



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #12-14-EMP

(This Policy Directive Replaces PD #02-11-EMP)

PROCESSING SUBSTANCE ABUSE CASES

Date: May 10, 2012	Subtopic(s): Substance Abuse
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AUDIENCE

The instructions in this policy directive are for Job Center and Substance Abuse Service Center staff, and are informational for all other staff.

REVISIONS TO THE PRIOR DIRECTIVE

This policy directive has been updated to:

- Clarify instructions for sanctioning noncompliant Substance Abuse referred applicants/participants from Cash Assistance (CA) cases consisting of two or more household members.
- Provide instructions for manually completing the Action Taken on Your Application: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage (NYC) (**LDSS-4013A [NYC]**) to sanction applicants/participants due to non-compliance with substance abuse requirements.
- Introduce the new Individual Sanction (**ISAN**) **Worklist**, which lists applicants (who are members of multi-person households) who are to be sanctioned due to noncompliance with Family Independence Administration's (FIA) substance abuse assessment appointment.
- Revise the following forms with the current Human Resources Administration (HRA) logo and change references from public assistance to cash assistance:
 - Participant Rights and Responsibilities (**M-75r**)
 - Consent for Disclosure of Alcohol or Substance Abuse Treatment Program Information and Records and Cash Assistance and Care Information and Records (**M-75z**)

HAVE QUESTIONS ABOUT THIS PROCEDURE?

Call 718-557-1313 then press 3 at the prompt followed by 1 or send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- Revise the Referral for Substance Abuse Assessment (**W-456AA**) text and format so that it is a more versatile referral form.

POLICY

As a condition of eligibility for Cash Assistance, resources must be evaluated and verified to determine an individual’s potential to remove or reduce the need for CA. One such resource is potential employability. All applicants/participants are required to participate in employment activities unless determined exempt from work rules requirements.

Eighteen year-old full-time students regularly attending a secondary school or in the equivalent level of vocational or technical training, are not considered adults for the purpose of this screening.

New York State’s regulations require screening, assessment, and treatment for adult applicants/participants with alcoholism and/or substance abuse (SA) addictions, as follows:

- All adult applicants/participants and heads of households must be screened for drug/alcohol abuse issues.

Failure to comply with SA screening will result in the *individual’s* denial of cash assistance until compliance (non-durational sanction).

- All adult applicants/participants and heads of households who screen positive for potential drug/alcohol abuse must be formally assessed by a Credentialed Alcoholism Substance Abuse Counselor (CASAC).

Failure to comply with SA assessment will result in the *individual’s* denial of cash assistance until compliance (non-durational sanction).

- All adult applicants/participants and heads of households who are determined by a CASAC, through the formal assessment, to need treatment, must participate in appropriate drug/alcohol rehabilitation treatment as a condition of eligibility.

Failure to comply with SA treatment will result in the *individual’s* denial of cash assistance (durational sanction).

See [TA Source Book](#) Section IX Categories of Assistance for Cash Assistance.

Otherwise eligible households in which the case head or any other mandated adult household member is identified as an abuser of drugs or alcohol must receive CA under one of the Safety Net Assistance (SNA) non-cash categories even if the substance abuser is in compliance with substance abuse requirements.

If the head of the household or any other adult household member fails to comply with the required screening, formal assessment or rehabilitation treatment for substance abuse, the remaining household members would receive SNA but the noncompliant individual is ineligible for CA (sanctioned).

Safety Net Non-Cash (SNNC) must be provided to:

Adult-only households that include a SA identified applicant/participant must receive SNNC.

- An individual who is deemed unable to work due to alcohol or substance abuse and is complying with substance abuse requirements (screening, assessment, and treatment).
- A household in which all members are adults and any household member fails to comply with screening, assessment or treatment for alcohol or substance abuse. The non-compliant individual is a sanctioned member of the household.

Safety Net-Federally Participating (SNFP) must be provided to:

Households that would otherwise be eligible for Family Assistance (FA) were it not for the presence of substance abuse must receive SNFP.

- The family in which the case head or any other adult household member mandated into the CA filing unit is determined unable to work due to alcohol or substance abuse and the individual is complying with substance abuse requirements.
- The family in which the case head or other adult household member mandated into the CA filing unit fails to report to or comply with substance abuse requirements. The non-compliant individual is a sanctioned member of the household.

See the TA Sanction and Denial Policy/ Participation Rate Impact Guide ([LDSS-4958](#)).

SA identified applicants/participants, who fail without good cause to participate in, or complete appropriate treatment programs, are subject to *durational sanctions*. Such sanctions must remain in effect until the failure ceases (until compliance) but no less than:

Durational sanction periods

- 45 days in the first instance of non-compliance;
- 120 days in the second instance; and
- 180 days in the third and subsequent instances

See [PD #03-48-ELI](#) for the pro-rata budgeting process for non-compliant substance abusers.

When the noncompliant SA identified applicant/participant is a member of a multi-person household, a *durational sanction* results in the sanction of the noncompliant individual from the CA case for the appropriate period of time and a pro-rata reduction in the CA grant. The household's CA grant is reduced by the sanctioned individual's proportionate share of the grant using income source code **46**.

BACKGROUND

The Job Centers of the Special Needs Region that service participants with substance abuse disorders are the Substance Abuse Service Center (SASC), the Union Square Job Center (#39), and the Residential Treatment Service Center (RTSC) (#52). Once the applicant/participant is determined in need of substance abuse treatment, the applicant/participant substance abuse treatment activities are tracked and monitored through the Substance Abuse Treatment and Reporting System (STARS).

SASC

Substance Abuse Service Center (SASC)

The goal of SASC is to ensure that participants receive appropriate treatment, cooperate with, or complete their treatment program, while receiving appropriate employment preparation and job placement services.

SASC staff includes a Direct Service Unit comprised of JOS/Workers who are responsible for working with participants enrolled in outpatient treatment programs. The SASC JOS/Workers work with all treatment programs and the Job Centers to ensure that services (e.g., childcare, Medicaid, housing allocations, etc.) are in place to facilitate participation in all mandated activities. In addition, SASC JOS/Workers work with the Work Experience Program (WEP), Wellness, Comprehensive, Assessment, Rehabilitation and Employment (WeCARE), Back To Work (BTW), and other specialized employment programs and vendors, as appropriate.

Union Square Job Center (USJC) #39

Union Square Job Center #39

The USJC is a nonapplication center that services all cash assistance participants who have substance abuse disorders who do not require residential treatment.

The USJC also coordinates the delivery of services to applicants/participants who are referred for substance abuse treatment assessment or assessed as in need of substance abuse treatment. In order to do so, the USJC works with the following contracted service programs:

SACAP

- Substance Abuse Centralized Assessment Program (SACAP)

SACAP consists of contracted staff, CASACs, who assist those individuals who may have substance abuse problems.

Applicants/participants who have undergone a substance abuse screening that indicates they might have a substance abuse problem or may have an alcohol/substance abuse related barrier to work are required to have a comprehensive assessment conducted by a CASAC.

The CASAC determines whether the individual does in fact have a substance abuse problem and whether the problem is a barrier to employment. If the CASAC identifies a substance abuse problem, the CASAC determines the appropriate level of treatment and care required.

The CASAC offers a choice of treatment programs located in the individual's neighborhood (if available). The individual is mandated into a treatment program based upon the level of treatment required.

If an individual is already enrolled in a treatment program, the CASAC contacts the treatment program to assess the appropriateness of the program.

CSM

- Comprehensive Service Model (CSM)

CSM provides services to substance abuse individuals citywide that include screening, treatment, employment preparation, work experience, and job placement. CSM vendors have the following New York City Work Accountability and You (NYCWAY) site designation codes based on the borough of the cases they are assigned:

D10 -- Project Ace in Brooklyn

D20 -- University Behavioral Associates (UBA), in the Bronx

D30 -- the Visiting Nurses Services (VNS) of NY in Queens, Manhattan, and Staten Island

MATS

Managed Addiction Treatment Services (MATS)

MATS is designed to provide voluntary clinical case management services to individuals who are in receipt of Medicaid reimbursed substance abuse services. The goal of MATS is to reduce Medicaid expenditures for substance abuse treatment by providing clinically focused services that will facilitate recovery and self-sufficiency.

RTSC

Residential Treatment Service Center (RTSC) #52See [PD #00-33R](#).

The RTSC is a special center responsible for handling the Cash Assistance (CA)/Medical Assistance (MA) and Food Stamp (FS) cases of applicants/participants residing in substance abuse residential treatment facilities. The prescreening and Bureau of Eligibility Verification (BEV) interviews for applicants are held at the individual's Residential Treatment facility and the applicants are escorted to the RTSC for the "I" interview.

Individuals in residential treatment will be referred for assessment by a CASAC or CSM vendor (as needed) who will determine whether residential treatment is the appropriate level of care for the participant.

Recertification

Recertifications are conducted twice a year for individuals in residential treatment facilities. The first recertification, four months after acceptance, is conducted through a mail process. The second recertification, an in-person face-to-face interview, takes place six months later. Thereafter, recertification will alternate between mail and in-person interviews.

STARS

Substance Abuse Treatment and Reporting System (STARS)

Treatment programs record and monitor attendance and compliance with SA treatment using STARS. STARS facilitates the exchange of information between agencies that refer and monitor individuals with chemical dependency disorders and the substance abuse treatment programs that enroll them. Once the applicant/participant attends substance abuse treatment program, the treatment program worker will make an entry in STARS to indicate that the individual attended the treatment program and is enrolled. STARS transmits the information to NYCWAY. The treatment program staff electronically submits required information through STARS, such as referral outcomes, employment, transfer requests, monthly treatment verification, attendance, toxicology results, completions, and discharges.

The referring/monitoring agency's staff use STARS to view reports and track the programs of the individuals they have referred to treatment. Some individuals referred to treatment through STARS are monitored by more than one agency.

Notification of the Substance Abuse Screening Requirement

Information regarding an applicant/participant's responsibility to complete alcoholism and substance abuse screening assessment and treatment is in the What You Should Know About Your Rights and Responsibilities (**LDSS-4148A**) State booklet.

The **LDSS-4148A** informs the applicant/participant that failure to comply with alcohol and substance abuse screening and assessment without good cause could result in the denial of cash assistance for the non-compliant individual.

Eighteen-year olds participating in a full time secondary school are not considered adults for the purpose of this screening.

All adults 18 years of age or older applying for or receiving cash assistance must be screened for a possible alcohol/substance abuse barrier to work by utilizing the Alcohol and Drug Abuse Screening and Referral Form (**LDSS-4571**).

Applicants applying for one shot emergency assistance are not required to be screened for alcohol/substance abuse.

Failure to Report/Comply

Applicants/participants who fail to comply with SA screening, assessment, or release of drug/alcohol abuse information will be sanctioned from the CA case using the following WMS *non-durational* sanction codes:

- **P44** (Failure to comply with Drug/Alcohol *Screening*) – ineligible until compliance
- **P45** (Failure to comply with Drug/Alcohol *Assessment*) – ineligible until compliance
- **P46** (Failure to comply with Drug/Alcohol *Release of Information*) – ineligible until compliance

Applicants/participants who are exempt from work requirements but fail to comply with, or leave a treatment program without good cause will be sanctioned from the CA case using the following WMS *durational* sanction codes:

For applicants:

- **MX1** (Failure to take part in Drug/Alcohol Rehabilitation, 1st Occurrence) – 45 days and until compliance
- **MX2** (Failure to take part in Drug/Alcohol Rehabilitation, 2nd Occurrence) – 120 days and until compliance
- **MX3** (Failure to take part in Drug/Alcohol Rehabilitation, 3rd Occurrence) – 180 days and until compliance

For participants:

WMS reason codes
PX1-3 replaced WMS
GX1-3 codes in 2010.

- **PX1** (Failure to take part in Drug/Alcohol Rehabilitation, 1st Occurrence) – 45 days and until compliance
- **PX2** (Failure to take part in Drug/Alcohol Rehabilitation, 2nd Occurrence) – 120 days and until compliance
- **PX3** (Failure to take part in Drug/Alcohol Rehabilitation, 3rd Occurrence) – 180 days and until compliance

Applicants/participants who are non-exempt from work requirements but fail without good cause to comply with or leave a treatment program which has been assigned as a work activity will be sanctioned using WMS durational sanction/closing code **WE1/WE2/WE3** (Failed to go to an employment/training assignment [job search] – Applicant or Participant) (see chart below).

<i>Code</i>	<i>Infraction Instance</i>	<i>Households with Children</i>	<i>Households without Children</i>
WE1	1st	Until compliance	90 days and until compliance
WE2	2nd	90 days and until compliance	150 days and until compliance
WE3	3rd	180 days and until compliance	180 days and until compliance

Single individual households

Single individual cases will continue to be placed on the **ISAR Worklist** to be denied/closed for failure to comply with substance abuse requirements.

New **ISAN Worklist** for multi-person households

The **ISAN Worklist** has been developed to identify individuals in multi-person CA applying households who must be sanctioned for failure to comply with substance abuse requirements while the remainder of the household, if otherwise eligible, will receive CA.

REQUIRED ACTION

Screening Process

If it is determined that an applicant/participant needs a referral for a SA assessment by a CASAC based on information disclosed or observed in the interview, or provided on the **LDSS-4571** screening form, the JOS/Workers must take the following action:

- Initiate an Employability Plan (EP)
- Enter “Y” next to “Alcohol/Drug Issue” in the Barriers section and transmit
- Enter “Y” on the next screen for the following question, “Screening <LDSS-4571> Completed?” and transmit

- Enter “Y” for the next question “Do you want to make a referral?” This will prompt the system to initiate a referral for a substance abuse assessment.
- Enter “Y” to accept the offered action code that will schedule a SA appointment.

Note: If the system was attempting to post Action Code **915C** and slots are not available, the system will offer Action Code **915G**.

For applicants, the system will post one of the following Action Codes:

- 915C** (CSM Assessment – Applicant); or
- 915D** (CSM Referral – Prior History with CSM Vendor)
- 915G** (CASAC Assessment – Applicant)

This will generate an appointment to the CASAC or the CSM vendor.

If the applicant was referred to a CSM vendor, the system will also post Action Code **910S** (Job Center return appointment – SASC results).

For participants, the system will post Action Code:

- 193** (CASAC Assessment – Participant).

Job Center **#37**

For SA identified applicants/participants at the East River Job Center (#37), the system will offer one of the following Action Codes:

See **Attachment A** for the list of Substance Abuse/Substance Abuse Action Codes

- 915R** (CASAC Assessment – Applicant); or
- 214W** (CASAC Assessment – Participant), manual same-day referral to SASC on-site; or
- 193R** (CASAC Assessment – Participant), if referred to SASC through the EP.

A comment field is enabled to enter comments, if necessary.

Once the appointment is made, the Appointment Requestor Screen appears.

- Press ‘Transmit’ from the Appointment Requestor Screen to complete the referral process.
- Print the appropriate referral forms and return appointment forms, as applicable.

Once Action Code **193**, **193R**, or **915G** posts, the system will:

- Post Action Code **214H** (Call-in letter) to generate the Referral for Substance Abuse Assessment (**W-456AA**) notice to call in the individual for an assessment ;
- Change the EMP status code to **63** (Substance Abuser – In Rehabilitation or Waiting for Rehabilitation – Exempt) to ensure that the individual is not assigned to inappropriate work activities while awaiting the outcome of the SA assessment.
- De-assign any participant already engaged in a work activity.

Once Action Codes **915C** and **915D** (Applicant with Prior History with CSM Vendor) posts, the system will generate form **W-456AA** for applicant referral to the CSM vendor.

Action Code **193R** will generate the Reevaluation of Employability Status Appointment (**W-584M**) notice.

Re-Applicants with Prior History of Substance Abuse

CA re-applicants with a history of alcohol/substance abuse

For Cash Assistance (CA) re-applicants with a history of alcohol/substance abuse services recorded in NYCWAY within the past three years, “Y” will auto-post next to “Alcohol/Drug/Issue?” based on a review of SA action codes. The system will automatically require the JOS/Worker to schedule a mandatory assessment appointment. If the individual is a re-applicant with a prior history with a CSM vendor, the system may prompt Action Code **915D** (CSM referral for individual with prior history with CSM) for referral to an available CSM slot unless the system identifies Action Code **241X** (Discharged from CSM Management) which indicates that the CSM vendor previously terminated the assignment. If Action Code **241X** is present or there are no CSM program slots available, the system will offer CASAC referral code **915G** (Referral to SASC Intake).

The Worker must advise the individual that a substance abuse problem will not necessarily prevent him/her from participating in a work activity and that a work assignment could be part of his/her rehabilitation program.

Assessment Process

A CASAC assessment and follow-up is required for all individuals with a positive SA screening or individuals who claim they are unable to work due to substance abuse. A CASAC will assess the applicant/participant and upon completion, determine if substance abuse treatment is required, the level of treatment needed, and the employability status of the individual (whether the individual is exempt from work activities).

Assessment Outcomes

Depending on the results of the assessment and the level of treatment required, CASAC will post the following action codes in NYCWAY:

Exempt – Intensive Treatment Required

- **240T (Applicants)/241T (Participants):**
These individuals are determined to need intensive non-residential treatment are mandated for at least 15 hours per week (fulltime enrollment) in a treatment program and are fully exempt from work requirements for 90 days due to SA.

This exemption may extend until an SA reassessment determines that the individual is no longer in need of intensive treatment. This automatically changes the individual's EMP status code to **63** (Substance Abuser, exempt) and terminates all current engagement assignments such as WEP, Begin Employment Gain Independence Now (BEGIN), and BTW, if not already terminated.

Nonexempt – Treatment Required

Substance abuse treatment is a work activity for nonexempt individuals.

- **240W (Applicants)/241W (Participants):**
These individuals are determined nonexempt from job search and work requirements, but are mandated to receive non-intensive (up to 14 hours per week) substance abuse treatment concurrent with work activities for up to a combined total of 35 hours per week. This code automatically makes the individual's ES code **64** (Substance Abuser, nonexempt).
- **225** –The individual signed the **M-75z** consent form. The CASAC informs the individual that participation in the treatment program is mandatory and requests that s/he sign the **M-75z** form. If the individual refuses to sign the **M-75z** consent form, s/he is not in compliance with the substance abuse program rules. The JOS/Worker must use CNS reason code **P46** (Failure to comply with drug/alcohol release of information) to reject/close single individual cases or to sanction an individual line on a multi-person case.
- **224** – Refers the individual to a treatment program. The Referral to Treatment Program (**M-687R**) form will be given to the applicant/participant. Once entered in NYCWAY, if the participant is assigned to WEP, the WEP hours must be adjusted by deducting a standard seven hours per week (14 hours/cycle) from the WEP schedule for attendance in substance abuse treatment.

- **243A (SASC)/243C (CSM):**
The applicant/participant must return to the CASAC for a follow-up assessment in up to, but not more than, 90 days. Used only as deemed necessary by CASAC. These codes require a manual future action date (FAD) that will trigger a batch call-in notice to the CASAC for participants (applicants will receive the batch call-in notice once the case becomes active).

At the call-in appointment, if the individual is deemed able to work, the participant must be assigned to a work activity. This code is also used to identify individuals mandated into non-HRA recognized/approved treatment programs.

- **205G** – refers the applicant/participant to the SASC Worker:
This code will also generate the CASAC Referral to a Substance Abuse Center form (**W-500EE**). The CASAC will assign a same-day FAD and give the letter to the participant.

*Nonexempt – No
Treatment Required*

- **240N (Applicants)/ 241N (Participants):**
The individual does not require any kind of SA treatment and must be assigned to a full 35 hours of work activities unless a physical or mental health condition otherwise limits the number of hours that the individual can participate in work activities. These codes automatically change the ES code to **20**.

If the individual must be engaged, no other barriers exist, and childcare is in place, the SASC Worker will refer the individual to an appropriate work activity (BTW, training, etc.) If childcare is not in place, the SASC Worker will refer the participant back to the Job Center using Action Code **105E** (Referred for employment appointment – employable) and enter a comment informing the Worker that the individual is nonexempt, no treatment is required and that s/he is in need of childcare services prior to being engaged. If another barrier to engagement exists, such as domestic violence, the SASC Worker will make the appropriate referral.

The SASC Worker is responsible for updating or completing the EP and assigning the individual to an appropriate work activity (BTW, Training, etc.)

If no other barriers exist, the SASC Worker will:

- Enter Action Code **200P** (Notification of Work Req. presented to participant) in NYCWAY to generate an automated Notification of Temporary Assistance Work Requirements Determination (nonexempt) (**LDSS-4005(a) NYC**), which must be given to the applicant/participant;
- Make an assignment to an appropriate work activity (BTW, training, etc.) to serve as a secondary assignment. If the assignment is to a BTW vendor, Action Code **917Q** (Applicant) or Action Code **153Q** (Participant) must be entered;
- Assign participants to a tertiary concurrent activity (such as WEP or training), as appropriate and complete the EP;
- Inform the participant that s/he is now enrolled in substance abuse treatment and two concurrent activities (WEP and BTW or WEP and training). All three activities are mandatory. The substance abuse treatment is the primary activity.

Other Barriers to Engagement

Medical/Mental Health Issue

See [PD #11-28-ELI](#),
Wellness,
Comprehensive
Assessment,
Rehabilitation and
Employment (WeCARE)

If, at the Job Center, the applicant/participant claims to have a medical/mental health condition that prevents him/her from participating in work activities, the JOS/Worker must make a referral to WeCARE in accordance with current procedure (See Wellness, Comprehensive Assessment, Rehabilitation and Employment [WeCARE] [PD #11-28-ELI](#).)

If, while at SASC, the applicant/participant claims that s/he cannot participate in a work activity due to a medical or mental health condition, the SASC Worker will make a WeCARE referral through the EP and the referral will be identified by one of the following NYCWAY action codes:

- **968U** (SASC Referral to WeCARE) – to refer the applicant for medical assessment via Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE); or
- **168U** (SASC Referral to WeCARE) – to refer the participant for a medical assessment via WeCARE.

Domestic Violence

See [PD #10-08-ELI](#),
Domestic Violence
Program.

In instances where an applicant/participant claims that s/he cannot work or comply with treatment requirements because of a domestic violence situation, the JOS/Worker must make a referral to the Domestic Violence Unit Liaison in accordance with current procedure. The Liaison will determine if a full waiver is warranted.

In addition, during the CASAC assessment, the applicant/participant will also be asked about domestic violence. If the applicant/participant claims domestic violence during the CASAC screening, the CASAC will make a treatment assignment and enter Action Code **191A** (Referral/Reschedule for Special Assessment [Participants]) in NYCWAY to refer the individual to the Domestic Violence Liaison (DVL) at 109 East 16th Street.

The CASAC will also prepare a detailed Client Routing Pass (**W-270**) and forward the **W-270** to the DVL. If the DVL determines that a partial waiver is warranted, s/he will consult with the CASAC to ensure that the treatment assignment was made to a “safe” treatment location. If the DVL determines that a full waiver is warranted, s/he will cancel the treatment assignment in NYCWAY.

If an applicant/participant needs to be waived from the requirement to participate in substance abuse treatment for safety reasons, the DVL must post one of the following Action Codes:

- **931C** (Substance Abuse Waiver [Applicants]) for **991S** (Referral/Reschedule [Applicants]) referrals;
- **931G** (Special Assessment Appointment Kept – Waiver Granted [Applicant]) (followed by **931C**) for **991I** (Special Assessment Referral); or
- **131C** (Substance Abuse Waiver [Participants]) for **191A** referrals.

The applicable Action Code will be entered in NYCWAY. The EMP status code will change to **45** (Work Requirements Waived). This exempts the applicant/participant from substance abuse requirements until a reassessment is done by the DVL.

Handling Schedule Conflicts and Adjustments

See [PB #09-97-EMP](#),
Employment Daily
Timekeeping System

The nonexempt participant is expected to maintain a simulated workweek schedule of 35 hours of active participation. If the participant is required to attend more treatment hours during the initial intake phase than during the ongoing treatment phase, s/he must bring verification from the program to the BTW/WEP location to be excused for those hours.

The WEP
supervisor/PSU unit or
BTW vendor can also
make schedule
accommodations.

If there is a scheduling conflict between treatment program hours and WEP or BTW assignment hours, and the treatment program has flexibility in scheduling the treatment, it is the participants responsibility to request a schedule from the treatment program that accommodates his/her BTW and WEP hours. If the hours of treatment are fixed (i.e. hours mandate by parole), requests by the treatment program for scheduling adjustments in WEP/BTW hours must be honored when accompanied by written verifiable documentation.

The participant can also go to the Participant Services Unit (PSU) at 109 E. 16th Street to discuss unresolved scheduling conflicts.

Penalties for Failure to Report/Comply

Failure to Comply with Drug/Alcohol Screening

If an individual fails to complete the **LDSS-4571**, the JOS/Worker must deny cash assistance to the individual using CNS closing/denial (HH=1)/individual sanction (multi-person HH) code **P44**.

Failure to Report (FTR) to or Comply (FTC) with Drug/Alcohol Assessment

Substance abuse assessment is mandatory for those whose initial screening revealed relevant indicators.

If an individual fails to report to SASC for a substance abuse assessment, the CASAC enters:

- Action Code **211A** (FTR to Job Center Referral to SASC)

For single individual cases, Action Code **211A** code will place the case on the Income Support Action Required (**ISAR**) **Worklist** for the JOS/Worker at the Job Center to reject the case.

FTR – APPLICANTS
Drug/Alcohol
Assessment

For multi-person cases, Action Code **211A** will place the case on the **ISAN Worklist** for the JOS/Worker at the Job Center to sanction the noncompliant individual *only* and change the case category to the appropriate non-cash assistance category (SNFP/SNNC).

FTR – PARTICIPANTS
Drug/Alcohol
Assessment

- Action Code **457A** (FTR Call-In for SA Assessment).

Action Code **457A** is linked to CNS reason code **P45** (Failed to comply with drug and/or alcohol assessment). NYCWAY will initiate a case closing for single individual cases. The JOS/Worker must use individual reason code **P45** to sanction an individual’s line on a multi-person case. All other household members, if otherwise eligible, must receive pro-rata assistance through the SNNC/SNFP category as appropriate.

See [PD #03-48-ELI](#),
Public Assistance
Sanctions and Reduction
Budgeting.

If an individual fails without good cause to comply with SASC for a substance abuse assessment, the CASAC enters:

FTC – APPLICANTS
Drug/Alcohol
Assessment

- Action Code **211R** (FA FTC with CASAC recommendation).

This code will route all applying single individual cases to the **ISAR Worklist** and all applying multi-person household cases to the **ISAN Worklist** to have the JOS/Worker sanction the individual line of the non-compliant applicant.

The JOS/Worker must use individual reason code **P45** to sanction the individual. All other household members, if otherwise eligible, must receive assistance.

FTC – PARTICIPANTS
Drug/Alcohol
Assessment

- Action Code **457C** (FTC – CASAC) in NYCWAY.

Action Code **457C** is linked to CNS sanction/closing code **P45**. NYCWAY will initiate a single individual case closing. The JOS/Worker must use individual reason code **P45** to sanction the individual from a multi-person SNA/FA household case. All other household members, if otherwise eligible, must receive assistance through SNNC/SNFP as appropriate.

Notices

CNS notice
automatically generated

In instances where a **participant** fails to report to SASC for a substance abuse assessment or fails without good cause to comply with CASAC, a CNS notice is generated to inform the casehead of the reduction in grant due to a sanctioned individual and the duration of the sanction.

Manual **LDSS-4013A** notice generated

However, in instances where an **applicant** in a multi-person case fails to report to SASC for a substance abuse assessment, a manual **LDSS-4013A** notice must be generated to notify the individual of the sanction by checking the appropriate boxes in the “PUBLIC ASSISTANCE” section and entering **18 NYCRR Section 351.2 (i)** on the regulation line. See **Attachment B** for the example of how form **LDSS-4013A** is to be annotated.

18 NYCRR Section 351.2(i) is entered on the **LDSS-4013A**.

Failure to Report to or Comply with Substance Abuse Treatment

- Exempt -- Intensive Treatment Required

Substance abuse treatment is mandatory for those determined by the CASAC to require it.

Applicant FTR or FTC with treatment program

For an **applicant** who fails to report (FTR) to or fails to comply (FTC) with the treatment program, the treatment program will enter that information in STARS, which will communicate to NYCWAY to post one of the following Action Codes:

- 210D** (FA Treatment Prg Res: FTR/FTC to Program Appointment),
- 211F** (FA FTR to Treatment Program Referral)
- 211G** (FA FTC to Treatment Program Referral),

These codes will place the individual on an **ISAR** or **ISAN Worklist** for appropriate sanction action.

Participant FTR or FTC with treatment program

Action Code **480A** (FTC Participate or Complete Outpatient Treatment Program) will be entered for **participants** who FTR or FTC, which will initiate a **PX1** durational sanction closing for single-person cases or line sanction for multi-person households.

The system will automatically determine the appropriate sanction level if there is a previous history of failure to comply with SA treatment and will bump the sanction to **PX2/PX3** and apply the correct duration of the sanction.

All other household members, if otherwise eligible, must receive assistance through SNNC, if a childless couple case, or SNFP, if a family case.

- NonExempt – SA Treatment Required

A nonexempt applicant/participant who refuses or fails to participate in or complete treatment, without good cause, that was assigned as a work activity must be offered conciliation. (see below for instructions on **Good Cause**).

NYCWAY will initiate a **WE1** closing/sanction to deny/close nonexempt individuals. NYCWAY will bump the sanction/closing up to the appropriate **WE2/WE3** durational level based on the number of times the individual has previously been sanctioned for non-compliance with employment requirements.

Note: Failure to cooperate with the CASAC or with a substance abuse treatment program will not immediately terminate a participant's participation in BTW and/or WEP. In these instances, the participant must continue his/her work activities until the sanction/closing goes into effect. Only then will both their BTW and WEP activities terminate.

In the instance of a line sanction in a multi-person household, after the sanction is implemented, FA and SNCA cases will be placed on the **FYF Worklist**. The JOS/Worker must reclassify the cases to SNFP or SNNC as applicable.

- Residential Treatment (Intensive)

See [PD #00-33R](#),
Residential Treatment
Service Center (RTSC).

Applicants/participants in residential treatment programs forfeit any personal needs allowance (PNA) accumulated while in a facility, if they leave the facility prior to completing the program.

Applicants/participants in a residential treatment facilities who fail to report for their in-person recertification interview, without good cause, will have their cases denied/closed.

Good Cause

Good cause for failing to participate in treatment mandated under the drug and alcohol provisions occurs when:

- An extenuating circumstance occurs that is beyond the applicant/participant's control (such as illness or death in the family); or
- CASAC determines, after discussion with the applicant/participant and the treatment program that the individual is in need of a different program than the one in which s/he is currently enrolled.

The applicant/participant must provide documentation that supports his/her request for good cause consideration and the dates of the occurrence must be consistent with the dates of the infraction period.

Applicants/participants must be advised that participation in a treatment program is not acceptable as good cause for failing to comply with concurrent activities. (See page 13 for information regarding scheduling adjustments when participating in concurrent activities.)

See the **Fair Hearing Implications Section** of this PD.

The JOS/Worker must refer applicants/participants who are dissatisfied with not receiving a good cause determination to the Fair Hearing and Conference (FH&C) Unit. An FH&C AJOS I/Supervisor I will determine if an applicant/participant has good cause.

Categories of Assistance for Cash Assistance

Substance abusers who fail to report or comply with SA assessments or treatment are not eligible for assistance under SNCA or FA. The non-compliant individual must be sanctioned and the remaining household members can be considered for assistance, if eligible, under SNNC or SNFP.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

Referrals to a CASAC and WeCARE are made on the POS referral screen, using NYCWAY as described in this policy directive. JOS/Workers must update the POS referral screen with the results of the referrals and process all case actions in POS.

The POS “Eligibility Determination” screen will show “SN” status for failure to cooperate with CASAC (failed to keep an appointment and/or failed to sign the Consent for Disclosure of Alcohol or Substance Abuse Treatment Program Information and Records and Public Assistance and Care Information and Records form **[M-75z]**)

POS will place Income Source Code **46** on the noncompliant participant’s line in the budget for pro-rata budgeting. However, if an applicant fails to comply with or complete the treatment program, s/he must be sanctioned/denied/rejected/closed in the POS “Eligibility Determination” screen.

Food Stamp Implications

Individuals who must otherwise comply with the Food Stamp work requirements may claim an exemption due to substance abuse reasons. However, if the individual fails to comply without good cause with the Agency’s efforts to verify the claim of exempt status due to substance abuse reasons, s/he is deemed non-exempt for food stamp purposes.

If a single individual’s CA case is closed for failure to comply with substance abuse requirements, a separate food stamp determination is required.

Medicaid Implications

There are no drug/alcohol requirements for Medicaid eligibility.

There are no work requirements for MA and employability is not deemed a resource for MA purposes. If a participant fails to comply with employability determination requests or work activity requirements, a separate Medicaid determination is required.

LIMITED ENGLISH PROFICIENCY (LEP) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-OPE](#).

FAIR HEARING IMPLICATIONS

Applicants/participants who disagree with being determined employable or whose cash assistance cases/benefits have been closed, denied or reduced for failure to report or failure to comply with Agency efforts to determine employability or related issues have the right to request a Fair Hearing.

Avoidance/Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive timely and adequate notification of all actions taken on their case.

Conferences

If an applicant/participant with timely and adequate notification comes into the Job Center and requests a conference regarding a substance abuse determination or FTR/FTC with SA assessment or treatment, the Receptionist must notify the Fair Hearing & Conference (FH&C) Unit that the individual is waiting to be seen.

If an applicant/participant who is currently residing in a Residential Treatment Center comes to the Job Center requesting a conference, the Receptionist must refer him/her to the FH&C Unit at 109 E. 16th Street, New York, NY 10003.

The FH&C Associate Job Opportunity Specialist (AJOS I)/Supervisor I will listen to and evaluate the applicant/participant's complaint regarding the assessment/denial/sanction/closing.

After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, the AJOSI/Supervisor I will make a decision.

If the determination is that the action taken was correct, the FH&C AJOS I/Supervisor I will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary. The AJOS I/Supervisor I must complete a Conference Report (**M-186a**) and forward the results to the appropriate Job Center for action to be taken. In instances where it is determined that a good cause claim is valid, the JOS/Worker must reschedule the CASAC appointment.

If the determination is that the action taken was incorrect, or correct but lacking the supporting documentation, the FH&C AJOS I/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY, and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action.

In addition, if the adverse case action still shows on the "Pending" (**08**) screen in the Welfare Management System (WMS) and the case has been granted aid to continue (ATC), the AJOS I/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3772**) to change the **02** to **01**, or a PA Recoupment Data Entry Form (**LDSS-3573**), to delete a recoupment. The **M-186a** must also be prepared.

Evidence Packets

If the applicant/participant elects to continue his/her appeal by requesting or proceeding to an already requested Fair Hearing, the FH&C AJOSI/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

All evidence packets must include copies of the following:

- Notice of Intent (**M-3ca**),
- Consent for Disclosure of Alcohol or Substance Abuse Treatment Program Information and Records and Public Assistance and Care Information and Record (**M-75z**),
- Participant Rights and Responsibilities (**M-75r**) form,
- CASAC assessment,

- NYCWAY Activity History print
- A complete and concise History Sheet (**W-25**).

REFERENCES


[Temporary Assistance Source Book](#) (TASB), Chapter 10 - Section B; Chapter 25

SPP #2009-00612
 18 NYCRR § 385.12, 385.8 (c)(12), 385.2(d)(12), 385.2(a)
 18 NYCRR § 370.2(c) (6) (iii), (v), (vi); (c) (8).
 18 NYCRR § 351.2 (i)(1)
 18 NYCRR § 351.2(i)(2)(iii)

RELATED ITEMS

[Employment Process Manual](#)
[PD #11-28-ELI](#) (WeCARE)
[PD #10-14-SYS](#)
[PD #10-08-ELI](#) Domestic Violence Program
[PD #03-48-ELI](#) (PA Sanctions and Reduction Budgeting)
[PD #02-30-EMP](#)
[PD #00-33R](#) (Residential Treatment Service Center [RTSC])
[PB #09-97-EMP](#) (Employment Daily Timekeeping)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Substance Abuse Associated Action Codes
- Attachment B** LDSS-4013A sample
- LDSS-4571** Alcohol and Drug Abuse Screening and Referral Form (Rev. 6/01)
- LDSS-4600** Drug and Alcohol Screening, Assessment and Treatment Implications Desk Guide (Rev. 6/98)
- LDSS-4958** TA Sanction and Denial Policy/Participation Rate Impact Guide (Rev. 6/10)
- M-75r** Participant Rights and Responsibilities (Rev. 5/10/12)
- M-75r (S)** Participant Rights and Responsibilities (Spanish) (Rev. 5/10/12)
- M-75z** Consent for Disclosure of Alcohol or Substance Abuse Treatment Program Information and Records and Cash Assistance and Care Information and Records (Rev. 5/10/12)
- M-75z (S)** Consent for Disclosure of Alcohol or Substance Abuse Treatment Program Information and Records and Cash Assistance and Care Information and Records (Spanish) (Rev. 5/10/12)

W-456AA

Referral for Substance Abuse Assessment
(Rev. 5/10/12)

W-500EE

Credentialed Alcohol and Substance Abuse
Counselor (CASAC) Referral to a Substance Abuse
Service Center (SASC) (Rev. 7/1/11)

Substance Abuse Associated Action Codes

Substance Abuse Action Codes		
Applicant Action Code	Participant Action Code	Definition
	225, 224	Treatment program outcome codes for treatment required, generates consent forms for participants
	243A (SASC) 243C (CSM)	Indicates participant must return to for CASAC follow-up assessment
	205G	Assigns participant to SASC Worker and generates a CASAC referral to a substance abuse service center
	200P	SASC enters to assign individual to BTW. Generates the Notice of Temporary Assistance Work Requirements Determination (nonexempt) (LDSS-4005[a] NYC)
240N	241N	Nonexempt, no treatment required
240T	241T	Fully exempt from work requirements – intensive treatment required.
240W	241W	Nonexempt, treatment required.
910S		Job Center return appointment – SASC results, used with referral code 915G .
915C		CSM assessment (Temporary Assistance to Needy Family [TANF] and Safety Net)
915D		CSM referral - Prior history with CSM vendor
915G	193 (214H is the actual appointment)	CASAC assessment
915R	214W 193R (if done through EP)	Riverview Job Center referrals to on-site SASC
	193B	BEGIN referral to SASC for substance abuse evaluation.
	105K	Return appointment to program for next business day following SASC appointment
	105Y	Complied with Return Appointment – used to close out 193B referral
917Q	153Q	SASC assignment to BTW vendor
241X		Discharged from CSM Management

Substance Abuse Associated Action Codes

Substance Abuse Infraction Action Codes		
Applicant Action Code	Participant Action Code	Definition
211A	457A	Failure to Report for Substance Abuse Assessment
211D	484	Failure to Comply with Application Consent Form
210D	480A	FA Treatment Prg Res: FTR/FTC to program appointment
211F		FA Failure to Report to treatment program appointment
211G		FA Failure to Comply with treatment program referral
211R	457C	Failure to Comply with CASAC recommendation

PUBLIC ASSISTANCE, FOOD STAMP BENEFITS AND MEDICAL ASSISTANCE COVERAGE (NYC)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER	CIN NUMBER		
CASE NAME (And C/O Name if Present) AND ADDRESS			
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____	
		OR Agency Conference _____	
		Fair Hearing information and assistance _____	
		Record Access _____	
		Legal Assistance information _____	

OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
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The action(s) taken on your application dated _____ is explained below and on Part B, next to the checked box(es) :
SEE PART B FOR FOOD STAMP BENEFITS AND FAIR HEARING INFORMATION.

PUBLIC ASSISTANCE

ACCEPTED for the period from MM/DD/YYYY to MM/DD/YYYY for [name(s)] JOHN DOE, JANE DOE, BOBBY SMITH. You will get \$ PARTIAL AMOUNT, which will cover the period from MM/DD/YYYY to MM/DD/YYYY. After this you will get \$ FULL PRORATED BENEFIT.

The above grant is based on a reduced budget because:

_____ failed without good cause to cooperate with the Office of Child Support Enforcement (OCSE) on _____ by _____ [18NYCRR 352.3(d)].

To lift this sanction, call (_____) _____. Read the detailed instructions on the back of this notice.

JOHN SMITH failed to comply with the following drug/alcohol treatment requirement(s) [18NYCRR 351.2(i)]:

screening assessment rehabilitation

or, has not provided consent or revoked consent to disclose treatment information to the agency.

A RECOUPMENT at the rate of _____ percent (%) is being taken against your Public Assistance. The reason for this recoupment is: _____

If you believe the recoupment at this rate will cause your family an undue hardship, you should contact your worker to explain your reason. An undue hardship means that a person does not have enough income to eat, to pay for shelter or utilities, to get necessary clothing, to buy general items of need, or to pay for medical needs not covered by Medical Assistance. Your worker will let you know what kind of proof you will need to show that the recoupment at this rate will cause an undue hardship. If we decide that the recoupment will cause an undue hardship, the recoupment rate will be changed to a rate between 5 and 10%. The recoupment rate must be at least 5%. This decision is based on 18 NYCRR 352.31(d).

DENIED for the following individual(s):

If ALL is in listed in the first Name(s) field, every member of your household was DENIED for the same stated Reason(s).

Name(s): _____ Reason(s) _____

Name(s): _____ Reason(s) _____

Name(s): _____ Reason(s) _____

Name(s): _____ Reason(s) _____

The above decision(s) is based on 18 NYCRR **351.2(i)**

MEDICAL ASSISTANCE

ACCEPTED for Medical Assistance effective MM/DD/YYYY for [name(s)] JOHN DOE, JANE DOE, BOBBY SMITH, JOHN SMITH

ACCEPTED for Medical Assistance with a SPENDDOWN, effective _____ for [name(s)] _____

Your total monthly income is \$ _____. Your total monthly deductions are \$ _____. The difference between these figures is your monthly net income for Medical Assistance. This is \$ _____. The allowable income standard for a family household your size is \$ _____. The difference between your net income and this standard (\$ _____) is your monthly excess income (18 NYCRR 360-4.8). The enclosed letter explains eligibility under the Excess Income Program and Optional Pay-In Program.

DENIED Medical Assistance effective _____ for [name(s)] _____ because _____

In the event that you are hospitalized, you may be eligible for Medical Assistance and should contact this Department.

PENDED

We do not have enough information to decide your eligibility under the Medical Assistance program. Please contact us no later than _____ at _____ so we can tell you the information we need.

Your application for Medical Assistance is being reviewed. We will send you our decision within thirty days.

Not applying for Medical Assistance. You did not indicate on the application that you wanted to apply for Medical Assistance.

OTHER _____

This above decision(s) is based on _____

To Lift a Sanction for Non-cooperation with a Child Support Requirement

A sanction for non-cooperation with a child support requirement is open-ended and will continue until _____ contacts the Child Support Enforcement Unit and cooperates.

When _____ contacts the Child Support Enforcement Unit, he or she will be told what action(s) must be taken to end the sanction. The sanction will end when he or she takes the required action(s). If _____ did not cooperate but now wants to report a good reason for not cooperating with child support he or she should call (_____)_____.

Some examples of a good reason for not cooperating with child support are:

- fear of emotional or physical harm to you or the children in your family; or,
- the child was born due to rape or incest; or,
- the child is freed for adoption; or, you are now being assisted by an agency to determine whether to put the child up for adoption and discussions have not gone on for more than three months.

To find out more information about how to end the sanction, call (_____)_____.

- Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.
Even if your application for Public Assistance or Medical Assistance was denied, Social Services may provide information and education about family planning for up to 90 days from the date you applied.
For further information, please contact your services worker or call the general phone number on the front of this notice.
- If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.
- Regulations require that you immediately notify this Department of any changes in needs, income, resources, living arrangements or address.
- Although you may no longer be able to get Public Assistance, Food Stamp Benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the front page of this notice.

SEE THE BACK OF PART B

FOR YOUR CONFERENCE AND FAIR HEARING RIGHTS.

CASE NAME	CASE NUMBER	CLIENT NAME
OFFICE/UNIT NUMBER	WORKER NAME/NUMBER	CIN NUMBER

Section A. Alcohol and Drug Abuse Screening and Referral Form

Please answer the following questions:

	Yes	No
1. If you have received temporary assistance in the last two (2) years, did you have problems in complying with work rules?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you lost a job or gotten into trouble at work within the last two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any legal problems within the last two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever attempted to cut down on your alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you felt the need to take a drink or use drugs when you awoken?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been annoyed by people making comments about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been treated for the following medical problems: <i>Hepatitis C, Liver Disease or Tuberculosis?</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever felt guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been in treatment for alcoholism and/or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you like information about alcoholism and/or substance abuse treatment?	<input type="checkbox"/>	<input type="checkbox"/>

Client Signature: _____ Date: _____

Referred for drug/alcohol assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appt. Date/Time: _____
Staff Signature: _____	Date: _____

SAMPLE

CASE NAME	CASE NUMBER	CLIENT NAME
OFFICE/UNIT NUMBER	WORKER NAME/NUMBER	CIN NUMBER

Section B. Behavioral Observation and Referral Form (see instructions on reverse)

Client shows the following possible signs of alcohol and/or substance abuse: (check all that apply).

1. Behavior Observation
If one or more boxes checked, refer for assessment.

- Appears intoxicated
- Alcohol on breath or body odor
- Drowsy appearance or nodding out, fatigue
- Impairment in attention or memory
- Lack of coordination, unsteady gait (staggering, off-balance)
- Needle marks
- Unclear speech (slurred, incoherent, rapid)
- Runny nose (not a cold)
- Jittery, nervous, tremors (shaking & twitching of hands & eyelids)
- Agitated, belligerent, argumentative
- Hyperactive, continuous talking or movement
- Visible abscesses
- Constricted or dilated pupils, glassy eyes

2. Observations from Case Record (if available)
If two or more boxes checked, refer for assessment.

- Homeless
- Active child welfare case
- On temporary assistance 48 months or more
- Active employment sanction
- On temporary assistance more than once in the past two (2) years
- Information in case history (DWI, failing work assignment):

- Other:

- Other:

Referred for drug/alcohol assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appt. Date/Time: _____
Staff Signature: _____	Date: _____

SAMPLE

Instructions

This two-part form is designed to help you identify applicants/recipients who may have an alcohol/substance abuse barrier to work. The screening section generally relies on a discussion between you and the client, while the behavioral observation section can be completed based on your observation of the client and the case record. Following are instructions to help you use this form:

To begin the screening process, read the following statement to the client:

“We are asking the following questions in order to understand factors, such as alcohol or substance abuse, that might make it hard for you to work and become self-sufficient. We use this form to help you recognize those factors and to assist you and your family if needed. Depending upon your responses to the questions, you may be referred for an alcoholism/substance abuse assessment.”

Please see matrix below for specific form completion requirements:

<u>PROGRAM</u>	<u>CLIENT STATUS</u>	<u>SCREENING and REFERRAL</u>	<u>OBSERVATION</u>
		Section A	Section B
<u>Temporary Assistance</u>	Head of Household	LDSS staff must read/discuss 10 questions and record answers, during client interview. If answer is yes to any two (2) or more questions or answer is yes to any one (1) of questions #4-10, client must be referred for assessment. <u>Result:</u> If client referred for assessment, Section B is optional <i>Or</i> <u>Result:</u> If client not referred for assessment, LDSS staff are required to complete Section B based on observation of client and case record	When Observation Section B is completed and worker indicates at least one sign of alcohol/substance abuse in Section B (1) or two or more boxes checked in Section B(2), client must be referred for an assessment. Completion of Section B is outlined below: <ul style="list-style-type: none"> • Optional (as described in <i>Section A</i> Column) • Required (as described in <i>Section A</i> Column)
	Other Adult Household Members	LDSS staff may read /discuss 10 questions and record answers during interview or tear perforated form and hand/mail Section A to client, for completion. Does not require face-to-face completion. If answer is yes to any two (2) or more questions or answer is yes to any one (1) of questions #4-10, client must be referred for assessment. There is no requirement to complete Section B	<ul style="list-style-type: none"> • Optional (as described in <i>Section A</i> Column) • Assessment requirements are the same as outlined above for Heads of Households
<u>Medical Assistance Only (MA-Only)</u>	Single Individuals/ Childless Couples not certified disabled or pregnant	LDSS staff may read /discuss 10 questions and record answers during interview or tear perforated form and hand/mail Section A to client, for completion. Does not require face-to-face completion. If answer is yes to any two (2) or more questions, client must be referred for assessment. There is no requirement to complete Section B	<ul style="list-style-type: none"> • Optional (as described above in Section A Column) • Assessment requirements are same as outlined above for TA

DRUG AND ALCOHOL SCREENING, ASSESSMENT AND TREATMENT IMPLICATIONS DESK GUIDE

CIRCUMSTANCE	CASE TYPE		PAYMENT TYPE	CASE ACTION		SANCTION PERIOD
	HH w/minors	HH w/o minors		Single	Family	
Neither head of household <i>nor</i> other adult household member identified as drug and/or alcohol dependent	11 (60 mo. max)	16	CASH SNA Limit: 24 mos.* State Limit: 60 mos.			
Head of household <i>and/or</i> other adult household member identified as drug and/or alcohol dependent <i>but able to work</i>	11 (60 mo. max)	16	CASH SNA Limit: 24 mos.* State Limit: 60 mos.			
Head of household <i>and/or</i> other adult household member identified as unable to work due to drug and/or alcohol dependency	12	17	NON-CASH			Individual must participate in mandated substance abuse treatment
Head of household <i>and/or</i> other adult household member fails to comply with D&A Screening requirements	12	17	NON-CASH	Case Closed or Denied	Individual(s) Ineligible: Pro-rata Budgeting	Until Compliance
Head of household <i>and/or</i> other adult household member fails to comply with D&A Assessment requirements	12	17	NON-CASH	Case Closed or Denied	Individual(s) Ineligible: Pro-rata Budgeting	Until Compliance
Head of household <i>and/or</i> other adult household member fails to participate and/or complete mandatory substance abuse treatment (in-patient <i>or</i> out-patient) OR Fails to document progress/compliance	12	17	NON-CASH	Case Closed or Denied	Individual(s) Ineligible: Pro-rata Budgeting	1 st Failure: 45 days; 2 nd Failure: 120 days; 3 rd Failure: 180 days; and until compliance, which-ever is longer OR Until entry/re-entry into an OASAS certified level II or VA operated in-patient treatment, if deemed appropriate by the local district
Re-assessment indicates individual(s) 1) no longer a drug and/or alcohol abuser <i>and/or</i> 2) now able to work	11 (60 mo. max)	16	CASH SNA Limit: 24 mos.* State Limit: 60 mos.	Authorize cash benefits 24 mo. max.*	Change category from SNA to FA and authorize cash benefits (60 mo. FA max.)	

SNA: Safety Net FA: Family Assistance

* unless exempt from employment requirements or HIV positive **and not** mandated to participate in drug/alcohol treatment

Notes:

- 1 Rate Impact:** Cases which include an adult with an individual disposition status code of 07 Active (Includes individuals Sanctioned Prorata), or 10 Inactive/Non-Applying Sanctioned Incremental remain in the denominator of the participation rate calculation unless the adult has been sanctioned (grant reduction) and the case has not been excluded, due to sanction, for more than 3 months during the preceding 12 month period.
- 2 Rate Impact:** Individuals who have been sanctioned for failure to comply with Child Support Enforcement requirements (IV D) remain active TA recipients and remain subject to work requirements. Such individuals should be assigned to an appropriate work activity and are subject to conciliation/sanction for noncompliance with work requirements.
- 3 Rate Impact:** Cases in which there is no adult with an individual disposition status code 07 or 10, at any point during the month, are not included in the participation rate calculation.
- 4 Intentional Program Violations (IPV) sanctions (Reason Code M78, WP1-WP8 and WS1-WS8) do not require conciliation and result in the individual being disqualified from receiving Temporary Assistance for the period of time associated with the infraction as per 18 NYCRR 359.9. These individuals should be assigned Individual Disposition Status code 10 which results in such cases being included in the participation rate calculation. Therefore, any countable participation known to the district should be documented and reported on WTWCMS.**

Noncompliance Issue	Reason Codes	Conciliation Required? Yes or No	Case Action	Denial/Sanction Results	Regulatory Citation	Individual Disposition Status Codes (WMS)/Rate Impact (Footnote)
Failed to keep Employment Assessment Appointment – Applicant	N21	No	Application denial (Family Level)	Entire application is denied	with dependent children 18 NYCRR 385.6(a)(7)(i) without dependent children 18 NYCRR 385.7(a)(7)(i)	11 Note 3
Failure to comply with Requirement to Look for Work/Job Search – Applicant	N19	No	Application denial (Family Level)	Entire application is denied	18 NYCRR 385.9(e)(5)(i)	11 Note 3
Failure to submit requested documentation to verify a claimed exemption from work activities – Applicant or Recipient <i>Failure to provide requested documentation of a claimed exemption from work requirements is an eligibility requirement for the household and the entire case would be denied or closed. (i.e. failure to provide a medical statement)</i>	V21 Applicant V20 Recipient	No	Application denial (Family Level) Case closure (Family Level)	Entire application is denied Entire case is closed until requested documentation is submitted	18 NYCRR 351.1(b)(2)	11 Note 3 20 Note 3
Failure to Comply with Employment Requirements - 1 st occurrence <i>An applicant failing to comply with assigned employment activities <u>other than</u> Assessment or Job Search or a recipient failing to participate in employment assessment, job search, job interview, JRT, educational training or other assigned work activity (including Drug/Alcohol Rehab for recipient with employability code 64—Substance Abuser nonexempt)</i>	WE1	Yes	Individual durational sanction (prorata)	Sanction until compliance for families with dependent children Sanction 90 days and until compliance for households without dependent children	with dependent children Assessment- 18 NYCRR 385.6(a)(7)(ii) E&T. - 18 NYCRR 385.12(d)(1) Job Search - 18 NYCRR 385.9(e)(5)(ii) without dependent children Assessment - 18 NYCRR 385.7(a)(7)(ii) E&T. 18 NYCRR 385.12(d)(2)	07 Note 1

Noncompliance Issue	Reason Codes	Conciliation Required? Yes or No	Case Action	Denial/Sanction Results	Regulatory Citation	Individual Disposition Status Codes (WMS)/Rate Impact (Footnote)
<p>Failure to Comply with Employment Requirements - 2nd occurrence</p> <p>An applicant failing to comply with assigned employment activities <u>other than</u> Assessment or Job Search or a recipient failing to participate in employment assessment, job search, job interview, JRT, educational training or other assigned work activity (including Drug/Alcohol Rehab for recipient with employability code 64—Substance Abuser nonexempt)</p>	WE2	Yes	Individual durational sanction (prorata)	<p>Sanction 3 months (90 days) and until compliance for families with dependent children</p> <p>Sanction 150 days and until compliance for households without dependent children</p>	<p>Job Search - 18NYCRR385.9(e)</p> <p>with dependent children Assessment - 18 NYCRR 385.6(a)(7)(ii) E&T. - 18 NYCRR 385.12(d)(1) Job Search - 18 NYCRR 385.9(e)(5)</p> <p>without dependent children Assessment - 18 NYCRR 385.7(a)(7)(ii) E&T. - 18 NYCRR 385.12(d)(2)(ii) Job Search- 18 NYCRR 385.9(e)(5)</p>	07 Note 1
<p>Failure to Comply with Employment Requirements - 3rd and all subsequent occurrences</p> <p>An applicant failing to comply with assigned employment activities <u>other than</u> Assessment or Job Search or a recipient failing to participate in employment assessment, job search, job interview, JRT, educational training or other assigned work activity (including Drug/Alcohol Rehab for recipient with employability code 64—Substance Abuser nonexempt)</p>	WE3	Yes	Individual durational sanction (prorata)	<p>Sanction 6 months (180 days) and until compliance for families with dependent children</p> <p>Sanction 180 days and until compliance for household without dependent children</p>	<p>with dependent children Assessment - 18 NYCRR 385.6(a)(7)(ii) E&T. - 18 NYCRR 385.12(d)(1) Job Search - 18 NYCRR 385.9(e)(5)</p> <p>without dependent children Assessment - 18 NYCRR 385.7(a)(7)(ii) E&T. - 18 NYCRR 385.12(d)(2)(iii) Job Search - 18 NYCRR 385.9(e)</p>	07 Note 1
<p>Voluntary Quit or Reduced Earnings - Applicant</p> <p>An applicant who voluntarily quits his/her job or reduced his/her earnings or caused his/her own termination from employment or reduction in work hours by provoking his/her own discharge in order to qualify for initial or increased temporary assistance</p>	N31	No	Individual Ineligible (incremental)	Individual is disqualified from receiving assistance for 90 days from the date of the quit or reduced earnings.	18 NYCRR 385.13(a)(8)(i)	10 Note1
<p>Voluntary Quit or Reduced Earnings - 1st occurrence</p> <p>A recipient who voluntarily quit his/her job or reduced his/her earnings or caused his/her own termination from employment or reduction in work hours by provoking his/her own discharge</p>	N41	Yes	Individual durational sanction (prorata)	<p>Sanction until compliance for households with dependent children</p> <p>Sanction 90 days and until compliance for households without dependent children</p>	<p>with dependent children 18 NYCRR 385.12(d)(1)(i); 385.13(a)(8)(ii)</p> <p>without dependent children 18 NYCRR 385.12(d)(2)(i); 385.13(a)(8)(ii)</p>	07 Note 1
<p>Voluntary Quit or Reduced Earnings - 2nd occurrence</p> <p>A recipient who voluntarily quits his/her job or reduced his/her earnings or caused his/her own termination from</p>	N42	Yes	Individual durational sanction	Sanction 3 months (90 days) and until compliance for households with dependent	<p>with dependent children 18 NYCRR 385.12(d)(1)(ii); 385.13(a)(8)(ii)</p>	07 Note 1

Noncompliance Issue	Reason Codes	Conciliation Required? Yes or No	Case Action	Denial/Sanction Results	Regulatory Citation	Individual Disposition Status Codes (WMS)/Rate Impact (Footnote)
<i>employment or reduction in work hours by provoking his/her own discharge</i>			(prorata)	children Sanction 150 days and until compliance for households without dependent children	without dependent children 18 NYCRR 385.12(d)(2)(ii); 385.13(a)(8)(ii)	
Voluntary Quit or Reduced Earnings - 3 rd and subsequent occurrences <i>A recipient who voluntarily quits his/her job or reduced his/her earnings or caused his/her own termination from employment or reduction in work hours by provoking his/her own discharge</i>	N43	Yes	Individual durational sanction (prorata)	Sanction 6 months (180 days) and until compliance for households with dependent children Sanction 180 days and until compliance for households without dependent children	with dependent children 18 NYCRR 385.12(d)(1)(iii); 385.13(a)(8)(ii) without dependent children 18 NYCRR 385.12(d)(2)(iii); 385.13(a)(8)(ii)	07 Note 1
Continue Applicant Voluntary Quit Sanction <i>Continuation of N31</i>	M71	No	Individual Ineligible (incremental)	Individual was disqualified from receiving assistance and disqualification continues for 90 days from the date of the quit or reduced earnings.	18 NYCRR 385.13	10 Note 1
Continue Recipient Voluntary Quit Sanction <i>Continuation of N41, N42 or N43</i>	M72	No	Individual durational sanction (prorata)	Individual continues to refuse to work or participate in employment activities as required	18 NYCRR 385.13	07 Note 1
Continue Employment Requirement Sanction Recipient continuation of WE1, WE2 and WE3	M74	No	Individual durational sanction (prorata)	Individual continues to refuse to participate in employment activities as required	18 NYCRR 385.12	07 Note 1
Continue Drug/Alcohol Sanction Applicant continuation of MX1, MX2 and MX3 Recipient continuation of GX1, GX2, GX3,	M77	No	Individual durational sanction (prorata)	Individual continues to refuse to participate in substance abuse treatment as required	351.2(i)(2)(iii)	07 Note 1
Failure to Comply with IV-D (Child Support Enforcement)	V30	No	25% Reduction on budget	Individual continues to be subject to work requirements.	18 NYCRR 369.2(b)	07 Note 2
Intentional Misrepresentation of a Disability - 1 st occurrence <i>An individual who intentionally misrepresented his/her medical condition and based on clear medical evidence there is no medical basis to support his/her claim</i>	BE1	No	Individual durational sanction (prorata)	90 Days and until willing to comply with employment requirements	18 NYCRR 385.2(d)	07 Note 1
Intentional Misrepresentation of a Disability - 2 nd occurrence <i>An individual who intentionally misrepresented his/her medical condition and based on clear medical evidence there is no medical basis to support his/her claim</i>	BE2	No	Individual durational sanction (prorata)	150 Days and until willing to comply with employment requirements	18 NYCRR 385.2(d)(8); 385.12(d)(2)	07 Note 1
Intentional Misrepresentation of a Disability - 3 rd occurrence <i>An individual who intentionally misrepresented his/her medical condition and based on clear medical evidence there is no medical basis to support his/her claim</i>	BE3	No	Individual durational sanction (prorata)	180 Days and until willing to comply with employment requirements	18 NYCRR 385.2(d)(8); 385.12(d)(2)	07 Note 1
Failure/Refusal to Become Employable -	W40	No	Individual	Client remains ineligible for	Applicant - 18 NYCRR	10

TA Sanction and Denial Policy/Participation Rate Impact Guide

Noncompliance Issue	Reason Codes	Conciliation Required? Yes or No	Case Action	Denial/Sanction Results	Regulatory Citation	Individual Disposition Status Codes (WMS)/Rate Impact (Footnote)
<i>An exempt Applicant or Recipient who fails to participate in reasonable medical care, vocational rehabilitation or treatment necessary to improve his/her ability to work</i>			ineligible (incremental)	assistance until he/she is willing to comply with recommended treatment program	385.12(a)(1)(i) Recipient - 18 NYCRR 385.12(a)(1)(ii)	Note 1
Failure to take part in Drug/Alcohol Rehab - Recipient 1 st occurrence Employability code 63 - Substance Abuser, Exempt	PX1	No	Individual durational sanction (prorata)	45 Days and until compliance (until the failure to seek treatment ceases or for 45 days whichever is longer)	18 NYCRR 351.2(i)(2)(iii)(a)	07 Note 1
Failure to take part in Drug/Alcohol Rehab- Recipient 2 nd occurrence Employability code 63 - Substance Abuser, Exempt	PX2	No	Individual durational sanction (prorata)	120 Days and until compliance (until the failure to seek treatment ceases or for 120 days whichever is longer)	18 NYCRR 351.2(i)(2)(iii)(b)	07 Note 1
Failure to take part in Drug/Alcohol Rehab- Recipient 3 rd occurrence Employability code 63 - Substance Abuser, Exempt	PX3	No	Individual durational sanction (prorata)	180 Days and until compliance (until the failure to seek treatment ceases or for 180 days whichever is longer)	18 NYCRR 351.2(i)(2)(iii)(c)	07 Note 1
Failure to take part in Drug/Alcohol Rehab- Applicant 1 st occurrence Employability code 63—Substance Abuser, Exempt	MX1	No	Individual durational sanction (prorata)	45 Days and until compliance (until the failure to seek treatment ceases or for 45 days whichever is longer)	18 NYCRR 351.2(i)(2)(iii)(a)	07 Note 1
Failure to take part in Drug/Alcohol Rehab - Applicant 2 nd occurrence Employability code 63—Substance Abuser, Exempt	MX2	No	Individual durational sanction (prorata)	120 Days and until compliance (until the failure to seek treatment ceases or for 120 days whichever is longer)	18 NYCRR 351.2(i)(2)(iii)(b)	07 Note 1
Failure to take part in Drug/Alcohol Rehab - Applicant 3 rd occurrence Employability code 63 - Substance Abuser, Exempt	MX3	No	Individual durational sanction (prorata)	180 Days and until compliance (until the failure to seek treatment ceases or for 180 days whichever is longer)	18 NYCRR 351.2(i)(2)(iii)(c)	07 Note 1
Failure to Comply with Drug/Alcohol Screening - Applicant or Recipient	P44	No	Individual non-durational sanction (prorata)	Ineligible until compliance, other members of household, if otherwise eligible, receive assistance only through non-cash Safety Net	18 NYCRR 351.2(i)(1)	07 Note 1
Failure to Comply with Drug/Alcohol Assessment - Applicant or Recipient	P45	No	Individual non-durational sanction (prorata)	Ineligible until compliance, other members of household, if otherwise eligible, receive assistance only through non-cash Safety Net	18 NYCRR 351.2(i)(1)	07 Note 1
Failure to Comply with Drug/Alcohol Release of Information - Applicant or Recipient	P46	No	Individual non-durational sanction (prorata)	Ineligible until compliance, other members of household, if otherwise eligible, receive assistance only through non-cash Safety Net	18 NYCRR 351.2(i)	07 Note 1

Participant Rights and Responsibilities

New York State Regulations require that individuals participate in an approved drug or alcohol rehabilitation program, when the Human Resources Administration (HRA) determines that the drug or alcohol dependency is a barrier to employment and that the primary reason for cash assistance benefits is alcohol or drug dependence. The determination will be reviewed by HRA at various stages during the course of participation in treatment and receipt of cash assistance benefits.

Once individuals are determined employable, New York State Regulations require that they participate in an approved drug or alcohol treatment program as a work activity when the local social services district determines that participation in treatment will ensure their continued employability.

HRA is responsible for administering substance abuse services in New York City for cash assistance applicants/participants who are alcohol or drug abusers, and may be either:

1. Temporarily unemployable because alcoholism or substance abuse may be or is claimed to be a barrier to employment, or
2. Employable but may require substance abuse treatment to successfully maintain employability.

These individuals will be referred to HRA's Certified Alcoholism or Substance Abuse Counselors (CASACs). CASACs will evaluate the individual's substance abuse history and current condition. They will determine if the individual has a substance abuse problem that requires treatment. If the individual is determined unemployable due to alcoholism or drug dependency and requires intensive substance abuse treatment, the person will be referred to an HRA approved treatment program and other HRA programs, as appropriate, as a condition of eligibility for cash assistance. If the individual is determined employable, but requires treatment to remain employable, the individual will be referred to an HRA approved treatment program, as an HRA-approved work activity, in addition to other HRA employment programs.

Individuals who are referred and enrolled into HRA-approved treatment programs will be monitored regularly by HRA to ensure that they attend and comply with the requirements of their treatment program. If individuals are mandated into treatment because they cannot work, HRA will conduct employability reviews to determine when alcohol or drug dependence is no longer a barrier to employment.

Participants who are mandated to treatment because they are determined exempt and fail to comply with the responsibilities specified below may jeopardize their eligibility/continued eligibility for cash assistance, food stamps and Medicaid benefits. Participants who are non-exempt, mandated to treatment as a work requirement and fail to comply with the following requirements may jeopardize their continued eligibility for cash assistance.

Participant Responsibilities

- Participants must participate in substance abuse treatment by maintaining satisfactory attendance.
- Participants must not transfer to another treatment program without receiving approval from HRA.
- Participants must comply with their substance abuse treatment plan, including all vocational rehabilitation and employment preparation activities, to either become or remain employable.
- Participants must keep all mandatory treatment appointments with the substance abuse treatment program as well as all HRA-scheduled appointments, including medical examinations, appointments with the JOS/Worker and those appointments related to treatment and employability determinations.
- Participants must inform their HRA Worker and their treatment program within 10 days of obtaining employment.
- Participants must sign the Consent for Disclosure of Medical and Non-Medical Records from Alcoholism and Drug Abuse Treatment Programs form. This form allows HRA and the treatment program to share information about the individual's progress in treatment.

Participant Rights

- Participants who think they are not in the correct level of care or that their treatment program is not providing the services they require, may request an appointment with a CASAC to evaluate their treatment situation and obtain approval to transfer to another program, if appropriate.
- Participants who are sent a Notice of Intent to Discontinue their cash assistance benefits can request an in-person conference with the Special Needs Region Fair Hearing and Conciliation Unit. A conference offers a participant the opportunity to appeal the decision made to discontinue his/her cash assistance grant because of noncompliance. At the conference, the participant has the opportunity to present additional documentation and information to explain his/her noncompliance.
- Participants have the right to withdraw their written consent for disclosure at any time. However, this may jeopardize the participant's continued eligibility for cash assistance, food stamps and Medicaid benefits.

I HAVE READ AND FULLY UNDERSTAND THE AFOREMENTIONED.

Participant Name	Participant Signature	Date

Derechos y Responsabilidades del Participante

Las Reglamentaciones del Estado de New York requieren que personas participen en un programa de rehabilitación de drogas o alcohol aprobado, cuando la Administración de Recursos Humanos (HRA) determina que la dependencia a drogas o alcohol es una barrera a ser empleado y que la razón primaria por beneficios de asistencia en efectivo es la dependencia a drogas o alcohol. La determinación será revisada por la HRA en diferentes etapas durante el transcurso de la participación en tratamiento y el recibir beneficios de asistencia en efectivo.

Una vez que personas son determinadas empleables, Reglamentaciones del Estado de New York requieren que ellos participen en un programa de tratamiento de drogas o alcohol aprobado como una actividad de trabajo cuando el distrito local de servicios sociales determine que participación en tratamiento asegurará su empleabilidad continua.

La HRA tiene la responsabilidad de administrar servicios de abuso de sustancias en la ciudad de Nueva York para los solicitantes o participantes de asistencia en efectivo, quienes abusan de alcohol o drogas y pueden ser/estar en cualquiera de las dos:

1. Sin poder trabajar temporariamente porque el alcoholismo o abuso a sustancias puede ser o se reclame ser una barrera a ser empleado, o
2. Empleable, pero puede requerir tratamiento para el abuso a sustancias para poder mantener su empleabilidad exitosamente.

Estos individuos serán referidos a un Consejero de Abuso al Alcohol o de Sustancias Certificado por la HRA (CASAC). CASAC evaluará el historial y condición actual del abuso a sustancias controladas de la persona. Ellos determinarán si la persona tiene un problema de abuso a sustancias que requiere tratamiento. Si la persona es determinada sin poder trabajar debido a una dependencia al alcoholismo o drogas y requiere tratamiento intensivo al abuso a sustancias, la persona será referido a un programa de tratamiento aprobada por la HRA y otros programas de la HRA como sea apropiado, como condición de su elegibilidad para asistencia en efectivo. Si la persona es determinada empleable, pero requiere tratamiento para permanecer empleable, la persona será referida a un programa de tratamiento aprobado, como una actividad de trabajo aprobado, además de otros programas de empleo de la HRA.

Personas que son referidas e inscritas en programas de tratamiento aprobados por la HRA serán comprobadas regularmente por la HRA para asegurar que cumplan con los requisitos de su programa de tratamiento. Si personas son ordenadas a tratamiento porque no pueden trabajar, HRA llevará a cabo revisiones sobre su empleabilidad para determinar si la dependencia al alcohol o drogas ya no es una barrera para ser empleado.

Participantes quienes sean ordenados a ser tratados porque sean considerados exentos y que no cumplan con las responsabilidades especificadas más abajo pueden arriesgar su elegibilidad/elegibilidad continua para beneficios de asistencia en efectivo cupones para alimentos y Medicaid. Participantes quienes no sean exentos y ordenados a ser tratados como un requisito de trabajo y que no cumplan con los siguientes requisitos, pueden arriesgar su elegibilidad continua para asistencia en efectivo.

Responsabilidades del Participante

- Los participantes tienen que participar en tratamiento para abuso a sustancias manteniendo una asistencia satisfactoria.
- Los participantes no pueden transferirse a otro programa de tratamiento sin haber recibido la aprobación de la HRA.
- Los participantes tienen que cumplir con su plan de tratamiento de abuso de sustancias, incluyendo todas las actividades de rehabilitación y preparación para empleos para lograr ser empleable o permanecer empleable.
- Los participantes tienen que acudir a todas citas para tratamiento obligatorios con el programa de tratamiento de abuso a sustancias y todas las citas programadas de la HRA, incluyendo exámenes médicos; citas con el/la JOS/Trabajador(a) y aquellas citas relacionadas con tratamiento y determinaciones de empleabilidad.
- Los participantes tienen que informarle a su Trabajador(a) de la HRA y a su programa de tratamiento dentro de diez días de obtener empleo.
- Los participantes tienen que firmar el formulario de Consentimiento para Divulgar Expedientes Médicos y No-Médicos de Programas de Tratamiento de Alcoholismo y el Abuso a las Drogas. Este formulario le permite a la HRA y al programa de tratamiento de compartir información sobre el progreso de la persona en tratamiento.

Derechos del Participante

- Los participantes que piensan que no se encuentran en el nivel de tratamiento correcto o que su programa de tratamiento no le está proveyendo con los servicios que ellos requieren, pueden solicitar una cita con un CASAC y para evaluar su situación de tratamiento y obtener la aprobación para transferirse a otro programa, si esto es apropiado.
- Los participantes quienes son enviados una Notificación de la Intención de Descontinuar sus beneficios de asistencia en efectivo pueden solicitar una conferencia en persona con la Unidad de Audiencias Imparciales y Conciliación de la Region de Necesidades Especiales. Una conferencia le ofrece la oportunidad al participante de apelar la decisión tomada para descontinuar su concesión de asistencia en efectivo por no cumplir. En la conferencia, el participante tiene la oportunidad de presentar documentación e información adicional para explicar porque no cumplió.
- Los participantes tienen el derecho de retirar su consentimiento por escrito para ser divulgado en cualquier momento. Sin embargo, esto puede perjudicar su elegibilidad continuada para beneficios de asistencia en efectivo, cupones para alimentos y Medicaid.

YO HE LEÍDO Y ENTIENDO COMPLETAMENTE LO ANTEDICHO.

Nombre del Participante	Firma del Participante	Fecha

Consent for Disclosure of Alcohol or Substance Abuse Treatment Program Information and Records and Cash Assistance and Care Information and Records

Federal law and regulations protect confidentiality of alcohol and substance abuse treatment records. In general, the program to which you were referred or now attending, or attended in the past may not disclose any program information regarding your treatment to anyone outside, and may not disclose any information identifying you as an alcohol or substance abuser, unless you consent in writing to such disclosure.

Also, state law and regulations protect the confidentiality of all information contained in your cash assistance record, which is maintained by the New York City Human Resources Administration. The Human Resources Administration (HRA) cannot disclose any information maintained in your cash assistance record unless you consent in writing to such disclosure.

**Sign AFTER you read and understand the consent you are giving.
You may ask question about anything you do not understand.**

I, _____, authorize and request (i) _____
Participant's Name Treatment Provider with Provider Code

(ii) The New York City Human Resources Administration, (iii) the National Association on Drug Abuse Problems Substance Abuse Centralized Assessment Program (SACAP) and (iv) the New York State Office of Temporary Disability Assistance (OTDA), to communicate with and disclose to each other the following information:

1. My name, address and other personal identifying information.
2. Information contained in my cash assistance records (such as case composition, fair hearing information, employability status, actions taken on my cash assistance case).
3. Results of any formal alcohol or substance abuse assessment(s) performed by an alcohol or substance abuse counselor credentialed by the New York State Office of Alcoholism and Substance Abuse Services.
4. Prior alcohol/substance abuse treatment.
5. Referral(s) made to an appropriate treatment program(s).
6. Date(s) of admission(s) or referral(s) to any treatment program.
7. Diagnoses and prognoses made by treatment program(s).
8. Assessment results and history, including evaluation of psychosocial and vocational functioning.
9. Treatment plan, progress, and compliance.
10. Toxicology results.
11. Attendance/Removal roster.
12. Discharge plan, date of discharge and discharge status.
13. Employment, education and training related information.
14. Other: _____

I authorize the release of the above information to the above organizations to share and communicate with each other for the purpose of screening and assessing my need for appropriate alcohol or substance abuse treatment; making a referral to an appropriate treatment program; monitoring my progress and attendance in a treatment program; monitoring my participation and compliance with treatment; verifying my eligibility for cash assistance and assisting in my achievement of sobriety and economic self-sufficiency.

I understand that this release does not authorize the disclosure of confidential HIV-related information. I also understand that information released/shared pursuant to this content will not be-released to any organization or individuals except to those organizations or individuals that I have authorized to share information in this consent.

If I am required to apply for benefits furnished by the Social Security Administration (SSA), I understand that the information specified in this consent form may be shared with SSA for the limited purpose of applying for benefits from SSA.

I understand that I may revoke my consent at any time, except to the extent that the treatment program listed or the City or State agency or the National Association on Drug Abuse Problems Substance Abuse Centralized Assessment Program (SACAP), which is to make the disclosure, has already taken action in reliance on my consent. If not previously revoked, this consent will terminate upon **the closing of my cash assistance case.**

Signature of Participant

Date

Signature of parent, guardian or person authorized to sign
(in lieu of participant, where required)

Date

NADAP Counselor/CASAC

Date

SAMPLE

Consentimiento para Revelar Información y Expedientes sobre Programas de Tratamiento de Abuso de Alcohol o Substancias y de Asistencia en Efectivo y Cuidado

La Ley y reglamentaciones Federal protegen la confidencialidad de registros de tratamiento de abuso de alcohol y sustancias. En general, el programa al cual usted fue referido o al cual está asistiendo actualmente o asistió en el pasado, no puede divulgar a nadie fuera del programa ninguna información que le identifique como una persona que abusa de alcohol o sustancias, a menos que usted consienta por escrito a dicha divulgación.

También, la ley y reglamentaciones del estado protegen la confidencialidad de toda la información contenida en su expediente de asistencia en efectivo, el cual es mantenido por la Administración de Recursos Humanos de la Ciudad de Nueva York (New York City Human Resources Administration) (HRA). La Administración de Recursos Humanos no puede revelar ninguna información mantenida en su expediente de asistencia en efectivo, a menos que usted consienta por escrito a dicha declaración.

**Firme DESPUÉS de que usted lea y entienda el consentimiento que está otorgando.
Usted puede hacer preguntas sobre cualquier cosa que no entienda.**

I, _____ (nombre del participante), autorizo y solicito

(i) _____ (proveedor de tratamiento con código), (ii) la Administración de Recursos Humanos de la Ciudad de Nueva York, (iii) Programa de Evaluación Centralizado de Abuso de Substancias de la Asociación Nacional de Problemas de Abuso de Droga (National Association on Drug Abuse Problems Substance Abuse Centralized Assessment Program - SACAP) y (iv) la Oficina de Asistencia Temporal y de Incapacidad del Estado de Nueva York (New York State Office of Temporary and Disability Assistance - OTDA), para comunicarse con y revelar el uno al otro la siguiente información:

1. Mi nombre, dirección y otra información de identificación personal.
2. Información contenida en mis expedientes de asistencia en efectivo, tal como composición del caso, información sobre audiencia imparcial, estado para ser empleado, acciones tomadas en mi caso de asistencia en efectivo.
3. Resultados de cualquier evaluación(es) formal sobre abuso de alcohol o de sustancias realizada por un consejero de abuso de alcohol o sustancias acreditado por la Oficina de Servicios Alcoholismo y Abuso de Substancias del Estado de Nueva York.
4. Tratamientos de alcohol/abuso de sustancias anteriores.
5. Referencia(s) hechas a un programa(s) de tratamiento apropiado.
6. Fecha(s) de admisión(es) o referencia(s) a cualquier programa de tratamiento.
7. Diagnóstico y pronóstico hechas por el(los) programa(s) de tratamiento.
8. Resultados e historial de evaluación, incluyendo evaluación de funcionamiento sico-social y vocacional.
9. Plan de tratamiento, progreso, acatamiento.
10. Resultados de toxicología.
11. Lista de Asistencia/Remoción.
12. Plan de descargo, fecha de descargo y estado de descargo.
13. Información relacionada a empleo, educación y entrenamiento.
14. Otro: _____

Yo autorizo la comunicación de la información que aparece arriba a las organizaciones que aparecen arriba para compartir y comunicarse el uno al otro con el propósito de examinar y evaluar mi necesidad para tratamiento apropiado de abuso de alcohol y sustancias; a hacer una referencia a un programa de tratamiento apropiado; verificar mi progreso y asistencia en un programa de tratamiento; verificar mi participación y acatamiento al programa; verificar mi elegibilidad para asistencia en efectivo y asistirme en mi logro de sobriedad y autosuficiencia económica.

Yo entiendo que esta comunicación no autoriza revelar información confidencial relacionada a VIH. Yo también entiendo que la información revelada/compartida consiguiente a este consentimiento, no será revelado de nuevo a ninguna organización o individuos excepto aquellas organizaciones o individuos a los cuales he autorizado a compartir información en este consentimiento.

Si se me requiere que solicite beneficios proveídos por la Administración del Seguro Social, yo entiendo que la información especificada en este formulario de consentimiento puede ser compartida con la Administración de Seguro Social para el propósito limitado de solicitar beneficios de la Administración de Seguro Social.

Yo entiendo que puedo revocar mi consentimiento en cualquier momento, excepto hasta el punto en el cual el programa de tratamiento listado o la agencia de la Ciudad o del Estado o Programa de Evaluación Centralizado de Abuso de Substancias de la Asociación Nacional de Problemas de Abuso de Droga (SACAP), la cual es derevelar la información, ya ha tomado acción debido a mi consentimiento. Si no fue anteriormente revocado, este consentimiento será terminado **al cerrar mi caso de asistencia en efectivo.**

Firma del Participante

Fecha

Firma del padre/madre, guardián o persona autorizada para firmar (en nombre del participante, donde sea requerido)

Fecha

Consejero de NADAP/CASAC

Fecha

SAMPLE

Envío para Evaluación de Abuso de Sustancias

Section I (To be completed by JOS/Worker)

Applicant/Participant Name: _____
First Name M.I. Last Name

Case Number/Suffix/Line No.: _____ Social Security Number: _____

Center/Program Name: _____

JOS/Worker Name: _____ Telephone: _____

Instrucciones al Solicitante/Participante

Sección II

Se le ha programado una cita obligatoria con el programa o contratista listado más abajo. Debe presentarse a esta cita a tiempo con este formulario. No puede cambiar esta cita a menos que tenga una razón válida y pueda probar por qué necesita cambiarla. Si surge una emergencia, la cual tendría que ser documentada, tiene que llamar al Programa SASC al número más abajo antes de su cita programada.

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Dirección del Programa SASC: _____

Ciudad: _____ Estado: _____ Código Postal: _____
Indicaciones de Viaje: _____

SAMPLE

Certificación del Participante/Solicitante:

Yo entiendo que como condición de elegibilidad para asistencia en efectivo debo presentarme y cooperar con el programa SASC. También entiendo que el incumplimiento de dicho programa puede resultar en mi inelegibilidad para beneficios de asistencia en efectivo.

Firma del Solicitante/Participante

Fecha

Outcome of Assessment

Section III (To be filled out by SASC Worker)

- 1. Applicant/participant has cooperated and is returning to your program. Please excuse for today.
- 2. Applicant/participant has reported and has been exempted from your program, effective today. Please remove from your roster for good cause.

SASC Worker's Signature

Date

Telephone

(See Reverse)

Date: _____
Case Number: _____
Case Name: _____
Center: _____

**Credentialed Alcohol and Substance Abuse Counselor (CASAC) Referral
to a Substance Abuse Service Center (SASC)**

You have just completed a substance abuse assessment by a Credentialed Alcohol and Substance Abuse Counselor (CASAC), who has determined that your substance abuse does not prevent you from participating in a work activity. As a result of this assessment, you are being referred to a Worker at the **Substance Abuse Service Center, 109 East 16th Street, 11th floor, New York, NY**, for an employability assessment. The appointment is scheduled for _____ (Date). Please sign this notice and take it with you to the appointment.

This is a mandatory engagement appointment. Your failure to keep this appointment may result in a reduction or discontinuation of your benefits.

SAMPLE

Participant's Signature

Date

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

**Envío por parte del Consejero Acreditado de Abuso de Alcohol y Sustancias (CASAC)
al Centro de Servicios de Abuso de Sustancias (SASC)**

Usted ha terminado su evaluación de abuso de sustancias controladas por el Consejero Acreditado en Abuso de Sustancias y Alcohol (Credentialed Alcohol and Substance Abuse Counselor – CASAC), quien ha concluido que el abuso de sustancias controladas no le impide participar en una actividad de trabajo. Como resultado de esta evaluación, le enviaremos al **Centro de Servicios de Abuso de Sustancias (Substance Abuse Center), 109 E. 16th Street, 11vo piso, New York, NY**, donde usted se reunirá con un Trabajador para que éste evalúe su aptitud para conseguir empleo. La cita está programada para el _____. Por favor firme este aviso y tráigalo con usted a la cita. (Fecha)

Esta cita de participación es obligatoria. El no acudir a esta cita puede resultar en una reducción o suspensión de sus beneficios.

Firma del Participante

Fecha