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**BEHAVIORAL HEALTH ADMINISTRATION**

***Maryland Recovery Net/State Care Coordinator***

**Staff Change Form**

| Maryland Recovery Net/State Care Coordinator | |
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| Please complete and send this form to:  Sheniyah Mitchell, Care Coordination Program Manager: sheniyah.mitchell@maryland.gov and  Patricia Konyeaso, Director, Maryland RecoveryNet andMaryland Certification of Recovery Residences: patricia.konyeaso@maryland.gov | |
| **Maryland RecoveryNet** | **State Care Coordination** |
| Date of Notice: Date of Notice: | Date of Notice: |
| Effective Date: | Effective Date: |
| Jurisdiction: | Jurisdiction: |
| Provider Type: ☐Care Coordination ☐Housing Location: | Location: |
| Provider’s Name: | |
| Service Location: | Former SCC Name: |
| Contact Name:  Email:  Phone Number: | Replacement SCC Name/Contact Information:  Name:  Email:  Phone Number: |
| Former MDRN Staff Name: | SCC Supervisor Name/Contact Information  Name:  Email:  Phone Number: |
| Replacement MDRN Name/Contact Information:  Name:  Email:  Phone Number: | Notes: |
| Coverage Plan: |

Rev:

11/29/2021; 06/04/2021