

Department of Social and Health Services

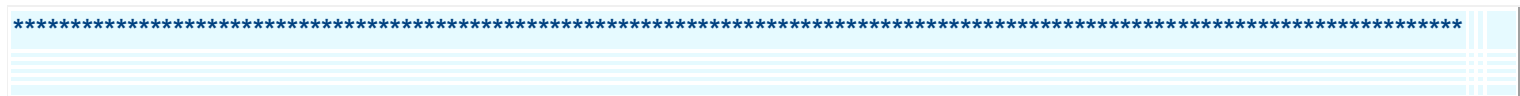
Community Services Division

Social Services Manual

Revision: # 147
Category: **Incapacity Determination – Chemical Dependency**
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Summary

Removed this page. Updated and migrated relevant information to the **Substance Use Disorder Treatment Requirements for ABD, HEN Referral, and PWA** page and the CSD Procedures Handbook. See Social Services Manual Revision #148 for additional details.



~~Incapacity Determination – Chemical Dependency~~

~~How alcohol or drug dependence affects an individual's eligibility for medical care services~~

~~Clarifying Information~~

~~House bill 2082 passed into law and mandates:~~

- ~~1. Persons who are primarily incapacitated due to alcohol or drug addiction are ineligible for ABD cash and MCS 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 ABD cash, PWA cash, and MCS medical.
- 3.—The CD treatment requirements and good cause reasons listed in WAC 182-508-0220 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, DSHS staff, 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 182-508-0030.
- 2.—If the person is primarily incapacitated by chemical dependency:
 - 1.—Deny incapacity for applicants and recipients of MCS.
 - 2.—Encourage the person to engage in CD treatment and provide chemical dependency resource information.

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 14-527 MCS Plan letter requiring the client: 1. Sign a DBHR release of information form 14-314. 2. Complete a chemical dependency assessment.
- 4.—If the person is assessed as dependent and in need of chemical dependency treatment, update the 14-527 MCS plan to require the person to participate and complete treatment as recommended by the certified chemical dependency professional (CDP).
- 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 14-528 good cause letter and terminate benefits if the person does provide proof of a good cause reason listed in WAC 182-508-0220.
- 6.—Communicate with the CDP if questions arise regarding the level of treatment the person is capable of participating in or if the person has special needs such as a dual diagnosis placement.

- 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 updated 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 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.

Tracking Assessment and CD Treatment

- 1.—Tracking and verification of compliance with CD assessment through completion of treatment is mandatory for every MCS client with an indication of chemical dependency. You must have a signed form 14-314
- 2.—Document all tracking and verification actions in the ICMS chemical dependency screen and case notes.
- 3.—Treatment monitoring and protective payees are mandatory for clients assessed as dependent.

Non-compliance and good cause

- 1.—Send form 14-528 MCS 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 182-508-0220. 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.
 - 1.—We determine physical or mental health impairment, or treatment, prevents participation in treatment:
 - 1.—Based on a review of objective medical information and treatment recommendations.
 - 2.—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.
 - 3.—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.
 - 4.—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.
 - 2.—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).

- 3.—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).
- 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 14-528 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 14-528 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 house. Roger doesn't have good cause for failing to participate or a valid reason for changing the assessment recommendation.

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 14-528 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.