**Drug testing scenarios, questions**

Q1: How will we pay for services for training while the client is ineligible? JO OP code? Does this include gas, repairs, other items or limited?

 The individual remains eligible for treatment and training services, and all services are to be provided as needed to assure they are able to complete both.

Q2: Will we pay for services for other DI clients such as Drug Related Felons?

No, only eligible TANF individuals are eligible for work program services.

Q3; What do we term ‘non-cooperation or failure to cooperate’ related to the testing?

 If an individual fails/refuses to test, fails to provide identification at the testing site they are not considered cooperating and a failure to test disqualification needs to be administered. This is not a work program failure.

Q5: Client comes in and at the time of the interview, does not wish to go through drug testing, do we treat this as a withdrawal or non-cooperation? If we treat it as non-cooperation from the start, do we provide support services? Does the client actually have to request benefits for the children, or do we offer this as part of the process, and then explain the payee process?

 If the client requests to withdraw an application because they do not want to submit to drug testing, it is a withdrawal, not non-cooperation. However, this is also a failure to test and the disqualification rules need to be explained to the family. We would not open a KSCares case unless the TANF was open. Support services can be provided if a subsequent application for TANF is filed. We would not offer to open a child only case, however if the household states they only want benefits for the children, the household may proceed. Remember, KWK remains an eligibility requirement and failure to complete KWK and other eligibility requirements results in ineligibility for the household.

 If a request for withdrawal is based on other factors – over income, etc. staff are still to use code CH to close/deny.

Q6: Client comes in and applies. We go through the outlined process and make the referral/contact/appointment. The client then calls to say they will not be going. Do we take action based on this?

 No action is to be taken by the local office until the results are received from the drug contractor.

Q7: Is it appropriate to assign drug testing to a client that we did not have a face to face without other 3rd party confirmation?

 Yes, if the local office is able to identify a suspicion-based indicator. Refer to KEESM 2260.3 for further information.

Q8: If they choose not to do the testing up front, but want the cash, do they still do the KWK? What about cooperation with child support?

 All eligibility requirements remain constant, even if the individual fails/refuses to test. Failure to cooperate with KWK or child support renders the household ineligible.

Q9: Client comes in for review and we send for testing. As we try to process a case as far as we can and approve if possible, do we approve the review if we can process the case or pend it for the testing?

 Do not hold the case for test results. Work the case as per the BPM process.

Q10: If we get information from PPS that a client has tested positive, are we required to retest? Can we establish they are ineligible and request a payee?

 We would send the individual for testing. Once the results are received, follow the procedure as outlined in KEESM and the Implementation Memo.

Q11: What do we do if receive a complaint from a client related to the payee not providing her the requested monies or abusing or using the money that was meant for her child?

 Refer these to your local fraud investigator and your legal department. The individual may also select a different payee.

Q12: What are the ramifications for a payee that they should be made aware of? Any kind of information sheet maybe they need to sign.

 A protective payee form (P-3 or V018) and attachment (V019) needs to be signed in front of a notary at the local office.

Q13: How long do they have to provide a payee, and dependent on this, do we just deny it if we don’t receive one?

 Households should be given 30 days to provide a protective payee. If one is not provided by the household, the agency should assign a payee on behalf of the family.

Q14: How do we handle TANF refugee cases?

 If required, a translator will be present to make sure the client fully understands why they must test, what is expected of them and the consequences for not completing the drug screen. If the individual claims usage based on religious reasons, this needs to be explored with the refugee coordinator.

Q15: What is the incentive for a person to drug test?

 The time limit of 48 months remains in place for these cases. The household continues to use their months of assistance without getting the supportive services needed to help their families become self-sufficient. In addition, the benefit is reduced by removing the needs of the individual. A protective payee is also named to handle the expenses of the household.

Q16: When we assign a protective payee, does the household maintain access to the food assistance and child care benefit?

 Yes, the household continues to have access to the food assistance and child care benefits. Cash assistance is restricted from the household, and the payee is the only individual with access to the TANF benefit.

Q17: When an individual has been removed from the cash assistance case are they still eligible for work program services?

 Yes, the household may continue to receive services needed to overcome the effects of substance abuse, maintain/obtain employment, etc.

Q18: Regarding the skills training requirements, what if the individual already has all the KeyTrain and WorkKeys completed? Are they required to be completed again?

 No, intensive case management to obtain employment would be satisfactory in meeting the requirements.

Q19: What is the individual is unable to complete all 3 courses of WorkKeys?

 The individual needs to do their best. WorkKeys is scored, but an individual does not need to obtain a specific score in order to show completion.

Q20: Do we require an applicant who resides in a drug treatment facility to test?

 If the individual shows signs of substance abuse as specified in 2260.3, yes you would refer the individual for drug testing.

Q21: Who will decide when a person is ready to cooperate with the drug testing?

 Cooperation may be determined at many levels. The individual can self-identify and inform the case manager, SRCC, or the regional drug coordinator. There needs to be excellent communication from all areas to assure appropriate action occurs at the right time.

Q22: Do we remove access to cash assistance for all adults in the household, even if only one tests positive?

 Yes. The only person who is allowed access to the cash assistance is the protective payee.

Q23: ebtEdge only allows 2 individuals EBT access on each case. How do we handle when 2 cards are already issued?

 ebtEdge allows 3 EBT cards. One Primary and 2 alternates. Follow the instructions in the Alternate Payee Management Deskaid.

Q24: What if an individual is totally unable to work? Do they still have to do skills training?

 The Work Program Case Manager will assign an appropriate activity, which may include a referral to rehabilitation services or other appropriate components.

Q25: If a person is fired for using drugs, what would take precedence – the potential employment violation or drug testing?

 A drug test would be requested. If the results are returned positive, or the individual fails to test, the two disqualification periods can run simultaneously. See Example #8.

Q26: Will the referral form have information on what the individual needs to take to the testing site?

No, the referral form will only inform the individual where and when to submit to a drug test. This is a change from the information in the teleconference. If the test result is positive, the contractor will follow up with the individual to determine if there is a reason for a positive. The contractor will notify DCF of any exclusions. However, staff will need to remind the individual a photo ID is required to drug test.

Q27: If eligibility is reestablished, is the individual automatically required to drug test?

 No, only if there is a new reasonable suspicion. See 2260.3.

Q28: If a person tests positive, would we refer to PPS?

 Only if the child(ren) appear to be in immediate danger.

Q29: We already have contracts with local testing sites. Can we continue to use these sites?

 No, in order to assure all payments are made and tracked appropriately, offices are required to utilize the contractor as set out.

Q30: If the individual does not have an ID, can we copy the one from the file?

 Yes, this is an acceptable practice. However, we also need to be proactive. Photo ID’s are required to obtain employment. Providing a valid ID for individuals should be standard practice for work program activities.

Q31: If PPS reports an individual is using illegal substances, are we required to test?

 Yes, this is a substantiated report and drug testing would be required.

Q32: If an individual was disqualified from TANF from another state for using drugs, would it apply in Kansas?

 No, TANF is a block grant and as such, the rules would not cross state lines.

Q33: If a person is on parole, would we work with the parole officer?

 It is always good practice to coordinate services with another state agency.

Q34: When a person is DI on SEPA, does the time limit counter continue?

 Yes, DI individuals are limited to 48 months and the counter continues to track months on assistance.

Q35: Are there different rules for a high school student case head?

 No, if there is a suspicion-based reason to drug test, all drug testing policies apply.

Q36: Will suspicion-based drug testing affect the Medicaid case?

 No, this is a TANF policy only.

Q37: When the time limit is reached for individuals who have completed substance abuse treatment and skills training, does the individual have to ask to be added back to the case?

 No, the individual does not have to ask to be added back to the case if they have successfully completed substance abuse treatment, skills training and the mandatory ineligibility period (if required) has expired. The Regional Drug Coordinator will track completion of substance abuse treatment and skills training. The Regional Drug Coordinator will notify the field when to add the individual back to the case.

Q38: Would we implement another disqualification period when the person is already DI?

 No.

Q39: Are we testing for synthetic substances?

 No.

Q40: Do we remove access to day care and food assistance for the household when we set up a protective payee?

 No. Protective payees only have access to the cash assistance. We will remove access to all adult members of the household for TANF cash assistance only. (Not RCA benefits)

Q41: If a person timely appeals a drug disqualification, do we add them back to the case?

 Yes, we follow all appeal guidelines.

Q42: Skills training requirements: Should it match what employers require?

 Yes, if an individual has a felony drug conviction and specific employers do not allow felons in that industry, then entering the individual in that activity would not be in anyone’s interest.

Q43: At what time do we remove a protective payee?

 A protective payee remains the payee on the case until:

* A new payee is named
* The individual is given access to their benefits by successfully completing the disqualification period, skills training, and substance abuse treatment (if required).

Q44: Can another adult in the home, who is not on the assistance case, be the protective payee?

 No, the protective payee may not reside in the same residence as the family.

Q45: How do we locate a protective payee?

 Reach out to your communities, PPS and other social service agencies.

Q46: If a payee charges for their services, who pays this fee?

 Any fees associated with a protective payee would come from the individual’s benefit. Because the benefit is already being reduced, every effort should be made to identify volunteers who do not charge for services.

Q47: When do we limit access to the TANF cash benefit?

 Limit access to the cash benefit immediately upon receipt of a positive test notice, or report of a failure to test. This will occur even before a protective payee is assigned.

Q48: How long do you give a client to name a protective payee?

 If a client has not named a protective payee within 30 days, you should explore how the client is meeting expenses.

Q49: What if it is the cohabiting partner who tests positive and they do not have a medical card?

 The individual will need to explore community options for treatment. DCF cannot pay for substance abuse treatment.

Q50: Does skills training include Job Corp?

 Yes, this would be an appropriate activity.

Q51: If we approve cash assistance, and the test comes back positive, will there be an overpayment?

 No, no overpayment will exist.

Q52: If on a retest, we are notified it was a false positive, how are we to do underpayment issuances?

 If the individual had been removed (coded DI) from the case, and a report is returned indicating the initial sample reading was incorrect (false positive), we would add the individual back to the assistance plan (IN). Any underpayments would be authorized for all months.

Q53: How will we reimburse for a retest if it is returned negative (false positive)?

 Once the invoice is received by the local office, it is to be forwarded to the regional drug coordinator who will create the reimbursement.

Q54: How do we code underpayments?

 They should be coded as an agency error.

Q55: How long does the individual have to request a retest?

 It is not a retest, it is re-reading or evaluation the original sample. This is between the individual and the testing site.

Q56: What if a person gets a job while they are disqualified?

 An individual is eligible for work program supports. Their income continues to be included in the benefit determination.

Q57: Can an individual remain off of TANF indefinitely?

 Yes, as long as they meet all other eligibility criteria.

Q58: What are we do to with the BPM script? Does it go to the client?

 No, it is just a script. It does not go to the client, but is to be completed by staff and added to One-Note.

Q59: How will we notify the protective payee of benefit changes, supplemental benefits added for work program activity requirements, etc?

 The I005 is available for use when the payee is available to notify of the monthly benefit, any changes to the benefit and when work support payments are made. This notice is mandatory for use anytime a benefit is added, changed or a supplement (work program activity) authorized. (If the benefit does not change or supplemental payments are not provided, the initial letter is sufficient and on-going notices are not required.) A macro has been created and is available for the 3 situations described above.

It is very important that we provide this information to the payee, so funds are distributed appropriately. Adding the payee to ADAD is not appropriate, as information included in notices could contain food assistance and/or child care information. The notice could also contain PHI that is not to be shared with the protective payee. Hence the use of I005 is required.

Q 60: Where do we place the drug test report and other information pertaining to the request to test?

 All information and reports should be placed under the ‘penalty’ tab in One-Note.

Q61: How much information can we share with the protective payee about the households’ situation?

 We will share the benefit amount with the payee (see the I005 macro’s). We will not discuss other case information without a release of information form and the customers’ permission.

Q62: How do we handle a comparable disqualification when the food assistance case is closed for no IR?

 Ex 1: Case closes 6/30/14 for no IR.  Customer fails to show up for drug testing on June 23.  Returns IR on 7-10 Being removed from TANF 8/1.  FA reinstated for July.  Since he was receiving TANF and FA at the time of the failure, comparable penalty is applied.

 Ex 2:  Case closes 6/30/14 for no IR. Customer tests positive for drugs and the agency is notified on 7/5.  Returns IR on 7/6. Is eligible for FA for July. Case is reinstated.  Since the case was reinstated for July, he/she was technically open in the month of the positive test, so a comparable disqualification can be applied.

Q64: When do we use the ES-3100DT?

 The ES-3100DT needs to be signed by the TANF applicant at application and review. The application cannot be processed without a copy of the signed document in the electronic case file. In addition, the ES-3100DT should be attached to all ES-3100’s and ES-3100r’s.