



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY DIRECTIVE #18-02-EMP

(This Policy Directive Replaces PD #15-18-EMP)

NEEDED AT HOME

Date: February 20, 2018	Subtopic(s): Employment/Eligibility
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AUDIENCE The instructions in this policy directive are for JOS/Workers at Job Centers and informational for all other staff.

REVISIONS TO THE DIRECTIVE

This policy directive has been revised to update the following:

- The entire Expiration of Needed at Home Exemption section has been updated. These updates include:
 - new New York City Work Accountability an You (NYCWAY) action codes.
 - **1NRA** (Needed At Home Reassessment Appointment)
 - **1NRR** (Rescheduled Needed At Home Reassessment Appointment)
 - **1NRM** (Needed At Home Required Documentation Return Notice)
 - new notices.
 - Notice Of Mandatory Appointment For HRA To Decide If You Are Still Exempt From Work Activities (Needed at Home) (**FIA-1201**).
 - Required Documents for Needed at Home Evaluation (**FIA-1201a**).

This section begins on page 12 of this policy directive.

These changes are effective February 28, 2018.

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

- The Needed at Home Employment Plan screens have been updated to reflect the current screens.
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POLICY

Cash Assistance (CA) applicants/participants who are otherwise work rules required and document that he/she is Needed At Home (NAH) on a full-time basis in order to care for a household member with a disability may be considered exempt from compliance with work rules. Supporting documentation from a medical, clinical or other healthcare qualified professional confirming required care and proof of joint residence must be submitted before NAH status can be determined.

Eligibility for exemption from SNAP work rules due to being needed at home does not require that the disabled individual being cared for reside in the same household. Additionally, if an individual is determined to be needed at home, they are exempt from the SNAP Able Bodied Adults Without Dependent (ABAWD) time limits.

BACKGROUND

In order for a CA applicant/participant to be eligible for the NAH status, the person with a disability requiring care **must reside** with the CA applicant/participant requesting the NAH status. When joint residence cannot be confirmed systemically because the person with the disability requiring care is not in receipt of CA, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance (MA), or Supplemental Security Income (SSI), the CA applicant/participant must submit documentation confirming that the person with the disability is living in the same household. The applicant/participant must also submit medical documentation to confirm that his/her presence in the home is required to care for the person with the disability.

In the NYCWAY Employment Plan (EP), the choices listed under the NAH category to identify the household member with the disability are separated by child and adult. The choices to identify the NAH household member providing care are separated by parent and nonparent.

After the NAH determination is made, the following codes are system posted to record information about the person with the disability being cared for. These codes are for informational purposes only.

- **18AC** NAH Care for Adult
- **18CC** NAH Care for Child Not in School FT
- **18CS** NAH Care for Child in School FT

An applicant/participant may be granted a twelve (12) month NAH exemption if he/she is providing care for a household member with a disability who is:

- confirmed as living in the same household (in receipt of CA, SNAP, MA, or SSI); and
- documented as having a long term disability (i.e., a disability lasting 12 months or longer).

An applicant/participant may be granted a six (6) month NAH exemption if he/she is providing care for a household member with a disability who is:

- documented as having a temporary disability and in receipt of CA, SNAP, MA or SSI;
- documented as having a temporary disability and not in receipt of CA, SNAP, MA, or SSI; or
- documented as having a long term disability and not in receipt of CA, SNAP, MA, or SSI (these individuals have to reconfirm joint residence every six (6) months, but only need to provide medical documentation of the disability every 12 months).

CA applicants/participants who are needed at home part time or are needed at home to care for a child with a disability in school full time, are still granted a full time needed at home exemption using the process outlined in this policy directive.

REQUIRED ACTION

When a CA applicant/participant claims to be needed at home to care for a household member with a disability, prior to considering a Needed At Home (NAH) exemption, the JOS/Worker must:

Refer to the Needed At Home Desk Guide form (**FIA-1058**) attached to this procedure for an overview of the NAH Process and action codes

- initiate an EP in NYCWAY;
- determine if the applicant/participant is work rules required (between 18 and 59 years of age); and
- screen for other barriers to employment to determine if there is another reason for exemption.

Updated information

If the applicant/participant is work rules required and there are no other barriers to employment but he/she claims to be needed at home to care for a person with a disability, the JOS/Worker must select “**Yes**” to the “Needed At Home Claimed?” question on the **Employability Assessment** screen and click on “Next” or “Submit”. A “Barrier!” window will appear.

The “Barrier!” window will list all the barriers select.

Updated information

Before making a selection on the “Barrier!” window, the JOS/Worker must ask the applicant/participant who the individual requiring care is, and if the individual lives with them.

If the individual requiring care lives in the home, the JOS/Worker must check the Welfare Management System (WMS) to verify if the individual is part of the WMS household.

If the individual is an adult and in receipt of SSI, the JOS/Worker must check the State Data Exchange (SDX) system in WMS to verify if the disabled individual is in receipt of SSI and confirm that the SDX address is the same as that of the applicant/participant.

Updated information

If the individual in need of care does not live in the home, the JOS/Worker must inform the applicant/participant that to be eligible for Needed at Home status for CA, the individual in need of care must live in the home. The JOS/Worker will click “Cancel” at the “Barrier!” window and continue with the EP.

If the individual in need of care lives in the home, the JOS/Worker will click “OK” and the window with the Needed at Home question set will appear.

The window with the needed at home question set will have a scroll bar on the right hand side of the screen. The question set has a total of 12 questions. The JOS/Worker will ask each question and will only click in the boxes for the questions that the answer is “Yes”.

Updated information

Check all that apply

- 1. Does the PERSON requiring CARE live with you?
- 2. Is the duration of disability Long Term? (More than one year)
- 3. Is the person requiring care an Adult?
- 4. Is the person requiring care your Child?
- 5. Is the person requiring care a Foster Child?
- 6. Is the person requiring care another person's child?
- 7. If a child. Does the child have Special Needs?
- 8. If a child. Is the child attending school?
- 9. Does proof of residence exist (for the person in care)?
- 10. Is the proof a Landlord's letter?
- 11. OR do you have another means of proof of residence?
- 12. Has ALL valid documentation in support of the claim been examined?

Submit Help Cancel

Updated information

Based on the questions that were selected as having a “Yes” answer, the EP in NYCWAY will open the **Creation of Actions and Comments** screen and offer an outcome Action Code. The outcome Action Codes are described later in this procedure.

Confirming Joint Residence

The joint residence of the applicant/participant and of the household member with a disability is a requirement for the NAH status for CA and must be verified. Ask the applicant/participant for the name of the individual requiring care.

Before asking the applicant/participant for verification that the individual requiring care lives in the household, the JOS/Worker must:

- verify in WMS if the individual is a household member. Or,
- verify in the State Data Exchange (SDX) system in WMS to determine if the individual with a disability is in receipt of SSI and confirm that the SDX address is the same as the applicant/participant.

Medical Documentation to Support NAH Status

Note: For long term disabled individuals, the JOS/Worker should check the case record, to see if there is a **W-582A** that is less than 12 months old.

In addition to proof of joint residence, the JOS/Worker must request that a Family Care Assessment Form (**W-582A**), confirming that the applicant/participant is needed at home to care for the household member with a disability is completed. The JOS/Worker must:

- collect any medical documentation provided for the household member with a disability.
- scan and index it into the electronic case record.

Scheduling A Return Appointment

The JOS/Worker must schedule a return appointment when verification of joint residence has not been submitted and/or the **W-582A** has not been completed.

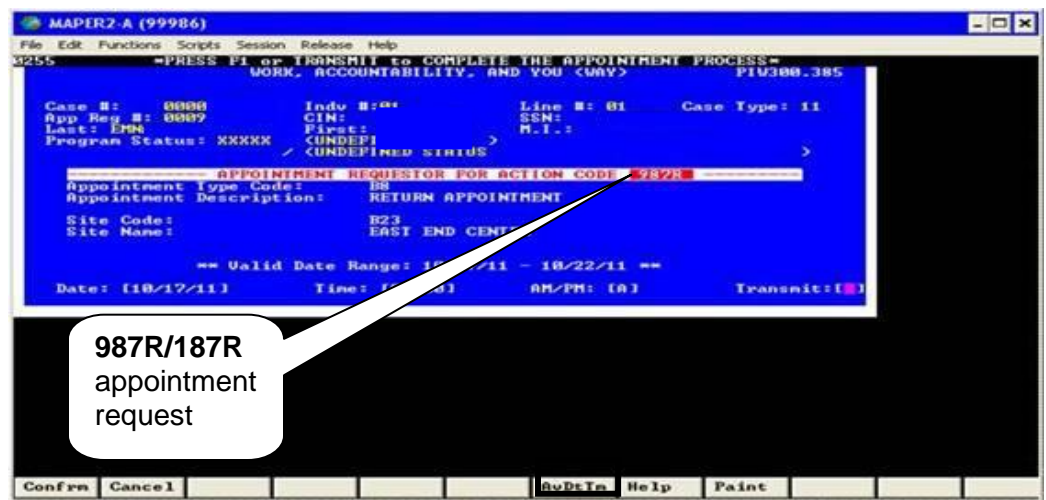
Updated information

If question 12, “Has all valid documentation in support of the claim been examined?” is not checked, the **Creation of Actions and Comments** screen will appear and offer either Action Code **987R** (NAH Return Appointment – Applicant) or **187R** (NAH Return Appointment – Participant). The JOS/Worker must enter “**Y**” to accept the action and press enter.

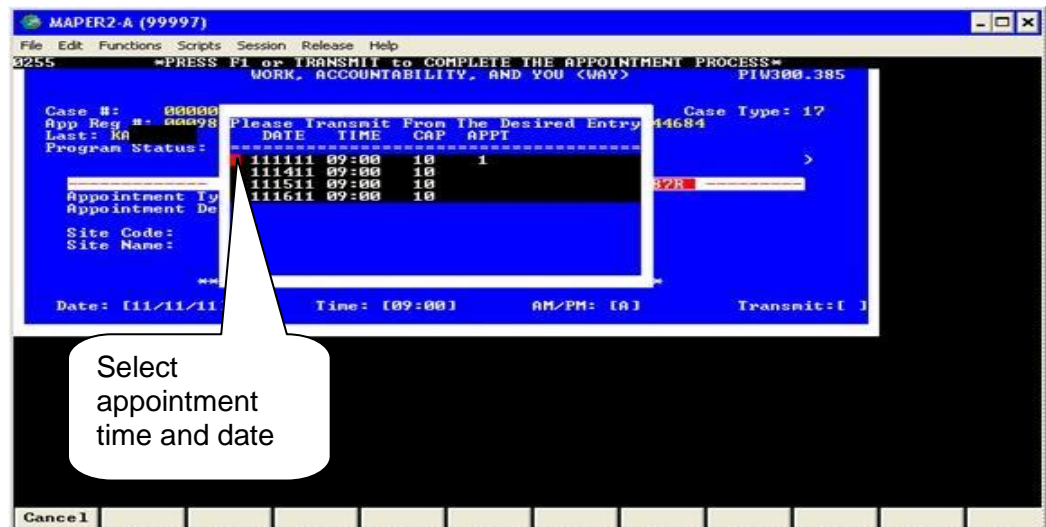
Note: See the Confirming Joint Residence and the Medical Documentation to Support NAH Status sections above for actions that the JOS/Worker must take before asking the applicant/participant to submit documentation.

An **Appointment Requestor** screen will appear offering an appointment date range for **987R/187R** return appointments, which is at least ten (10) calendar days from the date of the present appointment. NYCWAY will display the first available appointment in the date range.

- If the applicant/participant accepts the return appointment date and time that is displayed, the JOS/Worker must ensure that the cursor is at the transmit box and press enter. The **Form Review** screen will appear.
- If the applicant/participant wants a different appointment date and/or time, the JOS/Worker can change the date and time by clicking on the AvDtTm (available date time) function key (**F7**).



A window will open displaying other available date and time. The JOS/Worker should move the cursor next to the desired date and time to select and press enter.

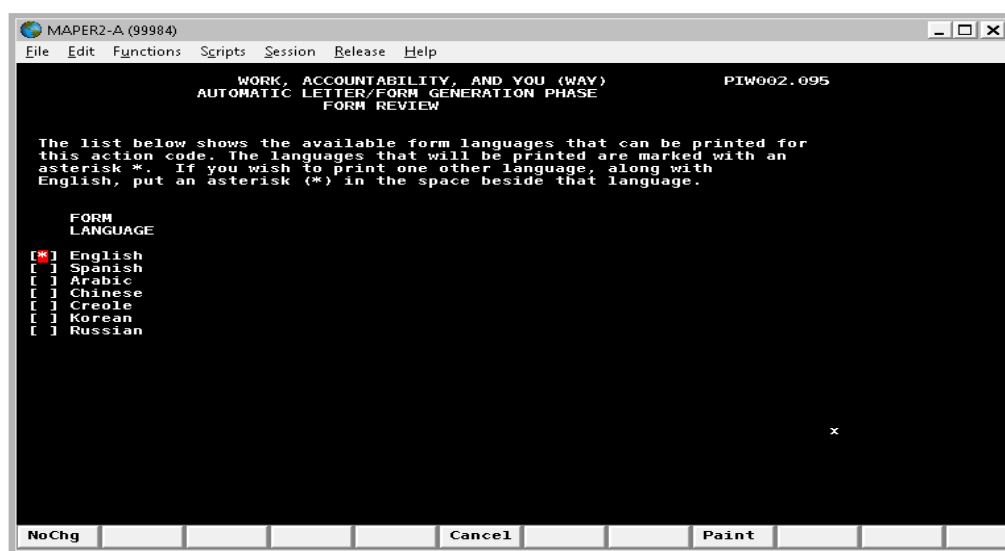


Refer to [PD #16-27-OPE](#)

Note: NYCWAY will take into consideration any known reasonable accommodations (RAs) that might affect scheduling. If the applicant/participant requests an RA that might affect scheduling, but is not yet known to the system, staff must honor that RA when scheduling the appointment. If there is an ongoing need for this RA, the worker must offer to assist the individual in completing the Help For People With Disabilities (**HRA-102c**) form and follow the instructions for submitting the form to the Office of Constituent Affairs.

Updated information

Once a return appointment is selected, the system displays the **Form Review** screen where the JOS/Worker will indicate how many copies of the appointment letter to generate before going to the **Automatic Letter/Forms Generation** screen.



On the **Automatic Letter/Forms Generation** screen, the JOS/Worker must enter the specific document(s) the applicant/participant needs to bring to the return appointment and the items listed will be filled in when the Notice to Report to Center (**M-3G**) is printed.

The system will generate the **M-3g** with the selected appointment date and time and the documents that must be completed and brought back.

In addition to rescheduling the applicant/participant in the EP, the JOS/Worker must:

- give the applicant/participant form **W-582A** and explain that the form must be completed and signed by healthcare provider of the person with the disability in order to establish NAH status; and
- provide the Eligibility Factors and Suggested Documentation Guide form (**W-119D**).
- give the applicant/participant the **M-3g**.

Updated information

Applicant/Participant Reports to the Return Appointment

When the applicant/participant reports to the return appointment with the proof of joint residence and/or the completed **W-582A** signed by a medical provider that supports the NAH claim, the JOS/Worker must:

- scan and index the documentation into the electronic case record;
- update the EP.
 - Select **“Yes”** to the “Needed At Home Claimed?” question on the **Employability Assessment** screen and click next or submit. The “Barrier!” window will appear. The JOS/Worker will click “OK” and the window with the Needed at Home question set will appear. The JOS/Worker will only click in the boxes for the questions that the answer is “Yes”.

Based on the questions that were selected as having a “Yes” answer, the EP in NYCWAY will open the **Creation of Actions and Comments** screen and offer an outcome Action Code.

The Exemption Codes listed below will post and update the Employability Status (ES) code.

Note: All individuals granted NAH status will be granted a full exemption from the work requirements even if they are caretakers of disabled children who are in school full-time.

Parent NAH Exemption Codes (Updates CA and SNAP ES codes to **38**)

Refer to the NAH Desk Guide for a list and description of codes associated with the NAH process

- **18PP** (12 month exemption) – the caretaker is a parent and cares for a household member with a **long-term disability** who is on CA, SNAP, MA, or SSI.
- **18PT** (6 month exemption) – the caretaker is a parent and cares for a household member with a **temporary disability** who is on CA, SNAP, MA, or SSI.
- **18PL** (6 month exemption) – the caretaker is a parent and cares for a household member with a **long-term disability** who is not on CA, SNAP, MA or SSI.
- **18PS** (6 month exemption) – the caretaker is a parent and cares for a household member with a **temporary disability** who is not on CA, SNAP, MA or SSI.

Non-Parent NAH Exemption Codes (Updates CA ES Code to **58** and SNAP ES Code to **38**)

- **18NP** (12 month exemption) – the caretaker is a non-parent and cares for a household member with a **long-term disability** who is on CA, SNAP, MA or SSI.
- **18NT** (6 month exemption) – the caretaker is a non-parent and cares for a household member with a **temporary disability** who is on CA, SNAP, MA or SSI.
- **18NL** (6 month exemption) – the caretaker is a non-parent and cares for a household member with a **long-term disability** who is not on CA, SNAP, MA or SSI.
- **18NS** (6 month exemption) – the caretaker is a non-parent and cares for a household member with a **temporary disability** who is not on CA, SNAP, MA or SSI.

NAH Exemption Notification

When the applicant/participant is determined to be exempt from participation in employment activities, the JOS/Worker must:

- confirm the appropriate NAH exemption code to be posted in NYCWAY. The Notification of Temporary Assistance Work Requirements Determination (EXEMPT) (**LDSS- 4005 NYC**) with Part 2 (Other than Medical) will be generated;
- scan and index the form into the electronic case record; and
- give form **LDSS-4005 NYC** to the applicant/participant.

NAH Non-Exempt Process and Notification

When the applicant/participant is not granted a NAH exemption because the **W-582A** does not support NAH status (i.e., the **W-582A** does not indicate that the applicant/participant is providing care for the person with the disability, the person with the disability does not require home-care, or joint residence is not confirmed), the JOS/Worker must:

- reassess and address any unresolved barriers to employment in the EP, if appropriate;
- if there are no other barriers to employment;
 - provide the applicant/participant with Part 3 (nonexempt– Other than Medical) of the Notification of Temporary Assistance Work Requirements Determination (NONEXEMPT) – (**LDSS-4005A NYC**).
 - engage the applicant/participant using standard assignment procedures.

Applicant/Participant Fails to Report (FTR) to the Return Appointment

Applicant FTR to the
NAH return appointment

When an applicant FTR to the NAH return appointment without good cause, NYCWAY will post Action Code **987F** (FTR Needed at Home Claim – Applicant) and the case will go on the **ISAR** worklist to be denied CA. If the applicant is not legally responsible for any other CA case members, the FTR is processed as a line denial.

Participant FTR to the
NAH return appointment

When a participant who is a legally responsible adult for other CA case members FTR to the NAH return appointment without good cause, NYCWAY will post Action Code **487F** (FTR Needed at Home Claim – Participant) to begin the Notice of Intent (NOI) process to close the case using WMS Closing Code **N17** (Failure to keep an Eligibility Related Appointment). Adults who are not legally-responsible for any other CA case members and FTR to a return NAH appointment will removed from the case as an individual line closing.

Updated information

Expiration of NAH Exemption

Before the NAH Future Action Date (FAD) (6 month or 12 month) expires, NYCWAY will post Action Code **1NRA** (Needed At Home Reassessment Appointment) and a batch appointment for reassessment of NAH status will automatically be sent to the participant using the Notice Of Mandatory Appointment For HRA To Decide If You Are Still Exempt From Work Activities (Needed at Home) (**FIA-1201**) with a Family Care Assessment Form (**W-582A**) and the Help For People With Disabilities (**HRA-102c**) form. The batch scheduling will account for any known RAs.

If the participant contacts the JOS/Worker to reschedule the appointment, the JOS/Worker must enter Action Code **1NRR** (Rescheduled Needed At Home Reassessment Appointment). NYCWAY will generate a new **FIA-1201** with the **W-582A** and an **HRA-102c** do a batch mailing to the participant.

If the participant fails to keep the reassessment appointment or submit the **W-582A** and proof of joint residence, the JOS/Worker will close the case for failure to keep a mandatory appointment.

If the participant reports to the reassessment appointment or submits the **W-582A** and proof of joint residence via fax or mail, the JOS/Worker must review the **W-582A** to ensure that the form is signed by the medical provider of the person with the disability and that the form is completed properly and verify that the proof of joint residence is acceptable.

If the **W-582A** does not have the required signature and/or is not properly completed, the JOS/Worker must review the prior exemption code and the date of the current **W-582A** to determine whether an updated **W-582A** is needed.

When reevaluating participants who were granted a six (6) month exemption to care for a household member with a long-term disability who is not on CA, SNAP, MA or SSI, a new **W-582A** is not required as long as the document on file is less than 12 months old.

If proof of joint residence is not submitted or the documentation submitted is not acceptable, the JOS/Worker must confirm joint residence systemically before asking the CA participant to submit documentation confirming that the person with the disability requiring care is living in the same household.

If the participant needs to submit a signed and/or properly completed **W-582A** and/or proof of joint residence, the participant must be given a document return appointment. The JOS/Worker must enter Action Code **1NRM** (Needed At Home Required Documentation Return Notice) in NYCWAY. NYCWAY will post a 15 day FAD and generate the Required Documents for Needed at Home Evaluation (**FIA-1201a**).

Note: The JOS/Worker must not initiate an EP unless the **W-582A** and proof of joint residence are submitted and acceptable.

If the participant does not submit requested documents by the due date on the **FIA-1201a**, the JOS/Worker must change the participant's ES code to **20** and send the participant the Notification of Temporary Assistance Work Requirements Determination (Non-Exempt) [**LDSS-4005(a)**]. The participant will be called in for engagement.

If the participant submits requested documents by the due date on the **FIA-1201a** and is eligible for an extension, the JOS/Worker must initiate and complete the EP in NYCWAY and scan and index all documentation into the electronic case record. The JOS/Worker must print the Notification of Temporary Assistance Work Requirements Determination (Exempt) (**LDSS-4005**) and the EP printout and give or mail to the participant.

Note: NYCWAY will use known case information to determine the correct ABAWD code. If NYCWAY puts an inappropriate ABAWD code based on household circumstances, staff must use the LDSS-5062b to make the determination and change in POS.

If the participant submits requested documents by the due date on the **FIA-1201a** and is not eligible for an extension, the JOS/Worker must post Action Code **100P** (Notification Of Work Required Client Present). The JOS/Worker must then post Action Code **105E** (Referred For Employment Appt-Employable) and schedule the participant for an engagement call-in appointment.

If the participant is not eligible for an extension and the determination is made when the participant is present, the JOS/Worker must initiate and complete the EP in NYCWAY to engage the participant, if possible. The JOS/Worker must also scan and index all documentation into the electronic case record. The JOS/Worker must print the Notification of Temporary Assistance Work Requirements Determination (Non-Exempt) [**LDSS-4005(a)**] and the EP printout and give it to the participant.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

Any and all documents, with the exception of domestic violence-related documents, submitted and/or signed by an applicant/participant must be scanned and indexed into the electronic case file and be available for future reference.

Other POS instructions are in the body of this policy directive.

Supplemental Nutrition Assistance Program (SNAP) Implications

Eligibility for exemption from SNAP work rules due to being needed at home does not require that the disabled individual being cared for reside in the same household. Additionally, if an individual is determined to be needed at home, they are exempt from the SNAP Able Bodied Adults Without Dependent (ABAWD) time limits.

Medicaid Implications

There are no Medicaid implications.

LIMITED ENGLISH PROFICIENCY (LEP) AND DEAF or HARD-OF-HEARING IMPLICATIONS

Staff must obtain appropriate interpretation services for individuals who are Limited English Proficiency (LEP) or deaf or hard-of- hearing. Please refer to [PD #16-14-OPE](#) and [PD #17-19-OPE](#) for detailed instructions.

FAIR HEARING IMPLICATIONS

Ensure that all case actions are processed in accordance with current procedures and that the electronic case files are kept up to date.

Avoidance/ Resolution	The participant must receive either adequate or timely and adequate notification of all actions taken, depending upon the circumstances of his/her case. Remember to make every reasonable attempt to resolve the issue
Conferences	<p>A participant can request and receive a conference with a Fair Hearing & Conference (FH&C) AJOS I/Supervisor I at any time. If the applicant/participant comes to the Job Center and requests a conference, the Receptionist must notify the FH&C AJOS/Supervisor I. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C staff.</p> <p>The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker’s Supervisor. The AJOS/Supervisor I will explain the reason for the Agency’s action(s) to the participant.</p> <p>If the participant has in fact presented good cause for the infraction or shown that the outstanding NOI needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will Settle in Conference (SIC), enter detailed case notes in NYCWAY, and forward all verifying documentation submitted by the participant to the appropriate JOS/Worker for corrective action to be taken.</p> <p>In addition, if the adverse case action still shows on the “Pending” (08) screen in the Welfare management System (WMS), the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (LDSS-3722), change the 02 to 01 if the case has been granted Aid to Continue (ATC). The AJOS/Supervisor I must complete a Conference Report (M-186a).</p>
Evidence Packets	Should the participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, which has already been requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

REFERENCES	08-ADM-07 18 NYCRR §§ 385.2(b)-(c) Social Services Law § 332(1)(c)
RELATED ITEMS	Employment Process Manual PB #11-48-OPE

ATTACHMENTS	W-582A(e)	Family Care Assessment Form (Rev. 1/27/12)
	W-582A(s)	Family Care Assessment Form (Rev. 1/27/12)
	FIA-1201	Notice Of Mandatory Appointment For HRA To Decide If You Are Still Exempt From Work Activities (Needed at Home)
	FIA-1201(S)	Notice Of Mandatory Appointment For HRA To Decide If You Are Still Exempt From Work Activities (Needed at Home) (Spanish)
	FIA-1201a	Required Documents for Needed at Home Evaluation
	FIA-1201a (S)	Required Documents for Needed at Home Evaluation (Spanish)
	FIA-1058	Needed At Home Desk Guide and Exemption Codes (Rev. 2/22/18)

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)

Can this patient:	<u>With Assistance</u>	<u>Without Assistance</u>
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: _____

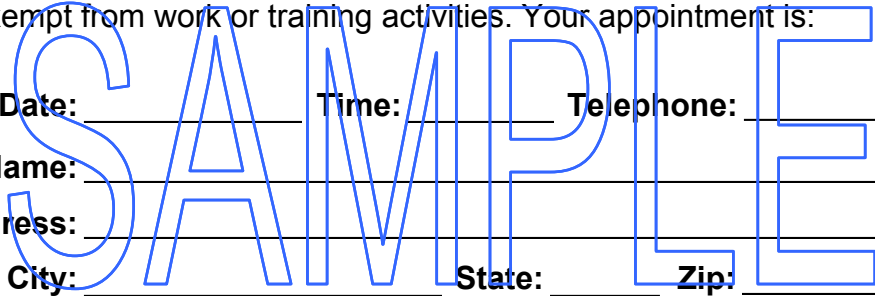
Case Name: _____

Job Center: _____

Action Code: _____

Notice Of Mandatory Appointment For HRA To Decide If You Are Still Exempt From Work Activities (Needed at Home)

In the past, HRA found that you were exempt from work or training activities because you are or were needed at home. You need to come to the mandatory appointment so we can find out if you are still exempt from work or training activities. Your appointment is:



Appointment Date: _____ Time: _____ Telephone: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions: Please call the MTA at **718-330-1234** or visit <http://www.mta.info>.

If you need to reschedule or have questions about this notice, please call _____ before your scheduled appointment date.

Documents to bring to this appointment/More information about appointment

If you are still **needed at home** to care for someone, please have the Family Care Assessment Form (**W-582A**) sent with this letter filled out by a doctor or treatment provider and bring it with you to your appointment. You will also need to bring proof that the person you care for still lives with you. You should come in to the appointment even if you do not have the form yet completed. If you cannot bring the form in because you are still needed at home, please return the completed form, by fax to _____, or using the Business Reply envelope sent with this letter before the date of your appointment.

This is a mandatory appointment.

If you do not go to this appointment, or return your documents before the appointment, your benefits may be reduced or your cash assistance case may be closed. Please note that failure to keep this appointment has no effect on your Medicaid eligibility.

(Turn page)

Questions and Answers about the Appointment

What if I am already working? What do I do?

Please send us information about your job. We need to know:

- who you work for
- how much you make
- the number of hours you work per week
- when you started working, and
- how often you get paid.

You can send us paystubs or a letter from your employer. Please fax us the proof to _____ / or use the Business Reply envelope sent with this letter before the date of your appointment or bring the documents to your appointment. Sending us the information might not be enough. If we still need to see you, we will send you another letter.

What if I am able to work but I need child care?

If you are able to work but you need child care, the City of New York can help you. If you have a child under age 13, or a child under the age of 19 with a special need, we will pay for your child care so you can do work or training activities. We can also help you find child care. We have sent you child care forms with this letter. If you need child care to be able to work, you should fill out these child care forms and bring this letter and the completed child care forms with you to your appointment. You should come in to the appointment even if you do not have the forms completed.

What if I already went to this kind of appointment? Do I still have to go to this appointment?

Yes you still have to go to this appointment. You were exempt before, but we need to check to see if you still are exempt.

(Turn page)

What if I have a medical condition that affects my ability to do work or training activities?

If you have a physical or mental health condition that affects your ability to work or do training activities, HRA can help you. Our WeCARE program will assess your condition and may help you with:

- federal disability benefits (SSI/SSD)
- rehabilitation services so you can get back to work
- medical treatments you need to stabilize your condition.

If you want a referral to WeCARE, bring any medical or clinical documents you have to your appointment. Even if you do not have any medical or clinical documents, you should still come to the appointment and ask for a referral to WeCARE.

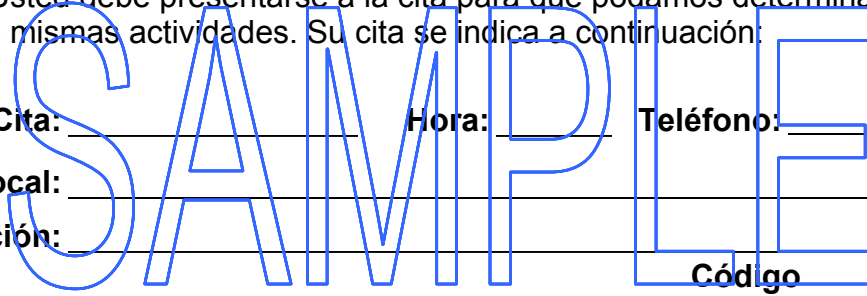
Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Use the ***Help For People With Disabilities*** form in this mailing. You can also call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



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

**Aviso de Cita Obligatoria con la HRA para
 Determinar si Usted Aún Está Exento(a) de Actividades de Trabajo
 (Persona Necesaria en el Hogar)**

Anteriormente, la HRA ha determinado que usted estuvo exento(a) de actividades laborales o de capacitación debido a que usted es persona necesaria en el hogar, o lo ha sido anteriormente. Usted debe presentarse a la cita para que podamos determinar si aún está exento(a) de las mismas actividades. Su cita se indica a continuación:



Fecha de la Cita: _____ Hora: _____ Teléfono: _____
 Nombre del Local: _____
 Dirección: _____
 Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de

Viaje: Por favor llame a la MTA al **718-330-1234** o visite <http://www.mta.info>.

Si usted necesita reprogramar la cita o si tiene preguntas sobre este aviso, por favor llame al _____ antes de la fecha de cita programada.

Documentos a traer consigo a la cita/más información sobre la cita

Si usted aún es **persona necesaria en el hogar** para cuidar a alguien, por favor pídale a un médico o proveedor de tratamiento que llene el adjunto Formulario de Evaluación de Cuidado Familiar (**W-582A [S]**) y tráigalo consigo a la cita. Además, usted tendrá que traer comprobante que indique que la persona cuidada aún reside en su hogar. Usted debe presentarse a la cita aun si todavía no ha llenado el formulario. Si no puede traer el formulario debido a que aún se le necesita en el hogar, por favor devuelva el formulario por fax al _____, o mediante el adjunto sobre con franqueo pagado antes de la fecha de su cita.

Esta cita es obligatoria.

Si usted no se presenta a esta cita, ni devuelve los documentos previo a la cita, puede que se reduzcan sus beneficios o que se cierre su caso de Asistencia en Efectivo. Por favor tenga presente que el incumplimiento de esta cita no afecta su elegibilidad para Medicaid.

Por favor vea la próxima página para más información sobre la cita. 

Preguntas y Respuestas sobre la Cita

¿Qué tal si ya tengo trabajo? ¿Qué tengo que hacer?

Por favor envíenos información sobre su trabajo. Necesitamos saber:

- quién es su empleador
- cuánto ingreso gana
- el número de horas laborables semanales trabajadas
- cuándo empezó a trabajar, y
- con cuánta frecuencia recibe paga.

Usted puede enviarnos talones de paga o una carta de parte de su empleador. Por favor faxee el comprobante al _____ / o sírvase del adjunto sobre con franqueo pagado antes de la fecha de su cita o traiga los documentos a su cita. Puede que no sea suficiente enviarnos la información. Si aún necesitamos atenderle en persona, le enviaremos otra carta.

¿Qué tal si puedo trabajar pero necesito cuidado infantil?

Si usted puede trabajar pero necesita cuidado infantil, la ciudad de Nueva York puede asistirle. Si tiene niño menor de 13 años de edad, o niño menor de 19 años con necesidad especial, pagaremos su cuidado infantil para que usted pueda cumplir actividades laborales o de capacitación. Nosotros además podemos ayudarle a conseguir cuidado infantil. Hemos adjuntado a esta carta los formularios de cuidado infantil. Si necesita cuidado infantil para trabajar, debe llenar estos formularios de cuidado infantil y traer consigo a su cita tanto esta carta, como los formularios llenados de cuidado infantil. Usted debe presentarse a la cita aun si todavía no ha llenado los formularios.

¿Qué tal si ya he asistido a este tipo de cita? ¿Aún tengo que presentarme a esta cita?

Sí, usted aún tiene que presentarse a la cita. Usted estuvo exento(a) anteriormente, pero necesitamos cerciorarnos de que aún esté exento(a).

Por favor vea la próxima página para más información sobre la cita.



¿Qué tal si padezco una afección médica que afecte mi capacidad para cumplir actividades laborales o de capacitación?

Si usted padece una afección física o psiquiátrica que afecte su capacidad para trabajar o cumplir actividades de capacitación, la HRA puede asistirle. Nuestro programa WeCARE evaluará su afección y puede ayudarle con:

- beneficios federales para discapacidad (SSI/SSD)
- servicios de rehabilitación para que pueda volver al trabajo
- tratamientos médicos necesarios para estabilizar su afección.

Si usted desea un envío a WeCARE, traiga consigo a la cita todo documento médico o clínico que tenga. Aun si no tiene ningún documento médico o clínico, debe presentarse a la cita y solicitar envío a WeCARE.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿A usted le dificulta la afección entender o cumplir este aviso? ¿Le dificulta la misma recibir otros servicios de la HRA? **Nosotros podemos ayudarle.** Sírvase del formulario **Ayuda Para Las Personas Con Discapacidades** que hemos incluido con este envío postal. Usted también puede llamarnos al 212-331-4640. Además, usted puede pedir asistencia al visitar una oficina de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

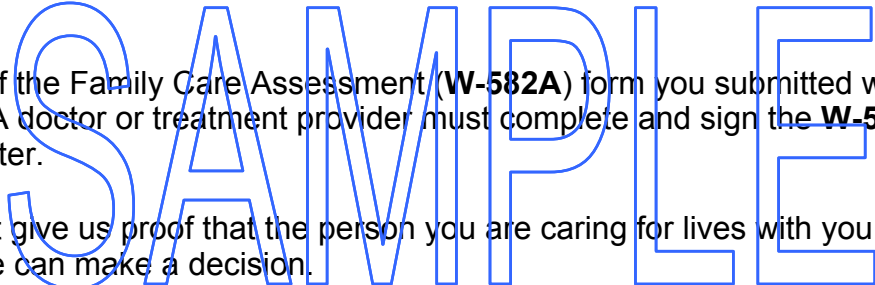


Date: _____
Case Number: _____
Case Name: _____

Required Documents for Needed at Home Evaluation

On _____ you gave us documents for us to decide if you are still needed at home. The documents you gave us do not have all of the information that we need to make this decision. We need the following:

- The Family Care Assessment (**W-582A**) form you submitted did not have a signature. A doctor or treatment provider must complete and sign the **W-582A** we sent with this letter.
- A section of the Family Care Assessment (**W-582A**) form you submitted was not complete. A doctor or treatment provider must complete and sign the **W-582A** we sent with this letter.
- You did not give us proof that the person you are caring for lives with you. Send us this proof so we can make a decision.



You must send us the documents we need before:

DUE DATE: _____

Please send us the completed form using one of the options below:

By fax to: _____

By mail in the envelope included to: _____

In person: _____

(Turn page)

If we get the documents by the due date, we will send you a notice with our decision.

If you do not give us the documents, we will send you an appointment to come in and discuss your employability.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Documentos Necesarios para Evaluación de Persona Necesaria en el Hogar

El _____ usted nos presentó documentos para que determináramos si usted aún es persona necesaria en el hogar. Los documentos presentados por usted no contienen toda la información necesaria para hacer esta determinación. Necesitamos lo siguiente de su parte:

- El formulario de Evaluación de Cuidado Familiar (**W-582A [S]**) presentado por usted no tenía firma. El **W-582A (S)** que hemos adjuntado a esta carta lo debe llenar y firmar un médico o proveedor de tratamiento.
- Una de las secciones del formulario de Evaluación de Cuidado Familiar (**W-582A [S]**) presentado por usted no se había llenado por completo. El **W-582A (S)** que hemos adjuntado a esta carta lo debe llenar y firmar un médico o proveedor de tratamiento.
- Usted no nos prestó prueba de que la persona a la cual usted está cuidando vive con usted. Envíenos dicha prueba para que podamos tomar una decisión.

Usted debe enviarnos los documentos necesarios para el:

FECHA LÍMITE: _____

Por favor envíenos el formulario llenado por uno de los modos indicados a continuación:



Por fax al:



Por correo en el sobre adjunto a:



En persona:

Si recibimos los documentos para la fecha límite, le enviaremos un aviso con nuestra determinación.

En caso de no presentarnos los documentos, le programaremos una cita para que se presente y que se trate de su empleabilidad.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE



Needed At Home Desk Guide and Exemption Codes

Scenario	JOS/Worker Actions
Applicant/participant makes an initial request for Needed at Home (NAH) status	<ul style="list-style-type: none"> Initiate the EP Access WMS to determine if the disabled household member is in receipt of Cash Assistance (CA), Supplemental Nutrition Assistance Program (SNAP), MA or SSI (to confirm joint residence). Provide the Family Care Assessment (W-582A) form. Schedule a return appointment (Action Code 987R will post for applicants and 187R will post for participants). The Notice to Report to Center (M-3g) form will be generated with the time/date of the appointment to return with the completed W-582A and proof of joint residence, if required.
Applicant/participant fails to report (FTR) to M-3g return appointment	<ul style="list-style-type: none"> An applicant must be denied CA. A participant's case is closed if he/she is the legally responsible adult; or The line is closed if the participant is not a legally responsible adult.
Applicant/participant reports to M-3g return appointment, but has no documents	<ul style="list-style-type: none"> Schedule another return appointment (987R/187R). Provide an M-3g form with the time/date of the return appointment.
Applicant/participant reports to the M-3g return appointment with required documents	<ul style="list-style-type: none"> Re-access the EP. Evaluate returned documents. Confirm joint residence and make an NAH determination based on information provided on form W-582A. Enter the NAH determination by clicking "Y" when the EP asks "Is Family Care Assessment form completed?"
NAH status is approved	<ul style="list-style-type: none"> If NAH status is approved, advise the applicant/participant about the exemption period (6 or 12 months). In the EP, based on the JOS/Worker's responses, the system will offer the appropriate exemption code (see page 2 for a list of exemption codes). An Employment Status (ES) code will autopost (ES 38 for a parent caretaker of a disabled household member or ES 58 for a non-parent caretaker of a disabled household member). An auxiliary code will also autopost with information about the person in care (18AC-Care for an adult, 18CC-Care for a child not in school full-time, 18CS-Care for a child in school full-time). Give the applicant/participant a Notice of Temporary Assistance Work Requirements Determination (Exempt) LDSS-4005 NYC form.
NAH Denied	<ul style="list-style-type: none"> Explain why NAH status is being denied. In the EP, address any unresolved barriers to employment. Provide the applicant/participant with Notice of Temporary Assistance Work Requirements Determination (Non-exempt) Form LDSS-4005a NYC. Make the appropriate work activity assignment.
Applicant/participant FTR to the work activity assignment	<ul style="list-style-type: none"> An employment sanction will be imposed.
NAH exemption period will expire in 60 days	<ul style="list-style-type: none"> A Notice of Mandatory Appointment for HRA to Decide If You Are Still Exempt From Work Activities (Needed at Home) (FIA-1201) form will be system generated 60 days before the NAH exemption expires with a time and date of the reassessment appointment.

(Turn Page)

Scenario	JOS/Worker Actions
Applicant/participant FTR to Reassessment of Employability Status (W-584M) appointment	<ul style="list-style-type: none"> Initiate the Notice of Intent (NOI) process to close the case if the applicant/participant is a legally responsible adult (closing code N17); or Initiate a line closing if the applicant/participant is <u>not</u> a legally responsible adult.
Applicant/participant reports to the W-584M status reassessment appointment and requests an NAH extension	<ul style="list-style-type: none"> Provide a new W-582A form and/or request proof of joint residence. Schedule a return appointment (987R/187R); and Provide Form M-3g with the time/date of the return appointment. <p>Note: A CA applicant/participant who is granted a 6 month exemption because he/she is needed at home to care for a disabled household member, who is not on CA, SNAP, MA, or SSI, must confirm joint residence every 6 months but only needs to provide a new W-582A form every 12 months.</p>
Applicant/participant reports to the W-584M reassessment appointment and no longer claims NAH	<ul style="list-style-type: none"> Initiate an EP. Address any other unresolved barriers to employment. Provide Form LDSS-4005a NYC (non-exempt). Make a work activity assignment.
Applicant/participant FTR to the M-3g return appointment for extension of NAH status	<ul style="list-style-type: none"> Initiate the NOI process to close the case if the NAH applicant/participant is the legally responsible adult (N17); or Initiate a line closing if the NAH applicant/participant is a non legally responsible adult is NAH.
Applicant/participant reports to the M-3g return appointment NAH extension denied	<ul style="list-style-type: none"> Explain why the NAH exemption is being denied. Initiate an EP. Address any unresolved barriers to employment Provide Form LDSS-4005a NYC (non-exempt). Make a work activity assignment.
Applicant/participant reports to the M-3g return appointment NAH extension approved	<ul style="list-style-type: none"> Initiate the EP. Evaluate the new documentation. Indicate in the EP the appropriate exemption period (an exemption code will autopost). Provide Form LDSS-4005 NYC (exempt) if the NAH extension is granted.
Exemption Codes	Description
18PP	Parent caretaker of a long term disabled household member on CA, SNAP, MA, SSI (12 month exemption)
18PT	Parent caretaker of a temporarily disabled household member on CA, SNAP, MA, or SSI (6 month exemption)
18PL	Parent caretaker of a long term disabled household member <u>not</u> on CA, SNAP, MA or SSI (6 month exemption)
18PS	Parent caretaker of a temporarily disabled household member <u>not</u> on CA, SNAP, MA, or SSI (6 month exemption)
18NP	Non parent caretaker of a long term disabled household member on CA, SNAP, MA, SSI (12 month exemption)
18NT	Non parent caretaker of a temporarily disabled household member on CA, SNAP, MA, or SSI (6 month exemption)
18NS	Non parent caretaker of a temporarily disabled household member <u>not</u> on CA, SNAP, MA, or SSI (6 month exemption)
18NL	Non parent caretaker of a long term disabled household member <u>not</u> CA, SNAP, MA, or SSI (6 month exemption)