

Department of Social and Health Services

Olympia, Washington

Social Services Manual

Revision # 81

CATEGORY Disability Lifeline – Chemical Dependency Treatment

[HTTP://WWW.DSHS.WA.GOV/MANUALS/SOCIALSERVICES/SECTIONS/
DISABILITY_LIFELINE_CHEMICAL_DEPENDENCY_TREATMENT.SHTML](http://www.dshs.wa.gov/manuals/socialservices/sections/disability_lifeline_chemical_dependency_treatment.shtml)

Issued **July 1, 2010**

Revision Author: Melissa Mathson

Division CSD

Phone (360) 725-4563

Email melissa.mathson@dshs.wa.gov

Summary : Chemical Dependency treatment requirements and penalties were revised to comply with BH 2782 and WAC 388-448-0220.

DISABILITY LIFELINE – CHEMICAL DEPENDENCY TREATMENT

Revised July 1, 2010

Purpose: Social workers are agents of change who empower our clients to improve their own lives.

WAC 388-448-0220

Effective July 1, 2010

WAC 388-448-0220 How does alcohol or drug dependence affect my eligibility for disability lifeline?

1. You must complete a chemical dependency assessment when we have information that indicates you may be chemically dependent.
2. You must accept an assessment referral and participate in drug or alcohol treatment if a certified chemical dependency counselor indicates a need for treatment, unless you meet one of the following good cause reasons:

- a. We determine that your physical or mental health impairment prevents you from participating in treatment.
- b. The outpatient chemical dependency treatment you need isn't available in the county you live in.
- c. You need inpatient chemical dependency treatment at a location that you can't reasonably access.

This is a reprint of the official rule as published by the [Office of the Code Reviser](#). If there are previous versions of this rule, they can be found using the [Legislative Search page](#).

CLARIFYING INFORMATION

House bill 2782 passed into law and mandates:

- 1. Persons who are primarily incapacitated due to alcohol or drug addiction are ineligible for disability lifeline (DL) benefits.
- 2. Persons who meet incapacity requirements, and who are assessed as in need of drug or alcohol treatment (CD), must participate in treatment as a condition of eligibility for DL.
3. The CD treatment requirements and good cause reasons listed in WAC 388-448-0220 are defined in state law ([RCW 74.04.005](#)).
4. An "indication" of chemical dependency includes:
 - A notation of alcohol on breath (AOB) by a medical provider, social worker, or in ACES case notes.
 - Medical or mental health chart notes counseling a client on substance use.
 - Recent legal problems associated with substance use (DUI, etc.)
 - The person states verbally or in writing that they use an illegal substance in any quantity.
 - Concern of the person's substance use is expressed by family members, friends, etc.
5. See the [Alcohol and Substance Abuse](#) chapter for more information on signs of chemical dependency or abuse.
6. Chemical dependency assessments are valid for 6 months. If a person is assessed as dependent, no additional assessments are needed for 6 months.

WORKER RESPONSIBILITIES

1. Determine if a person has an incapacitating impairment that is separate from chemical dependency or abuse per [WAC 388-448-0030](#).
2. If it isn't clear that the person's impairments are separate from chemical dependency, the person is primarily incapacitated by chemical dependency:
 - a. Deny incapacity for applicants and recipients of DL. Explain the benefits of the ADATSA

- program and refer for an ADATSA assessment if the person is amenable to treatment.
- b. If the person is currently participating in CD treatment, communicate with financial services to change the program type to ADATSA, or terminate DL and then refer the person to ADATSA.
2. NOTE: Don't request a chemical dependency assessment to support an incapacity decision of no clear differentiation. Only refer persons primarily incapacitated by alcohol or drugs for an assessment if they indicate they want to pursue treatment.
3. If it can be established that a person has a separate incapacitating impairment, and there is an indication of substance abuse or addiction, approve incapacity, and open the ICMS screen "chemical dependency". Send a form [14-249](#) DL case management letter requiring the client:
- Sign a DBHR release of information form 14-314 (link to form XXX).
 - Complete a chemical dependency assessment.
 - Follow the same communication protocol as for ADATSA clients. (link to EAZ DBHR to provide)
4. If the person is assessed as dependent and in need of chemical dependency treatment, update the 14-249 case plan to require the person to participate and complete treatment as recommended by the certified chemical dependency counselor.
5. If assessed as dependent, but treatment isn't recommended because the person isn't amenable to treatment – this means the person has refused treatment. Send a 14-509 cause letter and terminate benefits if the person does provide proof a good cause reason listed in WAC 388-448-0220.
- 4.6. Communicate with CDP if questions arise regarding the level of treatment the person is capable of participating in
- 5.7. If the person is assessed as needing inpatient treatment, but **medical treatment** prevents the person from entering into inpatient treatment, contact the chemical dependency counselor to request the assessment be modified to recommend outpatient treatment.

EXAMPLE

Mike was assessed as dependent with a recommendation for 90 days of inpatient treatment. He was scheduled to enter treatment on September 5th. He calls his social worker and requests he be sent to inpatient-outpatient treatment because he has visitation with his children on the weekends. The social worker explains Mike must comply with the inpatient treatment requirement. The treatment requirement won't be changed and Mike will not have good cause if he fails to participate.

1. Tracking and verification of compliance with CD assessment through completion of treatment is mandatory for every DL client with an indication of chemical dependency.
2. Document all tracking and verification actions with in the I!CMS chemical dependency screen and case notes.
- 2.3. ~~T~~reatment monitoring and ~~case notes~~ protective payees are mandatory for clients assessed as dependent.

Non Compliance and Good Cause

1. Send [form 14-509](#) DL Good Cause letter when verification of CD treatment compliance isn't received, or if we receive information that the person didn't complete treatment as recommended.
2. If there is no response to the good cause letter, assume refusal to cooperate without good cause.
3. Good cause for non compliance is defined in WAC 388-448-0220. ~~These are the only acceptable reasons for refusing or failing to complete a chemical dependency assessment or treatment~~ All good cause reasons for failing to participate in CD treatment are temporary. Engage the person in treatment as soon as possible. These are the only acceptable reasons for refusing or failing to complete a chemical dependency assessment or treatment.:
 - a. We determine physical or mental health impairment, or treatment, prevents participation in treatment :
 - i. ~~—B—~~ based on a review of objective medical information and treatment recommendations.;
 - ii. Impairments must be severe or acute - person can't ambulate, they are hospitalized or mental health is so unstable as to preclude any participation at this time.
 - iii. Communicate with the medical or mental health provider regarding status of the person's condition and engage the person in treatment as soon as possible.
 - a iv. Communicate with the chemical dependency provider about the special physical or mental health needs of the person to see if the person can be accommodated or treated effectively.
 - b. Outpatient treatment isn't available in the county you live in. Cooperating with waiting list procedures is cooperating with treatment. (Must make an assessment appointment and agree to be placed on a waiting list if necessary).
 - c. Inpatient chemical dependency treatment. Cooperating with waiting list procedures is cooperating with treatment. (Must make an assessment appointment and agree to be placed on a waiting list if necessary).
 - e. ~~(Including the availability of assessment for treatment).~~
4. Take action on a person's non-compliance **immediately**. Don't wait until the incapacity review.
5. Terminate assistance using a 14-118 when there isn't good cause for non compliance.

EXAMPLE

Shannon was assessed as dependent with a recommendation for 90 days of inpatient treatment.

She was assigned a bed date of August 10th. The social worker did not receive notice that Shannon entered treatment on the 10th and sent a 14-509 good cause letter. Shannon called her social worker and explained that she had been scheduled for knee surgery on September 9th. Shannon provides verification of her surgery date, and the ISW contacts the CD counselor to request the treatment recommendation be changed to outpatient treatment. Her case is changed to require compliance with outpatient treatment. Shannon demonstrated good cause for failing to participate in in-patient treatment, but she must now participate in outpatient treatment.

EXAMPLE

Roger was assessed as dependent with a recommendation for 90 days of inpatient treatment. He was scheduled to enter treatment on October 8th. The social worker did not receive notice that Roger entered treatment on the 10th and sent a 14-509 good cause letter. Roger calls his social worker and states he did not enter inpatient treatment because he could not find anyone to take care of his dog. Roger doesn't have good cause for failing to participate or a valid reason for changing the assessment recommendation. Although good cause can't be established in this case, the ISW may help the client find a placement for his pet in order to assist the client in complying with the CD treatment requirements. **Roger's benefits are terminated October 31th** and will remain closed until Roger verifies he is entering treatment, regardless of the ability to place his dog.

EXAMPLE

Sandy was assessed as dependent with a recommendation of outpatient treatment. She was scheduled to start treatment on September 10th. The social worker did not receive notice that Shannon started treatment and sent a 14-509 good cause letter. Sandy called her social worker and explained that she had physical therapy appointments she needed to attend. Sandy provides verification of her physical therapy appointments. They don't conflict with the CD treatment sessions and that the PT appointments can be rescheduled if a conflict arises. Sandy has not demonstrated good cause for failing to participate in CD treatment and her benefits end September 30th.

WAC 388-448-0150 Penalty for refusing medical treatment or other agency referrals.

1. If you refuse or failure to participate in required medical treatment or agency referral without having good cause, we will terminate your disability lifeline benefits.
2. You are ineligible for cash and medical benefits will until you participate in:
 - (a) Chemical dependency treatment as required under WAC 388-448-0220.

(b) Obtaining federal aid assistance as required under WAC 388-448-0200.

3. If we terminate your disability lifeline benefits because you didn't have good cause to refuse, or fail to participate in, other required medical treatment services or referrals to other agencies, you are not eligible for cash and medical benefits until you verify that you have agreed to accept and pursue the medical treatment service or referral to other agencies.
4. If you reapply for disability lifeline, you must participate as described in section (2) and (3) and wait for a penalty period to pass before you begin receiving benefits. The penalty is based on how often you have refused:

Refusal	Penalty
First	One week
Second within six months	One month
Third and subsequent within one year	Two months

This is a reprint of the official rule as published by the [Office of the Code Reviser](#). If there are previous versions of this rule, they can be found using the [Legislative Search page](#).

Penalty Requirements

1. Use a 14-118, Incapacity Decision to notify financial services to stop DL benefits when you determine that the person doesn't have ~~good cause~~good cause.
2. When the period of ineligibility penalty coincides with the last month of incapacity, send a 14-217, Notice of Information Required for Incapacity Review, to the person.
3. If the person provides verification that they are cooperating with an assessment or CD treatment **before** DL benefits terminate (before the end of the month that a termination letter was sent with 10 day notice), use a 14-118 to notify financial services to reinstate DL benefits without a penalty period because the person has cured their sanction prior to termination.
4. If benefits have already closed and the person reapplies:
 - a. Deny DL benefits when the person continues to refuse to complete an assessment or chemical dependency treatment.
 - b. When the person demonstrates they are cooperating with an assessment or CD treatment, use DSHS 14-118, Incapacity Decision to notify financial services to reopen DL benefits **after the appropriate penalty period**. The person must demonstrate willingness to pursue the program requirements.
 - c. DL benefits may **only** be reinstated without a penalty with an approved HQ **ETR** request.

NOTE: CD assessments are valid for six months. If a person is terminated due to failure to complete CD treatment, don't send the person for another assessment unless they have been closed for six months or more.

5. The period of ineligibility penalty begins the date of re-application or the date that participation has been demonstrated, whichever is later.
 - a. Impose a subsequent period of ineligibility (second, third, and subsequent failures) only when there is an additional refusal to cooperate with CD assessments or treatment.

NOTE: The penalty periods in WAC 388-448-0150 are defined in RCW [74.04.005](#). Termination and penalties for failure to accept a referral for services which can reasonably be expected to enable the person to work, **or** reduce the need for assistance, is mandated by **State Law**.

LINKS

- [DBHR Treatment Expansion](#)
- [Protocols](#) for Treatment Expansion Clients
- [DBHR Regional Administrators and Regional Treatment Mangers](#)
- DBHR [Green Book](#) (Directory of Certified Chemical Dependency Services in Washington State)

[Search IESA Clarification Database](#)

Email [Melissa Mathson](#) with comments or questions regarding the Social Services Manual. For problems with the website, see info below.