

Drug & Alcohol Abuse; Frequently Asked Questions

Screening

1Q. What is the purpose of the Drug & Alcohol abuse screening?

1A. The screening is conducted to identify adult members and heads of households who potentially have a drug/alcohol abuse problem which may impact their employability.

2Q. Who must be screened for D&A abuse?

2A. For Temporary Assistance eligibility, all adult household members and head of households (regardless of age) must be screened. An adult is defined as any individual in the household age 18 or older who is applying for, or in receipt of, public assistance. An essential person (EP) who meets the definition of an adult is also screened, but in the event of non-compliance, the EP is removed from the case. An EPs presence in a case cannot negatively impact the EP or the FA case.

3Q. Who is exempt from screening for D&A abuse?

3A. | Minors, those under 18 years, do not get screened.

| Individuals in the household, aged 18, who are participating in a full-time secondary school or the equivalent level or vocational or technical training, are not considered adults for the purpose of screening, assessment and treatment.

| Grantees, who are not required to be in the case, are not considered adult members of an assistance case. There is no authority to subject a grantee to screening.

4Q. Are work exempt adults required to be screened by D&A?

4A. All adult household members and heads of households must be screened at application and, thereafter, as determined by the LSSD.

5Q. If a person refuses to be screened are they eligible for non-cash safety net?

5A. No, the individual would be ineligible. Other household members, if otherwise eligible, would receive Safety Net Non-Cash Assistance (FP) (Case Type 12) or Safety Net Non-Cash (FNP) (Case Type 17).

6Q. Do we screen applicants/recipients who are actively participating in alcoholism and/or substance abuse treatment?

6A. No, however, an assessment, if not already conducted, should be scheduled at the next client contact.

7Q. At what point in the application/undercare case processing do we screen required individuals?

7A. All adult household members and head of households must be screened as part of the application process. Subsequent screenings are conducted on a schedule determined by the LSSD provided the policy is applied consistently and no more frequently than every six months, unless there is evidence to indicate potential alcohol and/or substance abuse.

8Q. How should we be administering the screening form; what about the outcomes of the screening?

8A. For Temporary Assistance head of households, LSSD staff must read/discuss the 10 questions in Section A and record the answers during the client interview. If the answer is yes to any two or more questions or the answer is yes to any one of questions # 4 - 10, client must be referred for assessment. If the client is referred for an assessment, the behavioral observation section (B) is optional. If client is not referred for assessment, LSSD staff are required to complete Section B based on observation of client and case record. Whenever Section B is completed and it is indicated that there is at least one sign of alcohol/substance abuse in the *Behavior Observation* Section (B1) or two or more boxes checked in Section B2, client must be referred for an assessment.

For other adult household members, LSSD staff may read/discuss the 10 questions and record the answers during the interview, **or** tear the perforated form and hand/mail Section A to the client for completion. There is no face-to face completion requirement. If client answers yes to any 2 or answer is yes to any one of questions # 4 - 10, client must be referred to assessment. There is no requirement to complete Section B for other adult household members but completion is encouraged in an effort to maximize and record worker observation.

9Q. Is there a requirement to screen face to face at every recertification?

9A. No. As described in question number six (6), screening should take place according to a schedule determined by the LSSD, provided the policy is applied consistently and screening conducted no more frequently than every six months, unless there is evidence to indicate potential alcohol and/or substance abuse. A district may screen undercare cases at every recertification, if that is the schedule determined by the LSSD.

10Q. Does the 6-month screening apply if there is evidence early on that there is a drug/alcohol problem? In other words, can we screen sooner than 6 months if we feel it is necessary?

10A. Yes, whenever there is indication of a D&A problem, screening should be conducted.

11Q. Can the newly revised screening form (6/01) be administered during group recertification?

11A. LDSS-4571 was revised 6/01 to allow a better facilitation of worker-client discussion about drug and alcohol abuse for adults members and head of households.

- For head of households, LSSD staff must read and discuss the 10 questions and record answers during the client contact. Therefore, it would be extremely difficult to administer the screening form, in the manner it is supposed to be conducted, during a group recertification. Additionally, for head of households, Section B, *Behavioral Observation*, is filled out if client is not sent for an assessment as a result of Section A.
- For other adult household members, the screening form may be completed by the client; so, a group recertification could be an appropriate venue for administering the form to this group.

12Q. When a person "passes" the D&A screening Part A, but is obviously drunk or has a known history of D&A abuse, can the person still be referred for an assessment?

12A. Yes, a person should be referred for assessment whenever the SSD has reason to believe the person has a potential D&A problem. For heads of households, if Section A of the screening form (LDSS –4571, 6/01) does not result in an assessment, Section B is required to be completed. Section B of the newly revised screening form will facilitate a referral based on worker observation of drug/alcohol abuse signs and case history.

13Q. An 18-year-old dependent relative who is participating in a secondary education program is identified as a potential drug/alcohol abuser. Is there any individual/case action required?

13A. No. As an 18-year-old dependent relative, this individual is not subject to drug screening/assessment. Therefore, there is no authority to take any action against the public assistance grant.

Example: Rita Little resides as a single parent with three children in Portland County. Her oldest child (Fran) has recently turned 18 years old. The other children are 12 and 9 years of age. Rita Little has been having problems making ends meet and has decided to apply for Public Assistance. For drug screening purposes, the worker informs the head of household applicant that since Fran Little is 18 years of age, she must be included in the drug and alcohol screening process. Rita responds to the worker saying that her daughter Fran is currently a senior in high school. After researching this information, the worker learns that adults who are 18 years of age and have not yet turned 19 would be exempt from the drug screening process if they are currently attending high school. The worker then informs the applicant, Rita Little, that she is the only household member that would be subject to the drug and alcohol screening and that her daughter Fran would not have to participate.

14Q. Are minor dependent children (16-17) who are not in school subject to drug screening/assessment?

14A. No. There is no authority to subject minor dependent children to screening/assessment. There is, however, authority to screen/assess minor parents who are head of household.

15Q. What case action must a district take if they are aware/suspect that a minor in household has a drug/alcohol problem?

- 15A.** The district has no authority to take any negative action against the public assistance case based on a non head of household minor for failure to cooperate with the Drug/Alcohol requirements, since they are not mandated under these provisions. This may be an appropriate situation, however, to discuss with the Children's Services staff and/or youth based services themed projects in the TANF Services Plan (i.e. PINS diversion/Child Welfare Crossover). Please note, districts can mandate drug/alcohol treatment for minor dependent children (aged 16-17), who are not in school, as an employment activity.
- 16Q. If an adult member of a household screens positive, must he/she participate in a formal assessment?**
- 16A.** Yes, if the adult screens positive, they must participate in the formal assessment or they are ineligible for Temporary Assistance. Remaining TANF eligible household members are changed from Family Assistance (Case Type 11) to Safety Net Non-Cash (FP) (Case Type 12).
- 17Q. Is special funding available to LSSDs for drug/alcohol abuse screening?**
- 17A.** No. Screening conducted by eligibility workers is part of the eligibility process and charged accordingly.
- 18Q. Are demographics a factor in disclosure of D/A abuse?**
- 18A.** Yes, recent studies show that TANF women are less likely to disclose drug and/or alcohol problems due to fear of child welfare implications and/or the loss of benefits. This makes it particularly important that workers encourage a dialogue that may help TANF women in need of treatment identify themselves so that needed treatment can be provided.
- 19Q. How long must we keep the screening form in the case record?**
- 19A.** All drug and alcohol screening forms must be retained six years after the case is closed, or until any relative litigation is resolved, whichever is later.

Assessment

1Q. What is the purpose of the formal assessment?

1A. The formal assessment is to determine if:

- the individual is abusing alcohol/drugs, and
- if abuse is found, whether the individual is able to work or not due to the abuse, and
- if abuse is found and the individual is unable to work because of the abuse, the appropriate level of care.

2Q. Who must be assessed?

- 2A. Temporary Assistance head of households and other adult household members who fail the drug/alcohol screening, or are otherwise identified as having a potential drug/alcohol problem.
- 3Q. **Who may conduct a Drug & Alcohol assessment?**
- 3A. Assessments are to be conducted by a Certified Alcohol and Substance Abuse Counselor (CASAC). The credential, issued by OASAS, must be in good standing.
- 4Q. **For the purposes of who may do an assessment, is a medical doctor considered "credentialed"?**
- 4A. The person conducting the assessment must be a Certified Alcohol and Substance Abuse Counselor (CASAC). Not all doctors are necessarily credentialed CASACs, certified by OASAS.
- 5Q. **Can non-OASAS credentialed individuals conduct D&A assessments if a CASAC reviews and signs off on the assessment?**
- 5A. No.
- 6Q. **Is there a model assessment form?**
- 6A. Yes. As described in 97 INF-16, LSSDs may use the model *"Pre-treatment Drug and/or Alcohol Assessment Form"*.
- 7Q. **How are assessments paid for by the LSSD?**
- 7A. D & A Assessment and monitoring functions are paid for out of special TANF/Safety Net Drug and Alcohol allocations.
- 8Q. **What if an adult member of a Family Assistance case refuses to be assessed?**
- 8A. The Family Assistance case would be re-categorized as non-cash Safety Net (FP) (Case Type 12), the non-compliant adult would be ineligible for assistance until compliance, and the remainder of the household would receive a pro-rated benefit.
- Example 1:** A TA household consists of a mother and her two children. The mother refuses to be assessed for drug/alcohol abuse. The mother is ineligible for assistance, the case is moved to non-cash Safety Net Assistance (Case Type 12) for the two children, and the benefits are pro-rated.
- 9Q. **Does a SSD open the case if a necessary D&A assessment cannot be done within the required 30 or 45-day application processing time limits?**

- 9A.** Yes, case processing should not be delayed because the LSSD cannot complete the assessment in a timely manner. Every effort, however, should be made to conduct the assessment as close to application filing as possible.
- 10Q. In addition to the results of administering the screening form, what constitutes evidence of drug/alcohol abuse for purposes of referral for assessment?**
- 10A.** Certain situations which may constitute evidence of drug/alcohol abuse include, but are not limited to:
- failure to make scheduled appointments for work interviews/workfare assignments
 - the appearance of drunkenness/disorientation
 - the smell of alcohol on the clients breath
 - impairment in attention or memory
 - needle marks
 - unclear speech
 - agitated, belligerent, argumentative
 - hyperactive, continuous talking or movement
 - visible abscesses
- 11Q. What case action must a district take if an adult member of the household is assessed and determined to have a drug/alcohol problem but is not mandated to treatment?**
- 11A.** The district would take no action in this case. Case category would remain the same and benefits would be provided in the same manner as normally provided by the district. It may be possible, however, that the CASAC may determine that an individual does have a D&A problem but is able to work. In this case, the CASAC may recommend that D&A treatment be included in the individual's employment plan.
- 12Q. Under New York State's Welfare Reform requirements, may Temporary Assistance applicants/recipients be drug tested as part of assessment?**
- 12A.** Yes. Department Regulation Section 351.2(i), includes an assessment provision to allow for drug testing.
- 13Q. If the assessment determines that the individual is not employable as a result of their drug/alcohol abuse problem, must they comply with prescribed treatment?**
- 13A.** Yes, if the individual is determined not employable as a result of their drug/alcohol abuse problem, he/she must comply with appropriate treatment or be removed from the public assistance case or the individual is ineligible and eligible family members re-categorized to Safety-Net Cash (FP) Case Type 12.
- 14Q. What are the common outcomes of Assessment and what is the impact on eligibility?**
- 14A.** Assessment results are indicated in the following manner:

- When no abuse is found, the eligibility process is continued. The household is entitled to cash assistance under appropriate category, if otherwise eligible.
- When abuse is found and the individual is *able to work*, the eligibility process is continued. The household is entitled to cash assistance under appropriate category, if otherwise eligible. The LSSD may choose to make treatment a part of the individual's employment plan.
- When abuse is found and the individual is unable to work due to this abuse, the individual must be referred to appropriate mandated treatment and the individual, including other eligible household members, must receive non-cash assistance under the Safety Net program.

15Q. What happens when an individual fails to comply with D/A treatment, but the treatment was not mandated under the welfare reform drug and alcohol provisions, but as part of their employability plan?

15A. The individual is subject to non-compliance procedures under work rules. Conciliation is offered to the individual before a work rules sanction can be imposed.

16Q. If a person referred for D&A assessment is determined to have a problem but is determined to be able to work, can't the person still go through treatment in their off work hours?

16A. Yes, a person identified as D&A but able to work can still attend or be referred for treatment. However, they would not be mandated to treatment under the drug and alcohol welfare reform provisions and are not subject to treatment compliance requirements pursuant to Social Services Law Section 132. Districts can include treatment provisions in the individual's employment plan and non-compliance would result in a work rules sanction. The individual's category, case type, and individual level coding would be dictated by the person's circumstances/family situation.

Treatment

1Q. Who determines which D&A treatment program the client must attend?

1A. The SSD has the final determination of appropriate treatment level, based on information received from the CASAC who conducted the assessment of level of care.

2Q. How is "appropriate treatment program" defined?

2A. Per 97 ADM-23, an appropriate treatment program must:

- be licensed or certified by the Office of Alcoholism and Substance Abuse Services or operated by the United States Department of Veterans Affairs and be determined by the social services official to meet the rehabilitation needs of the individual;

- develop a treatment plan for the individual which includes an expected date of availability for work related activities and provide a copy of such plan to the LSSD responsible for payment;
- provide, at a minimum of every three months, a treatment progress report for each recipient of temporary assistance to the LSSD responsible for payment; and
- request the approval of the local district responsible for payment, prior to changing an individual's level of treatment care.

Additionally, treatment providers must provide attendance reports to the SSD on a schedule mutually agreed to by both parties.

3Q. Are there any “good cause” reasons for failing to participate or complete a treatment program?

3A. Yes. There is good cause when the LSSD, the facility, and the applicant or recipient agree that the applicant or recipient is in need of a different program than the one he/she was originally referred to or is currently attending, or the applicant/recipient has enrolled in another treatment program which the LSSD has deemed appropriate, or a verified unforeseen circumstance occurs that is beyond the applicant's/recipient's control, such as illness or a death in the family.

4Q. What is the result when an individual who is mandated to treatment will not sign the DSS-4525 *Consent for Disclosure of Medical and Non-Medical Records from Alcoholism and Drug Abuse Treatment Programs*?

4A. The mandated individual is sanctioned for non-compliance with Drug/Alcohol requirements. Other eligible household members may receive cash assistance under Safety Net Non-Cash (FP) (Case Type 12). See 96 INF-28 for more information on this topic.

5Q. When there is a recommendation that there be a change in an individual's level of care (i.e. residential to outpatient), must clients be reassessed to re-determine their employability status?

5A. Yes. Anytime a change in the level of care is indicated, an individual's employability status and case type should be considered. If the Certified Alcohol and Substance Abuse Counselor (CASAC) has determined that the individual is unable to work due to drug/alcohol abuse and agrees with the change in level of care and indicates appropriateness, they will continue the treatment mandate and concur with the treatment level change. It is possible that the change in level of care to a less intensive treatment unit may indicate that the individual is now able to work and the employability status needs to be changed to non-exempt. The appropriate employability code should be assigned.

6Q. May a district require a TA client to participate in in-district drug/alcohol treatment when that client is residing in another district?

6A. Yes. 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. If the client is non-compliant with a 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 (99 INF-19).

- 7Q. What if a treatment provider wants to send a mandated individual, who has been in treatment, to a different treatment facility, out of county?**
- 7A.** LSSD staff must approve any changes in the level of care suggested by a treatment facility. The district staff, in conjunction with the CASAC, will determine whether an appropriate treatment program is available locally or if an out of county placement is appropriate.
- 8Q. How can an individual with drug/alcohol abuse problems go from non-cash status to cash benefits?**
- 8A.** Upon completion of prescribed treatment, the client should be reassessed for employability status and case type designation. If client is determined able to work and is compliant with work requirements, case type and employability codes must be changed and cash benefits issued as appropriate.
- 9Q. What action must a district take if an adult member of a household fails without good cause to participate in, complete, or document participation/completion of an appropriate treatment program?**
- 9A.** After proper notice, sanction applicants or recipients who fail without good cause to participate in, or complete, an appropriate treatment program (outpatient and residential programs) as required by Department regulation 351.2(i).

Such sanctions must remain in effect until the failure ceases but not less than:

- 1) 45 days in the first instance of non-compliance;
- 2) 120 days in the second instance; and
- 3) 180 days in the third and subsequent instances.

Example: A FA household consists of a woman, her two children from a previous relationship, her boyfriend and their common child. The boyfriend has refused to cooperate with the D&A screening.

In this case, because there is no longer a deprivation requirement for FA eligibility, the child and the boyfriend are not essential persons but are required to be in the FA household. The boyfriend's non-compliance results in the case being transferred to non-cash Safety Net Assistance (SNA). The SNA benefit equals 4/5 of the benefit for 5.

- 10Q. What happens when an individual fails to comply with D/A treatment that is also part of their employability plan?**
- 10A.** The individual is subject to non-compliance procedures under work rules. Conciliation is offered to the individual before a work rules sanction can be imposed.

- 11Q. What happens when an applicant/recipient, who is referred to treatment, refuses to sign and/or withdraws a required Consent Form (DSS-4524) *“Notice About Signing the Required Consent for Disclosure of Medical and Non-Medical Records from Alcoholism and Drug Abuse Treatment Programs”*(DSS-4525) *“Consent For Disclosure of Medical and Non-Medical Records from Alcoholism and Drug Abuse Treatment Programs”*?
- 11A. An individual who refuses to sign and/or withdraws a required consent is ineligible for public assistance. Other household members, if otherwise eligible, must receive non-cash safety net assistance.

D/A Compliance and Category of Assistance

- 1Q. **When a person is part of a Family Assistance (FA) household (Case Type 11) and is mandated to treatment, does the household become SNA (Case Type 12)?**
- 1A. The household becomes Safety Net Non-Cash Assistance (federally funded) (Case Type 12) if the person identified as having a D&A problem is unable to work because of the D&A problem, or an adult member or minor head of household fails to cooperate with the D&A screening and/or assessment process.
- 2Q. **What happens if a case is opened as FA and after the assessment it becomes clear that the case must be changed to Safety Net Assistance? Because the case would have been SNA (had the assessment been done before case opening), is the case retroactively SNA?**
- 2A. No, the case would become Safety Net Non-Cash Assistance (Case Type 12) at the time it is determined, based on the assessment, that the person is unable to work as a result of D&A problems.
- 3Q. **If a FA individual fails to comply with D&A screening or assessment, the children go to the Safety Net Non-Cash Assistance (Case Type 12), then the individual complies, what happens? Do all go back to FA?**
- 3A. If the individual complies and is determined not to have a D&A problem, or to have a D&A problem but able to work, the case would go back to FA if otherwise eligible. If the individual complies and is found to have a D&A problem and be unable to work because of that problem, the case would stay in Safety Net Non-Cash Assistance (Case Type 12).
- 4Q. **If the essential person fails to cooperate or is determined to be unable to work due to drug/alcohol abuse, is the whole family in Safety Net Non-Cash Assistance (Case Type 12)?**
- 4A. No, an essential person's failure to cooperate does not adversely impact the household, therefore, the households category of assistance is not changed due to action/inactions of an essential person. Failure to cooperate in drug screening/assessment would result in the ineligibility of the essential person. An essential person determined unable to work because

of D&A would be required to be in Safety Net Non-Cash Assistance (FNP) (Case Type 17) and mandated into treatment.

5Q. At what point can a Safety Net recipient get back into family assistance?

5A. If a reassessment shows no D&A problem or the individual is determined able to work, the family can return to FA if otherwise eligible.

Sanctions

1Q. Drug Alcohol sanction: applicant - durational?

1A. Failure to be screened or assessed for D&A at application results in ineligibility of the individual (non-durational). Other household members move to Safety Net Non-Cash Assistance. Failure to cooperate with treatment results in durational sanction of the individual. Durational sanctions must remain in effect until the failure ceases, but not less than 45 days in first instance, 120 days in second instance, and 180 days in third and subsequent instances.

2Q. Can a durational drug/alcohol sanction be cured?

2A. Yes. Persons disqualified from receiving public assistance who are otherwise eligible for temporary assistance and who return to required treatment prior to the end of the disqualification period and are receiving care in an OASAS certified congregate care level II facility or a U.S. Veterans hospital drug/alcohol residential program, shall be eligible for non-cash safety net assistance. The district's CASAC must determine that residential treatment is the appropriate level of care. Sanctions imposed for failing to comply with screening, assessment, and/or release of treatment information are effective until compliance.

3Q. What budgeting methodology would be used if an adult household member refuses to cooperate with screening and/or assessment requirements?

3A. The pro-rata sanction budgeting methodology would be used.

Court Orders (99 INF-4)

1Q. Sometimes the court, probation, parole (etc.) orders treatment (i.e. - after DWI arrest). What if the court order is contrary to the CASAC's determination of level of care?

1A. The court order takes precedence. However, a social services district may pursue a modification of a court order, per a CASAC assessment.

Treatment Providers

1Q. What are the responsibilities of treatment providers who service our clients?

1A. Per 97 ADM-23, an appropriate treatment program must:

- be licensed or certified by the Office of Alcoholism and Substance Abuse Services or operated by the United States Department of Veterans Affairs and be determined by the social services official to meet the rehabilitation needs of the individual;
- develop a treatment plan for the individual which includes an expected date of availability for work related activities and provide a copy of such plan to the LSSD responsible for payment;
- provide, at a minimum of every three months, a treatment progress report for each recipient of temporary assistance to the LSSD responsible for payment; and
- request the approval of the local district responsible for payment, prior to changing an individual's level of treatment care.

Additionally, treatment providers must provide attendance reports to the SSD, on a schedule mutually agreed to by both parties.

Dual Diagnoses (99 INF-4)

1Q. Consider an individual who is assessed as unable to work as a result of drug/alcohol abuse, and who also is determined to have one or more other medical or psychological conditions that also would make the individual unable to work. Is that individual mandated to D/A treatment?

1A. Yes, whenever an individual who is required to be assessed is assessed as having drug and/or alcohol abuse that makes the individual unable to work, the individual is mandated to treatment. This is true whether or not other disabling conditions co-exist. The district should, however, pursue SSI eligibility for anyone who reasonably appears to qualify, or otherwise appears to be eligible.

NOTE: The screening, assessment, and treatment requirements are not a condition of eligibility for disabled Medicaid-only applicants. Individuals who have a potentially disabling physical or mental impairment (other than substance abuse) should be referred to the Medicaid disability review team for a disability determination.

Notice Requirements

1Q. What are the notice requirements for D/A notices? Are there CNS codes available to support individual level D/A non-compliance situations?

1A. Department Regulation 351.2 (i) describes that clients must be notified in writing when they are ineligible or durationally sanctioned due to non-compliance with drug/alcohol requirements. At denial (TT 03) adequate notice is required. At closing (TT07) and recertification closing (TT08), the following individual level codes require a timely notice:

F44 - Failure to Comply with Drug/Alcohol Screening

F45 - Failure to Comply with Drug/Alcohol Assessment

F46 - Failure to Comply with Drug/Alcohol Release of Information

- GX1 - Failure to Take Part in D/A Rehab-*Recipient* (Except TT 02, 03)(1st Occurrence/45 days)
- GX2 - Failure to Take Part in D/A Rehab-*Recipient* (Except TT 02, 03) (2nd Occurrence/120 days)
- GX3 - Failure to Take Part in D/A Rehab-*Recipient* (Except TT 02,03) (3rd Occurrence/180 days)
- MX1 - Failure to Take Part in D/A Rehab-*Applicant* (1st Occurrence/45 days)
- MX2 - Failure to Take Part in D/A Rehab-*Applicant* (2nd Occurrence/120 days)
- MX3 - Failure to Take Part in D/A Rehab-*Applicant* (3rd Occurrence/180 days)
- WE1 - Failure to Comply with Employment Requirements (1st Occurrence)
- WE2 - Failure to Comply with Employment Requirements (2nd Occurrence)
- WE3 - Failure to Comply with Employment Requirements (3rd Occurrence)

Veterans

- 1Q. **If an applicant/recipient is receiving substance abuse treatment at a VA facility located outside the county of origin, can the local district require the individual return and receive treatment in-district?**
- 1A. Since VA treatment is free and results in substantial Medicaid savings, it is in the district's best interest to engage clients in treatment programs offered by the VA. Additionally, VA medical centers are also able to meet a number of the veteran's other needs, such as medical care and vocational services.
- 2Q. **Do VA substance abuse programs meet the State's definition of "appropriate treatment"?**
- 2A. Yes, treatment programs operated by the U.S. Department of Veterans Affairs meet the definition of appropriate treatment.
- 3Q. **Can districts require that veterans utilize VA substance abuse services as a condition of eligibility? Can we deny the case for "failure to utilize an available resource" in the event the veteran refuses to utilize VA services?**
- 3A. No. In accordance with Medicaid regulations, individuals must be afforded "Freedom of Choice" in obtaining medical care. Therefore, veterans refusing to utilize VA facilities for treatment/care cannot be denied assistance. However, districts should continue to *encourage* veteran clients to receive treatment/care through the VA.