




FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

POLICY BULLETIN #15-06-EMP

NEEDED AT HOME OUTREACH PROJECT

Date: February 12, 2015	Subtopic(s): Employment Plan, Child Care, Carfare
<p> This procedure can now be accessed on the FIAweb.</p> <p>Refer to PD #12-01-EMP for more information on the Needed at Home work exemption.</p>	<p>The purpose of the policy bulletin is to inform the Special Project Center (SPC) staff and the designated Needed at Home (NAH) Liaisons at the Job Centers of a special outreach project for Needed at Home Work Exemption status.</p> <p>Work-rules required Cash Assistance (CA) applicants/participants whose full-time presence is required in the home to care for a disabled household member may be eligible for an exemption from the work requirements for up to twelve (12) months. This is the Needed at Home (NAH) work exemption.</p> <p>The special outreach project offers certain Cash Assistance (CA) participants the opportunity to be assessed for a Needed at Home (NAH) Work Exemption. This is a voluntary process and there is no negative action if the participant does not participate in the outreach project.</p> <p><u>Outreach Population Criteria</u></p> <p>The outreach project is targeted to CA participants who are:</p> <ul style="list-style-type: none"> • work-rules required (not eligible for other work exemptions); • a single adult and the primary caretaker of a child in the home who is under age four (4) and who receives Supplemental Security Income (SSI) benefits; • active for CA; • not sanctioned, pending sanction or in conciliation at the time the outreach list is established; and • not contesting employability, or not pending an employment-related fair hearing at the time the outreach list is established.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

These individuals will be identified by MIS and the NAH Outreach list will be generated for review by the Special Project Center (SPC).

Action Codes

The following new action codes have been created for use in the New York City Work Accountability and You (NYCWAY) system for this project.

- **1NVO** (Needed at Home Voluntary Outreach) will be posted in NYCWAY by MIS on cases identified for outreach to prevent employability call-in appointments for 60 days.
- **1NVA** (Needed at Home Voluntary Appointment) entered by SPC JOS/Worker in NYCWAY to schedule an appointment at the SPC.
- **1NVJ** (Needed at Home Voluntary Appointment at Job Center) entered by the SPC JOS/Worker in NYCWAY to schedule the appointment at the participant's current home Job Center (JC).
- **1NVX** (Needed at Home Voluntary Outreach Cancelled) entered by the SPC JOS/Worker or the designated NAH Liaison at the JC in NYCWAY if the participant:
 - does not qualify for the assessment;
 - cancels the NAH assessment appointment; or
 - does not wish to proceed with the NAH assessment at the appointment.
- **1NVE** (Needed at Home Voluntary Outreach Expired) will post in NYCWAY automatically to complete the open **1NVO** action code at the end of the future action date (FAD) which is 60 days from the date the **1NVO** code was posted.

Identifying the Outreach Population in NYCWAY

MIS will identify the participants that meet the criteria listed above for this outreach project and will post Action Code **1NVO** (Needed at Home Voluntary Outreach) in NYCWAY. Once Action Code **1NVO** is posted, the NAH Outreach list and mailing labels for each participant listed will be forwarded to the Executive Director of the Special Population Region and the Director of the SPC.

Review of the NAH Outreach list by the SPC

Some case actions, such as case closings or changes in household composition may occur before the outreach mailing. For this reason the SPC JOS/Worker must review the Welfare Management System (WMS) and NYCWAY to verify that:

- the participant's CA case is still active.
- the disabled child is still in receipt of SSI and resides in the household.
- the CA participant is not in sanction status, pending sanction or received a Notice of Intent to reduce or discontinue CA.
- the CA participant has not requested a fair hearing contesting employability or on a related issue.

The SPC JOS/Worker will highlight on the NAH Outreach List any cases that do not meet all the above criteria and will note the reason in a separate column. **Participants who do not meet all the above criteria will not be part of this initial outreach project.** The SPC JOS/Worker will enter Action Code **1NVX** (Needed at Home Voluntary Outreach Cancelled). When posting the **1NVX** in NYCWAY, the SPC JOS/Worker must enter a comment indicating which criterion was not met.

For the participants who **do** meet the above criteria, the SPC JOS/Worker will check the Language Read indicator in WMS for one of the six Local Law 73 languages (Spanish, Chinese, Russian, Haitian, Creole, Korean and Arabic). If the participant's preferred language read is one of these languages, other than Spanish, the SPC JOS/Worker must inform a supervisor that a translated Information about the Needed At Home (NAH) Exemption from Work Activity (**FIA-1058a**) is needed. Using the mailing labels provided by MIS, the SPC JOS/Worker will mail to the participants who meet the criteria the **FIA-1058a** in English and in the participant's selected preferred language read. The SPC JOS/Worker will also ensure that the deadline date on the **FIA-1058a** for the participant to call is two (2) weeks from the date of the letter and the mailing must also include the Family Care Assessment (**Form W-582A**).

Note: SPC staff must scan and index the **FIA-1058a** prior to mailing.

The **FIA-1058a** instructs the participants to call the SPC to arrange an appointment to be evaluated for the NAH work exemption.

The **W-582A** includes instructions for the participant to have the form completed and signed by a qualified health care provider.

Arranging an Assessment Appointment

The participant is instructed in the **FIA-1058a** to call the SPC general phone number 929-221-5111 to request an NAH assessment appointment. When the participant calls, the SPC JOS/Worker must:

- Ask the participant for his/her name and will check the NAH Outreach List to verify that the participant is listed.
- Check WMS to see whether the participant's CA case and individual lines are still active and ensure that the participant is under age 60, not already exempt from work requirements and that the case composition includes an SSI-recipient child age four (4) or younger.
- Check WMS to see if there are any pending actions in clock down status. If a pending action is clocking down, see page 5.

If the participant is on the NAH Outreach List, still work-required and the SSI-recipient child is still part of the household composition, the SPC JOS/Worker must then:

- Check NYCWAY to determine if there is:
 - an upcoming employability appointment.
 - a recently missed employment/employability appointment.
 - an upcoming eligibility appointment scheduled.
 - a pending fair hearing request.
 - a pending Notice of Intent.
 - a pending sanction.

Upcoming employability appointment

If NYCWAY indicates an upcoming employability appointment the SPC JOS/Worker will:

- enter Action Codes **1NVA** or **1NVJ** to schedule the NAH assessment appointment, which will cancel the future employability appointment.

The SPC JOS/Worker must explain to the participant that he/she does not need to attend the previously scheduled employability appointment because it is being cancelled.

Recently missed
employment-related
appointment

If NYCWAY indicates a recently missed employment related appointment the SPC JOS/Worker will:

- enter action code **810** or **810B** to grant good cause in NYCWAY and then enter Action Codes **1NVA** or **1NVJ** to schedule the NAH assessment appointment, which will complete the good cause action and will allow the SPC JOS/Worker to schedule an NAH work exemption assessment appointment.

The SPC JOS/Worker must explain to the participant that good cause was granted on the infraction, and that an NAH assessment appointment is scheduled.

Upcoming eligibility
appointment

If NYCWAY indicates an upcoming eligibility related appointment, the SPC JOS/Worker will:

- enter Action Code **1NVA** or **1NVJ** to schedule the NAH assessment appointment at a date and time that does not conflict with the upcoming eligibility appointment.

The SPC JOS/Worker must also explain to the participant that she/he has both an upcoming NAH assessment appointment and an eligibility related appointment **and that she/he must attend the eligibility related appointment, because failure to attend could affect his/her receipt of benefits.**

Pending conciliation,
NOI or pending action
clocking down

If NYCWAY or WMS indicates a pending conciliation, pending NOI or pending action clocking down, the SPC JOS/Worker will:

- enter Action Code **1NVJ** to schedule the NAH assessment appointment with the responsible JC.

The SPC JOS/Worker **must** also explain to the participant that the upcoming NAH assessment appointment will be at his/her JC. The SPC JOS/Worker will also need to email the NAH JC Liaison to inform of the upcoming appointment and issue.

Fair hearing request or
fair hearing pending

If NYCWAY indicates a fair hearing request or pending fair hearing, the SPC JOS/Worker will:

- inform the participant that HRA records indicate a fair hearing has been requested on an employment related issue, that his/her case will be reviewed and that the SPC JOS/Worker will call him/her with further information.
- note the participant's telephone number and the best time to call.

- email the Fair Hearings and Conference (FH&C) Liaison with a subject line of “NAH Outreach” and in the body of the email include the case number, participant’s name, line number and telephone number. The email should explain that a participant identified for the NAH outreach project has contacted the SPC for an NAH assessment appointment, but has a fair hearing request or hearing date pending.
- set a reminder in Outlook or on the email sent for a one week follow up with the FH&C Liaison.

The FH&C NAH Liaison will review the case and attempt to settle the issue with the participant if the issue relates to employability, a missed employment/employability appointment or any factor that prevents the assessment appointment from being set. **No NAH assessment appointment should be set in NYCWAY until the FH&C NAH Liaison indicates that the fair hearing issue has been resolved.** The FH&C NAH Liaison must email the SPC JOS/Worker no later than a week after the initial contact to provide an update on the fair hearing/case status.

Once FH&C informs the SPC JOS/Worker that the fair hearing issue is resolved, the SPC JOS/Worker will proceed to call the participant to arrange for an appointment, following the process described below.

CA case or line closure

If NYCWAY or WMS indicates that the CA case or individual line is closed or the household composition changed, the SPC JOS/Worker will:

- review the reason for the case or line closing and if related to employment or if deemed incorrect, enter Action Code **1NVJ** to schedule the NAH assessment appointment and case review with the responsible JC.

Inform participant of appointment location if at SPC

The SPC JOS/Worker must also explain to the participant that the upcoming NAH assessment appointment will be at their JC and will first include a review of the CA line or case closure. The SPC JOS/Worker will also need to email the NAH JC Liaison to inform of the upcoming appointment and issue.

Scheduling the Assessment Appointment

Before scheduling an appointment at the SPC, the SPC JOS/Worker must inform the participant that the appointment will be at 172 Water Street or, after SPC relocation, at 109 East 16th Street in Manhattan.

General travel hardship indicated by participant

- If the participant indicates a hardship not related to his/her own disability, the SPC JOS/Worker must offer an appointment at the participant's responsible JC. The SPC JOS/Worker must enter Action Code **1NVJ** with the date and time of the JC's next available appointment and contact the responsible JC to inform the designated NAH Liaison of the appointment date and time.

Participant's disability causes travel hardship

- If the participant indicates his/her own disability poses a hardship in traveling to the SPC or JC, the SPC JOS/Worker will explain to the participant that a home visit needed assessment will be conducted by his/her responsible JC instead of the NAH assessment.

Refer to [PB #14-29-OPE](#)

The SPC JOS/Worker will then enter Action Code **1NVX** to cancel the outreach with a comment that the participant claimed home visit needed status (HVN) and enter Action Code **192P** (HVN/HB Status Request Pending Documentation). The SPC JOS/Worker must call or email the HVN Liaison at the responsible JC to inform of the HVN request.

Severe hardship

- If the participant indicates a severe hardship not related to the participant's disability, the SPC JOS/Worker will seek supervisory approval for an exception to policy.

No travel hardship

- If the participant has no travel hardship, the SPC JOS/Worker will enter Action Code **1NVA** (Needed at Home Voluntary Appointment) and schedule the NAH assessment appointment at the SPC.

The client's ability to obtain a completed **W-582A** from a medical provider, preference of date and time and any existing reasonable accommodations related to appointment times, should be taken into consideration when scheduling the appointment. An appointment should be ten days or more from the date of the call.

Once the appointment date and time has been entered in NYCWAY, the Non-Mandatory Appointment Notice (**FIA-1058b**) will be generated. The SPC JOS/Worker must ensure that the **FIA-1058b** is in the participant's preferred language read, must scan and index the **FIA-1058b** and must mail it to the participant at the address of record along with the **W-582A**.

Before ending the call, the SPC JOS/Worker must remind the participant to bring the completed **W-582A** to the NAH assessment appointment. If the **W-582A** is not completed or cannot be completed in time for the appointment, the participant must be instructed to call to reschedule the assessment appointment.

Rescheduling appointments

Rescheduling an Assessment Appointment

If the participant calls to reschedule the appointment prior to the appointment date, the SPC JOS/Worker will enter a second Action Code **1NVA or 1NVJ** in NYCWAY, depending on where the original appointment was set, and must enter an updated appointment date and time. SPC staff must also ask if the participant needs an additional **W-582A**. If the participant requests one, it should be included in the mailing of the rescheduled appointment.

If the first Action Code was **1NVJ**, the SPC JOS/Worker must call or email the responsible JC and the designated NAH Liaison to inform of the rescheduled NAH assessment appointment.

Participant cancels the NAH assessment

If the participant calls to cancel the appointment prior to the appointment date, the SPC JOS/Worker will confirm that the participant does not wish to reschedule the appointment and if so, enter Action Code **1NVX**, indicating that the participant cancelled his/her request for NAH work exemption assessment.

The Assessment Appointment

Review of W-582A prior to initiating the Employment Plan in NYCWAY

When the participant keeps the NAH work assessment appointment the SPC JOS/Worker or the designated NAH Liaison at the JC must take the following actions:

Refer to [PD #12-01-EMP](#) for review of the completed **W-582A**

- Review the **W-582A** and ensure that the form is completed and signed.
- Scan and index the **W-582A** into the HRA One Viewer.
- Evaluate the participant's eligibility for NAH status based on current procedure (PD #12-01-EMP).

However, if the participant fails to bring the **W-582A** to the appointment or the **W-582A** is incomplete, the SPC JOS/Worker or JC's designated NAH Liaison will post another Action Code **1NVA/1NVJ** in NYCWAY to schedule a new appointment and must not begin the assessment for the NAH work exemption eligibility at that time.

Unrelated Issue discovered at NAH assessment appointment

If an unrelated issue is found when the participant reports to the NAH assessment appointment, the SPC JOS/Worker or the JC NAH Liaison must attempt to resolve the issue. If unable to resolve the issue on their own or with supervisory input, the SPC JOS/Worker or the JC NAH Liaison must call or, if unavailable, email the FH&C Liaison for assistance.

If sending an email, enter "NAH Outreach" in the subject line and include the case number, participant's name, line number, and explanation of what issue needs resolution in the body of the email.

If the issue is successfully resolved, the SPC JOS/Worker or NAH Liaison will follow the steps above for when the participant keeps the NAH work exemption appointment.

If the issue cannot be resolved, the SPC JOS/Worker or NAH Liaison will post Action Code **1NVX** and must enter a case comment explaining the reason the assessment could not be conducted. Additionally, the participant must be advised that he/she may request a NAH assessment in the future.

Effective Immediately


Related Items:

[PD #12-01-EMP](#)

[PB #14-29-OPE](#)

Attachments:

W-582A	Family Care Assessment (Rev. 1/27/12)
W-582A (S)	Family Care Assessment (Rev. 1/27/12) (Spanish)
FIA-1058a (E)	Information about the Needed At Home (NAH) Exemption from Work Activity (1/30/15)
FIA-1058a (S)	Information about the Needed At Home (NAH) Exemption from Work Activity (Spanish)(1/30/15)
FIA-1058b (E)	Non-Mandatory Appointment Notice To Assess Your Eligibility For The Needed at Home (NAH) Work Exemption (2/9/15)
FIA-1058b (S)	Non-Mandatory Appointment Notice To Assess Your Eligibility For The Needed at Home (NAH) Work Exemption (Spanish) (2/9/15)

 Please use Print on Demand to obtain copies of forms.

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

Family Care Assessment

Dear Physician/Treatment Facilitator:

Mr./Ms. _____ claims that he/she is not able to participate in an employment program activity because of the need to care for a disabled/sick household member. The disabled/sick individual is your patient.

The name of the patient is: _____.

Please complete **page 2** of this form so that this Agency will be able to better assess the participant's availability to engage in an employment program.

Thank you for your cooperation.

SAMPLE

Care Required for Sick/Disabled Household Member

To be completed by physician

Note to Physician: Please make sure each question is filled out in sections A, B and C. If not applicable, write N/A.

A. General Information and Diagnosis:

1. Patient's Name: _____ Age: _____
2. Patient's Address: _____
3. Patient's Diagnosis: _____

(Please note any major physical or mental impairment that limit the patients ability to care for himself/herself)

4. This is a: long-term disability temporary disability
5. If temporary, anticipated length of disability: Up to six months Seven months or longer
6. Date of onset of disability: _____

B. Current Care:

1. Does the patient require home care services or a home attendant? Yes No
2. Is a household member/relative currently providing care? Yes No
If Yes, name of household member/relative currently providing care: _____
- Does the individual providing care reside with the patient? Yes No
- Relationship to patient: _____
3. Is the Patient currently receiving home care services/attendant services from a health care provider?
 Yes No If Yes, name of Health Care Provider: _____
4. Is the patient residing in a health care/assisted living facility? Yes No
If Yes, name of health care/assisted living facility: _____

C. Patient's Ability to Care for Himself/Herself:

(If patient is under 19 years of age, please only answer items that you consider to be age-appropriate)

	<u>With Assistance</u>	<u>Without Assistance</u>
Can this patient:		
1. Ambulate inside the house?		
2. Ambulate outside the house?		
3. Get up from bed?		
4. Get up from a seated position?		
5. Go to the toilet?		
6. Dress?		
7. Wash?		
8. Bathe?		
9. Prepare meals?		
10. Feed himself/herself?		

11. If patient is under 19 years of age, can patient attend school full-time? Yes No
12. Can patient be left alone? Yes No If Yes, for how long each day? _____

Physician's Name (please print): _____

Physician's License Number: _____ Telephone Number: _____

Business Address: _____

Physician's Signature: _____ Date: _____

Physician's Stamp _____ Fax: _____

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

Evaluación de Cuidado Familiar

Estimado Médico/Administrada de Tratamiento:

El/La Señor(a) _____ ha declarado que él/ella no puede participar en una actividad del programa de empleo porque necesita cuidar a un miembro del hogar incapacitado/enfermo. La persona incapacitada/enferma es paciente suyo.

El nombre del paciente es: _____

Favor de llenar la **página 2** de este formulario para que esta Agencia pueda evaluar mejor la disponibilidad del participante para un programa de empleo.

Gracias por su cooperación.

SAMPLE

Care Required for Sick/Disabled Household Member

To be completed by physician

Note to Physician: Please make sure each question is filled out in sections A, B and C. If not applicable, write N/A.

A. General Information and Diagnosis:

1. Patient's Name: _____ Age: _____
2. Patient's Address: _____
3. Patient's Diagnosis: _____

(Please note any major physical or mental impairment that limit the patients ability to care for himself/herself)

4. This is a: long-term disability temporary disability
5. If temporary, anticipated length of disability: Up to six months Seven months or longer
6. Date of onset of disability: _____

B. Current Care:

1. Does the patient require home care services or a home attendant? Yes No
2. Is a household member/relative currently providing care? Yes No
If Yes, name of household member/relative currently providing care: _____
- Does the individual providing care reside with the patient? Yes No
- Relationship to patient: _____
3. Is the Patient currently receiving home care services/attendant services from a health care provider?
 Yes No If Yes, name of Health Care Provider: _____
4. Is the patient residing in a health care/assisted living facility? Yes No
If Yes, name of health care/assisted living facility: _____

C. Patient's Ability to Care for Himself/Herself:

(If patient is under 19 years of age, please only answer items that you consider to be age-appropriate)

	<u>With Assistance</u>	<u>Without Assistance</u>
Can this patient:		
1. Ambulate inside the house?		
2. Ambulate outside the house?		
3. Get up from bed?		
4. Get up from a seated position?		
5. Go to the toilet?		
6. Dress?		
7. Wash?		
8. Bathe?		
9. Prepare meals?		
10. Feed himself/herself?		

11. If patient is under 19 years of age, can patient attend school full-time? Yes No
12. Can patient be left alone? Yes No If Yes, for how long each day? _____

Physician's Name (please print): _____

Physician's License Number: _____ Telephone Number: _____

Business Address: _____

Physician's Signature: _____ Date: _____

Physician's Stamp _____ Fax: _____

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

Information about the Needed At Home (NAH) Exemption from Work Activity

Dear _____:

Our records show that you live with a disabled child under age four (4). If you are needed at home to provide care for this child, you may be excused from work activities for up to twelve (12) months. This is called the Needed at Home (NAH) Work Exemption.

If you want HRA to evaluate your eligibility for the NAH Work Exemption, **please call (929) 221-5111 no later than _____** to make an appointment.

At your appointment you will need to submit:

A completed Family Care Assessment **Form W-582A** (enclosed) signed by a doctor or healthcare provider verifying that your child is in need of your care and that you are his/her primary caregiver.

This is voluntary and your benefits will not change if you do not respond to this letter. However, if you do not call us by the date above, you may be required to participate in a work activity.

Questions? Call (929) 221-5111

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

Información sobre la Exención de Actividad de Trabajo por ser Necesitado En Casa (NAH)

Estimado(a) _____:

Nuestros archivos indican que usted vive con un(a) niño(a) incapacitado(a) de menos de cuatro (4) años de edad. Si a usted se le necesita en casa para proveer cuidado a este(a) niño(a), se le puede excusar de las actividades de trabajo por hasta doce (12) meses. Ésta se llama la Exención de Trabajo por ser Necesitado En Casa (NAH).

Si usted desea que la HRA evalúe su elegibilidad para la Exención de Trabajo NAH, **por favor llame al (929) 221-5111 a más tardar** _____ para programar una cita.

En su cita usted necesitará presentar:

El llenado **Formulario W-582A (S)** Evaluación de Cuidado Familiar (adjunto) firmado por un médico o proveedor de cuidado de salud que compruebe que su niño(a) necesita que usted lo/la cuide y que usted es su principal proveedor de cuidado.

Esto no es obligatorio y sus beneficios no cambiarán si usted no responde a esta carta. Sin embargo, si usted no nos llama por teléfono para la fecha más arriba, puede que se le obligue participar en una actividad de trabajo.

¿Tiene Preguntas? Llame al (929) 221-5111

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

NON-MANDATORY APPOINTMENT NOTICE
To Assess Your Eligibility For The Needed At Home (NAH) Work Exemption

Dear _____:

You have contacted HRA to assess your eligibility for the Needed At Home (NAH) Work Exemption.

Your appointment has been scheduled for:

Appointment Date: _____ Time: _____ Telephone: _____
Location Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Please bring this letter and the completed Family Care Assessment (Form W-582A) to your appointment.

Travel Directions:

This is a voluntary appointment and your benefits will not change if you do not attend. However, if you do not attend this appointment or reschedule it, you may be required to participate in a work activity.

If you cannot attend at the date or time indicated above, but wish to take advantage of this opportunity, please call us at the telephone number below to reschedule.

Questions? Call 929-221-5111

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

**AVISO DE CITA NO OBLIGATORIA
Para Evaluar Su Elegibilidad para la Exención de Trabajo
por Ser Necesitado en el Hogar (NAH)**

Estimado(a) _____:

Usted se ha comunicado con la HRA para evaluar su elegibilidad para la Exención de Trabajo por Ser Necesitado en el Hogar (NAH).

Su cita ha sido programada para:

SAMPLE

Hora: _____ Teléfono: _____

Fecha de la Cita: _____

Nombre del Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Favor de traer a su cita esta carta y el formulario llenado Evaluación de Cuidado Familiar (W-582A [S]).

Indicaciones de Viaje:

Esta cita es voluntaria y sus beneficios no cambiarán si usted no asiste. No obstante, si usted no asiste a esta cita o si la reprograma, se le puede exigir que participe en una actividad de trabajo.

Si usted no puede asistir en la fecha u hora indicadas más arriba, pero desea aprovechar esta oportunidad, favor de llamar al número de teléfono más abajo para reprogramar la cita.

¿Tiene preguntas? Llame al 929-221-5111