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¦      LOCAL COMMISSIONERS MEMORANDUM      ¦
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DSS-4037EL (Rev. 9/89)

Transmittal No: 98 LCM-14

Date: February 19, 1998

Division: Temporary Assistance

TO: Local District Commissioners

SUBJECT: Availability of Funds to Operate an Enhanced Drug/Alcohol Services Program for Family Assistance Recipients

ATTACHMENTS: I. Funding Level Maximums (available on-line)
II. Budget Worksheet (available on-line)

## I. INTRODUCTION

The Welfare Reform Act of 1997 establishes the availability of $12 million in TANF block grant funds for the purpose of providing enhanced drug/alcohol rehabilitation services to families in receipt of Family Assistance. These funds are separate from the screening and assessment monies provided to all districts and will be made available to districts on an optional basis to design and develop an enhanced drug/alcohol rehabilitation program which focuses on the needs of the family, promotes family values and stability, and maximizes the potential for successful treatment outcomes while addressing the goals of self-support and self-sufficiency.

Local districts that opt to submit a proposal for this funding have the responsibility for developing a service plan in consultation with the local Mental Health Director; the plan is to be approved by the State Office of Temporary and Disability Assistance, the Office of Children and Family Services, the Department of Health and the Department of Labor, in consultation with the Office of Alcoholism and Substance Abuse Services.

The target population for this initiative is families in which the custodial parent is required to participate in intensive outpatient treatment as a condition of eligibility, and for those families where the custodial parent is required to participate in employment activities and is also receiving outpatient alcohol/substance abuse treatment. Districts should ensure that mandated treatment clients are given first priority.

Additionally, on a case by case basis, districts should review the treatment history of individuals to ensure that previous incidence of failure to comply with drug/alcohol treatment has not been a chronic problem. Districts should also coordinate with their Child Protective Services units to identify households in which drug/alcohol abuse exists and to ensure these households are included in the target population. Certain early intervention families would benefit from being included in the target population.

Funding in this program is intended to move participants to work and self-sufficiency as quickly as possible. These funds are not to be used for purchase of Medicaid reimbursable services. Districts should however assess what Medicaid services are available in their locality as part of their overall planning process. In all instances, districts must ensure that appropriate mechanisms are in place to prevent duplicate billing to Medicaid and TANF for services provided to clients.

## II. PROGRAM MODEL

Individuals who are chemically and economically dependent represent an extremely hard to serve population. Families which include such individuals may be faced with a myriad of problems/issues which are related to the drug/alcohol dependency. Districts should consider service delivery systems which offer a full range of comprehensive services to address such issues.

The core service components are family-oriented treatment, prevention, and education activities. These services include family treatment, parenting education, prevention activities for high-risk children, crisis intervention, case management and vocational preparation and support services. These funds could also purchase child care and respite services, if necessary. However, it is anticipated that local districts would utilize Child Care Block Grant funds for children in these families. Districts must utilize OASAS certified/VA providers for drug/alcohol rehabilitative treatment services.

In preparation for submitting a plan, districts should, to the extent possible, inventory existing substance abuse treatment services, particularly those designed to serve women, within their counties; determine the effectiveness of those existing services and identify service gaps which impact the level of service provided to the target population. Service models available to local districts include:

1. Contracting with an OASAS-licensed agency to provide a full service package, or sub-contract for some of the support services.

2. Contracting with a community agency to provide services other than drug/alcohol treatment services as part of their overall plan (i.e. case management/ supportive services).

3. Utilizing LDSS staff to provide services other than drug/alcohol treatment services (i.e. case management/ supportive services).

4. The establishment of service coordination agreements with area managed care organizations (MCO) that participate in the partnership plan and incorporate OASAS certified/licensed providers or Veterans Administration facilities within the MCO network. The intent is to ensure coordination of services in those instances where the custodial parent is participating in a TANF project, is enrolled in Medicaid Managed Care and is mandated to receive alcohol/substance abuse treatment as a condition of eligibility for family assistance.

These models may be used independently or in combination. However, in all instances, drug/alcohol rehabilitation treatment services must be provided by OASAS-licensed agencies or a Veterans Administration facility.

## III. ELIGIBLE SERVICES

Program models should focus on outpatient services. While some custodial parents do require long-term residential treatment, this initiative seeks to expand existing outpatient service capacity in concert with the coordination of other community-based support services. Eligible services shall include, but not be limited to:

(1) Outpatient Treatment Services, combined with individual/group/ family counseling and therapy, case management and parent education, home visiting and follow-up services. Such services should not be otherwise covered by Medicaid.

(2) Prevention and Intervention Services for children of the substance abuser(s) and adolescents in the family who are at risk of assuming addictive and criminal behaviors; who are not equipped to succeed academically and who are at risk of poor health due to unhealthy and non-nurturing living conditions. These services could potentially be part of a Managed Care Base Benefit Package. In those instances where TANF Model Program Services are part of the Base Benefit Package and the enrollee has not exhausted alcohol and substance abuse benefits, then the project's case manager should investigate if these services can be provided by the enrollee's Medicaid Managed Care Network Providers.

(3) Community-Based Day Care and Respite Services, to be made available for the period of time in which the family is involved in ongoing substance abuse treatment, short term residential and job-readiness activities.

(4) Vocational Preparation Services, including vocational/ educational assessments and referrals, job readiness and retention skills and transitional work support services which are designed to prevent relapse.

(5) Community-Based Residential Services. In some cases an individual in treatment may require a period of time living in a supervised environment, either with or without his/her children.

## IV. PLAN CONTENT

Local districts interested in operating an Enhanced Drug/Alcohol Abuse Program must submit a written plan for review and approval by the Office of Temporary and Disability Assistance. Plans should be limited to 10 pages and should include the following:

1. Demonstration of an understanding of the issues/problems faced by families which include a drug/alcohol dependent adult(s).

2. The prescribed services to be provided, including a list of potential service providers, the number of people to be served by each provider and the associated cost for service.

3. An explanation of the service model identifying how families will access services from the various providers, as well as how the progress of these families will be monitored/tracked.

4. An explanation of how the service model/plan was developed in conjunction with Mental Health, including what input was provided by the service agencies included in the network, as well as demonstrated commitment from the service providers.

5. A description of how their plan relates to other efforts the county may be undertaking to manage more effectively the services made available to alcohol/substance abusers.

6. An explanation of coordination activities for participants who are enrolled in Medicaid Managed Care and receiving services through a TANF Model Program.

## V. EVALUATION CRITERIA

All plans which are submitted timely will be evaluated for funding. A team consisting of staff from the Office of Temporary and Disability Assistance, Department of Labor, Department of Health, Office of Alcohol and Substance Abuse and Office of Children and Family Services will review and rate all timely submitted plans. Plans will be assessed according to the following criteria:

(1) the districts' ability to inventory and build upon existing community, public and private sector resources and services which provide a continuum of supports for the targeted population;

(2) the involvement of affected customers, community and voluntary organizations and the private and public sector in the development of the proposal/plan;

(3) description of the process for determining the level of service need, i.e. day treatment and job readiness training, prevention activities for at risk children;

(4) comprehensiveness of services to be provided, cost effectiveness of services, overall fiscal appropriateness of the plan;

(5) case management component of the plan, including monitoring/tracking of families through the process and the recording of outcomes;

(6) willingness of the district to utilize Child Care Block Grant funds as necessary for the individual to participate in treatment; and

(7) Explanation of coordination activities for participants who are enrolled in Medicaid Managed Care and receiving services through a TANF Model Program.

## VI. FUNDING

There is $12 million available to fund projects on a statewide basis. Local districts may request funding up to the maximum for their district as shown, on Attachment I.

These maximum funding levels allow for all districts to receive funding to operate an enhanced drug and alcohol services program. In the event that all districts do not participate in this initiative, additional monies may be made available at a later date.

It is anticipated that approved program models will commence on or about May 1, 1998 and operate for a one year period. Funding beyond this initial program year is subject to annual appropriation by the State Legislature.

These funds are not available to supplant other treatment funds (i.e. Medicaid), but rather are available to provide a comprehensive family oriented service package to Family Assistance households. Additionally, as TANF funding, services provided must fall within acceptable guidelines for the expenditure of TANF dollars.

VII. FISCAL IMPLICATIONS

The administrative costs associated with treatment programs which provide drug/alcohol rehabilitation services to families should be reported as F17 function code expenditures and claimed on the Schedule D-17 "Distribution of Allocated Costs to Other Reimbursable Programs" to a DSS-3922 form entitled, "Financial Summary For Special Projects" labelled "Enhanced Drug/Alcohol Services" and reported on the appropriate lines.

For individuals who are otherwise eligible for TANF funding, the costs will be reported in the Total Column and claimed at 100% Federal Share. Reimbursement is available up to the limit of the approved project budget, with these costs being outside the local district administrative cost cap.

Any questions of a fiscal nature from Regions I through V should be directed to Roland Levie at 1-800-343-8859, extension 4-7549; fiscal questions from Region VI should be directed to Marvin Gold at (212)383-1733.

VIII. SUBMISSION OF PROPOSALS

A local social services district may submit a proposal individually or may collaborate with another neighboring district(s) and submit a combined plan. Plans should include the name and phone number of an individual who we may contact if any questions arise in the review process. Plans must be submitted to:

Dale J. Peterson, Leader - Region V
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, New York 12243

Proposed plans must be received by c.o.b. March 20, 1998 to be considered for funding. Districts must submit six (6) copies of their plan. If you have any questions concerning this release, please contact your Regional Team representative.

Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance

## FUNDING LEVEL MAXIMUMS

| Funding Level | | | |
|---|---|---|---|
| $3,525,000 | NYC | | |
| $450,000 | MONROE | ONONDAGA | WESTCHESTER |
| | ERIE | NASSAU | SUFFOLK |
| $275,000 | BROOME | ORANGE | ALBANY |
| | CHAUTAUQUA | ONEIDA | NIAGARA |
| $150,000 | STEUBEN | ST. LAWRENCE | SCHENECTADY |
| | JEFFERSON | RENSSELAER | ROCKLAND |
| | CHEMUNG | OSWEGO | ULSTER |
| | DUTCHESS | | |
| $75,000 | COLUMBIA | CORTLAND | CAYUGA |
| | CHENANGO | LIVINGSTON | CATTARAUGUS |
| | WASHINGTON | FRANKLIN | WARREN |
| | ORLEANS | SARATOGA | TOMPKINS |
| | SULLIVAN | YATES | SENECA |
| | GREENE | ESSEX | CLINTON |
| | MONTGOMERY | MADISON | GENESEE |
| | WAYNE | SCHUYLER | SCHOHARIE |
| | HERKIMER | OTSEGO | WYOMING |
| | ONTARIO | FULTON | PUTNAM |
| | ALLEGANY | DELAWARE | HAMILTON |
| | TIOGA | LEWIS | |

ATTACHMENT II

BUDGET WORKSHEET

| Agency | Service | # Served | Contract Amount | Fee for Service | Total |
| --- | --- | --- | --- | --- | --- |
| | | | | | |
| | | | Grand Total | | |