



**CITY OF PHILADELPHIA**  
*Department of Behavioral Health and Intellectual disAbility Services*  
*Promoting Recovery, Resilience & Self Determination*

**David T. Jones**  
Commissioner

**Jill Bowen, Ph.D.**  
Deputy Commissioner

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Deputy Commissioner

**MEMORANDUM**

**TO:** Drug and Alcohol Treatment Program Providers in the City of Philadelphia

**FROM:** David T. Jones, Commissioner  
Department of Behavioral Health and Intellectual disAbility Services (DBHIDS)

**DATE:** June 19, 2018

**SUBJECT:** **Guidance on Verifying Identity for the Purposes of Providing Substance Use Disorder Services**

**Purpose and Summary:**

*The purpose of this guidance is to clarify the requirements related to photo identification with respect to Substance Use Disorder Services in Philadelphia. In sum,*

- *photographic identification is not required for non-Narcotic Treatment Programs.*
- *For Narcotic Treatment Programs, photographic identification is not required but the verification of identity is required before treatment.*
- *A photograph and birthdate are required to be a part of treatment files once treatment has started; the provider should meet this requirement by including a patient photograph in the patient's record.*

*This guidance outlines how identity can be verified in the absence of photographic identification. Providers should not deny services if a patient cannot provide photo ID.*

**1) Identification Requirements for Non-Narcotic Treatment Programs/Non-Medication Assisted Treatment Services**

Intake processes and client records for Substance Use Disorder services provided at Freestanding Treatment Providers where narcotics are not dispensed are provided for at 28 Pa Code §709.43 (relating to client management) and 28 Pa Code §709.44 (relating to client records). There is no specific requirement that photo identification must be included in the patient record at Non-Narcotic Treatment Programs, nor that it should be provided before treatment can be provided. Providers should, however, collect information sufficient to ensure appropriate medical history has been provided, and as necessary to support appropriate billing.

**2) Identification Requirements for Narcotic Treatment Programs**

State regulations at 28 Pa Code §715.13(a) (relating to patient identification) require that Narcotic Treatment Programs (NTPs), (defined as “and entity. . . which uses agents for maintenance or detoxification of persons”) “use a system for patient identification for the purpose of verifying the

correct identity of a patient prior to administration of an agent”, and §715.13 (b) that the NTP “shall maintain onsite a photograph of each patient with the patient’s name and birthdate.” Federal regulations at 42 CFR Part 8 lay out federal criteria for treatment standards at Opioid Treatment Programs (OTPs); these regulations provide at §8.12(g) that the program “shall establish and maintain a recordkeeping system that is adequate to document and monitor patient care,” additionally the program must document in each patient’s record that is “has made a good faith effort to review whether or not the patient is enrolled [in] any other NTP.” These regulations do not reference photo identification. Federal (a§8.12(g)) and state (§715.13(a)) regulations do require that a provider establish identity, but do not require that photo ID is required to initially establish identification.

### **3) Recommended process for initially establishing identity when an individual does not have photo identification**

The provider may establish identity by contacting CBH and/or DBH (or other insurers). This identification verification can happen at the time authorization for services is sought. When conducting an intake, the provider should gather from the patient:

- i. Name
- ii. DOB
- iii. Gender
- iv. Race/Ethnicity

along with the following signed patient attestation:

*I understand that the personal information that I have provided may be used to authorize my eligibility for Medical Assistance benefits. I verify, subject to penalties provided for under law, that this information is true and correct to the best of my knowledge.*

See Attachment A for sample Verification Form. The provider should contact CBH/DBH/the insurer by phone and provide the four demographic factors above. **(For CBH members seeking outpatient services, the provider should contact CBH Member Services at 1-888-545-2600; For precertification/admission to inpatient services, the provider should call CBH Care Management at 215-413-7171.)** CBH and/or DBH staff, before issuing an authorization, shall verify that these four factors match the information available in PA DHS eligibility systems. (Other insurers will check their enrollment files.) If any factor does not match, the discrepancy must be resolved before identification can be established (e.g., if race is different on the form than in the PA DHS database, the patient should be consulted and the Verification form may need to be updated). Once identification is established, the provider should sign the Verification Form and place it in the patient record. When maintained in the patient record, the Verification Form will serve as sufficient verification of identity for purposes of federal and state identification requirements related to establishing identity.

*Note: Providers using this process to verify identity should update their Policies and Procedures document to describe this process and provide an updated Policies and Procedure document to DDAP. See Attachment B for a sample Policy and Procedures section.*

**4) Recommended process for verifying identity prior to administration and meeting the requirement for maintaining a photograph onsite when an individual does not have photo identification**

While photo identification is not needed to establish identity, §715.13(a) provides that NTP providers use a system for patient identification for the purpose of “verifying the correct identity of a patient prior to administration of an agent” and “maintain onsite a photograph of each patient with the patient’s name and birthdate.” Once identity has been initially established, as described above in Section 3, to meet the requirements at §715.13(b) the provider should take a photo of the individual, which together with the patient’s birthdate, should be maintained in the patient’s file for use before administering an agent. Note that §715.13(b) requires that the photograph be updated every three years.

**5) Forms of Photo ID that, if available, can establish identity and meet the requirements for maintaining a photo on file**

Some patients may have identification that will serve to establish identification and avoid the need to follow the process for establishing identity when there is no photo ID (Section 3 above), and may serve to meet the requirement for verifying identity before dosing, and maintaining a photo onsite (Section 4 above). A clear and legible copy of any of the following identification forms are sufficient:

- Any federal, state or local issued photo identification cards (expired is acceptable)
- A passport
- A student ID (if it contains DOB, without DOB it may be used for dosing only)
- A photo identification card issued by another NTP
- A check cashing photo identification card

**ATTACHMENT A**

**Narcotic Treatment Program  
Identification Verification Form**

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Gender: \_\_\_\_\_

Patient Race/Ethnicity: \_\_\_\_\_

*I understand that the personal information that I have provided may be used to authorize my eligibility for Medical Assistance benefits. I verify, subject to penalties provided for under law, that this information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**I certify that I verified identity with CBH/DBH/other insurer**

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## **ATTACHMENT B**

### Sample Policy and Procedure Section

#### Procedure for Verifying Identity When a Photo ID is Unavailable:

When photo ID is unavailable, staff gather the following information:

- i. Name
- ii. DOB
- iii. Gender
- iv. Race/Ethnicity

and fill out the Identification Verification Form. Staff then contact CBH/DBH/the insurer by phone and provide the four demographic factors above. CBH and/or DBH staff, before issuing an authorization, verify that these four factors match the information available in PA DHS eligibility systems. (Other insurers will check their enrollment files.) If any factor does not match, staff resolve the discrepancy by consulting with the patient and updated the form if needed. Once identification is established, staff sign the Identification Verification Form and place it in the patient record.