



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #13-53-OPE

(This Policy Bulletin Replaces PB #03-58-EMP)

### FORMS AND NONCOMPLIANCE INFORMATION FOR ALCOHOL CRISIS CENTERS (ACC)

<b>Date:</b> June 3, 2013	<b>Subtopic(s):</b> Substance Abuse
<p> This procedure can now be accessed on the FIAweb.</p> <p>Revised</p>	<p>The purpose of this policy bulletin is to inform staff that the Alcohol Crisis Center (ACC) Daily Referral Transmittal (<b>M-687a</b>), Alcohol Crisis Center (ACC) Daily Discharge Transmittal (<b>M-687b</b>), and Alcohol Crisis Center (ACC) Discharge to In-patient Treatment Summary (<b>M-687c</b>) forms have been revised.</p> <p>The following changes have been made to the forms:</p> <p><b>M-687a:</b></p> <ul style="list-style-type: none"> <li>• The Human Resources Administration Department of Social Services (HRA DSS) logo has been updated.</li> <li>• A line for <b>Week Ending</b> has been added.</li> <li>• The column for <b>Case Number</b> has been moved in between the columns for <b>Case Name</b> and <b>Social Security Number (SSN)</b>.</li> <li>• “Y/N” (Yes/No) has been added to the <b>Veteran</b> column.</li> </ul> <p><b>M-687b:</b></p> <ul style="list-style-type: none"> <li>• The HRA DSS logo has been updated.</li> <li>• A line for <b>Week Ending</b> has been added to the right of the line for <b>Site Code</b>.</li> <li>• The “Discharge” column, will now read as <b>Discharge Level, In-patient/Out-patient</b>.</li> <li>• A column for <b>Left Against Clinical Advice</b> has been added as the last column.</li> </ul>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*

**M-687c:**

- The HRA DSS logo has been updated.
- The new name of the form is the **Alcohol Crisis Center (ACC) Discharge Notification**.
- In the ACC Information section, a line for **Admission Date** has been added, and lines for **Site Code** and **Discharge Date** have been removed.
- In the Case Profile section, “**Participant’s**” has been added to Signature line.
- In the Discharge Information section, check boxes () for **Inpatient**, **Outpatient**, **Residential**, and **Against Clinical Advice** have been added. “**Inpatient**” has been removed from the Program line. The **Site Code** and **Discharge Date** lines have been removed.
- In the ACC Representative section, a line for **Title** has been added.

Use of Forms

Form **M-687a** is faxed to the ACC Unit at the Residential Treatment Services Center (RTSC) at (212) 835-7842 when an individual on Cash Assistance (CA) enters an ACC. The ACC Unit will verify an active CA case, and other identifying information, against the Welfare Management System (WMS) and New York City Work Accountability and You (NYCWAY) to determine whether or not the request for ACC shelter payment will be approved.

See [PD #03-09-EMP](#)

**Note:** If the ACC request for shelter payment is approved, the ACC Unit Worker will enter Action Code **200E** (Enrolled in an ACC program) in NYCWAY to indicate ACC admission. This will terminate all other assignments, except an assignment to a Residential Treatment Center.

Form **M-687b** is faxed to the ACC Unit at the RTSC to confirm the participant’s discharge from the ACC. The form indicates two possible discharge outcomes:

- One outcome is that the participant is referred to the Substance Abuse Service Center (SASC) for a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) assessment. The CASAC will determine the need for further treatment according to current procedure.
- The other outcome is that the participant is referred to an in-patient program (see below).

Form **M-687c** is faxed to the ACC Unit and attached to the **M-687b** form to confirm that the ACC has discharged the participant to an in-patient treatment program.

When the ACC Unit at RTSC receives the **M-687c**, the Worker will enter Action Code **201I** ("i") (ACC discharged to inpatient program) in NYCWAY to indicate that the participant has been discharged from an ACC to an in-patient program. The **201I** has a 35 day future action date (FAD). The code will autopost Action Code **193** (Referred to Substance Abuse Service Center) in NYCWAY for a batch call-in to SASC for a CASAC assessment on the expiration of the 35-day FAD.

Noncompliance with ACC Treatment

A participant cannot be sanctioned for leaving an ACC facility before being officially discharged because treatment is not mandated. If the ACC notifies RTSC that the participant left ACC before discharge, the ACC Unit Worker will enter Action Code **201D** (Terminated from ACC program) in NYCWAY to indicate non-compliance and generate an immediate appointment to SASC.

See [PD #12-14-EMP](#)

If the participant fails to report (FTR) to the SASC mandatory appointment, follow current Temporary Assistance (TA) rules for failure to cooperate with substance abuse assessment.

*Effective Immediately*

**Related Items:**

- [PD #03-09-EMP](#)
- [PD #12-14-EMP](#)

**Attachment(s):**

- M-687a** Alcohol Crisis Center (ACC) Daily Referral Transmittal (Rev. 6/3/13 )
- M-687b** Alcohol Crisis Center (ACC) Daily Discharge Transmittal (Rev. 6/3/13 )
- M-687c** Alcohol Crisis Center (ACC) Discharge Notification (Rev. 6/3/13)

Forms can now be accessed through Print on Demand at all Job Centers

### Alcohol Crisis Center (ACC) Daily Referral Transmittal

ACC Name: \_\_\_\_\_

Address: \_\_\_\_\_

Site Code: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Case Name	Case Number	SSN	Veteran Y/N	DOB	ACC Notification Date	Eligible for Payment	
						YES	NO (REASON)
SAMPLE							

I have reviewed the information above and certify that it is accurate.

ACC Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

### Alcohol Crisis Center (ACC) Daily Discharge Transmittal

ACC Name: \_\_\_\_\_

Address: \_\_\_\_\_

Site Code: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Case Name	Case Number	ACC Discharge Date	DISCHARGE Level In-patient/ Out-patient	DISCHARGE SASC Assessment Scheduled	Left Against Clinical Advice
SAMPLE					

I have reviewed the information above and certify that it is accurate.

ACC Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

### ALCOHOL CRISIS CENTER (ACC) DISCHARGE NOTIFICATION

ACC INFORMATION	
ACC Program Name: _____	Admission Date: _____
Address: _____ _____	
City: _____	State: _____ Zip: _____

CASE PROFILE	
Participant's Name: _____	_____
Participant's Address: _____	_____
Case Number: _____	SSN: _____
Job Center: _____	_____
Participant's Signature: _____	Date: _____

DISCHARGE INFORMATION	
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential <input type="checkbox"/> Against Clinical Advice	
Program Name: _____	Telephone Number: _____
Address: _____ _____	
City: _____	State: _____ Zip: _____
Discharge Date: _____	

ACC REPRESENTATIVE	
Signature: _____	Date: _____
Title: _____	