Administrative Policies and Procedures: Policy Number 23.02

Subject: Families First Drug Testing Policy

Approved by: Tracy Bell, Chief Officer of Workforce Development

Approval Date: 12/08/2016

Effective Date: 12/15/2016

Authority: TCA 71-1-105; TCA 71-3-1201-1206

Application: All Family Assistance Employees

Policy Statement

New Families First/Temporary Assistance for Needy Families (TANF) applicants, who are otherwise eligible, who will be included in the Families First/TANF grant must comply with being screened for possible drug use or misuse.

Purpose

To provide the opportunity for Families First applicants to receive treatment for any identified drug misuse or abuse in order to allow for continued receipt of cash assistance.

Procedures

A. Application

1. The drug questionnaire and drug testing requirements do not apply to applicants seeking a diversion payment.

2. The DHS eligibility counselor will conduct the drug screening with the applicant during the initial eligibility determination.

B. Drug Screening

1. New applicants applying for Families First will be screened to determine if there is a reasonable cause to believe that he/she is using or has used one (1) or more of the following controlled substances in the past three (3) months: marijuana, cocaine, methamphetamine, amphetamine, and opiates.

2. The drug questionnaire questions should be read aloud to the applicant for in-person interviews. The applicant should read along while the questions are being read aloud and must mark his/her own answers. If the interview is conducted via telephone, the drug screening should be mailed to the applicant. The applicant should be advised that the completed screening should be returned within ten (10) business days.

3. The drug questionnaire is designed to allow self-attestation. The applicant’s responses must be accepted without prejudice.
4. If reasonable cause does not exist, the DHS employee conducting the screening will document the results of the drug questionnaire on the appropriate ACCENT screen (including CLRC - Client Running Comments) and take no further action.

5. The applicant’s failure or refusal to complete or return the drug questionnaire form will result in the denial of the Families First/TANF application based on failure to cooperate in the eligibility determination process.

6. The applicant will be notified of denial by an ACCENT Notification letter. Once denied, the applicant may reapply at any time.

7. In two-parent households, only the Families First/TANF applicant must agree to screening and undergo drug testing, when appropriate. The other parent will not be subjected to drug questionnaire and testing requirements.

C. Good Cause for noncompliance with drug testing

1. Good cause may be evaluated for not completing the drug screening questionnaire and/or drug testing within the 45-day application period. If good cause exists, the applicant shall be given 10 days to comply once the good cause reason has been resolved. Failure to comply within the 10 days will result in case closure.

2. Good cause includes but is not limited to:
   a. household emergency
   b. domestic violence
   c. illness of the individual or family member

D. Drug Testing Procedures

1. If the drug questionnaire results indicate that there is reasonable cause to believe that the applicant is using one (1) or more of the listed controlled substances, the applicant must agree to submit to a drug test.

2. The applicant’s failure or refusal to undergo drug testing within the forty-five (45) day application processing period, without good cause, will result in the denial of the Families First/TANF application based on failure to cooperate in the eligibility determination process. As a result the applicant will be notified of the denial by an ACCENT Notification letter. Once denied, the applicant may reapply at any time.

3. If the questionnaire indicates a need for drug testing and the applicant is currently taking a prescription medication(s) containing any of the listed controlled substances, he/she will be required to undergo a drug test. However, they must be advised that he/she may provide the verification of the valid prescription(s) to the medical review officer (MRO). The applicant may also inform the MRO of any over-the-counter medication that he/she is taking.

4. Drug testing will be administered based on the results of the screening. The drug test will consist of a urine-based five (5) panel test to determine the presence of any of the controlled substances previously mentioned.

5. DHS will use form HS-3076 Drug Test Referral to refer the individual to a licensed drug testing agency (Memphis Pathology Laboratory/American Esoteric Laboratories or a Third party Vendor).

6. A completed and signed HIPAA form (HS-2557 or HS2557s) must accompany the Drug Test Referral (HS-3076) which is emailed to the Families First Mailbox...
7. The applicant will schedule and submit to a drug test when the Department notifies applicant that a drug test is required.

8. A chain-of-custody (COC) form, provided by Memphis Pathology Laboratory/American Esoteric Laboratories or must be given to all applicants who require a drug test.

9. The drug testing agency will administer an initial urine-based five (5) panel drug test.

10. Memphis Pathology Laboratory/American Esoteric Laboratories will report the drug testing outcome to DHS State Office via electronic communication when the outcome is negative (usually within 24-72 hours from the date of the test via a reporting portal).

11. The drug testing agency will perform a confirmation test when the initial drug test is positive.

12. Memphis Pathology Laboratory/American Esoteric Laboratories will submit the positive confirmation results to the MRO.

13. The MRO will confirm positive results and notify DHS of findings by secure email to the Families First Policy Unit.

14. DHS State Office staff will notify the referring Caseworker/Client Representative of the drug testing results.

15. DHS will take the appropriate action based on the drug testing results.

E. Actions Based on Drug Testing Results

1. If the results of the applicant’s confirmation test are positive, DHS will refer the applicant for a substance abuse evaluation by a Department approved resource by completing and submitting an electronic referral to the substance abuse treatment center. Refer to the SAPT block grant providers and services attachment or visit http://tn.gov/mental/A&D/index.html or http://findtreatment.samhsa.gov/ for approved resources.

2. The center will be contacted prior to the submission of the referral. This contact will allow the applicant to be informed with regard to the cost of service, acceptable payment, and the center’s physical location.

3. No drug for which an applicant has a current prescription will be basis for denial of Families First/TANF benefits.

4. The evaluation will determine if substance abuse treatment is necessary. The substance abuse evaluator will provide evaluation results to the Department via electronic communication.

5. If substance abuse treatment is needed based on the evaluation, the Department, in conjunction with the agency performing the substance abuse evaluation, will refer the individual to an approved substance abuse center. Form HS-3078 Substance Abuse Evaluation and Drug Treatment Referral may be used.

6. If the evaluating agency offers the treatment needed, no additional referral is needed. If the appropriate treatment is not offered by the evaluating agency, an additional referral must be made to an appropriate resource. Form HS-3078 Substance Abuse Evaluation and Drug Treatment Referral may be used.
7. The applicant will have ten (10) business days to provide the Department with verification of his/her placement on a waiting list or enrollment in an approved substance abuse treatment program.

8. In order to verify ongoing participation of an individual enrolled in a substance abuse treatment program, the individual or treatment facility must provide weekly documentation to the Department either by phone or in writing. If the treatment occurs at an interval other than weekly, documentation must be provided based on the individual’s treatment plan.

9. If the applicant is determined not to need treatment at any time during the process, he/she has satisfied the requirements of the drug testing policy and will be eligible for Families First/TANF if otherwise eligible.

F. Good Cause specific to noncompliance with substance abuse treatment

1. The Department of Human Services shall determine whether an individual has good cause for failure to begin, participate in, and /or complete the drug treatment/recovery support resource program by considering the applicant’s circumstances, whether failure to comply is the result of circumstances beyond the applicant’s control, and the requirements of the applicant’s drug treatment and/or recovery support program.

2. If good cause exists, the Department shall work in collaboration with the substance abuse evaluation agency and /or the drug treatment program to amend the recipient’s drug treatment plan, when appropriate, so that the recipient is able to complete the requirements of the drug treatment plan consistent with his/her abilities.

3. If after amending the recipient’s drug treatment program to meet the recipient’s needs and abilities, the recipient fails to begin, participate in, or complete the drug treatment program, the recipient shall be ineligible for six (6) months. After the six (6) month disqualification period, the recipient whose plan was amended shall submit to another drug test as would any other recipient who was disqualified.

G. Actions after participation in a substance abuse treatment program

1. The individual will submit to another five-panel drug test at the end of the treatment period.

2. The subsequent drug test will be accompanied by a confirmation test.

3. If the subsequent confirmation test is negative, the applicant will remain eligible for Families First/TANF if all other requirements are met.

4. If the subsequent test is positive, the applicant will be ineligible for six (6) months from the date of the positive confirmation test. The dependent child(ren)’s Families First eligibility will not be affected. A protective payee will be assigned to receive the Families First/TANF benefit on behalf of dependent children less than sixteen (16) years of age.

5. The applicant will be notified of his/her ineligibility by an ACCENT Notification letter.

6. If the applicant, who is determined to need treatment refused to enter, fails to begin or is unsuccessful in completing the substance abuse treatment program, he/she will be ineligible for Families First/TANF for a period of six (6) months. The application for the assistance unit will not be denied. The dependent child(ren)’s Families First eligibility will not be affected. A protective payee will be designated by the local office to receive the Families First/TANF
benefit on behalf of dependent children less than sixteen years of age.

H. Work requirement

1. Applicants disqualified due to the drug testing policy do not receive Families First/TANF cash payments for themselves, but may receive Families First/TANF for other eligible assistance unit members. A protective payee will be assigned to receive the Families First/TANF benefit on behalf of the dependent children less than sixteen (16) years of age.

2. The disqualified individual is also required to comply with the work requirement unless he/she meets an exemption. If the disqualified individual is required to participate in the work requirement and does not, then all work sanction closure policies will apply.

3. The individual’s participation in a treatment program may be counted as Job search/Job readiness which includes barrier removal activities such as substance abuse treatment.

4. If the individual has exhausted the Job Search/Job Readiness four (4) consecutive week limitations or the 360 hour limitation in rolling twelve (12)-months, the participation may not be counted until the required one (1) week break is taken. Another activity will be required during the one (1) week break.

I. Subsequent test after six (6) month disqualification

1. The subsequent drug test following the six (6) month disqualification period will be accompanied by a confirmation test.

2. If the subsequent confirmation test is negative, the applicant will be eligible for Families First/TANF if all other requirements are met.

3. If the subsequent confirmation test is positive, the applicant will be ineligible for one (1) year from the date of the positive confirmation test. An ACCENT Disqualification Notification letter will be issued.

J. Supports & Protection of Children

The Department of Human Services in its desire to strengthen families is a community partner/collaborator in the support and protection of children. The results of the drug screening and/or drug test alone do not indicate that parental abuse, sexual abuse, neglect, and/or exploitation of a child have occurred. In order to determine if neglect and/or abuse exist or has occurred, refer to the collateral document entitled “Signs of Abuse or Neglect”.

Forms

HS3074 TANF/Families First Drug Screening  (Instructions)
HS3076 Drug Testing Referral  (Instructions)
HS3078 Substance Abuse Evaluation & Drug Treatment Referral  (Instructions)
HS2557 HIPAA Authorization for Release of Medical/Health Information to TDHS (English)  (Instructions)
HS2938 General Authorization for Release of Information by the Tennessee Department of Human Services to a 3rd Party (English)  (Instructions)
Retention of Records

SW21 Grants
SW15 Annual Report Working Papers
SW16 Temporary Records
SW17 Working Papers
SW20 Fiscal Administrative
SW22 Internal Policies and Procedures
SW24 Publications

Collateral Documents

23.12-15.00 Families First General Sanction Rules and Drug Testing Expectations (English)
23.12-15.00 Families First General Sanction Rules and Drug Testing Expectations (Spanish)
AIA -14-07, ACCENT Modifications for Families First Drug Screening/Testing effective 7/1/14
SAPT block grant providers and services
23.12-15.01 Signs of Abuse and/or Neglect

Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Applicant</td>
<td>An individual who makes application for Families First/TANF cash assistance.</td>
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<tr>
<td>Confirmation Test</td>
<td>A second analytical procedure used to identify the presence of a specific drug in a specimen that is different in scientific principle from that of the initial test procedure. The confirmation test is performed by the Medical Review Officer (MRO).</td>
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<tr>
<td>Good cause</td>
<td>Good cause for not complying with drug screening and testing includes but is not limited to: (1) household emergency; (2) domestic violence; or (3) illness of the individual or family member.</td>
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<tr>
<td>MRO</td>
<td>Medical Review Officer is a licensed physician who has knowledge of substance abuse disorders, laboratory testing procedures, and chain of custody collections procedures; who verifies positive, confirmed test results; and who has the necessary medical training to interpret and evaluate a Families First/TANF recipient’s positive test result in relation to the recipient’s medical history and current, valid prescription(s), or any other relevant biomedical information.</td>
</tr>
<tr>
<td>New applicant</td>
<td>An applicant that meets one (1) of the following criteria:</td>
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<tr>
<td></td>
<td>• Never has received prior Families First cash assistance;</td>
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<tr>
<td></td>
<td>• Has not received Families First cash assistance for at least one (1) month.</td>
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**ACCENT Notification Letter**

A computer-generated notice sent to Families First clients based on actions taken on their Families First case.

**Protective Payee**

The person other than the caretaker or grantee relative to whom a FF grant is payable. A protective payee has responsibility for administering the benefits of the assistance unit grant payment for the benefit of the assistance unit. The Department should secure the name of the protective payee from the caretaker and verify ID of the named individual before assigning on AEFAR (Screen in ACCENT).

**Subsequent test**

A subsequent test refers to the additional required drug test(s) following the requirement to complete a substance abuse treatment program as prescribed after a positive result from the initial drug test administered to determine FF eligibility at application. A subsequent test is required at the completion of a substance abuse treatment program in order to continue eligibility in the FF grant and/or at the end of the 6-month disqualification period for clients who a) refuse to enter a substance abuse program, b) fail to begin or complete a substance abuse program, or c) test positive following the completion of a substance abuse treatment program in order to re-join the FF assistance unit.

**Substance abuse treatment program**

Includes residential/in-patient drug treatment, outpatient drug treatment, and self-help and support groups, such as, but not limited to, Narcotics Anonymous.

**Two-parent household**

The assistance unit either contains a common child or the step-parent is eligible for inclusion in the assistance unit because one of the following is true:

- The step-parent in the home is the only relative who meets the requirements as a caretaker; or
- The step-parent lives in the home and the natural/adoptive parent in the home is incapacitated.