:
Pence, Rebecca J

Potential Participants

Exit Wizard

Please select from the following services:

MRO Assessment for Eligibility

Do the parents need assistance to manage the behavioral health care needs of one or more of the children? MRO services are Medicaid services provided in the community or family's home in order to meet the behavioral health as well as other services for the parents to learn to meet the needs of the child. Click here to send the child(ren) for an assessment for MRO services.

Home Based Services

Does this family need home based services to improve family functioning? Click here to find out about the array of home based services available.

Counseling, Psychological or Psychiatric Services

Are there members of the family who need counseling? Do you think that a psychological, intellectual, or emotional problem is contributing to the behavior of an adult or child? Is that problem interfering with the adult's ability to psychiatric services.

Drug Screens and Treatment for Substance Use Disorders

Do you suspect someone in this family has a substance abuse problem? Click here to see services available to treat addictions.

Domestic Violence Services

Has there been an incident of DV with this family? Domestic Violence Intervention Services are services that would need to be implemented if there has been a history or pattern of assaultive or coercive behavior. It includes physical coercion with an adult or adolescent in an intimate relationship. Services include those for batterer, victim and child. Click here to find out more about treatment options for those affected by Domestic Violence.

Services for Children

Are you looking for a service that is targeted to the child? Click here to see our child specific services.

Other Services for Parents

Do the parents need parent education classes? Would participation in a support group be helpful to them in order to understand the CHINS process? Click here to make a referral for these kinds of services.

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FCM ADMINISTERED DRUG SCREENS

MaGIK

Session

Select Service County:
Adams

Source:
Case

Source ID:

Description:

Service County:
Adams

Current User:
Pence, Rebecca J

Main Menu

Drug Screens and Treatment for Substance Use Disorders ?

FCM Administered Drug Screen

Random Drug Screens

Random drug screens are drug screens completed in an unsystematic manner on a consistent basis. Drug screens can consist of Oral or Urine and ahead of time when the donor's name will be chosen for collection. Redwood Toxicology Labs utilizes a true random system facilitated through a syst basis to determine if the donor is to be screened on a particular day. The only screening methods available are oral and urine.

Region 5 & 6 specialty trained FCM's only

Must obtain LOD and RM approval, must be trained by Redwood prior to accessing this service.

Emergency Drug Screen

If you suspect someone in the family has a substance abuse problem, please conduct a drug screen.

Substance Abuse Screening Administered Drug Testing and Supplies (DTS)

A DTS referral is used when you are requesting that a Redwood subcontractor complete a non-random situational drug screen, on an individual at a s Screens).

Main Menu

Previous Page

Finish Wizard

Drug Screens and Treatment for Substance Use Disorders - FCM Administered Drug Screen: Special Test ?

FCM Administered Oral Swab

The standard panel has been expanded and includes the following substances: Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Cannabis, Opiates, Methadone, Oxycodone, Tramadol, Buprenorphine, Synthetic Marijuana, Bath Salts, Methamphetamine. If the substance to be screened is included in the list above, a "Special Request" is not required. If you wish to screen for a substance that is not included in the list above, the substance should be written on the chain of custody form and followed up by a KidTraks generated referral to Forensic Fluids.

❖ Then select: **FCM Administered Drug Screen**

❖ Next select: **FCM Administered Oral Swab**

FCM ADMINISTERED DRUG SCREENS

Search

UIT Environment | Pence, Rebecca J | Sign Out

Drug Screens and Treatment for Substance Use Disorders - FCM Administered Drug Screen - FCM Administered Oral Swab

The standard panel has been expanded and includes the following substances: Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Cannabis, Opiates, Methadone, Oxycodone, Tramadol, Buprenorphine, Synthetic Marijuana, Bath Salts, Methamphetamine. If the substance to be screened is included in the list above, a "Special Request" is not required. If you wish to screen for a substance that is not included in the list above, the substance should be written on the chain of custody form and followed up by a KidTraks generated referral to Forensic Fluids.

☒ Make Referral for Service ☐ Do not Refer for Service

Enter Service Date:

Service Start Date:

Referred	Referred Persons	Role	Birth Date	Age	CANS
☒		parent		1	

If you do not know your child's Medicaid Network, please email MedicaidUnit@dcs.in.gov. If you need general physician, prescription, or medical equipment information, click [here](#) for a link to Medicaid.

Select the provider from one of the following:

Please enter any special instruction for the provider related to this family:

Oral drug screens being given to Ms. Smith by ~~ECM~~.

Please enter the goals of the service for this family:

~~ECM~~ administered screens for Ms. Smith

Save

Cancel

- ❖ New referrals screen. **This is a change!** Previously several screens would be entered here
- ❖ If screen is collected prior to referral: **Include COC number in notes section** when entering referral into system
- ❖ **Save** your referral

FCM ADMINISTERED DRUG SCREENS

Confirm Services

Based on the information entered, the Referral Wizard will generate referrals for the following:

Provider Name	Category	Service	Participants	Edit
TECHNICAL RESOURCE MANAGEMENT LLC - Non-Medicaid Vendor	FCM Administered Drug Screen	DRUG TESTING AND SUPPLIES		

1

Page 1 of 1

50

items per page

1 - 1 of 1 items

Back To Categories

Exit Without Saving

Finish Wizard

- ❖ **Finish Wizard:** Referrals are pre-set with 20 FCM administered oral fluids screens
 - ❖ If 20 is sufficient, this is the last step. If not, continue below

MaGIK | KidTraks

[Home](#) [Accounts Payable](#) [Accounts Receivable](#) [Contracts](#) [MaGIK Portal](#) [CEU Portal](#) [Encompass Portal](#) [Reports](#) [Administration](#)

Quick Links

Navigation

[Case Information](#)
[Internal Programs/Activities](#)
[Service Referrals](#)
[Placements](#)
[Events](#)
[Attachments](#)
[Notifications](#)

Case Inquiry // Case Information

Case ID:

Referrals for Approval (5)

Case Information

Case Details

Case Name:

- ❖ **Select number of referrals** from the main KidTraks case page

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FCM ADMINISTERED DRUG SCREENS

MaGIK | KidTraks

[Home](#) [Accounts Payable](#) [Accounts Receivable](#) [Contracts](#) [MaGIK Portal](#) [CEU Portal](#) [Encompass Portal](#) [Reports](#) [Administration](#)

Case ID:

Action Required-The following referral(s) have not been submitted for approval

Referrals

		Date	Vendor Name	Service
Approve	Review	04/15/2021	TECHNICAL RESOURCE MANAGEMENT LLC	RANDOM DRUG TESTING
Approve	Review	04/15/2021	TECHNICAL RESOURCE MANAGEMENT LLC	DRUG TESTING AND SUPPLIES

- ❖ Select **Review** for accuracy of your referral information entered
 - ❖ Review Basic Information
 - ❖ Review Referral Services

- ❖ You can change the number of referral units by **selecting the RF000XXXX number for DRUG TESTING and SUPPLIES- Oral Fluid Supply FCM**

[Referral Inquiry](#) // [Referral Information](#)

Referral ID: 2477240 Case Name:

Referred Services

Package: Drug Screens and Treatment for Substance Use Disorders - FCM Administered Drug Screen

	Billable Unit ID	Service	Start Date
☐	RF0005394380	DRUG TESTING AND SUPPLIES - Oral Fluid Supply FCM	04/16/2021
☐	RF0005394379	DRUG TESTING AND SUPPLIES - Ad-Hoc	04/16/2021
☐	RF0005394378	DRUG TESTING AND SUPPLIES - Confirmation	04/16/2021
☐	RF0005394377	DRUG TESTING AND SUPPLIES - Oral Initial	04/16/2021

FCM ADMINISTERED DRUG SCREENS

Billable Unit Details:

Billable Unit ID: RF0005394380

Service: 10541. 12518 DRUG TESTING AND SUPPLIES - Oral Fluid Supply FCM

Start Date: 4/18/2021 End Date: 12/31/2021 Max Units: 45

Instructions: Oral drug screens being given to Ms. Smith by FCM

Goals: FCM administered screens for Ms. Smith

Participants

Save Close

- ❖ You can change **Max Units** here
 - ❖ A reasonable number you need or expect to utilize
- ❖ Remember to **Save** your referral
 - ❖ Unit changes will be reflected in referral

Action

Approve Referral

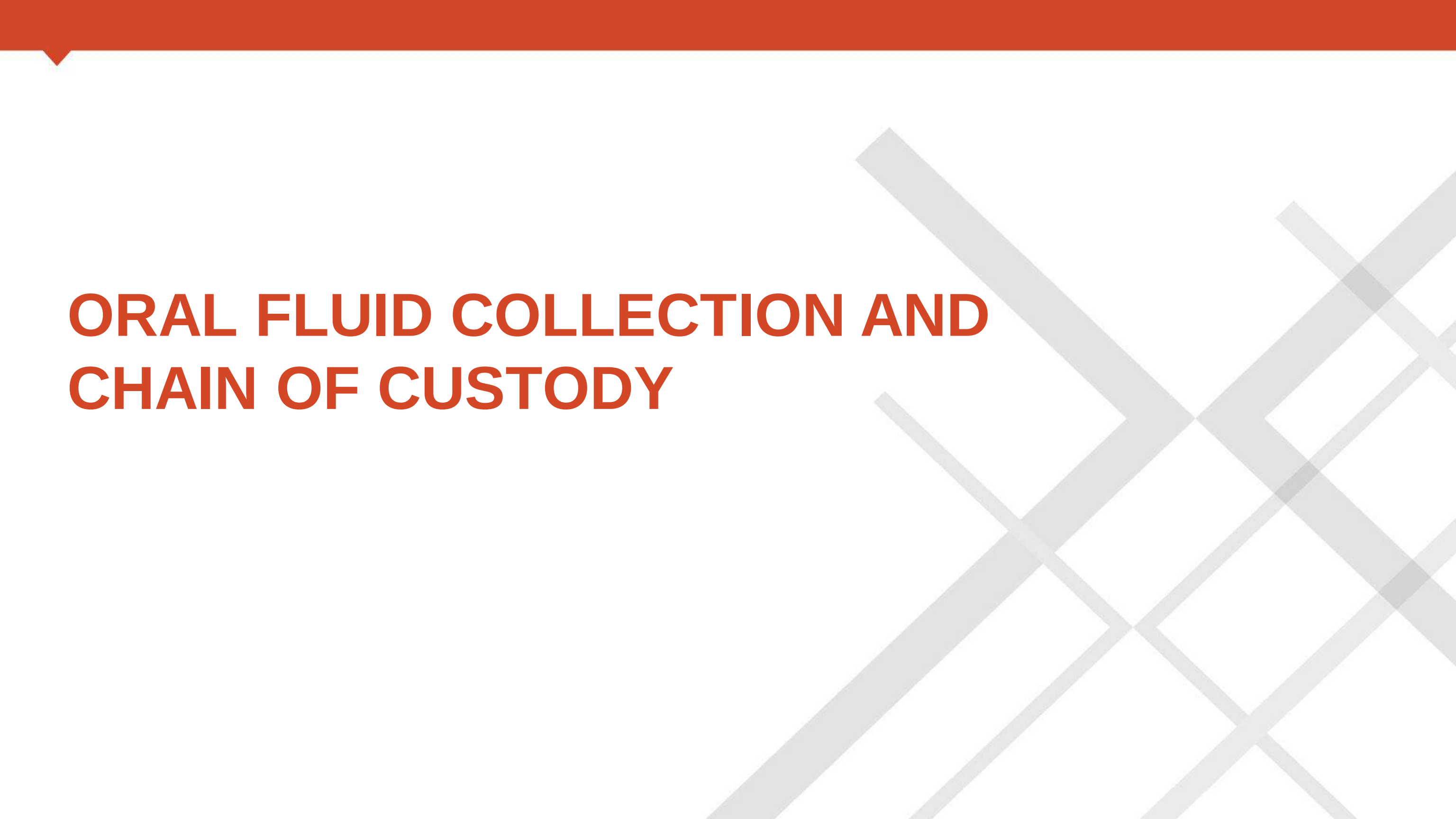
Delete Referral

Print Referral

Submit Referral

View Drug Screen Results

- ❖ Use **Action** menu to **Submit Referral**



ORAL FLUID COLLECTION AND CHAIN OF CUSTODY

ORAL FLUID SPECIMEN COLLECTION

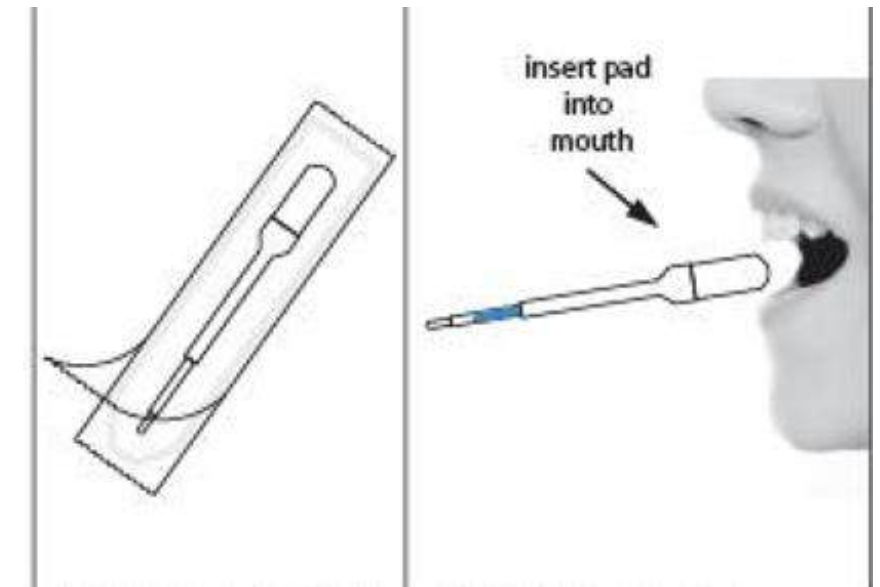
COLLECTING THE SPECIMEN

1. Always ensure the client has not used tobacco products, drank any fluids or consumed any food products within the last **10 minutes** before collection. This includes gum, candies and mouthwash.
2. Always inspect the expiration date of the device and open package- discard if expired
3. Have the client grab the device handle and position the cotton pad under their tongue
4. The client must not speak or bite the device during the collection process
5. The collector must remain in the room with the client until the collection is complete
6. The collection device must stay under the tongue until the Volume Adequacy Indicator turns **BLUE**
7. The indicator should turn blue in 2-5 minutes but could take up to 10

❖ **What happens if the indicator does not turn blue after 10 minutes?**

- ❖ Discard the device
- ❖ Instruct the client to drink water
- ❖ Then wait 10 minutes
- ❖ Recollect with new device

If indicator does not turn blue, you will not have enough oral fluid to ensure accurate testing- Resulting in a potential FALSE NEGATIVE



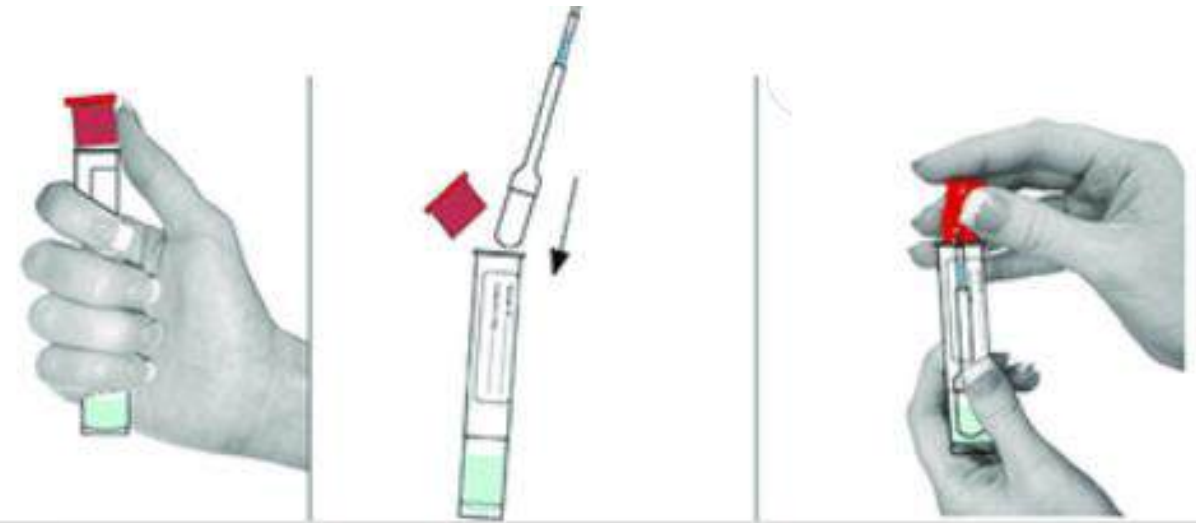
ORAL FLUID SPECIMEN COLLECTION

SECURING THE SPECIMEN

1. Have the client firmly hold the transport tube upright
2. Remove the red cap by pushing up ward with the thumb
3. Be sure none of the liquid spills or splashes out of tube
4. Have the client grab the handle of the collection device and remove from their mouth
5. Place the device bad end first into the transport tube
6. Replace the red cap and push down until it SNAPS into place

❖ If device pad is bitten off, falls off or is in some way damaged, discard sample and device and recollect

- Placing the device in upside down will be rejected by lab!
- Potential false negative because drug won't be properly extracted from the pad into the solution



ALL SHADED AREAS MUST BE COMPLETED IN BLUE OR BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

REQUESTED BY: PLEASE PRINT NAME INDIANA DCS MASTER 402 W WASHINGTON ST MAIL STOP 54 INDIANAPOLIS IN 46204 	DONOR NAME (OR SPECIMEN I.D.) PRINT LEGIBLY LAST FIRST M.I. SS # CASE # OTHER ID # DONOR DAY () TELEPHONE NIGHT () DATE COLLECTED TIME COLLECTED DATE OF BIRTH SEX RACE ☐ M ☐ F LIST PRESCRIPTIONS OVER THE COUNTER MEDICATIONS TAKEN IN THE LAST 10 DAYS ORDER TYPE ☐ PRE-EMPLOYMENT ☐ FOLLOW UP ☐ POST CAUSE ☐ RANDOM ☐ WR ☐ OWI ☐ PAROLE ☐ OTHER ☐ TEMP (90-100 F) ☐ VISUALLY MONITORED	
I certify that the specimen accompanying this form is mine, and was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct. DONOR SIGNATURE DATE I certify that the specimen accompanying this form is the specimen given to me by the donor. I further certify that it was sealed in my presence with the accompanying specimen evidence seal. COLLECTOR SIGNATURE DATE (ONLY COMPLETE THIS SECTION IF NEEDED) ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE		

PLACE SEAL
ACROSS CAP
OF SPECIMEN
CONTAINER

Donor
Initials: _____
Date: _____

PLACE
OVER
CENTER
OF CAP


E2362073

TEST REQUEST:

___ [172013] 9 DRUG: ORAL FLUID: AM/METH, BENZ, BUP, CDC, THC, FENT, OPI, OXY, TRAM

*****ORAL FLUID CONFIRMATIONS*****

MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE

___ [18121] AM/METH OF CONF	___ [18141] BENZ OF CONF
___ [18423] BUP OF CONF	___ [18151] CDC OF CONF
___ [18213] THC OF CONF	___ [18441] FENT OF CONF
___ [18181] OPI OF CONF	___ [18183] OXY OF CONF
___ [18474] TRAM OF CONF	

!! FOR LABORATORY USE ONLY!!

COC defects listed here: (if none are listed, none were found)	Specimen inspected for: • seal integrity. • matching COC #, • donor initials and placed in temporary storage.	By: _____ Date: _____
--	---	--------------------------

SEND TO LAB

MANUAL CHAIN OF CUSTODY ***MUST BE COMPLETE AND LEGIBLE!***

REQUIRED FIELDS

Client First Name, Last name

Case # → Casebook Case ID or Casebook Assessment ID

Other ID # Write → “Case ID” or “Assessment ID”

Date of Birth

Requested by → FCM Name

These fields are critical

Cordant will be loading ALL FCM collections into the DCS system

CUSTOM DCS ADMINISTERED CHAIN OF CUSTODY

REQUESTED BY:

PLEASE PRINT NAME

[12763]

INDIANA DCS - ALLEN COUNTY

201 E. RUDISILL BLVD

SUITE 200

FORT WAYNE IN 46806

Document

DCS044089

ALL SHADED AREAS MUST BE COMPLETED

BLUE OR BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

DONOR NAME (OR SPECIMEN I.D.) PRINT LEGIBLY

LAST

FIRST

M.I.

ID NUMBER

TYPE OF ID PROVIDED:

☐ CASE ID

☐ ASSESSMENT ID

DONOR

DAY ()

TELEPHONE

NIGHT ()

DATE COLLECTED

TIME COLLECTED

DATE OF BIRTH

SEX

RACE

☐ M

☐ F

THE LAST 10 DAYS

☐ TEMP (90-100 F)

☐ VISUALLY MONITORED

I certify that the specimen accompanying this form is mine, and was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct.

DONOR SIGNATURE

DATE

I certify that the specimen accompanying this form is the specimen given to me by the donor. I further certify that it was sealed in my presence with the accompanying specimen evidence seal.

COLLECTOR SIGNATURE

DATE

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR

DATE

PLACE SEAL ACROSS CAP OF SPECIMEN CONTAINER

Donor Initials

Date

PLACE OVER CENTER OF CAP

DCS044089

TEST REQUEST:

DEFAULT [172013] 9 DRUG OF: AM/ME, BNZ, BUP, COC, THC, FEN, OPI, OXY, TRAM

[X] [1103] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

[] [11.71] ORAL FLUID ETHANOL

*****CONFIRMATIONS OF ORAL FLUID INSTANT RESULTS*****

---MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE---

[X] [1103] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

[] [18123] AM/METH OF CONF

[] [18143] BENZO OF CONF

[] [18423] BUP OF CONF

[] [18153] COC OF CONF

[] [18213] THC OF CONF

[] [18463] FENT OF CONF

[] [18183] OPI OF CONF

[] [18183] OXY OF CONF

[] [18474] TRAM OF CONF

42 CFR PART 2 PROHIBITS UNAUTHORIZED DISCLOSURE OF THESE RECORDS.

!! FOR LABORATORY USE ONLY!!

COC defects listed here: (if none are listed, none were found)

Specimen inspected for:

- seal integrity
- matching COC #.
- donor initials
- and placed in temporary storage.

By:

Date:

SEND TO LAB

DONOR NAME (OR SPECIMEN I.D.) PRINT LEGIBLY

LAST

FIRST

M.I.

ID NUMBER

TYPE OF ID PROVIDED:

☐ CASE ID

☐ ASSESSMENT ID

DONOR

DAY ()

TELEPHONE

NIGHT ()

DATE COLLECTED

TIME COLLECTED

DATE OF BIRTH

SEX

RACE

☐ M

☐ F

direction of feed thru customer's printer

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ALL SHADED AREAS MUST BE COMPLETED IN BLUE OR BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

REQUESTED BY: _____
PLEASE PRINT NAME

INDIANA DCS MASTER
402 W WASHINGTON ST
MAIL STOP 54
INDIANAPOLIS IN 46204

DONOR NAME (OR SPECIMEN I.D.) PRINT LEGIBLY
LAST _____ FIRST _____ M.I. _____

SS # _____ CASE # _____ OTHER ID # _____

DONOR DAY ()
TELEPHONE NIGHT ()

DATE COLLECTED _____ TIME COLLECTED _____ DATE OF BIRTH _____ SEX ☐ M ☐ F RACE _____

I certify that the specimen accompanying this form is mine, and was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct.

DONOR SIGNATURE _____ DATE _____

I certify that the specimen accompanying this form is the specimen given to me by the donor. I further certify that it was sealed in my presence with the accompanying specimen evidence seal.

COLLECTOR SIGNATURE _____ DATE _____
(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR _____ DATE _____

LIST PRESCRIPTION OVER THE COUNTER MEDICATIONS TAKEN IN THE LAST 10 DAYS

ORDER TYPE
☐ PRE-EMPLOYMENT
☐ FOLLOW UP
☐ POST CAUSE
☐ RANDOM
☐ WR
☐ OWI
☐ PAROLE
☐ OTHER

☐ TEMP (90-100 F) ☐ VISUALLY MONITORED

PLACE SEAL
ACROSS CAP
OF SPECIMEN
CONTAINER

Donor
Initials: _____
Date: _____



E2362073

TEST REQUEST:

___ [172013] 9 DRUG: ORAL FLUID: AM/METH, BENZ, BUP, CDC, THC, FENT, OPI, OXY, TRAM

*****ORAL FLUID CONFIRMATIONS*****

MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE

___ [18121] AM/METH OF CONF ___ [18141] BENZ OF CONF
___ [18423] BUP OF CONF ___ [18151] CDC OF CONF
___ [18213] THC OF CONF ___ [18441] FENT OF CONF
___ [18181] OPI OF CONF ___ [18183] OXY OF CONF
___ [18474] TRAM OF CONF

!! FOR LABORATORY USE ONLY!!

COC defects listed here: (if none are listed, none were found)

Specimen inspected for:
• seal integrity.
• matching COC #,
• donor initials
and placed in temporary storage.

By: _____
Date: _____

SEND TO LAB

MANUAL CHAIN OF CUSTODY ***MUST BE COMPLETE AND LEGIBLE!***

REQUIRED FIELDS

Client First Name, Last name

Case # → Casebook Case ID or Casebook Assessment ID

Other ID # Write → “Case ID” or “Assessment ID”

Date of Birth

Requested by → FCM Name

These fields are critical

Cordant will be loading ALL FCM collections into the DCS system

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ALL SHADED AREAS MUST BE COMPLETED - BLUE OR BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

REQUESTED BY: PLEASE PRINT NAME 072000.C01 INDIANA DCS MASTER 402 W WASHINGTON ST MAIL STOP 54 INDIANAPOLIS IN 46204 		DONOR NAME (OR SPECIMEN I.D.) PRINT LEGIBLY: LAST FIRST M.I.	
SS #	CASE #	OTHER ID #	
DONOR TELEPHONE		DAY () NIGHT ()	
DATE COLLECTED	TIME COLLECTED	DATE OF BIRTH	SEX RACE
I certify that the specimen accompanying this form is mine, and was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct.		I certify that the specimen accompanying this form is the specimen given to me by the donor. I further certify that it was sealed in my presence with the accompanying specimen evidence seal.	
DONOR SIGNATURE DATE		COLLECTOR SIGNATURE DATE (ONLY COMPLETE THIS SECTION IF NEEDED)	
ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE		ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE	

PLACE SEAL
ACROSS **CAP**
OF SPECIMEN
CONTAINER

Donor:
Initials _____
Date _____

PLACE
OVER
CENTER
OF CAP


E2362073

TEST REQUEST: ____ [72013] 9 DRUG ORAL FLUID: AM/METH, BENZ, BUP, COC, FEN, OPI, OXY, TRAN	
*****FEDERAL FLUID CONFIRMATIONS***** *MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE*	
[1812] AM/METH OF CONF	[1814] BENZ OF CONF
[18423] BUP OF CONF	[1815] COC OF CONF
[1821] FEN OF CONF	[1846] FENT OF CONF
[1818] OPI OF CONF	[1819] OXY OF CONF
[18474] TRAN OF CONF	
!! FOR LABORATORY USE ONLY!!	
COC defects listed here: (if none are listed, none were found)	Specimen inspected for: * seal integrity, * matching COC #, * donor initials and placed in temporary storage.
	By: _____ Date: _____

SEND TO LAB

MANUAL CHAIN OF CUSTODY

MUST BE COMPLETE AND LEGIBLE!

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DONOR SIGNATURE

DATE

I certify that the specimen accompanying this form is the specimen given to me by the donor. I further certify that it was sealed in my presence with the accompanying specimen evidence seal.

COLLECTOR SIGNATURE

DATE

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR

DATE

PLACE SEAL
ACROSS **CAP**
OF SPECIMEN
CONTAINER

Donor:
Initials _____
Date _____

PLACE
OVER
CENTER
OF CAP


E2362073

MUST SELECT TESTING!!

Ordering a 9-Panel Oral Fluid drug test on Quantisal Device

Cordant
Health Solutions™

**Test Request & Chain of Custody
Document**

E2362073

ALL SHADED AREAS MUST BE COMPLETED - BLUE OR BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

REQUESTED BY: _____

PLEASE PRINT NAME

072000.001
INDIANA DCS MASTER
402 W WASHINGTON ST
MAIL STOP 54
INDIANAPOLIS IN 46204

DONOR NAME (OR SPECIMEN I.D.) PRINT LEGIBLY
LAST _____ FIRST _____ M.I. _____

SS # _____

CASE # _____

OTHER ID # _____

DONOR DAY ()
TELEPHONE NIGHT ()

DATE COLLECTED _____

TIME COLLECTED _____

DATE OF BIRTH _____

SEX _____

RACE _____

☐ M ☐ F

LIST PRESCRIPTION & OVER THE COUNTER
MEDICATIONS TAKEN IN THE LAST 10 DAYS

ORDER TYPE

☐ PRE-EMPLOYMENT
☐ FOLLOW UP
☐ FOR CAUSE
☐ RANDOM
☐ WR
☐ OWI
☐ PAROLE
☐ OTHER

I certify that the specimen accompanying this form is mine, and was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct.

DONOR SIGNATURE _____

DATE _____

I certify that the specimen accompanying this form is the specimen given to me by the donor. I further certify that it was sealed in my presence with the accompanying specimen evidence seal.

COLLECTOR SIGNATURE _____

DATE _____

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR _____

DATE _____

☐ TEMP (90-100 F)

☐ VISUALLY MONITORED

PLACE SEAL
ACROSS CAP
OF SPECIMEN
CONTAINER

Donor
Initials _____

Date _____

PLACE
OVER
CENTER
OF CAP

E2362073

TEST REQUEST:

____ [72013] 9 DRUG: ORAL FLUID: AM/METH, BENZ, BUP, COC, THC, FENT, DP1, OXY, TRAM

*****ORAL FLUID CONFIRMATIONS*****

MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE*

____ [1812] AM/METH OF CONF

____ [1814] BENZO OF CONF

____ [18423] BUP OF CONF

____ [1815] COC OF CONF

____ [1821] THC OF CONF

____ [1846] FENT OF CONF

____ [1818] DP1 OF CONF

____ [1818] OXY OF CONF

____ [18474] TRAM OF CONF

!! FOR LABORATORY USE ONLY!!

COC defects listed here: (if none are listed, none were found)

Specimen inspected for:

- seal integrity,
- matching COC #,
- donor initials

and placed in temporary storage.

By: _____

Date: _____

TEST REQUEST:

DEFAULT [7201] 9 DRUG OF: AM/ME, BNZ, BUP, CDC, THC, FEN, OPI, OXY, TRAM
X[10] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)
____[11.7] ORAL FLUID ETHANOL

*****CONFIRMATIONS OF ORAL FLUID INSTANT RESULTS*****
---MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE---

X[10] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)
____[1812] AM/METH OF CONF ____[1814] BENZO OF CONF
____[18423] BUP OF CONF ____[1815] CDC OF CONF
____[1821] THC OF CONF ____[1846] FENT OF CONF
____[1818] OPI OF CONF ____[1818] OXY OF CONF
____[18474] TRAM OF CONF

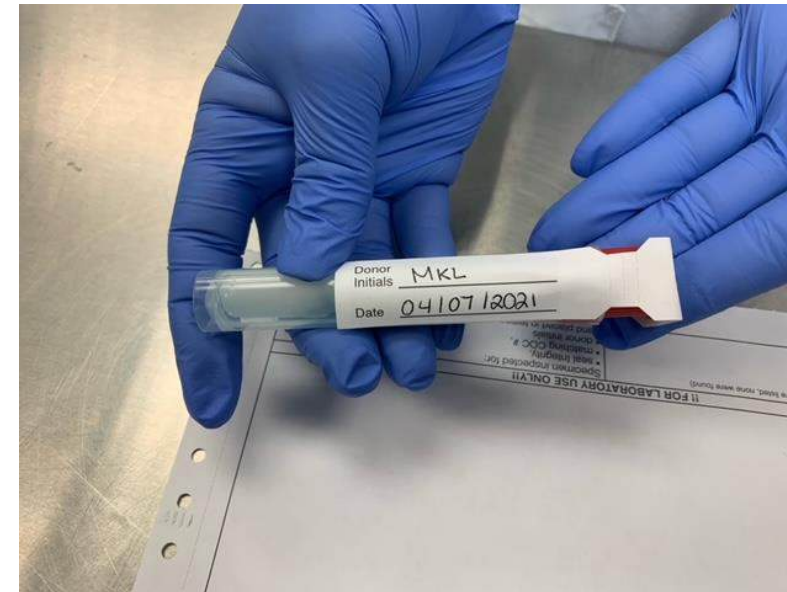
2 CFR PART 2 PROHIBITS UNAUTHORIZED DISCLOSURE OF THESE RECORDS.

9 Drug Oral fluid/Urine Panel: Amphetamine/Methamphetamine, Benzodiazepines, Buprenorphine, Cocaine, THC, Fentanyl, Opiates, Oxycodone, Tramadol- Add on Alcohol

CORDANT REQUISITION FORM

Donor Initials _____		 E1963235
Date _____		

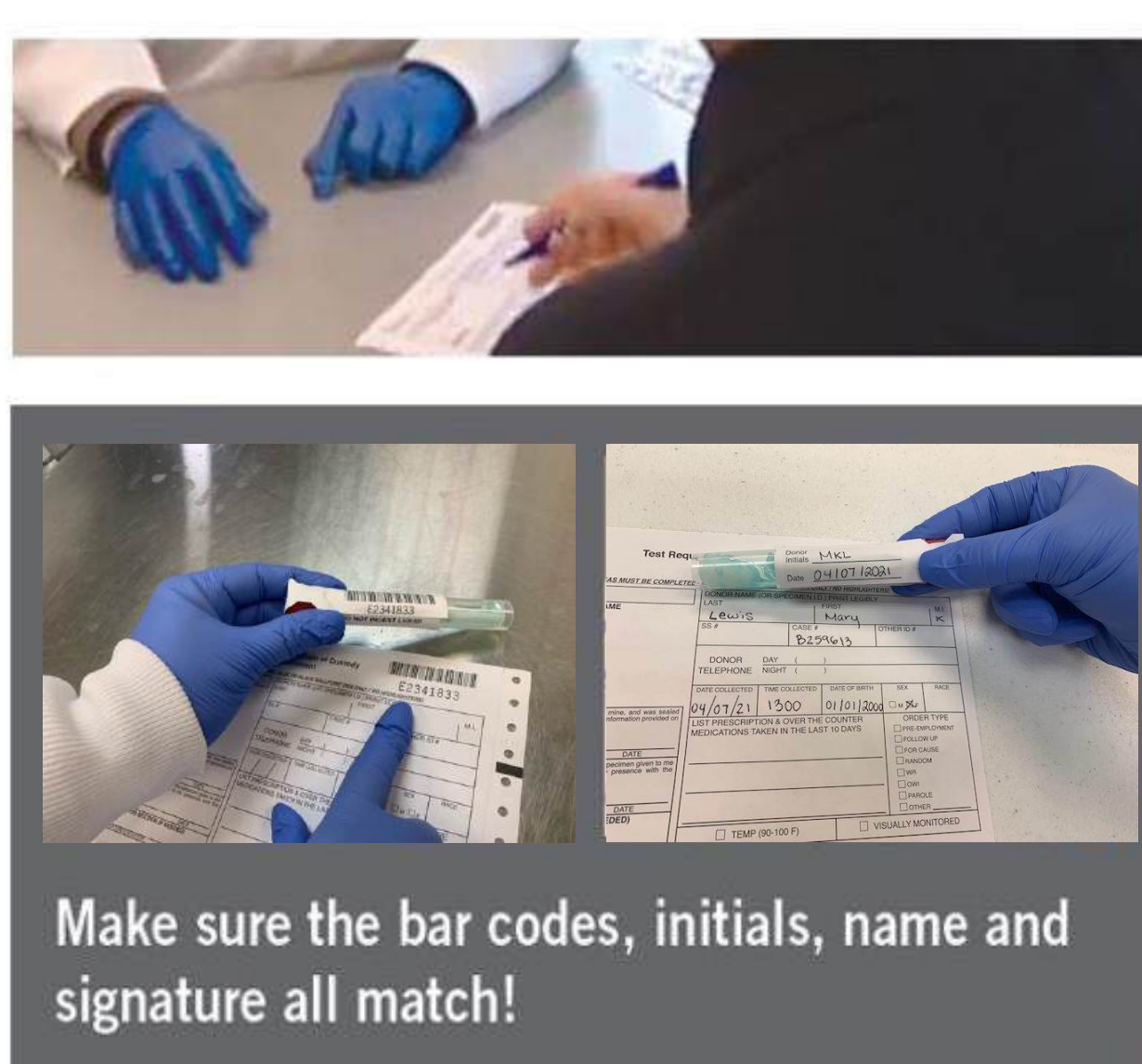
Once label is adhered, have client initial and date the label



- This acknowledges the sample was sealed in the client's presence and is indeed their sample
- Seal number **MUST** match the number on the requisition form

PROPER CHAIN OF CUSTODY

FINAL CHECK: Both the collector and the client must sign the requisition form



PROCESS ACKNOWLEDGMENT FORM

- Completed with each collection
- Sent to the lab with COC and sample
- Acknowledges the collection protocol was followed and Chain of Custody was maintained
- Urine, oral fluid and hair version

Chain of Custody
ment

1 BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

3 NAME (OR SPECIMEN ID) PRINT LEGIBLY

CASE # OTHER ID #

NOR DAY ()

E2362073

Cordant
Health Solutions

Process Acknowledgment Form – Oral Fluid Sample

Indiana DCS has requested that you provide a sample for drug testing. Upon collection, your sample will be sealed and labeled with a chain of custody sticker and sent to Cordant for testing. The results will be provided to Indiana DCS. The following collection process will be followed:

1. The collector will visually inspect your mouth to ensure it is empty.
2. It is expected you wait 10 minutes after eating, drinking, smoking, chewing gum, etc. before the oral fluid collection.
3. The collector will provide you with the collection device. Place the collection swab under your tongue. Do not chew on the device, talk or drink beverages during collection.
4. Once the indicator turns blue, you will place the device swab side down into the collection vial.
5. You will initial a chain of custody label.
6. You will sign and date the chain of custody form.
7. The sample will then be sealed with the chain of custody label and placed in a tamper evident bag in your presence.

Review and sign

I acknowledge the above process was followed as outlined.

Donor Signature _____ Date _____ Time _____

Signature of Guardian If donor is a minor _____ COC # _____

Collector Signature _____ Date _____ Time _____

42 CFR part 2 prohibits unauthorized disclosure of these records.

RELEASE OF INFORMATION FORM

- Completed with each collection
- Sent to the lab with COC and sample
- This release ensures compliance with a contractual requirement between Cordant and DCS - all requirements of HIPAA and 42 CFR Part 2 must be maintained.
- This release will also be obtained during each collection event for all Cordant collected specimens.

CONSENT TO RELEASE HEALTH AND SUBSTANCE ABUSE RECORDS

1. I, _____ (hereinafter, the "Individual"), by and through this consent to release health and substance abuse records (this "Consent and Release") hereby authorize Technical Resource Management, LLC d/b/a Cordant Health Solutions (the "Testing Entity") to receive, use, release, disclose, and re-disclose the following health and substance use information (the "Health and Substance Abuse Records"), by and among themselves, and the Indiana Department of Child Services (DCS):
- ☐ The entirety of all medical, substance abuse, and other records relating to the Individual maintained by the Testing Entity
- ☐ Other (please explain): _____
2. I authorize the Testing Entity to receive, use, release, disclose and re-disclose the above-described information by and among themselves, and to the Indiana Department of Child Services (DCS), for the purposes of securing, administering, documenting, and processing child welfare services and benefits by and through DCS and in responding to subpoenas and court orders for such records in relation to legal matters involving DCS and the administration of DCS benefits and services pending before the State and Federal Courts in the State of Indiana, unless otherwise specified below:
- ☐ Other (please specify): _____
3. The authorization to receive, use, release, disclose, and re-disclose of the above-described Health and Substance Abuse Records shall expire two (2) years after the date of signature hereto or upon the following occurrence:
- ☐ Please specify event, if not a specific date (ex., Closure of DCS Case Number:): _____
4. I understand that my Health and Substance Abuse Records are protected under federal law, including the final regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent pursuant to this Consent and Release unless otherwise provided within their implementing regulations. Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C. F. R. Part 2.
5. I understand that if the person or entity to whom the Testing Entity may disclose or re-disclose the above-described Health and Substance Abuse Records is not a doctor, health care provider or health plan, the Health and Substance Abuse Records may not be protected by HIPAA, and that recipient may use or disclose the Health and Substance Abuse Records to other non-covered entities. I understand that the Health and Substance Abuse Records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV); behavioral or mental health services; and treatment for alcohol and drug abuse.
6. I understand that my refusal to sign this Consent and Release will not affect the Individual's ability to obtain services from the Testing Entity; however it may affect the Individual's ability to secure or otherwise participate in child welfare services and benefits administered through DCS which may require access to the Individuals Health and Substance Abuse Records.
7. I understand I have the right to inspect or copy the Health and Substance Abuse Records disclosed pursuant to this Consent and Release and to receive a copy of the signed Consent and Release. I understand that I may revoke (cancel) this Consent and Release at any time and that such revocation must be in writing and delivered to the Testing Entity. The Testing Entity cannot be held responsible for having disclosed Health and Substance Abuse Records in reliance upon this Consent and Release before receiving a written revocation.
8. I understand that the Testing Entity and their respective workforce members are released from legal responsibility or liability for disclosing Health and Substance Abuse Records authorized by this Consent and Release.
9. I acknowledge that I understand and had an opportunity to ask questions before I signed, this Consent and Release.

Signature of Individual (or Individual's Personal Representative)

Date of Signature

Print Name of Individual or Personal Representative (if applicable)

Individual's Date of Birth

***Personal Representative Only** (please describe your authority to sign on behalf of the Individual (e.g., Parent, Guardian, etc.)):

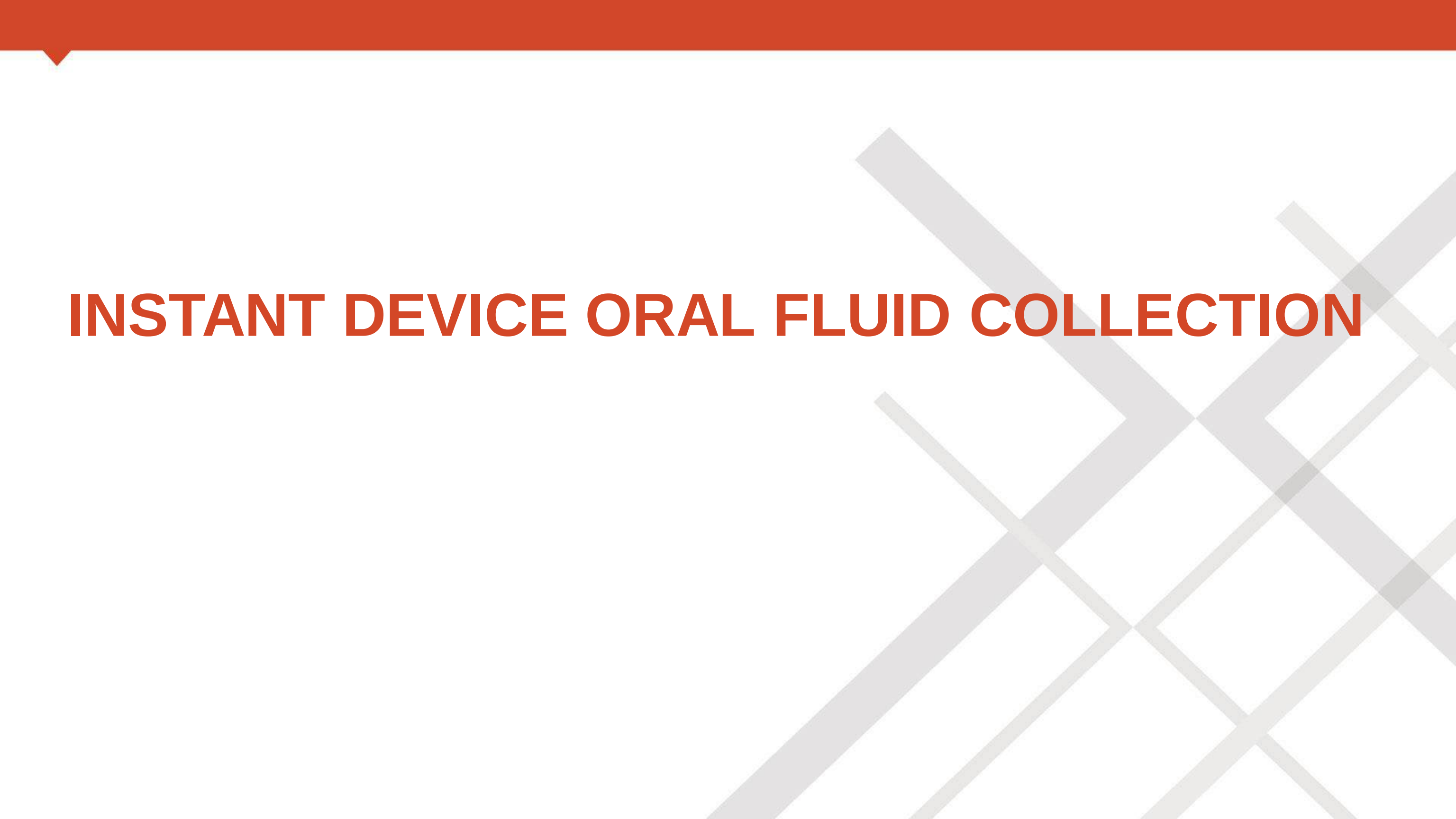
42 CFR part 2 prohibits unauthorized disclosure of these records.

SHIPPING TO LAB

SEAL IN BAG



1. Place specimen in the smaller compartment of the bag with the absorbent pad
 2. Fold both the Process Acknowledgement Form, Release of Information Form and the Chain of Custody in half and then in half again
 3. Place the folded forms in the larger compartment of the specimen bag, separate from the specimen
 4. Fold the adhesive flap over the cross-hatch slit opening.
 5. Take samples to your DCS office.
- Supplies including forms, collection vials, instant devices, shipping supplies etc. will be sent to each DCS office.
 - Samples will be accumulated at the DCS office and prepared for shipping in a bag or box.
 - We will schedule each office for Fed Ex pick up of samples.

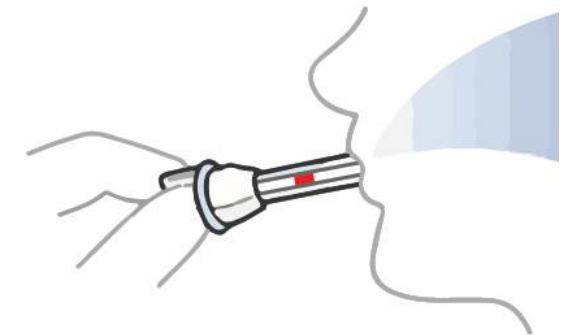
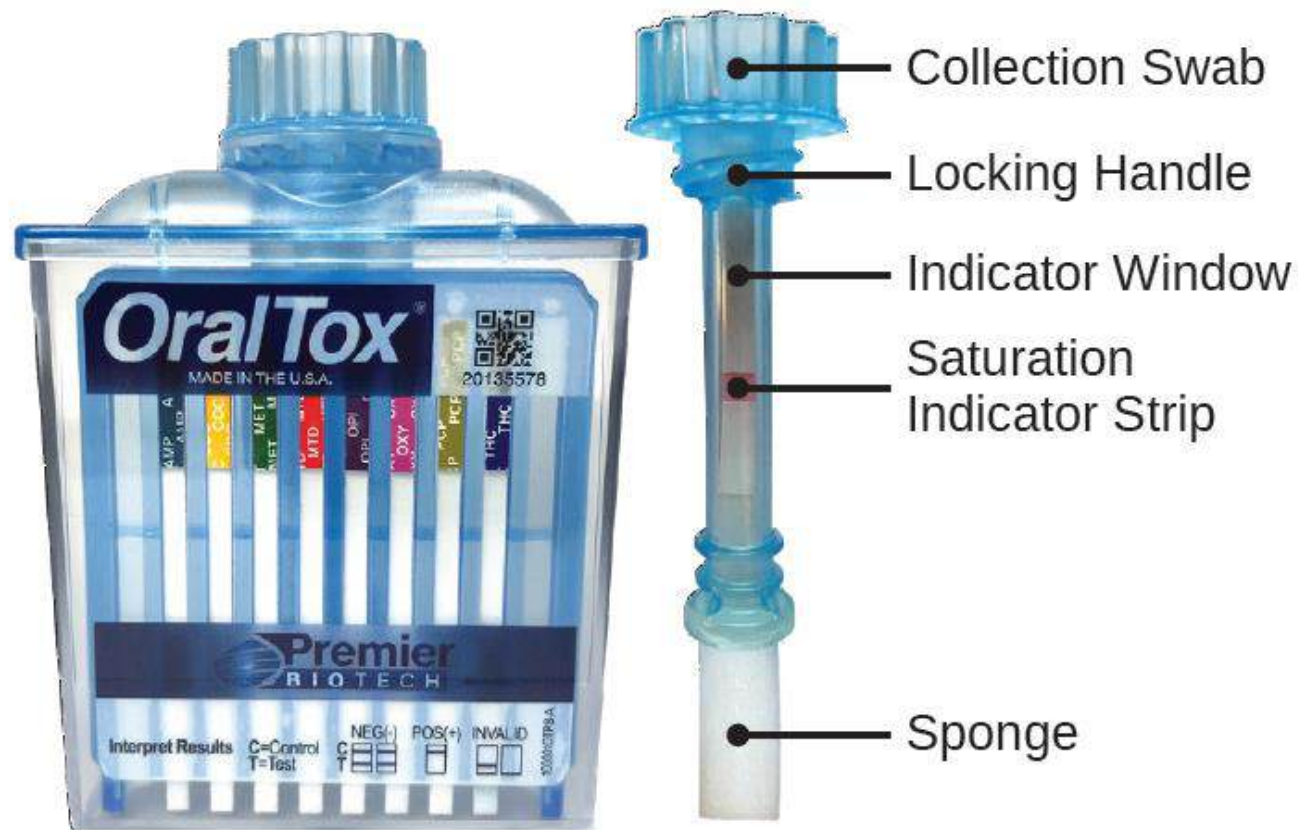


INSTANT DEVICE ORAL FLUID COLLECTION

INSTANT DEVICE ORAL FLUID COLLECTION

Always ensure the client has not used tobacco products, drank any fluids or consumed any food products within the last 10 minutes before collection. This includes gum, candies and mouthwash.

- Sweep inside of mouth (cheeks, gums, tongue), hold in mouth until indicator turns red
- Do not bite, suck, or chew on sponge
- Collection should take < 7min. If indicator doesn't activate discard and recollect



INSTANT DEVICE ORAL FLUID COLLECTION

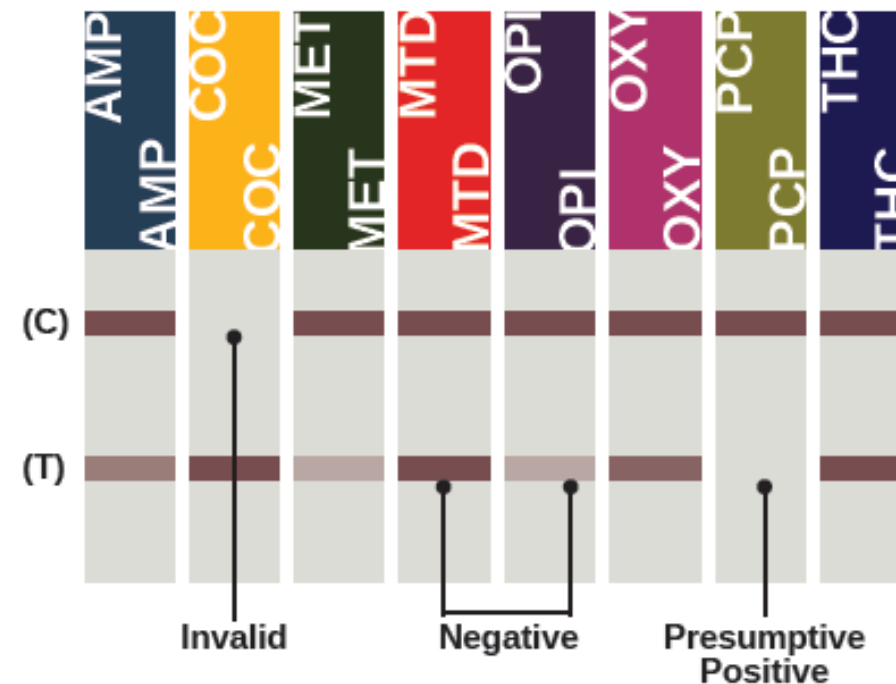
- Position device on a flat surface
- Remove device from the mouth
- Insert device sponge first into the device , pushing and twisting down until the threaded handle locks in place



Negative Results can be read within 2 minutes



Positive Results should be read at 10 minutes



Results should not be read after 20 minutes

Individual test strips-
Decreases false positive
and false negative screens

USES FOR AN INSTANT ORAL FLUID DEVICE

- Assessing very recent or current risk to a child during an emergency in-home visit
- **Current Toxicity-** Urine would only tell you historic use
- Assessing very recent use or current toxicity in on-demand testing
- Instant devices are disposable and can only be used one time

SENDING TO THE LAB

- Initial Presumptive Positive Screens by disposable instant kit require a secondary collection device to be sent to the laboratory for testing
- Dispose of initial device and obtain second sample via Quantisal
- Prepare and send sample to laboratory
- **Instant devices sent to the lab will NOT BE TESTED**

Instant Oral Fluid
Test Device

- Presumptive Positive

2nd Oral Fluid
Collection Device

- Quantisal

Laboratory Testing

MUST SELECT TESTING!!

TEST REQUEST:

___[72013] 9 DRUG OF: AM/ME, BNZ, BUP, COC, THC, FEN, OPI, OXY, TRAM
X[1103] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

*****CONFIRMATIONS OF ORAL FLUID INSTANT RESULTS*****
---MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE---

X[1103] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

___[18123] AM/METH OF CONF	___[18143] BENZO OF CONF
___[184233] BUP OF CONF	___[18153] COC OF CONF
___[18213] THC OF CONF	___[18463] FENT OF CONF
___[18183] OPI OF CONF	___[18183] OXY OF CONF
___[184743] TRAM OF CONF	

42 CFR PART 2 PROHIBITS UNAUTHORIZED DISCLOSURE OF THESE RECORDS.

9 Drug Oral fluid/Urine Panel: Amphetamine/Methamphetamine, Benzodiazepines, Buprenorphine, Cocaine, THC, Fentanyl, Opiates, Oxycodone, Tramadol

Cordant

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ADDITIONAL CONSIDERATIONS

All screening PRESUMPTIVE positive screening results, lab or device, require confirmation testing via LCMSMS- There are **no “false positives” in confirmation testing**

All presumptive screening techniques whether in the field or in the lab will be prone to false positive screening results due to other known or unknown compounds



Ex. Sudafed → Presumptive positive screen Amphetamines
Sertraline → Presumptive positive screen Benzodiazepines

“ What current medications are you taking?”



Example Scenario: Preventing a child from temporary guardianship by a loved one that received a false positive methamphetamine initial instant screen who was actually on Sudafed

COMMON EXAMPLES OF CROSS REACTIVITY* IN SCREENING METHODS

Assay	Cross Reacting Interference
Amphetamines	Bupropion, OTC decongestants
Methadone	Tapentadol
Benzodiazepine	Sertraline
Tramadol	Venlafaxine
Fentanyl	Trazodone metabolite, Methamphetamine in high levels
Opiates	Oxycodone; Oxymorphone in very high levels



* This list represents a handful of common cross reacting compounds. Many others exist and have been well characterized.

AD-HOC/ADDITIONAL TEST REQUESTS

AD-HOC/ADDITIONAL TEST REQUESTS

- The standard panel for both urine and oral fluid includes the following substances:
Amphetamines/ Methamphetamines, Benzodiazepines, Buprenorphine, Cocaine, Cannabinoids, Fentanyl, Opiates, Oxycodone, and Tramadol.
- Add-on substances that are included on the Cordant contract:

Urine		Oral Fluid
Alcohol (EtG)	Meperidine	Alcohol (Ethanol)
Methadone	Dextromethorphan	Methadone
PCP	Gabapentin	PCP
Barbiturates	Zolpidem	Barbiturates
Ecstasy	Spice	Ecstasy
EDDP (methadone metabolite)	Bath Salts	
6-AM (heroin metabolite)	Kratom	

AD-HOC/ADDITIONAL TEST REQUESTS

******Requests for additional testing require DCS authorization******

Add-ons for FCM Administered Testing:

- All requests for add-on testing for an FCM administered test must be sent to Cordant's Client Services Team at NClientServices@cordanth.com
- Please include the Chain of Custody Number and the add-on substances that need to be tested in your email.
- Cordant will obtain approval before ordering the test.

Add-ons for Cordant Administered Testing:

- FCM should include the request in the special instructions section of the referral.
 - Cordant will obtain approval
- Once approved, Cordant will add the approved testing to the random testing schedule.
- If an additional substance needs to be tested on a sample that has already been tested at the lab, send the request to NClientServices@cordanth.com
- Please include the accession number and the substances that need to be tested in your email.
- Cordant will obtain approval before ordering the test.

ETHANOL TESTING



ETHANOL VS ETHYL GLUCURONIDE (ETG) TESTING

- Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) are metabolites of alcohol. Very low levels circulating in blood and therefore very low in oral fluid, if at all.
- Resulting in the same detection window as parent ethanol in oral fluid
- Due to cost and no additional value to the results, **recommend parent ethanol oral fluid testing**

Sample	Ethanol	Alcohol Biomarkers EtG/EtS
Urine	<8–12 hours detection window	Up to 80 hours detection window
Oral Fluid	<8–12 hours detection window	<8–12 hours detection window

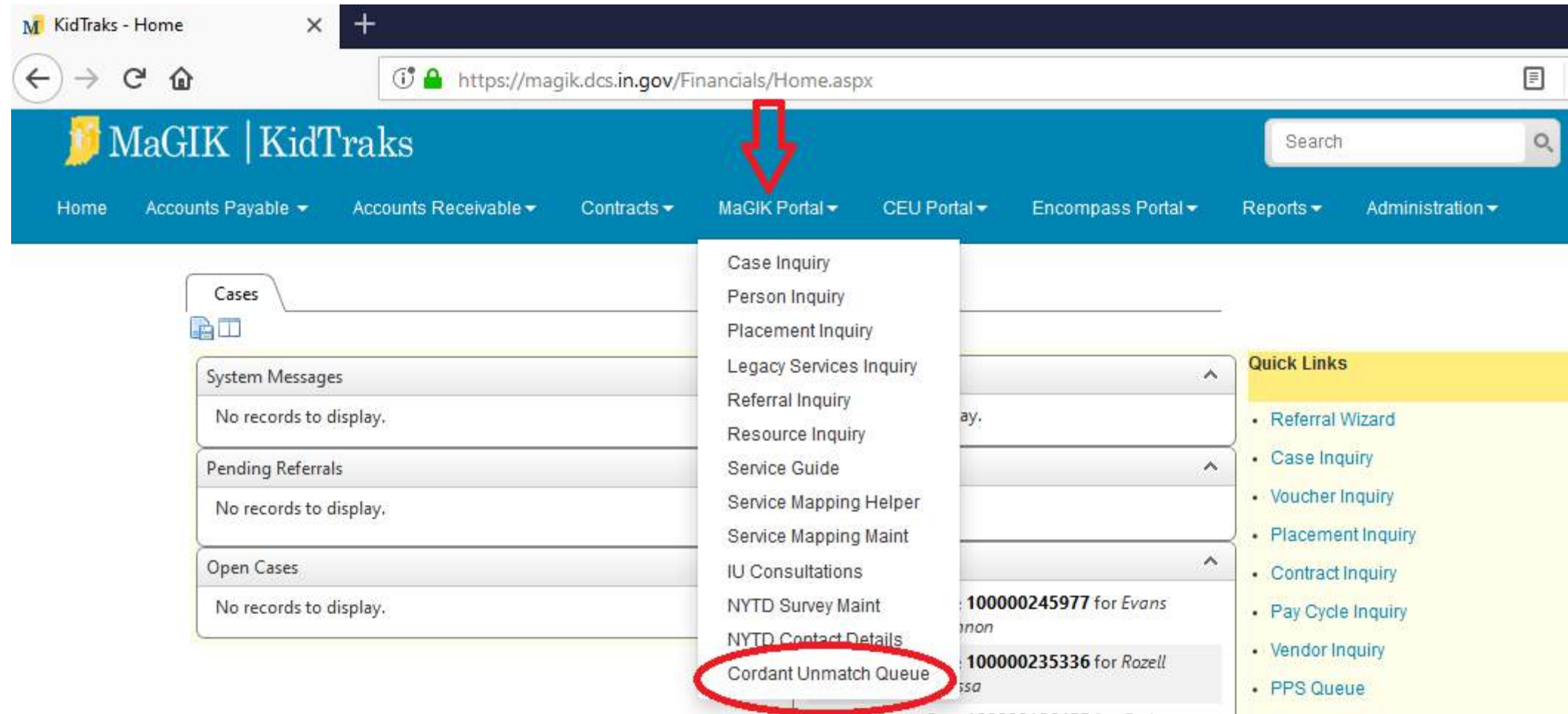
DO NOT dump out oral fluid buffer solution

RESULT MATCHING



CORDANT UNMATCH QUEUE

❖ In KidTracks, **Select MaGIK Portal** and then **Cordant Unmatch Queue**



❖ Queue will list by County

- ❖ Select your County
- ❖ Find the result you are looking for and **select Edit**

Cordant UnMatch Queue

Filter by Case County: Boone

First Name	Middle Name	Last Name	DOB	Accession	Collected Date	Collected By	County	Cordant Id	FCM Entered Id	Order Id	Received Date	Sex	Edit
	B				05/18/2021			E2	0		05/21/2021	M	

1 Page 1 of 1 50 items per page 1 - 1 of 1 items

Edit UnMatch OralSwabResult for

First Name:	
Last Name:	
Middle Name:	
Birth Date:	
Sex:	
Collection Date:	
Test Type:	Oral fluids
FCM Entered ID:	
Match Case ID:	🔍 ✔
Match Person ID:	Select
Match & Close Cancel	

- ❖ Fill in missing information and correct any errors
- ❖ Select the case ID to match the test and person ID to match
- ❖ Then select 'Match & Close'

RESOURCES



TRAINING OPPORTUNITIES

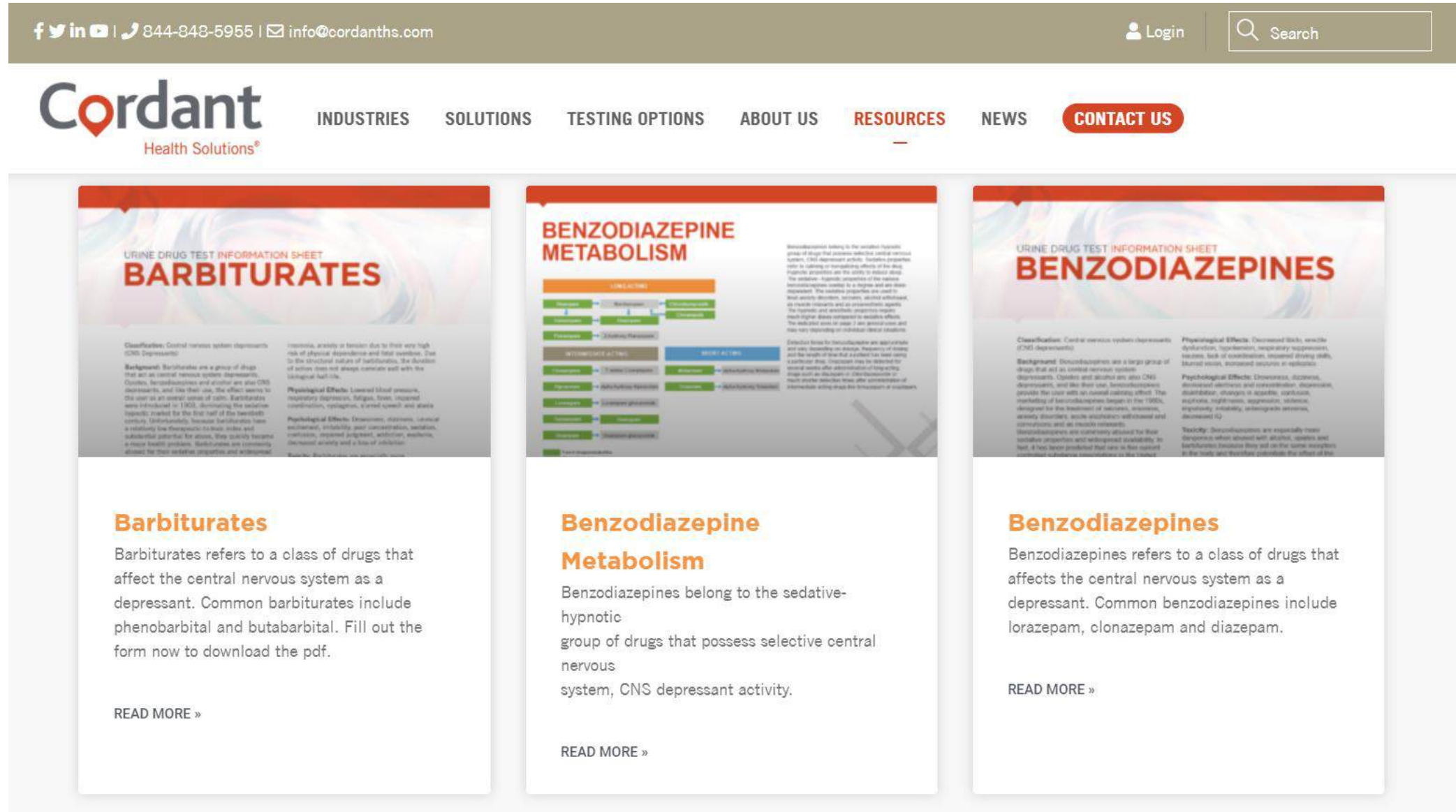
<https://cordantsolutions.com/cordant-videos/>

"I love all of the Webinars, this is the only trusted place I can get training for my job. Please do more!"

"These are great and very informational."

“All information related to drug screen collection/interpretation is useful and the more recent the better!”

EDUCATIONAL RESOURCES



<https://cordantsolutions.com/drug-education-resource-library/>

THANK YOU FOR YOUR TIME!

- **Continued process improvement**
 - Please send feedback to Don Travis and Austin Hollabaugh
- **Questions?**



SCENARIO 1: NO REFERRAL IN SYSTEM UNMATCHED

*UNMATCHED PERSON -> MANUAL MATCH -> REFERRAL IS
CREATED -> DOC'S ARE LINKED*

SCENARIO 1

❖ On main case page in KidTraks you will select ‘Drug Screens Details’ from the Navigation menu

Back to Results

Quick Links ▾

Navigation

Case Information

Internal Programs/Activities

Service Referrals

Placements

Events

Attachments

Notifications

Drug Screen Details

Case Inquiry ▾ Case Information

Case ID:

Case Information

Case Details

Case Name:

KidTraks Case ID:

Casebook Case ID:

Case Type: Assessment

County: Gibson

Case Email:

Linked Case:

Status:

Start Date: 9/23/2019

End Date:

Caseworker:

Caseworker Email:

Case Participants: Sort By ▾ Order By ▾

❖ This will show a drop down for Vendor

Case Inquiry ▾ Case Information

Case ID:

Drug Screen Details

ST0000470684-TECHNICAL RESOURCE MANAGEMENT LLC

SCENARIO 1

- ❖ Once you drop down the list you will see any ‘Unmatched’ results as well as a listing containing ‘Matched’ results. You will need to **select ‘Edit’** by the Unmatched result.

The screenshot shows the 'Drug Screen Details' page for 'ST0000470584-TECHNICAL RESOURCE MANAGEMENT LLC'. It features two tables: 'Unmatched Results' and 'Matched Results'. The 'Unmatched Results' table has columns: Full Name, Birth Date, Person ID, Is Positive, Email Sent, Created By, and Created Date. A red box highlights the 'Edit' button in the top right corner of the 'Unmatched Results' table. The 'Matched Results' table has columns: Full Name, Birth Date, Person ID, Referral ID, Is Positive, Email Sent, Created By, and Created Date.

- ❖ This will bring up a text box that will allow you to connect the person with a person profile in KidTraks. You will **drop down the ‘Select Match for the Person’ menu and choose the correct person profile**. Then make sure to **Save** and **Close** the text box.

The screenshot shows a dialog box titled 'Match Drug Screen result to Person in Case'. It contains fields for First Name, Last Name, and Date of Birth. Below these fields is a dropdown menu labeled '* Select Match for the Person' with a red box around it. At the bottom of the dialog, there are two buttons: 'Save & Close' (highlighted with a red box) and 'Cancel'.

SCENARIO 1

- ❖ When you go back into the ‘Drug Screen Details’ menu after saving you will now see this as a ‘Matched’ result. This will create a new referral since there was not an existing referral in the system for this individual.

Case Inquiry - Case Information

Case ID: [Redacted]

Drug Screen Details

ST0000470584-TECHNICAL RESOURCE MANAGEMENT LLC

UnMatched Results

Full Name	Birth Date	Person ID	Is Positive	Email Sent	Created By	Created Date	Edit
-----------	------------	-----------	-------------	------------	------------	--------------	------

Matched Results

Full Name	Birth Date	Person ID	Referral ID	Is Positive	Email Sent	Created By	Created Date
[Redacted]	[Redacted]	[Redacted]	2477298	Yes	No	SYSTEM	04/27/2021

Action

- ❖ You can then open the referral in KidTraks. There you will be able to use the ‘Action’ drop down menu and select ‘View Drug Screen Results’

Referral Info

https://magik.uat.dcs.in.gov/Financials/Referrals/Referral/2477298#referredservices

Most Visited Suggested Sites Getting Started Web Slice Gallery Files - OneDrive

MaGIK | KidTraks

Home Accounts Payable Accounts Receivable Contracts MaGIK Portal CELL Portal Ecommerce Portal Reports Administration

Referral Inquiry - Referral Information

Referral ID: 2477298 Case Name: [Redacted]

Referred Services

Package: Drug Screens and Treatment for Substance Use Disorders - FCM Administered Drug Screen

Billable Unit ID	Service	Start Date	End Date	Stop Date	Max Units	Referred Person
RF0005394516	DRUG TESTING AND SUPPLIES - Oral Fluid Supply FCM	04/27/2021	10/27/2021		20	[Redacted]
RF0005394517	DRUG TESTING AND SUPPLIES - Ad-Hoc	04/27/2021	10/27/2021		20	
RF0005394518	DRUG TESTING AND SUPPLIES - Confirmation	04/27/2021	10/27/2021		100	
RF0005394519	DRUG TESTING AND SUPPLIES - Oral Initial	04/27/2021	10/27/2021		100	

Action

Cancel Referral
Print Referral
View Drug Screen Results

SCENARIO 1

- ❖ By Matching the screen with the new referral, the drug screen results will automatically populate within the referral. **Select 'View'** to see the full screen results

BIK Portal

CEU Portal

Encompass Portal

Reports

Administration

Referral

Drug Screen Reports

Person	Collection Date	Received Date	Report Date	Results	Accession	Report
	04/19/2021	04/20/2021	04/21/2021	Overall result is Negative, see official result report for details.	2159108116	View

Compliance Report

Person	Report Date	Report
--------	-------------	--------

SCENARIO 2: REFERRAL IN SYSTEM UNMATCHED

*UNMATCHED PERSON → MANUAL MATCH → SINCE A
REFERRAL ALREADY EXISTS A NEW ONE IS **NOT**
CREATED → DOC'S ARE LINKED*

SCENARIO 2

- ❖ Referral #: 2477280
- ❖ On main case page in KidTraks you will select ‘Drug Screen Details’ from the Navigation menu.

Back to Results

Quick Links +

Navigation

- Case Information
- Internal Programs/Activities
- Service Referrals
- Placements
- Events
- Attachments
- Notifications
- Drug Screen Details**

Case Inquiry Case Information

Case ID: [redacted]

Case Information

Case Details

Case Name:	[redacted]	Status:	Open
KidTraks Case ID:	[redacted]	Start Date:	9/23/2019
Casebook Case ID:	[redacted]	End Date:	[redacted]
Case Type:	Assessment	Caseworker:	[redacted]
County:	Gibson	Caseworker Email:	[redacted]
Case Email:	[redacted]		
Linked Case:	[redacted]		

Case Participants: Sort By [dropdown] Order By [dropdown]

- ❖ This will show a drop down for the vendor

Case Inquiry Case Information

Case ID: [redacted]

Drug Screen Details

ST0000470564-TECHNICAL RESOURCE MANAGEMENT LLC [dropdown arrow]

SCENARIO 2

- ❖ Once you drop down the list you will see any ‘UnMatched’ results as well as a list containing ‘Matched’ results. You will need to **select ‘Edit’ by the UnMatched result.**

The screenshot shows a web application interface titled "Drug Screen Details". At the top, there is a header bar with the text "ST0000470584-TECHNICAL RESOURCE MANAGEMENT LLC". Below this, there are two main sections: "UnMatched Results" and "Matched Results". The "UnMatched Results" section contains a table with columns: Full Name, Birth Date, Person ID, Is Positive, Email Sent, Created By, and Created Date. A red box highlights an "Edit" button with a pencil icon next to the first row in this table. The "Matched Results" section contains a similar table with an additional "Referral ID" column. Both tables have pagination controls at the bottom.

The screenshot shows a modal dialog box titled "Match Drug Screen result to Person in Case". It contains fields for "First Name:", "Last Name:", and "Date of Birth:". Below these fields is a dropdown menu labeled "* Select Match for the Person" with a "Select" button next to it. A red box highlights this dropdown menu. At the bottom of the dialog, there are two buttons: "Save & Close" and "Cancel". The "Save & Close" button is also highlighted with a red box.

- ❖ This will bring up a text box that will allow you to connect the person with a person profile in KidTraks. You will **drop down the ‘Select Match for the Person’ menu and choose the correct person profile. Then make sure to Save and Close the text box.**

SCENARIO 2

- ❖ When you go back into the 'Drug Screen Details' menu after saving you will now see this as a 'Matched' result and reflect the referral you had previously created for this person.

Case ID: [redacted]

Drug Screen Details

ST000470584-TECHNICAL RESOURCE MANAGEMENT LLC

Unmatched Results

Full Name	Birth Date	Person ID	Is Positive	Email Sent	Created By	Created Date	Edit
[Empty row]							

Matched Results

Full Name	Birth Date	Person ID	Referral ID	Is Positive	Email Sent	Created By	Created Date
[redacted]	[redacted]	[redacted]	2477298	Yes	No	SYSTEM	04/27/2021

- ❖ You can then open the referral that you had created in KidTraks. There you will be able to use the 'Action' drop down menu and select 'View Drug Screen Results', this will upload the results directly into the referral.

Referral Info

https://magik.uat.dcs.in.gov/Financials/Referrals/Referral/2477298#referredservices

MaGIK | KidTraks

Navigation: Basic Information, Referred Services, History, Attachments, Additional Unit Requests

Referral ID: 2477298 Case Name: [redacted]

Referred Services

Package: Drug Screens and Treatment for Substance Use Disorders - FCM Administered Drug Screen

Bottle Unit ID	Service	Start Date	End Date	Stop Date	Max Units	Referred Person
RF0005394515	DRUG TESTING AND SUPPLIES - Oral Fluid Supply FCM	04/27/2021	10/27/2021		20	[redacted]
RF0005394517	DRUG TESTING AND SUPPLIES - Ad-Hoc	04/27/2021	10/27/2021		20	
RF0005394515	DRUG TESTING AND SUPPLIES - Confirmation	04/27/2021	10/27/2021		150	
RF0005394515	DRUG TESTING AND SUPPLIES - Oral Initial	04/27/2021	10/27/2021		150	

Action: Cancel Referral, Print Referral, View Drug Screen Results

SCENARIO 2

Referral

Drug Screen Reports						
Person	Collection Date	Received Date	Report Date	Results	Accession	Report
[REDACTED]	04/19/2021	04/20/2021	04/21/2021	Overall result is Negative, see official result report for details.	18896031	View

Compliance Report		
Person	Report Date	Report

SCENARIO 3: NO REFERRAL IN SYSTEM MATCH

AUTO MATCH → REFERRAL IS CREATED → DOC'S ARE LINKED

SCENARIO 3

- ❖ No Action needed by FCM
- ❖ On main case page in KidTraks you will select ‘Drug Screen Details’ from the Navigation menu.

Back to Results
Quick Links +

Navigation

- Case Information
- Internal Programs/Activities
- Service Referrals
- Placements
- Events
- Attachments
- Notifications
- Drug Screen Details**

Case Inquiry / Case Information

Case ID: [] []

Case Information

Case Details

Case Name:	[]	Status:	Open
KidTraks Case ID:	[]	Start Date:	9/23/2019
Casebook Case ID:	[]	End Date:	[]
Case Type:	Assessment	Caseworker:	[]
County:	Gibson	Caseworker Email:	[]
Case Email:	[]		
Linked Case:	[]		

Case Participants: Sort By [] Order By []

- ❖ This will show a drop down screen for the Vendor.

Case Inquiry / Case Information

Case ID: [] []

Drug Screen Details

ST0000470584-TECHNICAL RESOURCE MANAGEMENT LLC

Action +

SCENARIO 3

- ❖ Once you **drop down the list** you will see both ‘Unmatched’ results as well as ‘Matched’ results. You can see the referral ID that the system created

Navigation

- Case Information
- Internal Programs/Activities
- Service Referrals
- Placements
- Events
- Attachments
- Notifications
- Drug Screen Details**

Drug Screen Details

ST0000470584-TECHNICAL RESOURCE MANAGEMENT LLC

UnMatched Results

Full Name	Birth Date	Person ID	Is Positive	Email Sent	Created By	Created Date
-----------	------------	-----------	-------------	------------	------------	--------------

Matched Results

Full Name	Birth Date	Person ID	Referral ID	Is Positive	Email Sent	Created By	Created Date
			2477298	Yes	No	SYSTEM	04/27/2021

- ❖ You can then **open the referral that you had created in KidTraks**. There you will be able to use the ‘**Action**’ drop down menu and select ‘**View Drug Screen Results**’, this will upload the results directly into the referral.

Referral Info

https://magik.uat.dcs.in.gov/Financials/Referrals/Referral/2477298#referredservices

MaGIK | KidTraks

Navigation

- Basic Information
- Referred Service**
- History
- Attachments
- Additional Unit Requests

Referral ID 2477298

Case Name

Referred Services

Package: Drug Screens and Treatment for Substance Use Disorders - FCM Administered Drug Screen

Billable Unit ID	Service	Start Date	End Date	Stop Date	Max Units	Referred Person
RF0005394518	DRUG TESTING AND SUPPLIES - Oral Fluid Supply FCM	04/27/2021	10/27/2021		20	
RF0005394517	DRUG TESTING AND SUPPLIES - Ad-Hoc	04/27/2021	10/27/2021		20	
RF0005394518	DRUG TESTING AND SUPPLIES - Confirmation	04/27/2021	10/27/2021		100	
RF0005394515	DRUG TESTING AND SUPPLIES - Oral Inital	04/27/2021	10/27/2021		100	

Action

- Cancel Referral
- Print Referral
- View Drug Screen Results**

SCENARIO 3

- ❖ If you look in the ‘History’ section of the Navigation menu you can also see that this referral was made by the system.

Home

Accounts Payable

Accounts Receivable

Contracts

MaGik Portal

CEU Portal

Encompass Portal

Reports

Administration

Navigation

Basic Information

Referred Services

History

Attachments

Additional Unit Requests

Referral Inquiry

Referral Information

Referral ID

Case Name

History

Date	Status	User Name	Comments
04/27/2021	Approved	System	System Approved referral

1 - 1 of 1 items

Referral

Drug Screen Reports

Person	Collection Date	Received Date	Report Date	Results	Accession	Report
	04/19/2021	04/20/2021	04/21/2021	Overall result is Negative, see official result report for details.	18896031	View

Compliance Report

Person	Report Date	Report
--------	-------------	--------

SCENARIO 4: REFERRAL IN SYSTEM MATCHED

*AUTO MATCH → SINCE A REFERRAL ALREADY EXISTS A NEW
ONE IS NOT CREATED → DOC'S ARE LINKED*

SCENARIO 4

- ❖ No Action needed by FCM
- ❖ On main case page in KidTraks you will select 'Drug Screen Details' from the Navigation menu.

The screenshot shows the 'Case Inquiry' page in KidTraks. On the left, a 'Navigation' menu is visible with 'Drug Screen Details' highlighted with a red box. The main content area is titled 'Case Information' and contains a 'Case Details' section. This section includes fields for Case Name, KidTraks Case ID, Casebook Case ID, Case Type, County, Case Email, and Linked Case. The 'Status' field is set to 'Open' with an orange button. The 'Start Date' is 9/23/2019. The 'End Date' is empty. The 'Caseworker' field is empty. The 'Caseworker Email' field is empty. Below the 'Case Details' section, there is a 'Case Participants' section with 'Sort By' and 'Order By' dropdown menus.

- ❖ This will show a drop down screen for the Vendor.

The screenshot shows the 'Case Inquiry' page in KidTraks. The 'Case ID' field is empty. The 'Drug Screen Details' section is highlighted with a yellow background. It contains the text 'ST0000470684-TECHNICAL RESOURCE MANAGEMENT LLC'. A red box highlights a dropdown arrow in the bottom right corner of the 'Drug Screen Details' section.

SCENARIO 4

- ❖ Once you **drop down the list** you will see both ‘Unmatched’ results as well as ‘Matched’ results. You can see the referral ID that the system was able to match the results to.

Quick Links

Navigation

Case Information

Internal Programs/Activities

Service Referrals

Placements

Events

Attachments

Notifications

Drug Screen Details

Case Inquiry

Case Information

Case ID

Action

Drug Screen Details

ST0000470084-TECHNICAL RESOURCE MANAGEMENT LLC

Unmatched Results

Full Name	Birth Date	Person ID	Is Positive	Email Sent	Created By	Created Date	Full
Page 1 of 1							

Matched Results

Full Name	Birth Date	Person ID	Referral ID	Is Positive	Email Sent	Created By	Created Date
			2477278	Yes	No	SYSTEM	04-27-2021

SCENARIO 4

Referral Info

https://magik.uat.dcs.in.gov/Financials/Referrals/Referral/2477298#referredservices

Most Visited Suggested Sites Getting Started Web Slice Gallery Files - OneDrive

MaGIK | KidTraks

Navigation

Basic Information

Referred Services

History

Attachments

Additional Unit Requests

Referral Inquiry

Referral Information

Referral ID 2477298 Case Name

Cancel Referral

Print Referral

View Drug Screen Results

Package: Drug Screens and Treatment for Substance Use Disorders - FCM Administered Drug Screen

Billable Unit ID	Service	Start Date	End Date	Stop Date	Max Units	Referred Person
RF0005394018	DRUG TESTING AND SUPPLIES - Oral Fluid Supply FCM	04/27/2021	10/27/2021		20	
RF0005394017	DRUG TESTING AND SUPPLIES - Ad-Hoc	04/27/2021	10/27/2021		20	
RF0005394016	DRUG TESTING AND SUPPLIES - Confirmation	04/27/2021	10/27/2021		100	
RF0005394015	DRUG TESTING AND SUPPLIES - Oral Initial	04/27/2021	10/27/2021		100	

Drug Screen Reports							
Person	Collection Date	Received Date	Report Date	Results	Accession	Report	
	04/19/2021	04/20/2021	04/21/2021	Overall result is Negative, see official result report for details.	18896031	View	

Compliance Report			
Person	Report Date		Report