



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

Brian J. Wing
Commissioner

: INFORMATIONAL LETTER :

TRANSMITTAL: 99 INF-14

TO: Commissioners of
Social Services

DIVISION: Temporary
Assistance

DATE: July 30, 1999

SUBJECT: LDSS-4600: Drug and Alcohol Screening, Assessment, and
Treatment Implications Desk Guide (6/98)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
Food Stamp Directors
Medical Assistance Directors
CAP Coordinators
Services Coordinators
Forms Coordinators
Staff Development Coordinators

CONTACT PERSON: Program Questions:
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)
Forms Questions:
Bob Gullie, DTA/New Technology, 1-800-343-8859,
extension 4-6055 (AV1060)

ATTACHMENTS: LDSS-4600: "Drug and Alcohol Screening, Assessment and
Treatment Implications Desk Guide" (Rev.6/98)
(not available on-line)

FILING REFERENCES

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

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Trans. No. 99 INF-14

Page No. 2


The purpose of this Informational Letter is to introduce the new LDSS-4600: "Drug and Alcohol Screening, Assessment and Treatment Implications Desk Guide" (Rev.6/98) (copy attached).

The LDSS-4600: "Drug and Alcohol Screening, Assessment and Treatment Implications Desk Guide" (Rev.6/98) has been developed to assist staff in identifying appropriate case types and payment types (cash/non-cash) based on current Public Assistance drug and alcohol policy issued in 97 ADM-23, "Public Assistance (Family Assistance/Safety Net Assistance) Changes Resulting From The Welfare Reform Act of 1997".

Districts will not automatically receive initial supplies of this form. This desk guide has been printed on buff-colored cardstock and is available for ordering from the Albany Warehouse. Future requests for the LDSS-4600 should be submitted on form DSS-876 (Rev. 2/96): "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance
Bureau of Management Services
Forms Supply, Control and Distribution
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to the Bureau of Management Services by calling 1-800-343-8859, ext. 4-2702.


Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance

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 <u>unable to work</u> 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 <i>Screening</i> 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 <i>Assessment</i> 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 <i>and/or</i> 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; <i>and</i> until compliance, which-ever is longer OR Until entry/re-entry into an OASAS certified level II <i>or</i> 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