



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #12-28-OPE (This Policy Bulletin replaces PB #11-45-OPE)

THE TEMPORARY HOME VISIT NEEDED/HOMEBOUND (HVN/HB) STATUS REQUEST PROCESS

<p>Date: April 9, 2012</p>	<p>Subtopic(s): HVN, HB, Forms, Codes</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to:</p> <ul style="list-style-type: none"> include a change to the processing of home visit requests for one-time Emergency Assistance (“one-shot deal”) cases; introduce a revision to the Determination of Home Visit Needed/Homebound Status Form (FIA-1028a) to include an HVN/HB status determination approval for over 365 days and a Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) HVN/HB status determination; introduce a revision to the Activities of Daily Living Client Information Form (CAS-102) that includes two new check boxes that applicants/participants should check if they have submitted a supportive housing application (HRA 2010e) within the past twelve months or if they have completed a WeCARE medical assessment within the past twelve months; provide instructions for renewing HVN/HB status; announce new New York City Work Accountability and You (NYCWAY) Home Visit Needed/Homebound action codes; introduce three (3) new HVN/HB forms: Notice of Scheduled Home Visit (FIA-1028h), Documentation Request for Home Visits Needed/Homebound Status (FIA-1028i), and Notification of Expiration of Home Visit Needed/Homebound Status (FIA-1028k); introduce the Home Visit Needed (HVN)/Homebound (HB) Status Liaison Checklist of Required Documents for CAS Review (FIA-1028L);

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- update the HVN/HB Process Forms Guide (**Attachment A**) and NYCWAY Action Codes for the HVN/HB Process (**Attachment B**);
- Introduce (**Attachment C**) for Pre- and Post-Referrals to CAS
- introduce a voluntary WeCARE referral process for work rules required individuals who request HVN/HB status and a new Customized Assistance Services (CAS) form, Home Visit Needed Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Assessment Cancellation form(**CAS-311**);
- include the recertification process for HVN cases.

Purpose:

The purpose of this policy bulletin is to inform Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff about the revised temporary process for applicants/participants who request HVN/HB status. The temporary process must be used until the HVN/HB policy directive is published.

Family Independence Administration (FIA) staff conduct initial home visits as an accommodation to applicants/participants who claim to have a physical or mental health impairment that restricts the individual's ability to leave his/her place of residence or neighborhood, or are otherwise unable to appear at an FIA Center.

Home Visit Needed (HVN)/Homebound (HB) status requests are not limited to application and recertification appointments and may be requested at any time that an applicant/participant is unable to appear in-person to conduct agency-related business where no other accommodation is reasonably viable (such as mail, fax, phone or authorized representative, etc) to meet the individual's needs.

Cash Assistance (CA) Requests for Home Visits

A CA applicant/participant may request a home visit at any time via telephone, fax or mail. FIA staff must keep a record of all HVN/HB requests on the Control of Assignments/Referrals (**W-708**), assign, and schedule a home interview for all applicants/participants who request a home visit. FIA staff must honor initial HVN/HB requests without requiring documentation before the home visit is conducted. For participants requesting a home visit, Action Code **192P** (HVN/HB Status Request Pending Documentation) must be posted on the day of the HVN/HB request, *before* the home visit is conducted to avoid potential adverse actions until the HVN/HB status request is processed. The case cannot be transferred to another center while there is an open **192P** in NYCWAY.

FIA staff must contact the applicant/participant before scheduling a home visit to ensure that the individual will be available. Notification of Scheduled Home Visit Form (**FIA-1028h**) must be sent to the applicant/participant after the home visit is scheduled to record the confirmed appointment.

Refer to [PD #11-12-OPE](#) for further information about EFS eligibility

If the CA application has been received before the home visit, the case must be screened for Expedited Food Stamp Service (EFS) and the Home Visit Appointment Notice (**FIA-1028b**) must be sent indicating the appropriate date. If the applicant is eligible for EFS, the home visit must be conducted within two (2) business days from receipt of the application.

If the applicant is not eligible for EFS service, the home visit must be conducted within three (3) business days of receipt of the application.

If the applicant called for a home visit and no application was received, an application package must be taken to the home within three (3) business days from the request.

HVN/HB forms

In addition to the application/recertification packet, the HVN/HB request process for all ongoing CA cases requires the Designated JOS/Worker to take the following forms to the home visit:

- Home Visit Needed/Homebound Determination Process form (**FIA-1028**), which explains the HVN/HB status request process.
- Two (2) copies of the Authorization for Release of Health Information Pursuant to HIPAA Form (**CAS-101**) must be completed and signed by the applicant/participant. One copy of the form must be brought back to the Job Center and one copy is for the applicant/participant to take to his/her medical provider.

Note: If the applicant/participant refuses to sign the **CAS-101**, the Designated JOS/Worker must explain to the individual that he/she must assume full responsibility to ensure that complete medical documentation is returned to FIA and that without the signed release, HRA cannot provide help in securing medical documentation on his/her behalf.

Revised form.

- The **CAS-102** to be completed at the home visit with the applicant/participant, signed and returned to the Job Center;
- The Home Visit Needed Request Clinician Assessment Form (**CAS-103**), along with a postage paid return envelope for the applicant's/participant's medical provider to return to the Job Center within 20 calendar days.

New information.

Note: If an individual indicates on the **CAS-102** that he/she has submitted a supportive housing application (HRA 2010e) within the past twelve months or has completed a WeCARE medical assessment within the past twelve months, the **CAS-103** does not need to be completed.

New form.

- Two (2) copies of Documentation Request for HVN/HB Status Form (**FIA-1028i**). One copy must be scanned and indexed into the case record.

All relevant HVN/HB forms and action codes can be accessed on Filenet or by clicking the hyperlinks embedded in **Attachment A** and **Attachment B**.

Revised: New Action Code for One-Shot Deal Cases

Home visit requests for One-Shot Emergency Assistance cases will not be processed in the same manner as requests for on-going CA cases. For home visit requests from One-Shot Emergency Assistance applicants, the Designated JOS/Worker must make a home visit and bring the application packet to the home, but One Shot Emergency Assistance cases are not required to complete HVN forms or return HVN/HB medical documents. For these cases, the Designated JOS/Worker must enter “Yes” to the homebound question “Is any adult in the household homebound or requesting a home visit?” on the POS Medical screen. Action Code **19SI** (One Shot Deal homebound status) will autopost in NYCWAY for identification purposes only and will self-complete.

Note: If the JOS/Worker designated to conduct the home visit fails to appear for the home visit, the appointment will be rescheduled. However, if the JOS/Worker arrives after the appointment time and the applicant/participant still wishes to conduct the appointment, the JOS/Worker must conduct the home visit appointment. If the applicant/participant is not home at the time of the scheduled home visit appointment, the applicant/recipient must contact HRA to reschedule the appointment and to verify that s/he still wants to pursue the request for HVN/HB status and/or the application.

Offer of a WeCARE Referral

Work rules required- applicants/participants ages 18-59 who do not qualify for another work exemption.

If an otherwise work rules required CA applicant/participant requests HVN/HB status but cannot gather his/her own medical documentation and does not want OLA to assist in obtaining documentation, the JOS/Worker should offer a WeCARE referral. The purpose of the referral is for WeCARE to assess the applicant’s/participant’s functional capacity and determine if home visits are needed. WeCARE appointments for HVN/HB assessments are not mandatory.

Refer to [PD #11-28-ELI](#) for information on WeCARE.

If the WeCARE referral is accepted, the JOS/Worker must still complete the **CAS-101** and **CAS-102** with the individual and provide the **CAS-103**.

WeCARE assessment appointments are generally available up to 17 days from the date of the initial request for an assessment appointment.

In addition, the JOS/Worker must advise the applicant/participant that he/she will be sent a Medical Provider Appointment Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Referral for Assessment (**CAS-300**), which will have the date, time and location of the WeCARE assessment appointment.

Requests for Assistance to Obtain Medical Documents

If the applicant/participant declines a WeCARE referral or is non work rules required and has his/her own a medical provider, the JOS/Worker must offer the Human Resource Administration's (HRA's) assistance in obtaining medical documentation. Individuals who accept HRA's offer will be provided assistance through a referral to the Office of Legal Affairs (OLA). The **CAS-101** must be completed and signed in order for OLA to provide assistance.

Return to the Job Center

Once the Designated JOS/Worker has conducted the home visit interview, upon return to the Job Center he/she must:

- Scan and index the **CAS-101** and **CAS-102** into the OneViewer;
- take any actions necessary in POS, including registering new applications;
- enter "Y" to the homebound question "Is any adult in the household homebound or requesting a home visit?" on the POS Medical screen (if not previously recorded) and choose the individual requesting HVN/HB status from the drop-down menu.

Once the POS HVN/HB question has been answered, POS enters "6" (Exempted Homebound Individual) on the POS TAD in the Automated Finger Imaging System (AFIS) exemption field for all HVN/HB individuals who do not already have an AFIS code indicating that the individual has already been finger imaged. This code will exempt the individual from the finger imaging requirement.

All NYCWAY action codes associated with the HVN/HB process are listed on **Attachment B**.

AFIS Homebound Indicator

See the instructions on page three (3) for processing One-Shot Emergency

Action Code **192P** (HVN/HB Status Pending Documentation) will autopost in NYCWAY for on-going CA cases to exempt the applicant/participant from in-person appointments until the outcome of the HVN/HB status request is determined and/or the resolution of any appeal is complete.

Note: For participants requesting a home visit, Action Code **192P** should have already been posted *before* the home visit was conducted to avoid potential adverse actions in the interim.

See page four (4) for the WeCARE HVN process

- For work rules required applicants/participants who accepted a WeCARE referral, make the referral through POS. Action Code **99WC** (HVN Referral to WeCARE – Applicants) or **19WC** (HVN Referral to WeCARE – Participants) will post in NYCWAY. NYCWAY will post a batch referral to WeCARE appointment code **99WA** (applicants)/**19WA** (participants) and MIS will mail the batch appointment letter.

WeCARE Appointment

Rescheduled WeCARE appointment

Once the appointment notice is received by the applicant/participant, he/she may *reschedule* the appointment by contacting the WeCARE vendor. When the appointment is rescheduled, Action Code **99WA** (Rescheduled – applicant)/**19WA** (Rescheduled – participant) will be posted by the vendor.

Cancelled WeCARE appointment

If the applicant/participant subsequently contacts the WeCARE vendor to *cancel* the appointment, the vendor will notify Customized Assistance Services (CAS). WeCARE staff will enter Action Code **99WN** (Cancel WeCARE HVN Request - Applicant) or **19WN** (Cancel WeCARE HVN Request - Participant) in NYCWAY, which will generate the HVN WeCARE Assessment Cancellation form (**CAS-311**). Form **CAS-311** will be mailed along with the **CAS-103**, instructing the applicant/ participant that he/she must still submit medical documentation for an HVN status determination within 20 days of the date of the letter.

Fails to attend WeCARE appointment

If an applicant/participant fails to attend or to reschedule the WeCARE appointment, the WeCARE vendor will provide outreach services. The vendor will post Action Code **19WO** (HVN-WeCARE Outreach) in NYCWAY. The **19WO** has a FAD date which allows for the outreach to take place before further action is taken.

If outreach is successful and the individual attends the WeCARE appointment, the vendor posts Action Code **19WB** (WeCARE Outreach Successful) and continues the HVN/HB assessment process.

If outreach is unsuccessful, Action Code **19WR** (Outreach Unsuccessful) autoposts when the **19WO** outreach FAD expires and places the case on the **HVRVI** worklist for review by the HVN/HB Liaison. If no other documents (or requests for assistance in obtaining documents) are received from the applicant/participant to support the HVN/HB claim, the HVN/HB status request must be denied by FIA (Action code **192N**).

The applicant/participant must be sent the Notification of Home Visit Needed/Homebound Status Determination form (**FIA-1028a**), along with the Request for an Appeal of a Reasonable Accommodation Determination form (**HRA-102**) that provides instructions for filing an appeal of the denial.

Director's Designee/HVN/HB Liaison

The Director's Designee/HVN/HB Liaison must control all home visit requests. He/she is responsible for ensuring that completed HVN/HB packets are in the viewer before emailing a request for a status determination to CAS/ORA. The **FIA-1028L** has been created for the HVN/HB Liaison to ensure that all required documents are in the OneViewer prior to sending notification to CAS of their availability for review.

Note: Completed packets must include either the **CAS-103** or other medical documentation on the medical provider's letterhead. The only exception is if the individual indicated on the **CAS-102** that they have submitted a supportive housing application (HRA 2010e) within the past twelve months or if they have completed a WeCARE medical assessment within the past twelve months. In these instances, a **CAS-103** is not required.

The Director's Designee/HVN/HB Liaison must ensure that all of the following collected/returned documents are scanned, indexed and in the viewer:

- a signed and completed **CAS-101** form. If the individual refused to sign **CAS-101**, write across the form "Refused to Sign", scan and index, and include it in the packet to CAS;
- a signed and completed **CAS-102** form; and
- a signed and completed **CAS-103** form **or** other appropriate signed medical documentation on the medical provider's letterhead (unless the individual indicated on the **CAS-102** that they have submitted a supportive housing application (HRA 2010e) within the past twelve months or if they have completed a WeCARE medical assessment within the past twelve months.)

New Information.

Medical documentation returned

Note: For individuals who are reapplying for CA, ensure that both the Application Registration (App Reg) number and the case number (if available) are entered on the HVN/HB forms.

After confirming that all the required documents are completed and in the viewer, the Director's Designee/HVN/HB Liaison must:

- notify CAS/ORA via email about the request for an HVN/HB status determination. The email must be sent to the CAS ADA mailbox. The subject line should read HVN/HB Request Documents (Center # _____). The body of the email should list all the documents that have been scanned into the OneViewer and include the completed **FIA-1028L** as an attachment;
- enter Action Code **19DC** (Complete Document Packet sent to CAS) in NYCWAY to indicate that the email was sent to CAS informing them of the availability of the information to be reviewed.

Request for assistance to gather medical documentation

For applicants/participants who requested help obtaining medical documentation, the Director's Designee/HVN/HB Liaison must:

- enter Action Code **19DO** (OLA help requested) in NYCWAY; send an email and the scanned completed copy of Form **CAS-101** to the following individuals at the Office of Legal Affairs (OLA):
 - Jessika Hickey (hickeyj@hra.nyc.gov),
 - Mea Sucato (sucatom@hra.nyc.gov),
 - Nikki Aaronson (aaronsonn@hra.nyc.gov), and
 - Daniel Krombach (krombachd@hra.nyc.gov).

Ensure that all four parties are copied on the email. The subject line of the email should read HVN/HB Request.

No documentation and no medical provider

For applicants/participants who have no medical documentation, no medical provider, are not work rules required, or cannot get to WeCARE, the Director's Designee/HVN/HB Liaison must contact the Regional Manager. The Regional Manager will contact CAS/ORA who will request that a New York County Health Services Review Organization (NYCHSRO) doctor make a home visit.

Failure to Return Medical Documentation

CA and NCA FS applications cannot be denied for failure to return medical documentation for HVN/HB status.

For applicants/participants who do not return medical documents, the Designated Worker will enter Action Code **19ND** (HVN Medical Documents not Returned) in NYCWAY and NYCWAY will generate the **FIA-1028a** indicating that the HVN/HB status is denied because no medical documentation was submitted and the **HRA-102**.

Medical documentation is not necessary to complete the packet sent to CAS for applicants/participants who indicate on the **CAS-102** that they have submitted a supportive housing application (HRA 2010e) within the past twelve months or they have completed a WeCARE medical assessment within the past twelve months. In these instances, the Director's Designee/HVN/HB Liaison must enter code(s) **19PW** (Claims WeCARE assessment done within past 12 months) and/or **19PH** (Claims supportive housing application submitted within past 12 months) if documentation is not received after 20 days. The liaison should then submit the packet to CAS without medical documentation.

Under no circumstance should a case be rejected for CA or FS because of failure to submit either medical documentation or the CAS forms as a result of an HVN/HB request. Failure to submit medical documentation/CAS forms does not affect the individual's eligibility for CA or FS.

CAS Office of Reasonable Accommodation Review

As part of the HVN/HB medical review process, HRA's Customized Assistance Services (CAS) Office of Reasonable Accommodation (ORA) must review all supporting medical documentation submitted and make a clinical determination of the individual's eligibility for HVN/HB status. See Ways to Assist CAS in Processing HVN/HB Requests (**Attachment C**).

If no medical documentation is forwarded to CAS and no information is found in the CAS database or WeCARE Viewer, CAS will deny the HVN/HB request.

CA Applicant/Participant Requests to Withdraw HVN/HB Status

If CA applicant/participant contacts a Job Center to request removal of his/her HVN/HB status, the Designated Worker/HVN/HB Liaison must:

- send or give the applicant/participant a Request for Removal of Home Visit Needed/Homebound Status (**FIA-1028d**) to be completed, signed and returned;
- after receipt of the **FIA-1028d**, annotate the POS case record to indicate the request to withdraw HVN/HB status;
- scan and index the **FIA-1028d**; and
- contact the Regional Office.

The Regional Office Designee must:

- review and confirm the applicant/participants request for removal of HVN/HB status;
- notify the Deputy Commissioner's Office by forwarding a copy of the completed **FIA-1028d** to the "FIA ADA" mailbox. The subject line of the e-mail must read "Request to Withdraw HVN/HB Status for _____ (include the individuals name and case number in the subject box).

The Deputy Commissioner's Designee will process the withdrawal by:

- posting Action Code **192W** (HVN/HB Status request Withdrawn) in NYCWAY. NYCWAY will update POS in the overnight batch; and
- sending the applicant/participant a Notice of Removal of Home Request Visit Needed/Homebound Status form (**FIA-1028e**) and form **HRA-102**.

HVN/HB Request Code Posted in Error

If the worker answered "Yes (Y)" to the POS question "Is any adult in the household homebound or requesting a home visit?" in error and the **192P** posted in NYCWAY, the JOS/Worker must immediately notify the Designated Supervisor or Center Director who must send a request to the POS HelpDesk to change the answer from Y to N and to the NYCWAY HelpLine to enter Action Code **19EE** (HVN/HB Administrative Removal). The **19EE** is a code that cannot be entered in NYCWAY by Job Center Staff.

Any questions about the new HVN/HB request determination process should be directed to the Job Center's Regional Manager.

Recertification Process for CA Participants in HVN/HB Status

Based on the **WIN32X**, if a CA recertification is required for a case that has an HVN/HB indicator in WMS, POS will autopost code **908H** in NYCWAY to prevent the scheduling of an in office recertification appointment and place the case into the new **Schedule Home Visit Recertification** queue for each Job Center.

The Director or Designee at each Job Center must access the **Schedule Home Visit Recertification** queue and assign the scheduling activities to the Designated JOS/Workers. The Field Worker must:

Note: Job Center/Regional Staff should not remove an HVN/HB status code in NYCWAY

Beginning with the February 2012 **WIN32X**

Refer to [PB #12-17-OPE](#) for recertification kit information

- contact the participant to schedule a home visit;
- complete the recertification package with the participant at the home visit;
- give the participant a **W-113K** listing any outstanding documents required to complete the recertification determination;
- post the recertification information upon return to the Job Center; and
- follow the same process as for other CA recertifications.

If the participant is not at home for the recertification appointment, the Field Worker must post a case comment in POS or NYCWAY indicating that client was not at home. The case should be closed through POS using WMS Closing Code **G20** (Failure to Recertify).

If, upon receipt of the Notification of Recertification Appointment (**W908T**), a participant who is not currently designated as HVN/HB calls and requests a home visit, ask if the disability is temporary and the expected duration of the disability.

If the disability is expected to last less than 30 days, reschedule the in-office recertification appointment if the in-office interview can be held within the required recertification timeframe.

If the in-office interview cannot take place within this timeframe, schedule the home visit to conduct the recertification interview.

Non Cash Assistance Food Stamp (NCA FS) Requests for Home Visits

An NCA FS applicant/participant may make a request for a home visit from a Center at any time via telephone, fax or mail. When an NCA FS applicant/participant contacts the Center, the NCA FS Worker must contact the Center Director or Designee.

The Center Director Designee must annotate the HVN/HB request and contact information on the designated log and:

- if an application was received or the individual is a participant, access POS and in the Medical screen answer “**Y**” to the question “Is any adult in the household homebound or requesting a home visit?”;
- select the individual(s) who made a request for HVN/HB in the “Who” drop down menu; and
- once the request is recorded, access the Employability Code Determination Window to ensure that the HVN/HB individual receives the employability code **WE** (Work Regulations Exempt).

Note: Once the POS HVN/HB question has been answered, POS enters “6” (Exempted Homebound Individual) on the POS TAD in the Automated Finger Imaging System (AFIS) exemption field for all HVN/HB individuals who do not already have an AFIS code indicating that the individual has already been finger imaged. This code will exempt the individual from the finger imaging requirement.

DFSS will request that The Special Projects Center make a home visit.

For FS applicants and participants, the Center Director must forward the HVN/HB request to the Division of Food Stamp Services (DFSS) Central Office Designee via email to:

- Yama Phillips (phillpsy@hra.nyc.gov,
- Christine Maloney (maloneyc@hra.nyc.gov) and
- Jennifer Powell (powellj@hra.nyc.gov).

All three parties must be copied on the email. The subject line of the email should be HVN/HB Request.

The DFSS Central Office Designee will ensure that::

- all requests for home visits are documented;
- applicants/participants have been told that FS rules do not require an in-person interview;
- alternatives to a home visit for applicants which include applying via mail, fax, on-line, or by assigning an authorized representative have been offered;
- alternatives to a home visit for participants which include recertifying by mail/fax and telephone or by assigning an authorized representative have been offered;
- applicant/participants have been offered interviews by telephone;
- the homebound question in POS has been answered “Yes” for the appropriate individual and the employment code **WE** is assigned upon case acceptance;
- if an alternative to a home visit is accepted, forms **FIA-1028**, **CAS-101**, **CAS-102**, **CAS-103** and a return envelope are sent for the applicant/participant’s medical provider to return within 20 calendar days;
- the FS application/certification packet is sent to the applicant or participant to complete, if appropriate;
- if none of the alternatives to a home visit are viable, a home visit is scheduled and an email is sent to the HVN Liaison at the Special Projects Center to request that a home visit be made at the predetermined time.

The Special Projects Center

The Special Projects Center will:

- conduct the home visit and provide the application/recertification packet, as appropriate, and the HVN/HB documents/forms;
- complete the **CAS-102** with the applicant/participant;
- request that the applicant/participant complete and sign the **CAS-101** if help is requested to obtain medical documentation; and
- ask that needed documentation be returned in the provided postage paid envelope.

If the applicant/participant refused to sign **CAS-101**, the Special Projects HVN Liaison must::

- ensure that the individual was informed that assistance to secure medical documentation cannot be provided without a signed **CAS-101** and that he/she must assume full responsibility to return to FIA complete medical documentation;
- write “Refused to Sign” across the front of the **CAS-101** form;
- scan and index it with the other HVN/HB documents; and
- include it in the packet emailed to CAS.

After the home visit, the Special Projects Center HVN/HB Liaison will:

- confirm that the case is registered and the interview completed in FS POS;
- ensure that all collected HVN/HB documents are scanned and indexed in the viewer; and
- send the email to CAS to notify them of the HVN/HB request and that the completed HVN/HB packet is available for CAS’ assessment.
- If assistance to obtain medical documentation is requested, the Special Projects Center staff will send an email to the following individuals at the Office of Legal Affairs (OLA) with HVN/HB Request in the subject line:

Request for assistance to obtain medical documentation

- Jessika Hickey (hickeyj@hra.nyc.gov),
- Mea Sucato (sucatom@hra.nyc.gov),
- Nikki Aaronson (aaronsonn@hra.nyc.gov), and
- Daniel Krombach (krombachd@hra.nyc.gov)

All four parties must be copied on the email and a completed copy of the scanned form **CAS-101** must be attached.

Once the DFSS Central Office Designee is notified that all required documentation has been received or collected, and scanned and indexed into the viewer, he/she must email CAS/ORA at the CAS ADA mailbox and request an HVN/HB status determination. The subject line of the email should be HVN/HB Request Documents.

Note: Appropriate signed medical documentation received on a medical provider's letterhead may be accepted in lieu of form **CAS-103**.

If documents to support HVN/HB status are not returned, the DFSS Central Office Designee must:

- notify the FIA Operations Deputy Commissioner's Office that documents were not returned. The Deputy Commissioner's Office will mail out the **HRA-102** and the **FIA-1028a** indicating that HVN/HB status is denied because no medical documentation was received;
- after the 20 day appeal timeframe has expired, submit a request to the POS Help Desk for removal of the homebound indicator;
- after MIS removes the indicator, remove the AFIS HB indicator in the POS TAD; and
- access the Employability Code Determination Window to ensure that the applicant's/participant's employability code is correct.

Under no circumstance should a case be denied CA or FS for failure to submit either medical documentation or the CAS forms as a result of an HVN/HB request. Failure to submit medical documentation/ CAS forms does not affect the individual's eligibility for CA or Food Stamps (FS).

Any questions about the HVN/HB status determination process for NCA FS Center Directors should be directed to Yama Phillips at (212) 331-4131.

Requests to Withdraw HVN/HB Status for NCA FS Cases

If an NCA FS applicant/participant contacts a Center to request removal of his/her Homebound Status, the Worker must:

- send or give the individual a Request for Removal of Homebound Status (**FIA-1028d**) to complete and return;
- annotate the POS case record to indicate that the individual requested to withdraw his/her HVN/HB status;

- scan and index the **FIA-1028d**; and
- contact the Division of Food Stamp Services (DFSS) Central Office.

The DFSS Central Office Designee must:

- review and confirm the individual's request for removal of HVN/HB status;
- notify the Deputy Commissioner's Office by forwarding a copy of the completed **FIA-1028d** to the "FIA ADA" mailbox (the subject line of the email should read "Request to Withdraw HVN/HB Status for client's name and case number"). The Deputy Commissioner's Designee will send the individual **FIA-1028e** and a Request for an Appeal of a Reasonable Accommodation (**HRA-102**);
- connect to the applicant/participant's Center via the POS Portal and access his/her case to enter a detailed case comment using the FS Application Interview activity for applicants and the FS Change Case Data activity for participants;
- suspend the case activity;
- submit a request to the POS Help Desk for removal of the homebound indicator; and
- access the Employability Code Determination Window to ensure that the applicant's/participant's employability code is correct.

The POS Help Desk will submit the request to MIS for removal of the homebound indicator. MIS will remove the indicator using the "Home Visit Needed/Homebound Status Removal" activity.

Once MIS confirms that the HVN/HB indicator has been removed, the DFSS Central Office Designee must:

- resume the suspended FS Application Interview or FS Change Case Data activity; and
- access the Employability Code Determination window and the TAD to review the applicant's employability code and the household's homebound indicator.

If the casehead is no longer homebound, the Homebound Indicator on the TAD should read "**N**".

Homebound Requests When Home Visits are Not Needed

If an individual requests HB/HVN status and is willing to do an interview by telephone, he/she still needs the HVN status to support the exemption from the AFIS requirement due to homebound status.

The DFSS Central Office Designee will send the individual the **CAS-101**, **CAS 102**, and the **CAS-103** forms and request medical documentation to support homebound status (If the individual is coded WE [Work Exempt] there might already be medical documentation in the OneViewer).

If homebound status is approved, the DFSS Designee will ensure that AFIS exemption code **6** has been entered by POS.

Outcome of CAS Review

CA Cases

For CA cases, refer to **Attachment B** for all HVN/HB outcome codes

Once an HVN/HB clinical determination is made on a CA case, CAS will notify the FIA Operations Deputy Commissioner's office via an email to the FIA ADA mailbox within five (5) business days. The Deputy Commissioner's office will notify the Executive Regional Manager of the determination.

Possible determinations and action codes include:

192F HVN/HB Status Temporarily Approved: 90, or 180 days,
192L HVN/HB Status Approved: 365 days,
192U HVN/HB Status Approved: over 365 days,
192N HVN/HB Status Denied, Doc. Does Not Support Request.

CA-HVN/HB status not approved

NYCWAY will auto-generate the **FIA-1028a** and **HRA-102** to inform the applicant/participant of the HVN/HB status determination. The HVN/HB status will remain in place for CA applicants and participants whose HVN/HB status request is not approved (**192N**), or for those given temporary HVN/HB status. These individuals must continue to be treated as HVN/HB until the appeal process is complete.

When CA applicants/participants are not approved for HVN/HB status and do not file an appeal within 20 days, Action Code **192E** (HVN/HB Status End/No Appeal Filed) will autopost in NYCWAY. Non-exempt individuals will be placed on the unengaged (**UNENG**) worklist and sent a Mandatory Appointment for Evaluation of Work Activity Form (**W-584K**) for an engagement status assessment.

NCA FS Cases

Once an HVN/HB clinical determination is made on an NCA FS case, CAS will notify the FIA Operations Deputy Commissioner's office via an email to the FIA ADA mailbox within five (5) business days. The Deputy Commissioner's Designee will:

- notify the applicant/participant by completing Form **FIA-1028a** indicating the appropriate status determination;
- scan and index Form **FIA-1028a** and **HRA-102** into the viewer;
- mail the completed **FIA-1028a** and form **HRA-102** to the applicant/participant; and
- notify the DFSS Central Office about the determination.

NCA FS-HVN/HB status disapproved

When NCA FS applicants/participants are not approved for HVN/HB status, the answer to the question "Is any adult in the household homebound or requesting a home visit?" must remain "Y" in POS and the individual must continue to be treated as HVN/HB until the appeal process is complete.

If no appeal is filed, the Designated Worker must::

- contact the POS Help Desk to change the answer of "Y" to "N" for the question "Is any adult in the household homebound or requesting a home visit?";
- If the HVN/HB request was for the casehead, once the Help Desk removes the casehead from the **Who** list for the question "Is any adult in the household homebound or requesting a home visit?" and, update the TAD screen in POS to remove the "Y" in WMS .

Appeals

Filing an Appeal

Requests for an appeal of an HVN/HB status determination (**HRA-102**) may be completed by the applicant/participant and either mailed, faxed or emailed to the ADA Compliance Officer. The applicant/participant may call OCS at (212) 331-4640 or fax OCS at (212) 331-4685 to obtain assistance in completing the **HRA-102**.

Mailing address:

ADA Compliance Officer
Office of Legal Affairs
Privacy and ADA Compliance Unit
180 Water Street, 17th Floor
New York, New York 10038
Fax number:(212) 331-4465
Email: adaola@hra.nyc.gov

For CA cases, refer to **Attachment B** for NYCWAY action codes

Appeal filed

If the appeal is sent directly to the Job Center or NCA FS Center, the **HRA-102** must be emailed to the above ADA/OLA mailbox.

Note: CA and NCA FS individuals who file an appeal must continue to be treated as HVN/HB during the appeal process.

Once an appeal is filed, the Deputy Commissioner's Designee will:

For CA

- post Action Code **192A** (Appeal Filed) in NYCWAY.

For NCA FS

- ensure that "Y" to the question "Is any adult in the household homebound or requesting a home visit" in POS remains on the case until the outcome of the appeal.

Appeal denied

When an appeal is denied, the Deputy Commissioner's Designee will:

For CA

- post Action Code **192D** (HVN/HB Appeal Denied) which will place the individual on the **UNENG** worklist.

For NCA FS

- contact the POS Help Desk for removal of the answer "Y" to the question "Is any adult in the household homebound or requesting a home visit?". If the denied HNV/HB request was for the casehead, the NCA FS Designated Worker must also update the TAD screen in POS to remove the "Y" in the WMS homebound indicator field.

Renewal of HVN/HB Status

Participants who are currently granted temporary HVN/HB status for 90, 180, 365 days, or more than 365 days, must submit new updated documentation prior to the expiration of the current HVN/HB status period in order to continue/renew the HVN/HB status.

Refer to **Attachment A** for a description of all notices

Notification of Expiration of Home Visits Needed/Homebound Status form (**FIA-1028k**) will be sent to CA and NCA FS participants 30 days prior to expiration of HVN/HB status. The **FIA-1028k** mailing includes a **CAS 103** and a postage paid return envelope.

For CA and NCA FS cases, the Special Projects Center will process HVN/HB renewals, forward submitted/returned documents to CAS, and follow the same process as for initial HVN/HB status requests.

Participants who do not submit new current documentation to support the continued need for HVN/HB status must be sent the **FIA-1028e** denying the continued HVN/HB status and an **HRA-102** instructing them how to appeal the denial determination.

If no appeal is filed, CA participants who are work rules required will be called-in via **W-584K** for an engagement assessment.

While there is an open **192P** in NYCWAY, the CA case cannot be transferred to another center.

Separate Food Stamp Determinations

Applicants

If a CA applicant who requests HVN/HB status is determined ineligible for CA but eligible for FS, POS will have the Home Visit Needed Question set to Yes on the corresponding FS case if the separate determination is done in the buddy FS site.

Participants

If there is a homebound indicator in WMS because the home visit needed/homebound individual is the casehead, when the CA case is closed but remains eligible for FS, the homebound indicator will transfer to the new NCA FS case created during the automated separate FS determination process.

Further information about the new HVN/HB process will be included in the policy directive soon to follow.

Effective Immediately

Attachments:

FIA-1028 (E)	Home Visit Needed/Homebound Determination Process (Rev.4/09/12)
FIA-1028 (S)	Home Visit Needed/Homebound Determination Process (Rev.4/09/12)
FIA-1028a	Determination of Home Visit Needed/Homebound Status
FIA-1028a (S)	Determination of Home Visit Needed/Homebound Status
FIA-1028b (E)	Home Visit Appointment Notice (CA Application)
FIA-1028b (S)	Home Visit Appointment Notice (CA Application)

FIA-1028c (E)	Mandatory Appointment Notice (Non Cash Assistance Food Stamp Application)
FIA-1028c (S)	Mandatory Appointment Notice (Non Cash Assistance Food Stamp Application)
FIA-1028d (E)	Request for Withdrawal of Home Visit Needed/Homebound Status
FIA-1028d (S)	Request for Withdrawal of Home Visit Needed/Homebound Status
FIA-1028e (E)	Notice of Removal of Home Visit Needed/Homebound Status Request
FIA-1028e (S)	Notice of Removal of Home Visit Needed/Homebound Status Request
FIA-1028h (E)	Notice of Scheduled Home Visit
FIA-1028h (S)	Notice of Scheduled Home Visit
FIA-1028i (E)	Documentation Requirement for Home Visits Needed/Homebound Requests
FIA-1028i (S)	Documentation Requirement for Home Visits Needed/Homebound Requests
FIA-1028k (E)	Notification of Expiration of HVN/HB Status
FIA-1028k (S)	Notification of Expiration of HVN/HB Status
FIA-1028L (E)	Home Visit Needed (HVN)/Homebound (HB) Status Liaison Checklist of Required Documents for CAS Review
Attachment A	Home Visit Needed/Homebound Process Forms Guide (Rev11/19/11)
Attachment B	NYCWAY Action Codes for the Home Visit Needed/Homebound (HVN)/HB) Process (Rev.11/19/11)
Attachment C	Important Facts to Remember to Assist CAS in Processing HVN Requests
CAS- 311	Home Visit Needed Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Assessment Cancellation
HRA-102	Request for an Appeal of a Reasonable Accommodation Determination

Date: _____

Name: _____

Address: _____

Date of Birth: _____

Case Number: _____

Case Name: _____

Center: _____

SAMPLE

Home Visits Needed/Homebound Determination Process

You have requested that the Human Resources Administration (HRA) classify you as Home Visits Needed (HVN)/Homebound (HB). In order to be classified as HVN/HB, you must provide medical documentation that confirms that you have a physical or mental health impairment that restricts your ability to leave your place of residence or neighborhood, or are otherwise unable to appear at a Center.

At the requested home visit, you should provide the HRA Representative with any medical documentation you have to support your claim of HVN/HB.

The HRA Representative will interview you to complete the Home Visit Needed/Activities of Daily Living Form (**CAS-102**). He/she will also provide you with:

- Home Visit Needed/Clinician Assessment Form (**CAS-103**) for your medical provider to complete;
- Home Visit Needed/Authorization for Release of Health Information Form (**CAS-101**); and
- A postage paid envelope for your medical provider to return Form **CAS-103** to HRA within 20 days.

If you need HRA's assistance in getting your medical documentation, you must sign Form **CAS-101** and give HRA your medical provider's contact information. HRA will contact your medical provider and request documentation to support your claim.

HRA will review all documentation provided by you and your medical provider and send you a written notice regarding our determination of your request. Included in the notice will be instructions for filing an appeal if you disagree with HRA's determination.

I hereby acknowledge receipt of the following forms: **CAS-101** – Home Visit Needed/Authorization for Release of Health Information Form, **CAS-102** – Home Visit Needed/Activities of Daily Living Form, **CAS-103** – Home Visit Needed/Clinician Assessment Form.

Signature

Date

Fecha: _____

Nombre: _____

Dirección: _____

Fecha de Nacimiento: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

SAMPLE

Trámite de Necesidad de Visitas al Hogar/Determinación de Confinamiento al Hogar

Usted ha solicitado que la Administración de Recursos Humanos (HRA) le clasifique como Necesidad de Visitas al Hogar(HVN)/Confinamiento al Hogar (HB). Para ser clasificado como HVN/HB, usted tiene que proporcionar documentación médica que compruebe que usted tiene un impedimento físico o de psicológico que restringe su capacidad de transportarse de su domicilio o vecindario, o que usted no puede comparecer en el Centro por otra razón.

Durante la visita al hogar solicitada, usted debe proporcionarle al Representante de la HRA cualquier documentación médica que usted posea para justificar su petición de HVN/HB.

El Representante de la HRA le entrevistará para llenar el formulario Home Visit Needed/Activities of Daily Living Form (**CAS-102**). Además, el representante le proporcionará:

- Formulario Home Visit Needed/Clinician Assessment Form (**CAS-103**) para que lo llene su proveedor médico;
- Formulario Home Visit Needed/Authorization for Release of Health Information Form (**CAS-101**); y
- Un sobre con franqueo prepagado para que su proveedor médico devuelva el formulario **CAS-103** a la HRA dentro de 20 días.

Si usted necesita la ayuda de la HRA para obtener su documentación médica, debe firmar el formulario **CAS-101** y proporcionarle a la HRA la información de contacto de su proveedor médico. La HRA se comunicará con su proveedor médico y solicitará documentación que justifique su propósito.

La HRA revisará toda la documentación proporcionada por usted y su proveedor médico y le enviará a usted un aviso por escrito de nuestra determinación respecto a su petición. El aviso incluirá instrucciones para presentar una apelación en caso de que usted esté en desacuerdo con la determinación de la HRA.

Por le presente acuso recibo de los siguientes formularios: **CAS-101** – Home Visit Needed/Authorization for Release of Health Information Form, **CAS-102** – Home Visit Needed/Activities of Daily Living Form, **CAS-103** – Home Visit Needed/Clinician Assessment Form.

Firma

Fecha

Date: _____
 Case Number: _____
 Case Name: _____
 Name: _____
 Date of Birth: _____
 Center: _____

Notification of Home Visit Needed/Homebound Status Determination

Our records show that _____ has requested Home Visit Needed (HVN)/Homebound (HB) status.

The Human Resources Administration's (HRA) determination concerning your request for HVN/HB status is as follows:

- Your request for HVN/HB status has been approved for **more than one year**. HRA may contact you in the future to obtain updated medical documentation.
- Your request for HVN/HB status has been approved for **12 months** (one year). We will contact you before your **12 months** (one year) expire to determine if your HVN/HB status should be extended.
- Your request for HVN/HB status has been approved for **6 months**. We will contact you before your **6 months** expire to determine if your HVN/HB status should be extended.
- Your request for HVN/HB status has been approved for **3 months**. We will contact you before your **3 months** expire to determine if your HVN/HB status should be extended.

Note: You are still required to comply with requests for documentation/verification of your eligibility.

- Your request for HVN/HB status has been disapproved, because HRA did not receive the required medical documentation to support your claim of HVN/HB status **or** HRA has been unable to obtain the documentation from your provider.
- Your request for HVN/HB status has been disapproved because HRA has determined that the medical documentation we received does not support HVN/HB status.
- Your request for HVN/HB status has been disapproved because WeCARE has made the clinical determination that your medical condition(s) do not support HVN/HB status.

Americans With Disabilities Act (ADA) Appeal Process

You or your authorized representative may appeal HRA's decision about your HVN/HB status. To file an appeal, please submit your request for an appeal in writing within **20 calendar days** of this determination. Individuals who need assistance filing their appeal because of a physical and/or mental condition may contact the Office of Constituent Services for assistance at (212) 331-4640 or may e-mail the appeal to constituentaffairs@hra.nyc.gov. For your convenience, we have enclosed the Request for an Appeal of a Reasonable Accommodation Determination (Form **HRA-102**). You may complete the **HRA-102** and submit it to the address below. Appeal requests may be directed to:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (212) 331-4465
Email: adaola@hra.nyc.gov

Until HRA makes a decision on your filed appeal, you will not be required to attend any in-person appointments at an HRA office. If you do not file an appeal, you may be required to appear for an appointment.



Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____
 Nombre: _____
 Fecha de Nacimiento: _____
 Centro: _____

Aviso de Determinación de Estado de Necesidad de Visitas/Confinamiento al Hogar

Nuestros archivos indican que _____ ha solicitado un estado de Necesidad de Visitas/Confinamiento al Hogar (HVN/HB).

La decisión de la Administración de Recursos Humanos (HRA) respecto a su petición de estado de HVN/HB es la siguiente:

- Su petición de estado de HVN/HB ha sido aprobada por **más de un año**. La HRA podría comunicarse con usted en un futuro para obtener documentación médica actualizada.
- Su petición de estado de HVN/HB ha sido aprobada por **12 meses** (un año). Nos comunicaremos con usted antes de que sus **12 meses** (un año) se terminen para determinar si su estado de HVN/HB debiera ser extendido.
- Su petición de estado de HVN/HB ha sido aprobada por **6 meses**. Nos comunicaremos con usted antes de que sus **6 meses** se terminen para determinar si su estado de HVN/HB debiera ser extendido.
- Su petición de estado de HVN/HB ha sido aprobada por **3 meses**. Nos comunicaremos con usted antes de que sus **3 meses** se terminen para determinar si su estado de HVN/HB debiera ser extendido.

Aviso: Aún se requiere que usted cumpla con los pedidos de documentación/verificación de su elegibilidad.

- Su petición de estado de HVN/HB ha sido negada, porque la HRA no recibió la documentación médica necesaria para justificar su reclamación de estado de HVN/HB o la HRA no ha podido obtener información de su proveedor médico.
- Su petición de estado de HVN/HB ha sido negada, porque la HRA ha determinado que la documentación médica que recibimos no justifica su estado de HVN/HB.
- Su petición de estado de HVN/HB ha sido negada, porque WeCARE ha determinado que su condición(es) médica no justifica su estado de HVN/HB.

Trámite de Apelación de la Ley de Americanos Incapacitados (ADA)

Usted o su representante autorizado pueden apelar esta determinación de la HRA sobre su estado de HVN/HB. Para presentar una apelación, favor de presentar su pedido por escrito dentro de **20 días civiles** de esta determinación. Las personas que necesiten asistencia para presentar apelación debido a un problema físico y/o mental pueden comunicarse con la Office de Constituent Services (Oficina de Servicios al los Electores) al (212) 331-4640 o pueden enviar la apelación por correo electrónico a constituentaffairs@hra.nyc.gov. Para su conveniencia, hemos incluido un formulario de Pedido de Apelación de una Determinación de Arreglo Razonable (**HRA-102 [S]**). Usted debe completar el (**HRA-102 [S]**) y enviarlo a la dirección indicada abajo. Las solicitudes de apelación pueden presentarse a:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (212) 331-4465
Email: adaola@hra.nyc.gov

Hasta que la HRA tome una decisión sobre su apelación presentada, a usted no se le exigirá que asista a ninguna cita en persona en la oficina de la HRA. Si no presenta su apelación, puede que se le exija que asista a una cita.

Date: _____
Case Number: _____
Case Name: _____
Telephone: _____
Job Center: _____

Home Visit Appointment Notice (Cash Assistance Application)

We received your application for Cash Assistance/Food Stamps on _____.
Date

You have requested that we do an in-person eligibility interview in your home because you are unable to come to an HRA Center.

We have scheduled an in-home interview for you on:

Appointment Date: _____ Time _____

SAMPLE

This is a mandatory eligibility appointment. Failure to keep an initial eligibility interview without good cause can result in the denial of your application. If you are not able to keep this appointment, please call the number above to reschedule your in-home interview.

We have also enclosed the Eligibility Factors and Suggested Documentation Guide (Form **W-119D**). The eligibility factors that must be verified as a condition of eligibility have been checked.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Teléfono: _____
Centro de Trabajo: _____

Aviso de Cita para Visita al Hogar (Solicitud de Asistencia en Efectivo)

Hemos recibido su solicitud de Asistencia en Efectivo/Cupones para Alimentos el _____.
Fecha

Usted ha solicitado que nosotros realicemos una entrevista de elegibilidad en persona en su hogar porque usted no puede presentarse a un Centro de la HRA.

Le hemos programado una entrevista en su hogar para el:

Fecha de la Cita: _____ Hora _____

Esta es una cita de elegibilidad obligatoria. Si no puede cumplir esta entrevista inicial de elegibilidad si motivo justificada, puede resultar en el rechazo de su solicitud. Si no puede cumplir esta cita, favor de llamar al número indicado arriba para reprogramar su entrevista en el hogar.

Además, hemos adjuntado la Guía de Factores de Elegibilidad y Documentación Sugerida (Eligibility Factors and Suggested Documentation Guide), (Formulario **W-119D [S]**). Los factores de elegibilidad que deben verificarse como condición de elegibilidad han sido marcados.

Date: _____
Case Number: _____
Case Name: _____
Telephone: _____
NCA FS Center: _____

Mandatory Appointment Notice
(Non Cash Assistance Food Stamp Application)

We received your application for Food Stamps on _____ (Date). You have requested that we do an in-person eligibility interview in your home because you are unable to come to a Food Stamp Center.

It is not necessary for you to have an in-person interview for Food Stamps. You or someone you name as an authorized representative can have an interview on the telephone.

We have scheduled a telephone interview for you on:

Appointment Date: _____ Time: _____

And will call you at: _____

If you are not able to keep this telephone interview or would like us to call you or your authorized representative at a different number, please call the number above.

If we are unable to reach you or your authorized representative by telephone, an HRA representative will come to your home on _____ at _____.

This is a mandatory eligibility interview. Failure to keep an initial eligibility interview without good cause can result in the denial of your application. If you are not able to keep this telephone interview, call the number above.

We have also enclosed the Eligibility Factors and Suggested Documentation Guide (Form **W-119 D**). The eligibility factors that must be verified as a condition of eligibility have been checked.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Teléfono: _____
Centro de Cupones Para Alimentos de
No Asistencia en Efectivo: _____

Aviso de Cita Obligatoria
(Solicitud de Cupones para Alimentos de No Asistencia en Efectivo)

Hemos recibido su solicitud de Cupones para Alimentos el _____ .Usted ha
(Fecha)
solicitado que nosotros realicemos una entrevista de elegibilidad en persona en su hogar porque usted
no puede presentarse a un Centro de Cupones para Alimentos.

No es necesario que usted asista a una entrevista en persona de Cupones para Alimentos. Usted puede asistir a
una cita telefónica o puede nombrar a un representante autorizado para ser entrevistado por teléfono en su
hogar.

Le hemos programado una entrevista por teléfono el:

Fecha de la Cita: _____ Hora: _____
y lo llamaremos a las: _____

Si usted no puede cumplir esta entrevista telefónica o le gustaría que lo llamemos a usted o a un representante
autorizado a un número diferente, por favor llamar al número indicado arriba.

Si no podemos comunicarnos por teléfono con usted o con su representante autorizado, un representante de la
HRA lo visitará en su hogar el _____ a las _____.

Esta es una cita de elegibilidad obligatoria. Si no puede cumplir esta entrevista inicial de elegibilidad si motivo
justificada, puede resultar en el rechazo de su solicitud. Si no puede cumplir con esta entrevista telefónica, llame
al número indicado arriba.

Además, hemos adjuntado la Guía de Factores de Elegibilidad y Documentación Sugerida (Eligibility Factors and
Suggested Documentation Guide), (**W-119D [S]**). Los factores de elegibilidad que deben verificarse como
condición de elegibilidad han sido marcados.

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____

Request to Remove Home Visit Needed/Homebound Status

I requested Home Visit Needed (HVN)/Homebound (HB) status, but I do not want to continue to be treated as HVN/HB. I do not want a representative from the Human Resources Administration (HRA) to come to my home for appointments. I understand that by withdrawing my request, I will have to go to HRA for all required in-person appointments, and effective today I may be subject to additional eligibility requirements not yet fulfilled.

Name: _____
Signature: _____
Date: _____

SAMPLE

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Número del Centro: _____

Petición para el Retiro del Estado de Necesidad de Visitas/Confinamiento al Hogar

Yo solicité un Estado de Necesidad de Visitas/Confinamiento al Hogar (HVN/HB), pero ya no deseo continuar ser tratado como Estado de Necesidad de Visitas al Hogar (HVN/HB). No deseo que un representante de la Administración de Recursos Humanos (HRA) visite mi hogar para citas. Entiendo que al retirar mi pedido de Estado de Necesidad de Visitas al Hogar (HVN/HB) tendré que ir en persona al HRA para todas mis citas requeridas, y apartir de hoy yo podría estar sujeto a requisitos adiconales de elegibilidad que aún no se han cumplido.

Nombre: _____

Firma: _____

Fecha: _____

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____
Center Phone No.: _____

Notice of Removal of Home Visit Needed/Homebound Status

This notice is to inform you that your Home Visit Needed (HVN)/Homebound (HB) status will be removed effective 20 calendar days from the date of this notice.

The Human Resource Administration (HRA) has determined that you no longer need home visits because of the following reason:

- You are employed outside the home.
- You submitted a written request for the removal of your HVN/HB status.
- Your temporary approval of HVN/HB status has expired and you did not submit new medical documentation to extend your status.
- Your new medical documentation no longer supports HVN/HB status.
- Other (explain): _____

SAMPLE

Removing your HVN/HB status means that a representative from HRA will no longer visit you at home and you may have to report to your Center for in-person appointments.

Americans With Disabilities Act (ADA) Appeal Process

You or your authorized representative may appeal HRA's decision about your HVN/HB status. To file an appeal, complete the attached Request for an Appeal of an Accommodation/Modification Form within **twenty (20) calendar days** of this determination. You will continue to be treated as HVN/HB during the appeal process. All appeal requests should be directed to:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (212) 331-4465

Fecha: _____
Número de Caso: _____
Nombre del Caso: _____
Número del Centro: _____
Núm. de Teléfono del Centro: _____

Aviso de Retiro del Estado de Necesidad de Visitas/Confinamiento al Hogar

Mediante la presente le informamos que su Estado de Necesidad de Visitas/Confinamiento al Hogar (HVN/HB) será retirado a partir de los 20 días civiles desde la fecha de este aviso.

La Administración de Recursos Humanos (HRA) ha determinado que usted ya no necesita visitas al hogar debido a la siguiente razón:

- Usted está empleado fuera del hogar.
- Usted presentó un pedido por escrito para solicitar la eliminación de Estado de Necesidad de Visitas al Hogar (HVN/HB).
- Su aprobación temporaria de Estado de Necesidad de Visitas al Hogar (HVN/HB) ha vencido y usted no presentó documentación médica nueva para extender su Estado de Necesidad de Visitas al Hogar (HVN/HB).
- Su documentación médica/clínica que presentó no justifica su Estado de Necesidad de Visitas al Hogar (HVN/HB).
- Otra razón, (explique): _____

Retirar su Estado de Necesidad de Visitas al Hogar (HVN/HB) significa que un representante de la HRA ya no lo visitará en su hogar y que usted tendrá que presentarse en persona a su Centro para las citas.

Trámite de Apelación de la Ley de Americanos Incapacitados (ADA)

Usted o su representante autorizado puede apelar esta determinación de la HRA sobre su estado de HVN/HB. Para presentar una apelación, llene el adjunto Formulario de Petición de Apelación de Arreglo/Modificación (Request for an Appeal of an Accomodation/Modification Form) dentro de **veinte (20) días civiles** de esta Determinación. Todos las solicitudes de apelación deben presentarse a:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (212) 331-4465

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Center Telephone No.: _____

Notice of Scheduled Home Visit

We are sending this notice to inform you that an HRA representative will visit your home, as confirmed by our telephone conversation with you on: _____.
Your home visit appointment is scheduled for:

Appointment Date: _____ Time: _____ AM PM

If you are not able to keep this appointment, please call your Center immediately at _____

We are sending this notice to inform you that an HRA representative has been unable to reach you via telephone to schedule a home visit. Please call your Center at: _____ within five business days of receiving this notice to let us know when a Worker can visit you at home.

The purpose of this home visit is to discuss:

You must have the following documentation available during the home visit:

If you have any questions or are unable to keep this appointment, please call the telephone number above. You must contact us prior to the time scheduled for your home visit.

- This is a mandatory eligibility appointment.** Failure to keep this appointment or contact us may make you ineligible for or result in a reduction in your Cash Assistance and/or Food Stamp benefits.
- This is a nonmandatory eligibility appointment.**
- This is not an eligibility appointment.**

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Número de Teléfono del Centro: _____

Aviso de Visita Programada al Hogar

Le estamos enviando este aviso para informarle que un representante de la Administración de Recursos Humanos (Human Resources Administration – HRA) visitará su hogar, según confirmamos en nuestra conversación telefónica el: _____. Su cita de visita al hogar está programada para el:

Fecha de la Cita: _____ Hora: _____ AM PM

Si no puede cumplir esta cita, por favor llame a su Centro inmediatamente al: _____

Le estamos enviando este aviso para informarle que un representante de la Administración de Recursos Humanos (Human Resources Administration – HRA) no pudo comunicarse con usted por teléfono para programar una visita al hogar. Por favor llame a su Centro al: _____ dentro de los cinco días laborales de haber recibido este aviso para informarnos cuándo un Trabajador puede visitar su hogar.

El objetivo de esta visita al hogar es discutir sobre:

Usted debe tener la siguiente documentación disponible durante la visita al hogar:

Si usted tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono indicado arriba. Usted debe comunicarse con nosotros antes de la hora de su cita programada de visita al hogar.

Esta cita de elegibilidad es obligatoria. El incumplimiento de esta cita o la falta de comunicación con nosotros puede resultar en su inelegibilidad para Asistencia en Efectivo o en una reducción de dicha asistencia y/o de beneficios de Cupones para Alimentos.

Esta cita de elegibilidad no es obligatoria.

Esta cita no es de elegibilidad.

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Telephone Number: _____

Documentation Request for Home Visits Needed/Homebound Requests

To support your request for Home Visit Needed/Homebound (HVN/HB) status, please provide the documentation indicated by the date listed below.. We have enclose a return envelope in which to mail the documentation.

Due Date: _____

Needed Documentation:

- Authorization for Release Health of Information Pursuant to HIPPA Form (**CAS-101**)
Note: CAS-101 is only needed if you are requesting HRA's assistance to obtain medical documentation.
- Activities of Daily Living-Client Information Form (**CAS-102**)
- Home Visit Needed Request Clinician Assessment Form (**CAS-103**) signed by your medical provider **OR** signed current medical documentation on a clinician's letterhead.

Documents may be mailed to:

Job Center:
Attn: HVN/HB Request

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

If you are unable to provide the documentation requested by the due date listed above or if you need assistance obtaining medical documentation, please call the telephone number listed above.

If HRA does not receive completed and signed medical documents by the due date listed above, your request for HVN/HB status may be denied.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Número de Teléfono: _____

Petición de Documentación para Estado de Necesidad de Vista al Hogar/Confinamiento al Hogar

Para justificar su petición de estado de Necesidad de Visita al Hogar/Confinamiento al Hogar (HVN/HB), favor de proporcionar la documentación indicada para la fecha listada más abajo. Hemos adjuntado un sobre de vuelta para el envío de la documentación.

Fecha de Entrega: _____

Documentación Pendiente:

- Formulario de Autorización para Divulgación de Información de Salud Conforme a HIPAA (**CAS-101 [S]**)
Nota: CAS-101 [S] sólo se necesita si usted está solicitando la asistencia de HRA para obtener documentación médica.
- Formulario de Actividades de la Vida Diaria—Información del Cliente (**CAS-102 [S]**)
- Home Visit Needed Request Clinician Assessment Form (Formulario de Necesidad de Visita al Hogar y Petición de Evaluación Clínica) (**CAS-103**) firmado por su proveedor médico **O** documentación médica firmada en membrete de médico clínico.

La documentación se puede enviar por correo a:

Centro de Trabajo:
Attn: HVN/HB Request

Dirección: _____

Ciudad: _____ Estado: ____ Código Postal: _____
Teléfono: _____

Si usted no puede proporcionar la documentación solicitada para la fecha de entrega listada arriba o si necesita ayuda en obtener documentación médica, favor de llamar al número de teléfono listado arriba.

Si la HRA no recibe los documentos médicos llenados y firmados para la fecha de entrega listada arriba, su petición de estado de HVN/HB puede ser rechazada.

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Notification of Expiration of Home Visit Needed/Homebound Status

Our records show that your Home Visit Needed/Homebound (HVN/HB) status will expire in approximately 30 days from the date of this notice. If you feel that you still need HVN/HB status, please mail us new and updated medical documentation to support your claim.

In order for HRA to make a determination about your continued need for HVN/HB status, before your HVN/HB status expires, please provide the new, updated, completed and signed medical documentation by the due date listed below. We have enclosed a return envelope in which to mail the documentation.

Due Date: _____

Documentation:

Authorization for Release of Health Care Information Pursuant to HIPAA Form (**CAS-101**)
Note: CAS-101 is only needed if you are requesting HRA's assistance to obtain medical documentation.

Home Visit Needed Request Clinician Assessment Form (**CAS-103**) signed by your medical provider or signed current medical documentation on a doctor's letterhead.

Please contact us immediately at the telephone number listed below if you are unable to return the documents by the due date or if you need assistance in obtaining medical documentation.

If HRA does not receive new updated, completed and signed medical documentation by the due date listed above, your HVN/HB status may expire and you may be required to attend in office appointments.

You may contact us for assistance at: **(212) 331-3517**

Please mail documents to:

Special Projects Center
172 Water St., 1st Floor
New York, NY 10038

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Notificación de Vencimiento de Estado de Necesidad de Visitas/Confinamiento al Hogar

Según nuestros archivos su estado de Necesidad de Visitas/Confinamiento al Hogar (HVN/HB) se vencerá en aproximadamente 30 días de la fecha de este aviso. Si usted cree que aún necesita el estado de HVN/HB, favor de enviarnos por correo documentación médica nueva y actualizada para justificar su necesidad.

Para que la HRA pueda determinar su necesidad continua de estado de HVN/HB, antes de que su estado de HVN/HB se venza, favor de proporcionar la documentación nueva, actualizada, llenada y firmada para la fecha de entrega listada más abajo. Hemos adjuntado un sobre de vuelta para enviar por correo la documentación.

Fecha de Entrega: _____

Documentación:

Formulario de Autorización para Entrega de Información de Salud Conforme a HIPPA (**CAS-101 [S]**)
Nota: El **CAS-101** sólo se necesita si usted está solicitando la ayuda de la HRA para obtener la documentación médica.

Home Visit Needed Request Clinician Assessment Form (Formulario de Evaluación por Médico Para Necesidad de Visitas al Hogar – **CAS-103**) firmado por su proveedor médico o documentación médica actual en membrete de médico.

Favor de comunicarse con nosotros de inmediato al número de teléfono listado más abajo si usted no puede devolver los documentos para la fecha de entrega o si necesita ayuda para obtener la documentación médica.

Si la HRA no recibe la documentación nueva y actualizada, llenada y firmada para la fecha de entrega listada más arriba, su estado de HVN/HB se puede vencer y a usted se le puede exigir que se presente a citas en determinadas oficinas.

Si necesita ayuda usted puede comunicarse con nosotros al: **(212) 331-3517**

Favor de enviar la documentación a:

Special Projects Center
172 Water St., 1st Floor
New York, NY 10038

Center Name: _____
Applicant/Participant Name: _____
Case Number: _____
Applicant Registration Number: _____
HVN/HB Status Liaison Name: _____
HVN/HB Liaison Telephone Number: _____

Home Visit Needed (HVN)/Homebound (HB) Status Liaison Checklist of Required Documents for CAS Review

- A signed and completed Authorization for Release of Health Information Pursuant to HIPPA Form (**CAS-101**). (If the individual refused to sign **CAS-101**, "Refused to Sign" should be written across the document.); and
- A signed and completed Activities of Daily Living Client Information Form (**CAS-102**); and
- Medical documentation (Check the box below that applies):
 - A signed and completed Home Visit Needed Request Clinician Assessment Form (**CAS-103**). (If the individual indicated on the **CAS-102** that they have submitted a supportive housing application [HRA 2010e] within the past twelve months or if they have completed a WeCARE medical assessment [must be verified in NYCWAY] within the past twelve months, the **CAS-103** does not need to be completed.); and/or
 - Other signed medical documentation on the medical provider's letterhead supporting the HVN/HB request.

Make sure you have checked all relevant boxes on this form. Attach this form to your email to CAS.

Home Visit Needed/Homebound Process Forms

Form #	Form Name	Purpose/Instruction
FIA-1028	Home Visit Needed/Homebound Determination Process	Must be given or mailed to all applicants/participants who request HVN/HB status. This form explains the steps in the HVN/HB process. Given by JOS for CA. Mailed by Yama Philip's Designee or brought to home by PAA for NCA FS.
FIA-1028a	Notification of Home Visit Needed/Homebound Status Determination	HVN/HB status determination must be mailed to applicants/participants after the CAS clinical determination is received. It provides the status determination and includes instructions about how to file an appeal of the determination. Form HRA-102 (Request for an Appeal) must be included in the mailing. Mailed by the Designated Worker in the FIA Operations Deputy Commissioner's Office.
FIA-1028b	Home Visit Appointment Notice (Cash Assistance Application)	Must be sent to notify a CA applicant that a home visit appointment has been scheduled. Used when the applicant cannot be reached by telephone. Mailed by Director's Designee.
FIA-1028c	Mandatory Appointment Notice (Non Cash Assistance Food Stamp Application)	Must be sent to the NCA FS applicant who requests an in person application interview who did not report contact information. The Notice explains that an in person appointment is not necessary for NCA FS applicants and that the applicant or authorized representative may conduct the eligibility interview on the telephone. A telephone appointment date and time is indicated on the notice. Mailed by Yama Philips' Designee.
FIA-1028d	Request to Remove Home Visit Needed/Homebound Status	Must be sent or given to applicants/participants currently coded as homebound who request that homebound status be removed. The form must be signed by the applicant/participant and be returned to document the request for removal of status. Give/sent by Director's Designee for CA or Yama Philips's Designee for NCA FS.
FIA-1028e	Notice of Removal of Home Visit Needed/Homebound Status	Must be sent to participants currently in HVN/HB (192H) status to notify him/her that HVN/HB status will be removed and the reason for the removal. Participants are also given instructions for appealing the removal of HVN/HB status. Form HRA-102 (request for an appeal) must be included in the mailing. Mailed by Director's Designee for CA or Yama Philips's Designee for NCA FS.
FIA-1028h	Notice of Scheduled Home Visit	Must be sent to applicants/participants who cannot be reached by phone to notify them of a date for the home visit.
FIA-1028i	Documentation Requirement for Home Visits Needed/Homebound Requests	Must be left with the applicant/participant at the home visit as documentation that HVN/HB forms were provided. For NCA FS applicants/participants, if a home visit is not necessary, the form may be mailed.
FIA-1028k	Notification of Expiration of Home Visit Needed/Homebound Status	Must be sent to the applicant/participant 30 days before expiration of HVN/HB status with instructions about how to renew the status.
FIA-1028L	Home Visit Needed (HVN)/Homebound (HB) Status Liaison Checklist of Required	Must be completed by the HVN Liaison and included in the email informing CAS of the documents available in the OneViewer for review.

Home Visit Needed/Homebound Process Forms

Form #	Form Name	Purpose/Instruction
FIA-1028	Home Visit Needed/Homebound Determination Process	Must be given or mailed to all applicants/participants who request HVN/HB status. This form explains the steps in the HVN/HB process. Given by JOS for CA. Mailed by Yama Philip's Designee or brought to home by PAA for NCA FS.
FIA-1028a	Notification of Home Visit Needed/Homebound Status Determination	HVN/HB status determination must be mailed to applicants/participants after the CAS clinical determination is received. It provides the status determination and includes instructions about how to file an appeal of the determination. Form HRA-102 (Request for an Appeal) must be included in the mailing. Mailed by the Designated Worker in the FIA Operations Deputy Commissioner's Office.
FIA-1028b	Home Visit Appointment Notice (Cash Assistance Application)	Must be sent to notify a CA applicant that a home visit appointment has been scheduled. Used when the applicant cannot be reached by telephone. Mailed by Director's Designee.
FIA-1028c	Mandatory Appointment Notice (Non Cash Assistance Food Stamp Application)	Must be sent to the NCA FS applicant who requests an in person application interview who did not report contact information. The Notice explains that an in person appointment is not necessary for NCA FS applicants and that the applicant or authorized representative may conduct the eligibility interview on the telephone. A telephone appointment date and time is indicated on the notice. Mailed by Yama Philips' Designee.
FIA-1028d	Request to Remove Home Visit Needed/Homebound Status	Must be sent or given to applicants/participants currently coded as homebound who request that homebound status be removed. The form must be signed by the applicant/participant and be returned to document the request for removal of status. Give/sent by Director's Designee for CA or Yama Philips's Designee for NCA FS.
FIA-1028e	Notice of Removal of Home Visit Needed/Homebound Status	Must be sent to participants currently in HVN/HB (192H) status to notify him/her that HVN/HB status will be removed and the reason for the removal. Participants are also given instructions for appealing the removal of HVN/HB status. Form HRA-102 (request for an appeal) must be included in the mailing. Mailed by Director's Designee for CA or Yama Philips's Designee for NCA FS.
FIA-1028h	Notice of Scheduled Home Visit	Must be sent to applicants/participants who cannot be reached by phone to notify them of a date for the home visit.
FIA-1028i	Documentation Requirement for Home Visits Needed/Homebound Requests	Must be left with the applicant/participant at the home visit as documentation that HVN/HB forms were provided. For NCA FS applicants/participants, if a home visit is not necessary, the form may be mailed.
FIA-1028k	Notification of Expiration of Home Visit Needed/Homebound Status	Must be sent to the applicant/participant 30 days before expiration of HVN/HB status with instructions about how to renew the status.
FIA-1028L	Home Visit Needed (HVN)/Homebound (HB) Status Liaison Checklist of Required	Must be completed by the HVN Liaison and included in the email informing CAS of the documents available in the OneViewer for review.

Documents for CAS Review		
Form #	Form Name	Purpose/Instruction
HRA -102	Request for an Appeal of a Reasonable Accommodation Determination	Must be sent to the applicant/participant with form FIA-1028a or form FIA1028e . It must be returned by applicant/participant to the OLA/ADA Compliance Officer in order to formally request an appeal. Sent by the Designated Worker in the FIA Operations Deputy Commissioner's office.
CAS-101	Authorization for Release of Health Information Pursuant to HIPPA	The applicant/participant must sign this authorization to allow HRA to communicate with his/her medical provider to request information about their medical condition, if necessary. This authorization will also allow OLA to request health information from the medical provider if the applicant/participant requested HRA's assistance in obtaining medical documentation. Two copies of this form must be mailed/brought to the applicant/participant. One copy is returned to the Center and the other copy is for the medical provider. Brought to the home visit by JOS/Worker for CA. Mailed by NCA FS Designee or brought to the home visit by an SPC Worker for NCA FS.
CAS- 102	HVN Request Activities Of Daily Living	At the home visit, the Designated Worker must ask the applicant/participant the questions on this form and record the answers. The answers will help CAS make a clinical determination about HVN/HB status. For NCA FS applicants who use an alternative process and don't need a home visit, the form must be sent to the individual with a request that it be sent back with the other required HVN/HB forms. Brought to the home visit by the JOS/Worker for CA. Mailed by NCA FS Designee or brought to the home visit by an SPC for NCA FS.
CAS-103	HVN Request Clinician Assessment Form	This form must be given or sent to the applicant/participant to take/send to their medical provider. The information captured on this form will help to document the need for HVN/HB status. Brought to the home visit by the JOS/Worker for CA. Mailed to the home by NCA FS Designee/ or brought to the home visit by an SPC for FS.
CAS-311	HVN Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Assessment Cancellation	This form must be given or sent to the applicant/participant to confirm a request for the cancellation of a scheduled WeCARE appointment. The form also instructs the applicant/participant that he/she must submit documentation to support the HVN/HB status request.

**NYCWAY Action Codes for the Home Visit Needed (HVN)
Homebound (HB) Request Process**

Action Code	Description	Purpose/Instruction
192A	HVN/HB Appeal Process	Deputy Commissioner's Designee enters code in NYCWAY if an appeal is filed
192B	HVN/HB Status Expired	NYCWAY autopost
192D	HVN/HB Appeal Denied	Deputy Commissioner's Designee enters code in NYCWAY if an HVN/HB appeal is denied
192E	HVN/HB Status End/No Appeal Filed	NYCWAY autopost
192F	HVN/HB Temporary Exemption (90 or 180 days)	Deputy Commissioner's Designee enters code in NYCWAY if HVN/HB status is temporarily approved
192G	HVN/HB Temporary Exemption (192F)Appeal Process	Deputy Commissioner's Designee enters code in NYCWAY if the granting of a temporary exemption is appealed
192K	HVN/HB Appeal of Temporary Exemption Status (192F)Denied	Deputy Commissioners Designee enters in NYCWAY if an appeal of temporary exemption status is denied.
192L	HVN/HB Status Approved (365 days)	Deputy Commissioner's Designee enters in NYCWAY if HVN/HB status is approved for 365 days
192N	HVN/HB Status Not Approved	Deputy Commissioner's Designee enters code in NYCWAY if HVN/HB Status is not approved
192P	HVN/HB Status Request Pending Documentation	System posted for ongoing CA cases by JOS/Worker entering "YES" to the homebound question in POS
19Si	HVN/HB Single Issue One Shot Deal Request Pending Documentation	System posted for One-Shot Deal cases by JOS/Worker entering "YES" to the homebound question in POS. Self-completing
192U	HVN/HB Approved for More Than 365 days	Deputy Commissioner's Designee enters in NYCWAY if HVN/HB status is approved for more than 365 days
192W	HVN/HB Status Request Withdrawn	Deputy Commissioner's Designee enters code in NYCWAY if the request for HVN/HB status is withdrawn
19DO	Help Requested to Obtain Documents	Posted by JOS/Worker if help is needed to obtain medical documents

**NYCWAY Action Codes for the Home Visit Needed (HVN)
Homebound (HB) Request Process**

Action Code	Description	Purpose/Instruction
19DC	Complete Document Packet Sent to CAS	Posted by the HVN/HB Liaison indicating that the email was sent to CAS informing them that the documents are available in the OneViewer
19ND	HVN Medical Documentation Not Returned	Autoposts if documents are not returned
19EE	HVN/HB Administrative Removal	Posted only by MIS (NYCWAY Help Desk when the HVN/HB code was entered in error.
99WA	HVN Referral to WeCARE – Applicant	Batch referral Auto-Posted by NYCWAY
19WA	HVN Referral to WeCARE – Participant	Batch referral Auto-Posted by NYCWAY
99WN	Cancel WeCARE HVN Request – Applicant	Posted by WeCARE vendor when applicant calls to cancel the appointment
19WN	Cancel WeCARE HVN Request – Participant	Posted by WeCARE vendor when participant calls to cancel the appointment
99WC	HVN WeCARE Referral Accepted (applicant)	Posted by JOS/Worker upon return to Center
19WC	HVN WeCARE Referral Accepted (participant)	Posted by JOS/Worker upon return to Center
19WO	HVN WeCARE Outreach	WeCARE vendor posts for FTR to appointment
19WB	HVN WeCARE Outreach Successful	WeCARE vendor posts
19WR	HVN WeCARE Outreach Unsuccessful	Autoposts if outreach is not successful
19WX	Cancel WeCARE HVN Request	Posted by CAS staff if WeCARE appointment is cancelled
19PW	WeCARE Assessment in Past 12 Months	Posted by Director's Designee/ HVN/HB Liaison when no documents have been provided at the end of the 20-days but the WeCARE box is checked on CAS-102
19PH	Supportive Housing Application (HRA 2010e) Submitted within Past 12 Months	Posted by Director's Designee/ HVN/HB Liaison when no documents have been provided at the end of the 20-days but the supportive housing application box is checked on CAS-102
908H	HVN/HB Recertification	Autoposted in NYCWAY to prevent the scheduling of an in-office recertification appointment

Attachment C

Important Facts to Remember to Assist CAS in Processing HVN Requests

Referrals

The Director's Designee/HVN/HB Liaison is responsible for ensuring the following:

- HVN/HB documents/forms are scanned, indexed, and readable in the viewer before emailing a request for a status determination to CAS/ORA.

Documents must be readable when scanned into the Viewer. CAS cannot review unreadable documents. If CAS responds to the referral stating the forms cannot be read, a new readable copy must be scanned. If and when the new copy is scanned and indexed in the viewer, send an e-mail to the CAS ADA box notifying CAS that the forms are ready for review. If there is no response received within one month indicating that a new readable version of the document is available, the case will be determined "Not Supported".

- Only complete packages are forwarded to CAS/ORA for review.

A completed package for CAS/ORA includes the following documents/forms:

- a signed and completed **CAS-101** form. If the individual refused to sign **CAS-101**, "Refused to Sign" should be written across the document before it is scanned and indexed;
 - a signed and completed **CAS-102** form; and
 - a signed and completed **CAS-103** form **or** other appropriate signed medical documentation on the medical provider's letterhead (unless the individual indicated on the **CAS-102** that they have submitted a supportive housing application [HRA 2010e] within the past twelve months or if they have completed a WeCARE medical assessment within the past twelve months. In these instances a **CAS-103** is not required).
- The Application Registration (App Reg) number, the case number (if available) and the Job Center number are entered on the HVN/HB forms for individuals who are reapplying for CA and/or FS.
 - Each individual is listed separately on the CAS referral, If there are multiple HVN/HB individuals on the same case number.
 - All referrals are tightly controlled to avoid duplicate referrals for the same individual(s) from the same Job Center.

Attachment C

Post – Referrals

CAS' role in the determination process is complete once they have made a recommendation on the HVN request and have sent the determination to the FIA ADA box.

The Director's Designee/HVN/HB Liaison is responsible for the following:

- Handling additional questions/concerns or issues once the CAS review process is complete or direct such inquiries to the designated FIA staff.
- Handling any request for withdrawal of an HVN status since CAS does not enter codes in NYCWAY for the HVN/HB individuals.
- Initiating Administrative Denials for cases that have incomplete documentation after the 20 day expiration date has elapsed. These requests should not be sent to CAS.



Date:
Case Number:
Case Name:
Case Type:
Center:
Action Code:

**Home Visit Needed
Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE)
Assessment Cancellation**

You have asked to cancel your voluntary WeCARE appointment to assess your request for Home Visit Needed (HVN) status. Please provide medical documentation in order to support your request for HVN status. Please have your doctor complete the attached *Home Visit Needed Request Clinician Assessment Form (CAS-103)* or submit signed current medical documentation on a clinician's letterhead that supports your request for HVN status. All documentation should be sent to the FIA Job Center address listed below and must be received no later than the date posted below. Please note that if you do not provide documentation supporting your request for HVN status, your request may be denied.

Medical Documentation must be received by:

Date:

Send Medical Documentation to the address listed below:

Job Center:

Attn: HVN/HB Request

Address:

City:

State:

Zip Code:

Telephone:

If you are unable to provide the documentation requested by the due date listed above or if you need assistance obtaining medical documentation, please call the telephone number listed above.

Request for an Appeal of a Reasonable Accommodation Determination

INSTRUCTIONS: To appeal the denial of a requested reasonable accommodation, you must complete **Sections I** and **II** and submit this form within twenty (20) calendar days from the date on the determination form.

The appeal should be submitted to:

ADA Compliance Officer
Office of Legal Affairs, Privacy and ADA Compliance Unit
180 Water Street, 17th Floor
New York, New York 10038
Fax: (212) 331-4465

You may submit along with this form any medical documentation that you may have to further support your appeal.

Appeals should be submitted in writing. Individuals who cannot complete written forms due to physical and/or mental condition(s) may contact the Office of Constituent Services for assistance at (212) 331-4640 or they may email their appeals to constituentaffairs@hra.nyc.gov. The Office of Constituent Services will forward the applicant's/participant's appeal to the ADA Compliance Officer.

Section I – HRA Applicant/Participant Information:

SAMPLE

Name (Please Print Clearly): _____ Case Number (If Known): _____
Social Security Number (If Known): _____ Date of Birth (MM/DD/YYYY): _____
Mailing Address: _____ Telephone Number: _____
HRA Program/Service (If Known): _____ Center No. (If Known): _____

Section II – Accommodation Request History:

Briefly describe your medical condition and the reasonable accommodation request that was denied. (Attach additional sheets and supporting documentation, if necessary.) _____

What was the date of the denial determination? (MM/DD/YYYY): _____

What was reason for the denial? _____

Were you offered an alternative accommodation? If so, explain here. _____

HRA Applicant/Participant Signature: _____ Date: _____

-or-

Authorized Representative Signature: _____ Date: _____

Print Name: _____ Relationship to Applicant/Participant: _____