
**WORK FIRST
ASSESSMENT FOR WORK FIRST FAMILY ASSISTANCE
Substance Use/Mental Health Initiative**

104B – SUBSTANCE USE/MENTAL HEALTH INITIATIVE

Change #2-2018

July 1, 2018

I. BACKGROUND

There are many barriers to employment for Work First applicants and recipients, such as lack of education, work experience, mental and physical health challenges and substance use. It is important to recognize that families must be strengthened, and children protected while achieving self-sufficiency. The Work First Program understands that substance use and mental health issues are significant barriers to successful program participation and family well-being.

North Carolina General Statute 108A-29.1, requires substance use screening and testing for the illegal use of controlled substances, if there is reasonable suspicion, for each Work First Program applicant or recipient as a condition of eligibility to receive assistance.

Substance Use Testing (urine toxicology) is only requested when there is reasonable suspicion to suspect the applicant/recipient is engaged in the illegal use of controlled substances.

Reasonable suspicion for the purposes of making a referral for substance use testing is only determined by the following criteria.

- a. A score of three (3) or above on the Drug Abuse Screening Test (DAST-10).
- b. A criminal conviction relating to an illegal controlled substance within the past three (3) years.

The intent of the law is to assist in the identification of potential substance use issues and refer applicant/recipients to resources for assistance to resolve them.

Mental health challenges that go unidentified may impact a family's ability to achieve and maintain economic self-sufficiency. Many applicants and recipients may be hesitant to self-report mental health challenges because they do not recognize them or they want to avoid the possible stigma and consequences. To assist in the identification of mental health concerns, all Work First applicants and recipients may volunteer to complete a mental health screening. The mental health screening is not a condition of eligibility.

II. SUBSTANCE USE SCREENING AND REFERRAL

Substance use screening is an integral part of the eligibility determination process. The county department of social services (DSS) / human services agency has the responsibility to administer the substance use screening questionnaire. The county DSS / human services agency must establish procedures to ensure that both Eligibility and Employment Services staff are actively involved in executing and monitoring the substance use screening and testing requirement.

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The following applicants/recipients are subject to the substance use screening and testing requirement.

1. Single Parents (biological, adoptive and step).
2. Both parents (biological, adoptive and step) of a two-parent household.
3. Emancipated teen parents, as defined by Work First Manual Section 109, Age Rule for Children.
4. Any Parent being added to an existing Work First case.
5. Parents who have been disqualified due to an Intentional Program Violation.
6. Parents who are ineligible due to fleeing felon and/or parole/probation violator status.
7. Parents with a Class H or I controlled substance felony conviction in North Carolina.
8. Custodial parents who receive Work First Family Assistance for their children.

The substance use screening and testing requirement does not apply to:

1. Child only cases with a non-parent caretaker as the case head; or
2. Dependent children; or
3. Supplemental Security Income (SSI) recipients. This includes SSI recipients who are custodial parents.

A. Conducting the Substance Use Screening

A combination of two verbal screening questionnaires, the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST-10) must be used for the screening. They are designed to be used together to screen for potential alcohol and substance use disorders.

Administer the AUDIT/DAST-10 (DSS-8218) at the following intervals.

1. At application and prior to case activation.
2. At review and prior to case activation.
3. At the addition of household members subject to the requirement before they are added to the assistance unit.
4. At other times if there are behavioral indicators of a potential substance use disorder.

The following introduction is recommended prior to administering the AUDIT/DAST-10.

“A part of the interview includes a questionnaire to help determine if you are at risk for alcohol and/or other substance use disorders. This section is included because we understand that it would be difficult to become self-sufficient if this is an issue.”

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If you screen positive for alcohol misuse, you will be referred to a Qualified Professional in Substance Abuse (QPSA) for an assessment. If you screen positive for other substances, you will be referred to a testing facility for substance use testing (a urine toxicology).

If you are already receiving mental health or substance use services/treatment from a provider, please let me know.”

The case owner must give each applicant/recipient, subject to substance use screening, the Substance Use Screening Notice ([DSS-8218-A](#)). Inform the applicant/recipient they will be ineligible for cash assistance if they do not comply with screening and/or testing requirement. Request each applicant/recipient, subject to the requirement, sign the form and include a copy in the case record.

If an applicant/recipient who is required to comply with substance use screening and testing is not present at the interview, schedule an appointment for the applicant/recipient to discuss and complete the required actions. All required applicants/recipients must complete the AUDIT/DAST-10 within 10 business days of the application/review date or report of a new adult household member.

If any required applicant/recipient refuses or fails to complete the screening, document the case record. The applicant/recipient will be ineligible to receive Work First. Continue with the eligibility determination process for the remaining household members.

B. Scoring and Referral for the AUDIT/DAST-10

Even though the AUDIT/DAST-10 is administered as a singular instrument, the scoring and referral process is different for each of the screening tools. The scoring instructions are located on the AUDIT/DAST-10. Use the following procedures to determine if a referral for further assessment is warranted and the process for completing the referral.

1. AUDIT Scoring and Referral

A score of eight (8) or above on the AUDIT is considered a positive screen for a potential alcohol use disorder. Any score by an applicant/recipient under the age of 21 is considered a positive screen and will result in a referral to a QPSA. This is because an individual must be **21** or older to purchase or consume alcoholic beverages in North Carolina.

a. Scoring

1. If an applicant/recipient does not meet or exceed the scoring criteria for a positive screen no further action is required.

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2. If an applicant/recipient meets or exceeds the scoring criteria for a positive screen refer to the QPSA.

b. Referral

1. The applicant/recipient must sign the Consent for Release of Confidential Information, DSS-8219, prior to referring to the QPSA. The DSS-8219 allows for the exchange of information between the county DSS / human services agency and the Local Management Entity and Managed Care Organization (LME-MCO) contract provider.

Note: The case owner may need to contact the QPSA to verify the appropriate LME-MCO contract provider.

2. Document the QPSA referral on the DSS-8146A, Notice of Information Needed to Determine Your Eligibility for Work First Cash Assistance, and the MRA-B/Outcome Plan (if applicable).
3. Forward the signed DSS-8219 and the DSS-8224, QPSA Referral Form to the QPSA.
4. If the QPSA determines a need for further assessment and/or treatment, include on the MRA-B/Outcome Plan.
5. The case owner and the QPSA must coordinate to ensure the applicant/recipient receives the supportive services needed to actively participate in appropriate treatment activities.
6. The QPSA will notify the case owner if the applicant/recipient fails to keep scheduled appointments and/or fails to comply with any treatment recommendations.

2. Scoring the DAST-10

A score of three (3) or above on the DAST-10 requires a referral for substance use testing.

- a. If an applicant/recipient does not meet or exceed the scoring criteria for a positive screen no further action is required.
- b. If an applicant/recipient meets or exceeds the scoring criteria of three (3) or above, refer the applicant/recipient for substance use testing.

III. CRIMINAL HISTORY SCREENING

If the Online Verification System (OVS) discloses that the applicant /recipient has a conviction relating to illegal controlled substances within three years of the OVS inquiry; refer the applicant/recipient for substance use testing.

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A referral must be made even if it is the same offense from prior OVS checks, as long as the date of the offense is within three years of the current inquiry.

IV. REFERRAL PROCESS FOR SUBSTANCE USE TESTING

If the applicant/recipient scores three (3) or above on the DAST-10 or has a conviction relating to illegal controlled substances within three years, refer the applicant/recipient for substance use testing. The substance use testing, as required by Section 104B.I, is at the expense of the Department of Health and Human Services. If an applicant/recipient disagrees with the test results or has a confirmed positive test result, any subsequent tests are at the applicant/recipient's expense.

The substance use test will screen for the following substances:

- (a) Cannabinoids (marijuana, weed);
- (b) Cocaine (cocaine; crack);
- (c) Methamphetamines (meth, crystal, crank)/Amphetamines (speed, uppers);
- (d) Opiates (heroin, opium); and
- (e) Phencyclidine (angel dust, PCP).

Provide the applicant/recipient with the DSS-8215, Substance Use Information sheet, and refer to the QPSA. The Substance Use Information sheet provides the applicant/recipient with information about substance use disorders, potential treatment options and the contact information for their local LME-MCO contract provider. In this instance, the applicant/recipient is not sanctioned if they do not keep the appointment with the QPSA. Document the case record that the information and referral was provided to the applicant/recipient.

A. Referring Applicants and Recipients for Substance Use Testing

The case owner must complete the referral for substance use testing by accessing the contract vendor's electronic records management system, **i3Screen**.

1. The case owner completes an electronic referral for substance use testing at i3screen.net for the designated applicant/recipient.
2. The case owner will sign into the i3screen system using their assigned username and selected password. The case owner should contact their County Security Officer if they experience login or website difficulties.
3. The case owner enters the following information into the i3screen system:
 - a. Applicant/Recipient's name (First/Last)
 - b. Date of Birth
 - c. Telephone Number
 - d. 0000 (enter this number instead of the SSN)

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Note: The vendor platform will automatically generate a unique ID number for the applicant/recipient at activation of the referral. The system generated ID number will be presented in the vendor platform as a case number. It will be on the bottom left of the referral form.

4. The completed referral for testing must include the following information:
 - a. The date of the scheduled test. The applicant/recipient must complete the test within four (4) business days. The first business day is the day after the referral is given to the applicant/recipient.
 - b. The name of the collection site and
 - c. The system generated case number.
5. Document on the DSS-8146A, the deadline date for completing the test.
6. The case owner must print the referral from i3screen platform and give it to the applicant/recipient. i3screen is not a part of NC FAST and the referral must be printed locally. If the referral is routed to a shared printer in a common area, retrieve the referral immediately.
7. Provide the applicant/recipient with the Work First Program Testing Notice, DSS-8218-B. Add the name and address of the collection site along with the period in which the test must be completed to the DSS-8218-B. Explain the information on the form, have the applicant/recipient sign the form and include a copy in the case record.
8. Continue with the eligibility determination process to establish if the household is otherwise eligible for cash assistance but do not activate the case until:
 - a. the required testing is complete and the county DSS/ human services agency receives the final results, or
 - b. the county DSS/ human services agency receives notification that the applicant/recipient failed to complete the testing.

B. Collection Site Procedures

After the case owner completes and prints the referral for substance use testing provide the applicant/recipient with an overview of the collection site procedures. The collection site will explain the procedures for the urine drug screen to the applicant/recipient when they arrive at the designated collection site.

1. The applicant/recipient must have the order confirmation form (referral), from the platform, with them when they go to the collection site. Most collection sites do not require an appointment. However, the applicant/recipient should call ahead to ensure an appointment is not required.

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2. The applicant/recipient must also provide photo identification to the collection site. The collection site will not conduct the urine drug screen if the applicant/recipient does not have photo identification.
3. The photo identification must be Federal, State, or Local Government Issue (e.g., a driver's license, Passport). The identification must contain a photo of the applicant/recipient. It cannot be a fax or photocopy; it must be a valid photo ID.
4. The collection site staff will provide additional information regarding the process for the actual collection of the urine specimen and the specimen quantity at the time of collection. If the applicant/recipient has questions regarding these procedures instruct them to contact the designated collection site.
5. When the applicant/recipient completes the collection process they will be given a copy of the form documenting they have completed the collection process. This is for the applicant/participant's record; the Laboratory/MRO/Collection site will maintain a copy of the form.
6. If the applicant/recipient is unable to complete the test or leaves the collection site without completing the collection process, the vendor will document in i3screen. If the applicant/recipient' does not complete the test, the applicant/recipients' case in i3screen will list case as a "no show for expired orders". If the applicant/recipient leaves the collection site without completing the collection process, the applicant/recipients' case in i3screen will list the case as "refusal to test".
7. If the applicant/recipient fails to complete substance use testing, the applicant/recipient is ineligible to receive Work First cash assistance. Continue the eligibility determination process for the remaining household members.

C. Notification of Test Results

A report of the test results will be available within 72 hours after the specimen is delivered to the lab for analysis. Specimens are expressed overnight to the vendor Monday – Thursday and the next business day if the test is completed on Friday.

If the initial screening for controlled substances is positive, this will delay the test result. Confirmation of an initial positive test must be completed before the result is available to staff. The final result is available after the Medical Review Officer (MRO) completes their case follow up and screening of lab analysis.

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A review of an initial positive result is conducted by a Medical Review Officer. The MRO is trained and certified in substance use testing. If additional testing/review of the urine specimen is required, the MRO will notify the vendor.

The vendor will notify designated county staff, via telephone call or email, if the final report of the results will take longer than three (3) business days. The vendor will specify the additional number of business days needed to provide the test results and the reason the extra time is needed.

The report of test results will include, **at minimum**, the following information:

1. Name and address of laboratory.
2. Positive test results on confirmation tests only.
3. Initial negative test and negative result on a confirmation test.

The test results, medical history, or medications taken by the applicant/recipient shall be a confidential record unless its disclosure is otherwise authorized by law or by written consent from the applicant or recipient.

Do not include a copy of the test results in the case record or document within the case record any specific test results beyond noting a positive or negative result. The test report **cannot be** maintained in the county agency or NC FAST case record under any circumstances.

The vendor is available Monday – Friday from 8:00 am through 5:00 pm (except State government holidays) to provide information related to the referral process, consultation, explanation and verification of test results for both county DSS staff and Work First applicants and recipients. Consult the i3screen homepage for contact information.

D. Categories of Test Results

There are multiple categories of Substance Use test results. Below are the categories of test results and the required actions for each result.

1. Negative

If the test result is negative, proceed with the eligibility determination for the household. The negative test result may be at initial testing or a negative result on the confirmatory review of an initial positive.

2. Confirmed Positive

If the results of the confirmatory review are positive, the applicant/recipient (not the household) is ineligible to receive Work First cash assistance. The applicant/recipient is disqualified for a period of 12 months from the date of the confirmed positive test. A Substance Use sanction must be entered even if the case is denied.

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- a. Schedule an appointment for the applicant/recipient no later than five (5) business days from the date the county DSS / human services agency is notified of the confirmed positive result to discuss the test results with the applicant/recipient.

This appointment is sent to the applicant/recipient who was tested and should not include any information related to test results. At the appointment, the case owner will inform the applicant/recipient of the confirmed positive test result and its impact on program eligibility.

- b. Refer the applicant/recipient to the MRO if there are questions regarding specific results.
- c. Continue with the eligibility determination process to establish if the remaining members in the household are otherwise eligible for cash assistance.
- d. If the remaining members are otherwise eligible, apply a substance use sanction on the disqualified applicant(s)/recipient(s) for 12 months. Count the income and resources of the disqualified applicant/recipient to establish the amount of the cash assistance payment for the remaining household members.
- e. A protective payee must be assigned to receive the cash assistance payment on the household's behalf. If it is a two-parent case, determine if the remaining parent is compliant with the substance use screening and testing requirement. If so, the non-disqualified parent may serve as the nominee for the cash assistance payment.
- f. If the remaining members of the applicant/recipient household are not otherwise eligible for cash assistance deny the application or terminate the ongoing case.
- g. Apply the substance use sanction on the disqualified applicant(s)/recipient(s) even if the application is denied, withdrawn or the ongoing case terminated from assistance.
- h. The substance use sanction will alert county DSS / human services agency staff to review the case prior to any future case actions.

3. Out of Range, Diluted or Rejected

A test result of Out of Range, Diluted or Rejected requires follow-up testing to obtain a conclusive test result of positive or negative. A positive

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or negative test result must be obtained to determine if the applicant/recipient is eligible for cash assistance.

The applicant/recipient is not responsible for the cost of the follow-up substance use test. The cost for a substance use test resulting from an Out of Range, Diluted or Rejected test result is the responsibility of the Department of Health and Human Services.

- a. Schedule an office visit, utilize the DSS-8146A, for the applicant/recipient needing follow-up testing no later than five (5) business days from the date the inconclusive test result is available in the i3screen platform.
- b. At the appointment, inform the applicant/recipient that the test result was inconclusive and follow-up testing is required. Explain that a conclusive, positive or negative, test result is needed to determine their eligibility for cash assistance.
- c. If the applicant/recipient fails to keep the scheduled appointment with the case worker, the applicant/recipient is considered non-compliant with their Mutual Responsibility Agreement.
- d. Refer the applicant/recipient to the MRO if there are questions regarding specific results.
- e. Complete a new DSS-8218B, Work First Program Testing Notice, with the applicant/recipient and maintain a copy for the case record. It is not required to complete a new referral to the Qualified Professional in Substance Abuse.
- f. Create a new referral for substance use testing at <https://i3screen.net/login.php> for the designated applicant/recipient. The new referral will create a new case number for the applicant/recipient. Case numbers are not duplicated.
- g. Allow the applicant/recipient four (4) business days to complete the follow-up test.
- h. Document the case record by using the following text in the comments section of the Substance Use evidence screen: "*The initial test result was inconclusive. Follow up testing must be completed by (date).*"
- i. Complete the Good Cause field on the Substance Use evidence screen to allow the applicant/recipient the additional time to comply with the test requirement.

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- j. If the applicant/recipient fails to comply with follow-up testing, consider the applicant/recipient as being non-compliant with the Substance Use testing requirement.

E. Request to Re-test

As a part of the Hearings and Appeals process, the applicant/recipient may request a re-test of the same specimen if they disagree with the case decision resulting from the test result.

1. The re-test must be:
 - a. At the applicant/recipient's expense; and
 - b. At the same laboratory as the original test or at another laboratory approved by the Department of Health and Human Services (DHHS).
2. The applicant/recipient must notify the county DSS / human services agency of the intent to re-test within 60 days calendar days of the case decision.
3. The applicant/recipient must provide the name of the laboratory that will perform the re-test. The county DSS/human services agency staff must document the date of the request and the name and address of the laboratory in the case record.
4. The designated county DSS/human services agency staff person must contact the North Carolina Division of Social Services (NC DSS) Work First Substance Use Testing Contract Administrator within five (5) business days of receiving notification from the applicant/recipient. The NC DSS Contract Administrator will provide instructions regarding the re-test procedures.
5. The applicant/recipient must sign a DSS-8219. This allows the laboratory to submit the results of the re-test **directly** to the county agency. The applicant/recipient cannot provide the re-test results to the county agency. Results provided to the county agency by the applicant/recipient are not valid for program purposes.
6. The applicant/recipient with a confirmed positive test remains ineligible for cash assistance until the re-test results are received from the laboratory. If the re-test is negative, add the applicant/recipient to the eligible case and determine if retroactive benefits are appropriate.
7. If the results of the re-test support the previously confirmed positive test, the applicant recipient remains ineligible until the expiration of the disqualification period.

V. ASSIGNMENT OF A PROTECTIVE PAYEE

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- A. A protective payee must be designated to receive the cash assistance payment if the applicant/recipient does not comply with:
1. The AUDIT/DAST-10 screening; or
 2. Substance use testing; or
 3. Has a confirmed positive test result, or
 4. Substance use treatment, or
 5. Mental health treatment (if included on the applicant/recipient's MRA-B/Outcome Plan).

- B. The protective payee must be an individual who will ensure that the cash assistance is used in the best way to meet the needs of the eligible household members. Appropriate individuals may include professional staff of private agencies, interested private citizens, members of the clergy, relatives of the family, or social workers employed by the county DSS/human services agency.

The following individuals cannot be protective payees:

1. Staff member of NC DSS or NC DHHS;
 2. Director of a county DSS / human services agency;
 3. County case owner or staff with the ability to authorize Work First Cash Assistance payments;
 4. Member of the Board of County Commissioners, County Board of Social Services, or the Social Services Commission;
 5. Individual who can benefit directly from the payment such as the family's landlord, grocer, or another vendor of goods and services who deals directly with the family; or
 6. Employer of a Work First Cash Assistance family member.
- C. Ask the applicant/recipient to recommend an individual to serve as the protective payee. Determine if the recommended person is appropriate and is willing to serve as the protective payee.
1. Explain to the family and the potential protective payee the information contained on the DSS-1665, Work First Family Assistance Protective Payee Agreement.
 2. Have the protective payee and family sign the DSS-1665 and include a copy in the case record.
 3. If the applicant/recipient is unable to or refuses to name a potential protective payee, the case owner must locate a suitable individual. A county DSS social worker may serve as a protective payee.
 4. The protective payee may choose to receive the cash assistance payment by direct deposit to their personal savings or checking account or on an Electronic Benefits Transaction (EBT) card.

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5. Follow the required procedures to add the protective payee as the nominee on the case. This must be done as soon as possible to ensure the disqualified applicant/recipient does not receive the next cash assistance payment.
6. The family and/or the protective payee may request to change the protective payee at the eligibility review or at other times as deemed appropriate by the county DSS/human services agency.

VI. NON-COMPLIANCE WITH THE SUBSTANCE USE SCREENING AND TESTING REQUIREMENT

Work First applicant/recipients may be sanctioned and/or disqualified for a several reasons related to non-compliance with the substance use screening and testing requirement. Sanctions and disqualifications for non-compliance with substance use screening and testing follow the applicant/recipient even if they move out of the household or the county.

A. Substance Use Screening

1. Household members who are subject to substance use screening must complete the AUDIT/DAST-10 within 10 business days of application, review or report of household members subject to the requirement moving into the household. If the applicant/recipient is unwilling to comply or does not complete the screening by the designated deadline, the applicant/recipient is ineligible to receive cash assistance.
2. Apply a substance use sanction to the applicant/recipient. If the sanctioned applicant/recipient is Work Eligible, they will continue to be Work Eligible.
3. If otherwise eligible, the remaining household members can receive cash assistance. The applicant/recipient's income and resources are included when calculating the amount of the cash assistance payment.
4. The applicable State and Federal time clocks continue for the household.
5. A protective payee must be assigned to receive the cash assistance payment. If it is a two-parent household, remove the sanctioned parent as the nominee for the cash assistance; the remaining parent, if in compliance with the substance use screening and testing requirement, will be the nominee for the case.

B. Mandatory QPSA Referral and Treatment

1. An applicant/recipient who fails to keep scheduled appointments and/or comply with treatment recommendations is ineligible for Work First cash assistance.

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2. Apply a substance use sanction to the applicant/recipient. If the sanctioned applicant/recipient is Work Eligible, they will continue to be Work Eligible.
3. If otherwise eligible, the remaining household members can receive cash assistance. The applicant/recipient's income and resources are included when calculating the amount of the cash assistance payment.
4. The applicable State and Federal time clocks continue for the household.
5. A protective payee must be assigned to receive the cash assistance payment. If it is a two-parent household, remove the sanctioned parent as the nominee for the cash assistance; the remaining parent, if in compliance with the substance use screening and testing requirement, will be the nominee for the case.

The DSS-8215, Substance Use Information sheet, and the DSS-8224, QPSA Referral, are given to the applicant/recipient are for informational purposes only. The ineligible applicant/recipient is not sanctioned for failure to comply with this type of QPSA referral.

C. Testing Requirement

1. An applicant/recipient who fails to comply with substance use testing is ineligible for Work First cash assistance.
2. Apply a substance use sanction to the applicant/recipient. If the sanctioned applicant/recipient is Work Eligible, they will continue to be Work Eligible.
3. If otherwise eligible, the remaining household members can receive cash assistance. The applicant/recipient's income and resources are included when calculating the amount of the cash assistance payment.
4. The applicable State and Federal time clocks continue for the household.
5. A protective payee must be assigned to receive the cash assistance payment. If it is a two-parent household, remove the sanctioned parent as the nominee for the cash assistance; the remaining parent, if in compliance with the substance use screening and testing requirement, will be the nominee for the case.

If the vendor reports that an applicant/recipient substitutes, adulterates or tampers with the substance use test to change the results; it is considered as a confirmed positive test result. The applicant/recipient is disqualified from receiving Work First cash assistance.

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D. Confirmed Positive Result

If the applicant/recipient has a confirmed positive result on the substance use test, the applicant/recipient is disqualified from receiving cash assistance. The disqualification may be for a period of 12 months or 36 months.

1. The first confirmed positive test result for an applicant/recipient will result in a 12-month disqualification.
 - a. Apply a 12 month/Level 1 substance use sanction on the disqualified applicant/recipient.
 - b. Apply the substance use sanction even if the application is denied, withdrawn or the ongoing case terminated from assistance.
2. If otherwise eligible, the remaining household members can receive cash assistance. The applicant/recipient's income and resources are included when calculating the amount of the cash assistance payment.
3. A protective payee must be assigned to receive the cash assistance payment. If it is a two-parent household, remove the sanctioned parent as the nominee for the cash assistance; the remaining parent, if in compliance with the substance use screening and testing requirement, will be the nominee for the case.
4. The applicant/recipient may request to be included on the case at the expiration of the 12 month/Level 1 substance use sanction.
5. Under certain circumstances, an applicant/recipient may request to be included on the eligible case before the expiration of the 12 month/Level 1 sanction. The applicant/recipient may make this request no earlier than 30 calendar days after the date of the confirmed positive test result. The applicant/recipient must meet the following criteria:
 - a. Successful completion or current participation in substance use treatment with a provider approved by DHHS; or
 - b. A qualified substance use professional determines a treatment program is not appropriate; and
 - c. Complete a substance use test and have a negative test result.
6. Refer the disqualified applicant/recipient to the QPSA for the determination of the successful completion, current participation in and/or appropriateness of substance use treatment. The applicant/recipient must sign the DSS- 8219 to facilitate the exchange of information with the QPSA.
7. The cost of the substance use test is the responsibility of the applicant/recipient who is being tested.

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8. If the test result is negative, add the applicant/recipient to the eligible case effective the date of the negative test result.
9. If the test result is positive, the applicant/recipient cannot be included in the assistance unit.
10. Any subsequent confirmed positive test result by an applicant/recipient with a 12 month/Level 1 substance use sanction will result in a 36 month/Level 2 substance use sanction.
11. The 12 month/Level 1 sanction will end, even if the full 12-month period has not expired. The new 36 month/ Level 2 sanction will start from the date of the subsequent confirmed positive test.
12. A disqualified applicant/recipient can reapply one time only during the 12-month and the 36-month sanction periods.

VII. HEARING RIGHTS AND CONTINUED BENEFITS

Applicants and recipients may request a hearing regarding case actions taken because of the substance use screening and test requirement. An applicant/recipient that is disqualified due to a confirmed positive test result will not receive benefits during the hearing process. Exclude the disqualified applicant/recipient from the assistance unit and if otherwise eligible, the remaining household members will receive cash assistance during the hearing process. Assign a protective payee to receive the cash assistance on the family's behalf. Include the income and resources of the disqualified applicant/recipient when calculating the amount of the cash assistance payment.

If the Hearing ruling is in favor of the applicant/recipient, determine if the household is entitled to retroactive benefits and remove the protective payee as the case nominee.

VIII. TREATMENT OF INDIVIDUALS CONVICTED OF CLASS H & I CONTROLLED SUBSTANCE FELONY OFFENSES IN NORTH CAROLINA

Applicants and recipients convicted on or after August 23, 1996, under Federal or State law of any offense committed on or after August 23, 1996, which is classified as a felony by the jurisdiction involved and has as an element of the possession, use, or distribution of a controlled substance are ineligible to receive Work First cash assistance. The cash assistance payment excludes the needs of the specified applicant/recipient. The applicant/recipient remains in the case and is work eligible unless subject to a work exemption, as defined by policy.

This does not apply to such convictions in North Carolina. Applicants/recipients who have been convicted of a Class H or I controlled substance felony in North Carolina may be eligible to receive Work First cash assistance.

For applicants/recipients with a conviction in North Carolina, determine the classification of the controlled substance felony by using information available in OVS.

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If the felony class is not available in OVS contact the applicant/recipient's parole or probation officer. In some circumstances, the Clerk of Court in the county of conviction can provide a criminal record's check with the full name of the individual. There may be a fee charged for this service.

An applicant/recipient may be eligible under the following conditions:

- a. Six (6) months after release from custody or if never committed to custody; or
- b. Six (6) months after the date of conviction, if there has been no additional controlled substance felony conviction, and
- c. Successful completion or current participation with a substance use treatment provider approved by DHHS.

The case owner must refer the applicant/recipient to the QPSA for further assessment. The QPSA determines if treatment is suitable for the applicant/recipient or if treatment is not appropriate.

- a. Complete the DSS-8224 and have the applicant/recipient sign the DSS-8219 prior to referring to the QPSA. The DSS-8219 allows for the exchange of information between the county DSS agency and the LME-MCO contract provider.
- b. Document the referral date on the DSS-8146A and MRA-B/Outcome Plan, if applicable.
- c. If the QPSA determines a need for further assessment and/or a treatment recommendation, update the MRA-B/Outcome Plan.
- d. The case owner and the QPSA must coordinate to ensure the applicant/recipient receives the supportive services needed to actively participate in any appropriate treatment activities.
- e. The QPSA will notify the case owner if the applicant/recipient fails to keep scheduled appointments or fails to comply with treatment recommendations.
- f. If the QPSA reports non-compliance, apply a substance use sanction to the applicant/recipient. The applicant/recipient's income and resources must be included when calculating the amount of the cash assistance payment.
- g. If the sanctioned applicant/recipient is Work Eligible, they will continue to be Work Eligible.
- h. The applicable State and Federal time clocks continue for the case.
- i. A protective payee must be assigned to receive the cash assistance payment. If it is a two-parent household, remove the sanctioned parent as a nominee for the

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cash assistance payment. The remaining parent, if compliant with screening and testing requirements, will be the nominee for the case.

Note: Applicant/recipients eligible for Work First because of this rule are still required to comply with the Substance Use Screening and Testing requirement.

IX. APPLICANTS AND RECIPIENTS CURRENTLY RECEIVING SUBSTANCE USE TREATMENT/SERVICES

An applicant/recipient may be a current participant in a substance use treatment program. The treatment program may be an outpatient program or a residential substance use treatment program such as CASAWORKS.

Even if an applicant/recipient is participating in substance use treatment, the applicant/recipient is subject to the Substance Use Screening and Testing requirement. Apply the policy as required at application or review.

In addition to complying with the screening and testing requirements, the applicant/recipient must maintain satisfactory participation in their current treatment program. Refer the applicant/recipient to the QPSA to monitor their compliance with treatment.

1. Have applicant/recipient sign the DSS-8219 prior to referring to the QPSA. The DSS-8219 allows for the exchange of information between the county DSS agency and the LME-MCO contract provider.
2. Document the referral on the DSS-8146A.
3. Include on the MRA-B/Outcome plan the required activities and participation related to substance use screening, treatment and compliance.
4. The case owner and the QPSA must coordinate to ensure the applicant/recipient receives the supportive services needed to actively participate in any appropriate treatment activities.
5. The QPSA will notify the case owner if the applicant/recipient is non-compliant.
6. If the QPSA reports non-compliance, apply a substance use sanction to the applicant/recipient. The applicant/recipient's income and resources must be included when calculating the amount of the cash assistance payment.
7. If the sanctioned applicant/recipient is Work Eligible, they will continue to be Work Eligible.
8. The applicable State and Federal time clocks continue for the case.
9. A protective payee must be assigned to receive the cash assistance payment on the household's behalf.

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If the applicant/recipient intends to remain in CASAWORKS or other residential program licensed by DHHS, this is consistent with the statutory definition of legal residence. Therefore, the county of residence is the county where the applicant/recipient is enrolled in the residential program.

X. TIME CLOCKS AND PARTICIPATION

Substance use treatment hours may count toward the work activities requirement. Substance use treatment can be included in job search/job readiness activities. Refer to Work First Manual Section 118 for a full explanation.

The 24 Month State time clock can be stopped if an applicant/recipient is in a long-term treatment program. If the QPSA verifies that the applicant/recipient is referred to a treatment program that interferes with their ability to participate in countable work activities, the 24 Month State time clock can be stopped.

This should be a temporary situation and each case must be evaluated individually. Close coordination between the QPSA and the case owner is critical when decisions such as this are being made.

XI. BEHAVIORAL INDICATOR CHECKLIST

If there are behavioral indicators present for substance use, the case owner must complete the Substance Use Behavioral Indicator Checklist II, DSS-5325. The case owner may use the following wording when introducing the checklist.

“Our job is to help all persons receiving cash assistance to obtain the services needed to assist them to get and keep a job. It has been observed or found some signs of possible substance use (e.g. odor of alcohol on breath, DUI, etc.).”

If the checklist indicates a potential substance use concern, the case owner should request the applicant/recipient complete the AUDIT/DAST-10. Score the AUDIT/DAST-10 and follow the substance use screening and testing procedures.

XII. VOLUNTARY MENTAL HEALTH SCREENING

All Work First adult applicants/recipients may volunteer for a mental health screening. Non-custodial parents and families with incomes at or below 200% of poverty may also volunteer to be screened.

Work First applicants/recipients, non-custodial parents, and families at or below 200% of the federal poverty guidelines are not subject to consequences for refusing the mental health screening.

If the screening indicates the adult is at risk for mental health issues, the applicant/recipient will be referred to the QPSA for further assessment.

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A. Conducting the Screening

The mental health screening may be completed at the same time as the AUDIT/DAST-10. Use the Emotional Health Inventory (EHI), DSS-8214, for the mental health screening. Prior to completing the EHI inform the applicant/recipient of the voluntary nature of the screening. The case owner may use the following wording.

“A section of our interview is a screening to help determine if you may have mental health concerns that might make getting a job more difficult for you. If this is so, we would like to help you with these concerns. You can be referred to a QPSA who can assist you in getting the services that may be beneficial to you. This screening is voluntary and any recommendations that may result from the screening or further assessment are also voluntary.”

B. Scoring and Referral

If the applicant/recipient responds 'yes' to one or more of the first 12 questions on the EHI, **and** answers 'yes' to the last question, refer to the QPSA for further evaluation.

1. Ensure the consent form, DSS-8219, is completed and signed by the applicant/recipient. The DSS-8219 allows the QPSA to notify the case owner of the outcome of the assessment and the applicant/recipient's progress with the treatment plan, if appropriate.
2. Provide a copy of the signed DSS-8219, the QPSA Referral Form (DSS-8224) and a copy of the EHI to the LME-MCO contract provider.
3. In some cases, mental health assessments will be performed by the QPSA assigned to the county DSS / human services agency. In other cases, the QPSA will facilitate a referral for assessment to the appropriate LME-MCO contract provider. If the county DSS/ human services agency does not have a QPSA, the LME-MCO will designate the staff person(s) to whom case owners will make referrals.
4. It is not necessary for the applicant/recipient to sign the EHI. However, it is important that the applicant/recipient's name is written on the screening tool for identification. Document the date of the assessment and the appointment. Maintain the screening tool for the case record.
5. A Work First adult applicant/recipient that chooses to include mental health treatment on their MRA-B/Outcome Plan, must keep scheduled appointments and comply with the treatment recommendations. Non-compliance with treatment will result in the assignment of a protective payee to receive the cash assistance.

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6. Close coordination between the QPSA and the county DSS/human services agency is critical in this situation.

XIII. GOOD CAUSE

Good cause may be considered if the applicant/recipient does not complete the substance use screening and testing within the specified time frame. It is the responsibility of the applicant/recipient to notify the county DSS/human services agency if they need additional time to complete the AUDIT/DAST-10 and/or substance use testing. The applicant/recipient may be requested to provide written documentation to determine good cause.

Examples of good cause may include but are not limited to:

1. A significant family crisis or change;
2. Illness or disability of the caretaker or child;
3. Civil leave, including jury duty, or a required court appearance;
4. The loss or interruption of transportation or child care services; and
5. Any other reason deemed sufficient by the county director or designee.

Counties must use prudent judgment to ensure that good cause is applied reasonably and equitably to all cases. To ensure appropriate good cause determination, it is recommended that good cause reasons be reviewed and approved by Supervisory staff.

An applicant/recipient cannot be given good cause for not completing the AUDIT/DAST-10 and/or substance use testing.

XIV. REASONABLE ACCOMMODATION

A reasonable accommodation is any reasonable change in the way the program requires an applicant/recipient to participate in the program. An applicant/recipient may need to be accommodated to comply with the substance use screening and testing requirements.

Reasonable accommodations must be reviewed and approved by Supervisory staff.

XV. CONFIDENTIALITY

Alcohol and/or drug treatment records are protected under 42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records and 45 C.F.R. points 160 & 164, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Unless otherwise provided by federal regulations, information from alcohol and/or drug treatment records cannot be disclosed without the applicant/recipient's written consent. The applicant/recipient has the right to revoke consent in writing at any time except to the extent that action has been taken in reliance on the consent.

Test results are confidential and will not be released to law enforcement.

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When documenting case files regarding sensitive issues such as substance use (including alcohol, illegal drugs, and addiction to prescription drugs), mental illness, and medical needs; remember others will read the case notes. If the sensitive issue does not relate to eligibility, do not document in the case record. If the sensitive issue relates to eligibility, consider the following guidelines.

1. Include only factual information.
2. Do not document staff's assumptions about the applicant/recipient and their situation.
3. The issue must be documented as it was stated by the applicant/recipient.
4. Observations may also be noted, but staff must be thorough and specify exactly what was observed without expressing any assumptions.

Counties are required to develop and implement administrative, physical and technical safeguards to avoid unauthorized use or disclosure of test results, medical history or medications taken by an applicant/recipient. Written protocol of these safeguards must be on file at the county DSS/human services agency and made available to NC DSS staff upon request.

XVI. COORDINATION OF SUBSTANCE USE TESTING PROCEDURES

Counties should designate staff person(s) to coordinate/monitor the substance use testing procedures. The designated staff will serve as the primary point of contact for communicating with the the NC DSS Work First Substance Use Contract Administrator.

This centralized process will assist with maintaining confidentiality, facilitating the exchange of information and ensuring consistency in the application of policies and procedures.

Counties may use the DSS- 8223, Substance Use Referral Log, as a supplemental tool to monitor and track cases that are referred for testing. The log is a State Sanctioned form and its content cannot be modified or revised. If the county DSS/human services agency chooses to use the Substance Use Referral Log, the agency must ensure the physical, technical and administrative safeguarding of the log's data.