



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #13-53-OPE

(This Policy Bulletin Replaces PB #03-58-EMP)

FORMS AND NONCOMPLIANCE INFORMATION FOR ALCOHOL CRISIS CENTERS (ACC)

Date:	Subtopic(s):
June 3, 2013	Substance Abuse
 This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to inform staff that the Alcohol Crisis Center (ACC) Daily Referral Transmittal (M-687a), Alcohol Crisis Center (ACC) Daily Discharge Transmittal (M-687b), and Alcohol Crisis Center (ACC) Discharge to In-patient Treatment Summary (M-687c) forms have been revised.
Revised	<p>The following changes have been made to the forms:</p> <p>M-687a:</p> <ul style="list-style-type: none">• The Human Resources Administration Department of Social Services (HRA DSS) logo has been updated.• A line for Week Ending has been added.• The column for Case Number has been moved in between the columns for Case Name and Social Security Number (SSN).• “Y/N” (Yes/No) has been added to the Veteran column. <p>M-687b:</p> <ul style="list-style-type: none">• The HRA DSS logo has been updated.• A line for Week Ending has been added to the right of the line for Site Code.• The “Discharge” column, will now read as Discharge Level, In-patient/Out-patient.• A column for Left Against Clinical Advice has been added as the last column.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

Distribution: X

M-687c:

- The HRA DSS logo has been updated.
- The new name of the form is the **Alcohol Crisis Center (ACC) Discharge Notification**.
- In the ACC Information section, a line for **Admission Date** has been added, and lines for **Site Code** and **Discharge Date** have been removed.
- In the Case Profile section, “**Participant’s**” has been added to Signature line.
- In the Discharge Information section, check boxes (☐) for **Inpatient**, **Outpatient**, **Residential**, and **Against Clinical Advice** have been added. “**Inpatient**” has been removed from the Program line. The **Site Code** and **Discharge Date** lines have been removed.
- In the ACC Representative section, a line for **Title** has been added.

Use of Forms

Form **M-687a** is faxed to the ACC Unit at the Residential Treatment Services Center (RTSC) at (212) 835-7842 when an individual on Cash Assistance (CA) enters an ACC. The ACC Unit will verify an active CA case, and other identifying information, against the Welfare Management System (WMS) and New York City Work Accountability and You (NYCWAY) to determine whether or not the request for ACC shelter payment will be approved.

See [PD #03-09-EMP](#)

Note: If the ACC request for shelter payment is approved, the ACC Unit Worker will enter Action Code **200E** (Enrolled in an ACC program) in NYCWAY to indicate ACC admission. This will terminate all other assignments, except an assignment to a Residential Treatment Center.

Form **M-687b** is faxed to the ACC Unit at the RTSC to confirm the participant’s discharge from the ACC. The form indicates two possible discharge outcomes:

- One outcome is that the participant is referred to the Substance Abuse Service Center (SASC) for a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) assessment. The CASAC will determine the need for further treatment according to current procedure.
- The other outcome is that the participant is referred to an in-patient program (see below).

Form **M-687c** is faxed to the ACC Unit and attached to the **M-687b** form to confirm that the ACC has discharged the participant to an in-patient treatment program.

When the ACC Unit at RTSC receives the **M-687c**, the Worker will enter Action Code **201I** ("i") (ACC discharged to inpatient program) in NYCWAY to indicate that the participant has been discharged from an ACC to an in-patient program. The **201I** has a 35 day future action date (FAD). The code will autopost Action Code **193** (Referred to Substance Abuse Service Center) in NYCWAY for a batch call-in to SASC for a CASAC assessment on the expiration of the 35-day FAD.

Noncompliance with ACC Treatment

A participant cannot be sanctioned for leaving an ACC facility before being officially discharged because treatment is not mandated. If the ACC notifies RTSC that the participant left ACC before discharge, the ACC Unit Worker will enter Action Code **201D** (Terminated from ACC program) in NYCWAY to indicate non-compliance and generate an immediate appointment to SASC.

See [PD #12-14-EMP](#)

If the participant fails to report (FTR) to the SASC mandatory appointment, follow current Temporary Assistance (TA) rules for failure to cooperate with substance abuse assessment.

Effective Immediately

Related Items:

[PD #03-09-EMP](#)
[PD #12-14-EMP](#)

Attachment(s):

M-687a	Alcohol Crisis Center (ACC) Daily Referral Transmittal (Rev. 6/3/13)
M-687b	Alcohol Crisis Center (ACC) Daily Discharge Transmittal (Rev. 6/3/13)
M-687c	Alcohol Crisis Center (ACC) Discharge Notification (Rev. 6/3/13)

Forms can now be accessed through Print on Demand at all Job Centers

Telephone: _____ Date: _____

Alcohol Crisis Center (ACC) Daily Discharge Transmittal

ACC Name: _____

Address: _____

Site Code: _____ Week Ending: _____

Case Name	Case Number	ACC Discharge Date	DISCHARGE Level In-patient/ Out-patient	DISCHARGE SASC Assessment Scheduled	Left Against Clinical Advice

I have reviewed the information above and certify that it is accurate.

ACC Representative: _____

Signature: _____

Title: _____

Telephone: _____ Date: _____



ALCOHOL CRISIS CENTER (ACC) DISCHARGE NOTIFICATION

ACC INFORMATION

ACC Program Name: _____ Admission Date: _____

Address: _____

City: _____ State: _____ Zip: _____

CASE PROFILE

Participant's Name: _____
Last Name First Name

Participant's Address: _____

Case Number: _____ SSN: _____

Job Center: _____

Participant's Signature: _____ Date: _____

DISCHARGE INFORMATION

☐ Inpatient ☐ Outpatient ☐ Residential ☐ Against Clinical Advice

Program Name: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Discharge Date: _____

ACC REPRESENTATIVE

Signature: _____ Date: _____

Title: _____