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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 99 INF-19

TO: Commissioners of  
 Social Services

DIVISION: Temporary  
 Assistance

DATE: November 02, 1999

SUBJECT: Drug/Alcohol Treatment: Option for In-district Care

SUGGESTED

DISTRIBUTION: Temporary Assistance Directors  
 Medicaid Directors  
 CAP Coordinators  
 Drug/Alcohol Staff  
 Staff Development Coordinators

CONTACT PERSON: Program Questions:  
 Temporary Assistance: Region I (518-473-0332);  
 Region II (518-474-9344); Region III (518-474-9307)  
 Region IV (518-474-9300); Region V (518-473-1469);  
 Region VI (212-383-1658)  
 Medicaid: Local District Liaison at (518) 474-9130

ATTACHMENTS: None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
97 ADM-23		351.2(i)			

The purpose of this Informational Letter is to clarify procedures that must be followed when in-district drug/alcohol (D/A) treatment is required for a temporary assistance client residing in another district.

Office regulation 351.2(i)(1)(v) provides that when a district is responsible for payment of drug/alcohol treatment, the district can require in-district treatment provided an appropriate treatment program is available. In determining whether an appropriate treatment program is available locally, it is essential that the district's Credentialed Alcohol and Substance Abuse Counselor (CASAC), or other professional drug/alcohol staff that would approve and monitor treatment, communicate with the in-district treatment provider and with the out-of-county district's treatment provider to assure that adequate arrangements can be made for in-district treatment. Factors that must be reviewed are progress plans and plans for continued drug/alcohol care. Districts must be careful to assure that appropriate care is available in-district before requiring an individual to return. In addition, districts must assure that the family of the recipient remains intact and that court-ordered treatment is adhered to and not disrupted.

In the event there is a disagreement between professional staff in the district requiring the individual to return, and the out-of-county treatment providers staff, the former will be responsible for the final decision on whether the in-district care is adequate. D/A professional staff in the district requiring an individual to return must carefully document the basis for their final decision.

Once a decision has been made to require a temporary assistance recipient to return for in-district care, the district must provide an informational letter to the recipient specifying the following:

- o a decision has been made based on Office regulation 351.2(i)(1)(v) that appropriate drug/alcohol care is available in-district;
- o who the individual must contact to arrange for in-district treatment and
- o reasonable time frames within which the recipient must comply. A reasonable time frame must be at least 30 days.

If a temporary assistance recipient refuses to comply with the district's request to return for in-district care, a durational sanction must be imposed against the recipient in accordance with 351.2(i)(2) after timely notice has been provided.

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Medicaid-only individuals cannot be required to return for in-district care as long as the treatment program they are attending is appropriate for their needs.

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Patricia A. Stevens  
Deputy Commissioner  
Division of Temporary Assistance