



FAMILY INDEPENDENCE ADMINISTRATION


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Policy, Procedures, and Training

POLICY BULLETIN #10-102-OPE

INTRODUCTION TO THE CONGREGATE CARE BUDGET WORKSHEET (W-648J)

Date: October 1, 2010	Subtopic(s): Congregate Care, Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>For processing Congregate Care cases, see PD #09-31-ELI</p> <p>Form W-200G is currently being updated and will be published under separate cover.</p>	<p>The purpose of this policy bulletin is to introduce the newly developed Congregate Care Budget Worksheet (W-648J) to Job Center staff.</p> <p>Form W-648J must be used when a manual budget is required for a Cash Assistance (CA) applicant/participant residing in a congregate care facility or residential treatment center using shelter types 15, 16, 27, 28, 29, 31, 32, 42, or 43.</p> <p>The W-648J form is constructed in a manner that captures the needs of both the <i>in-care</i> person (individual receiving treatment) and the <i>not-in-care</i> person (dependent of the in-care person residing in the same facility, but not in need of care).</p> <p>Most <i>in-care</i> residents of congregate care facilities are in receipt of or pending receipt of Supplemental Security Income. However, for <i>in-care</i> CA applicants/participants and/or their household members <i>not in receipt of care</i>, the Human Resources Administration (HRA) provides a personal needs allowance (PNA) and shelter allowance to cover the cost of their housing in the congregate care facility.</p> <p>There are three (3) levels of congregate care facilities. Each level has a different rate of payment.</p> <p>Please refer to the Shelter Rates and Personal Needs Allowance for Congregate Care Facilities Desk Aid (W-200G) for shelter rates and PNAs for individuals residing in congregate care facilities coded with shelter types 15, 16, 42, and 43.</p>

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

Congregate Care Level I

Residents in congregate care level I facilities receive a semi-monthly (s/m) PNA of \$65.

Congregate care level I facilities are:

- Supervised family type homes for adults that are developed and monitored by HRA through the Division of Voluntary and Proprietary Homes for Adults (DVPHA). These facilities are licensed by the Office of Children and Family Services (OCFS), Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), and are smaller residential programs serving the mentally retarded, the mentally ill, and the frail elderly.

Shelter Type Code: 15 – for Congregate Care Level I facilities located in New York City, Nassau, Suffolk, and Westchester counties.

Shelter Type Code: 28 – for Congregate Care Level I facilities located in the rest of the state (ROS).

Congregate Care Level II and Non-Congregate Care Level II Residential Treatment Facilities

Residents in congregate care level II facilities receive a s/m PNA of \$75.

Congregate care level II facilities are:

- Adult homes licensed through the New York State Department of Health (DOH) and community residences licensed through OMH.

Shelter Type Code: 16 – for Congregate Care Level II facilities located in New York City, Nassau, Suffolk, and Westchester counties.

Shelter Type Code: 29 – for Congregate Care Level II facilities located in ROS.

- Community residences licensed through OMH/OMRDD. These are principally small group homes and supported apartments. The CA household size can be greater than one (1).

Shelter Type 43.

- Office of Alcoholism and Substance Abuse Services (OASAS) certified drug/alcohol abuse treatment residential programs (group residences and supported apartments). These OASAS congregate care Level II residences are known as Residential Treatment Facilities.

Shelter Type Code: 31 – for Congregate Care Level II Residential Treatment facilities located in New York City, Nassau, Suffolk, and Westchester counties.

Shelter Type Code: 32 – for Congregate Care Level II Residential Treatment facilities located in ROS.

Residents in *non-congregate* care level II Residential Treatment facilities receive a s/m PNA of \$22.50.

Non-congregate care level II facilities are:

- OASAS certified drug abuse and alcoholic treatment and rehabilitation facilities.

Shelter Type Code 27 – for Noncongregate Care Level II Drug/Alcohol Treatment Facilities

Congregate Care Level III

Residents in congregate care level III facilities receive a s/m PNA of \$89.

Congregate care level II facilities are:

- DOH/OMRDD certified adult homes and enriched housing facilities and schools for the mentally retarded. The CA household size must be equal to one (1).

Shelter Type Code: 42

Samples of the **W-648J** form are attached.

Effective Immediately

References:

18 NYCRR 352.8(b)(4);(c)(l)(ii)

[Temporary Assistance Source Book](#), Chapter 17

[Temporary Assistance Source Book](#), Chapter 18

[Public Assistance Budgeting Manual](#), Appendix E


[09-INF-14](#)

[05-ADM-03 \(Revised\)](#)

Related Item:

[PD #09-31-ELI](#)

Attachments:

 Please use Print on Demand to obtain copies of forms.

W-648J

Congregate Care Budget Worksheet (10-01-10)

W-648J (S)

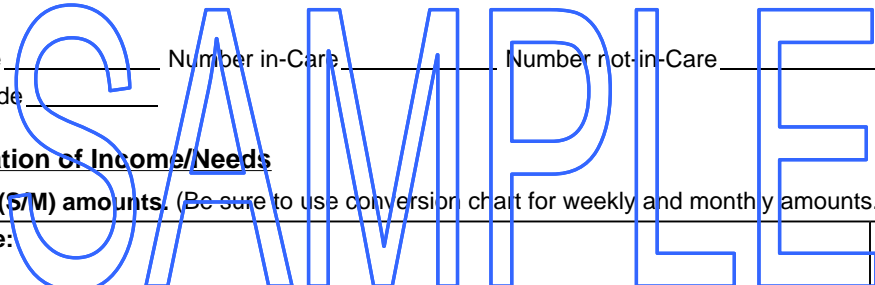
Congregate Care Budget Worksheet (Spanish)
(10-01-10)

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

Congregate Care Budget Worksheet (Effective January 1, 2010)

Use this form for households residing in congregate care shelter (shelter type codes **15, 16, 27, 28, 29, 31, 32, 42, or 43**) only.

Total Household size _____ Number in-Care _____ Number not in-Care _____
Enter shelter type code _____



Section 1: Calculation of Income/Needs

Enter **Semimonthly (S/M) amounts**. (Be sure to use conversion chart for weekly and monthly amounts.)

A. Unearned Income:			S/M Amounts
		How Often	Gross Income
1.	Workers' Compensation		\$
2.	New York State Disability		\$
3.	Unemployment Insurance Benefits		\$
4.	Supplemental Security Income (SSI)		\$
5.	Social Security benefits (non SSI)		\$
6.	Veterans' pension or compensation		\$
7.	Black Lung disease program		\$
8.	Spina bifida		\$
9.	Child support/Combined Child and Spousal Support ¹		
	Total Amount of Child Support		
	Income	Number of Children	
	(If household is in receipt of child support/combined child and spousal support income, subtract up to \$50/\$100 from the S/M amount above and enter the net amount on the right-hand side.)		\$
10.	Other (including Alimony/Spousal Support Only ²) (specify):		\$
11.	Total S/M Unearned Income (add lines 1 through 10)		\$

¹ CA households with one child are entitled to have up to \$50 S/M disregarded and households with two or more children are entitled to have up to \$100 S/M disregarded. If determined eligible for cash assistance, child support/combined child and spousal support is not budgetable but is assigned to the Agency through the Office of Child Support Enforcement (OCSE).

² No disregards are applied. Income received from combined child and spousal support where the last child on the CA case is 21 years of age or older, or alimony/spousal only support orders.

Section 1: Calculation of Income/Needs (continued)

Total number in household _____

B. Household Needs		S/M Amounts
I. In-Care Household Member(s)		
12.	Personal needs allowance (PNA)	\$
13.	Actual shelter cost (see Maximum Shelter Rate on chart below)	\$
14.	Total S/M needs for in-care household member(s) (add lines 12 and 13)	\$

B. Household Needs		S/M Amounts
II. Not-In-Care Shelter Resident(s)		
15.	PNA* (see chart below based on shelter code)	\$
16.	Room and/or Board (rate negotiated by facility)	\$
17.	Total S/M needs for not-in-care shelter resident(s) (add lines 15 through 16)	\$

* For shelter type code 43, use the basic CA grant amount that includes the pre-added allowance, energy grant, and prorated shelter of the shelter maximum for the household size.

B. Household Needs		S/M Amounts
III. All Household Members		
18.	Other (specify):	\$
19.	Pregnancy allowance (Enter the number of medically verified pregnant women on the case _____)	\$
20.	Total S/M household needs (add lines 14, 17, 18, and 19)	\$

Shelter Rates And Personal Needs Allowances		
Shelter Type	S/M PNA	S/M Shelter Rate
15	\$65.00	\$405.00
16		
31	\$75.00	\$479.50
43		
29	\$75.00	\$464.50
32		
27	\$22.50	Negotiated Rate
28	\$65.00	\$386.00
42	\$89.00	\$595.00

Section 2: 185% Gross Income Limitation Calculation

21.	Multiply amount on line 20 by 1.85	\$
22.	Compare amount entered on line 11 with amount on line 21. (a) If the amount entered on line 11 is greater than the amount on line 21, the household does not meet the 185% Gross Income Limitation and is ineligible for Cash Assistance (CA) – check <input checked="" type="checkbox"/> ineligible. Do not continue. Complete Form W-122D to determine Food Stamp (FS) eligibility. (b) If the amount entered on line 11 is equal to or less than the amount entered on line 21, the household meets the 185% Gross Income Limitation – check <input checked="" type="checkbox"/> eligible. Complete Section 3.	<input type="checkbox"/> Ineligible <input type="checkbox"/> Eligible

Section 3: Net Income Test

		S/M Amounts
23.	Total S/M unearned income (from line 11)	\$
24.	Total S/M household needs (from line 20 - round down to the nearest 50¢)	\$
25.	OCSE sanction: Enter 25% needs reduction amount, if applicable (multiply amount on line 24 by 0.25)	\$
26.	S/M needs (line 24 minus line 25)	\$
27.	Budget deficit (line 26 minus line 23 – round down to the nearest 50¢) Enter amount if greater than zero (0). If equal to or less than zero (0), do not enter amount here; enter amount on line 28.	CA Grant \$
28.	Budget surplus – if amount on line 23 is equal to or more than line 26, the household has failed the net income test and is not eligible for CA.	\$

SAMPLE

Authorization Period: From: _____ To: _____.

Authorized by

Date

Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____
 Unidad de Casos: _____
 Centro: _____

Hoja de Cálculos de Presupuesto para Cuidado en Grupo

(A partir del 1ro de enero, 2010)

Use este formulario para hogares que residen en un refugio de cuidado en grupo (códigos de tipo de refugio **15, 16, 27, 28, 29, 31, 32, 42, o 43**) solamente.

Número Total de Personas en el Hogar _____ Número de Personas en Cuidado _____
 Número de Personas fuera de Cuidado _____

Anote el código de tipo de refugio _____

Sección 1: Cálculos de Ingreso/Necesidades

Anote las cantidades quincenales. (Asegúrese de usar la tabla de conversión para cantidades semanales y mensuales.)

A. Ingreso No Salarial:			Cantidad Quincenal						
		Con qué Frecuencia	Ingreso Bruto						
1.	Indemnización para Trabajadores		\$						
2.	Indemnización para Incapacitados del Estado de Nueva York		\$						
3.	Beneficios de Seguro de Desempleo		\$						
4.	Ingreso Suplemental de Seguridad (SSI)		\$						
5.	Beneficios de Seguro Social (no SSI)		\$						
6.	Pensión o indemnización para Veteranos		\$						
7.	Programa de enfermedad de Pulmón Negro (Black Lung disease program)		\$						
8.	Espina bífida		\$						
9.	Ingreso de Manutención de Niños/Manutención de Niños y Conyugal Combinada ¹								
	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="2">Total de la Manutención de Niños</th> </tr> <tr> <td style="width: 50%; text-align: center;">Ingreso</td> <td style="width: 50%; text-align: center;">Número de Niños</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		Total de la Manutención de Niños		Ingreso	Número de Niños			
Total de la Manutención de Niños									
Ingreso	Número de Niños								
	(Si el hogar recibe ingreso de manutención de niños/manutención de niños y conyugal combinada, reste hasta \$50/\$100 de la cantidad quincenal de arriba y anote la cantidad neta correspondiente a la mano derecha.)		\$						
10.	Otro ingreso (incluyendo Sólo Pensión Alimenticia/Pensión Conyugal ²) (especifique):		\$						
11.	Total Quincenal de Ingresos no Salariales (sume las líneas 1 a 10)		\$						

¹ Los hogares de Asistencia en Efectivo (CA) de un niño tienen derecho a que se omita hasta \$50 quincenales, y los hogares de dos o más niños tienen derecho a que se omita hasta \$100 quincenales. Si a usted se le determina elegible para asistencia en efectivo, la manutención de niños/pensión alimenticia y pensión conyugal combinada no es presupuestable, sino que se asignará a la Agencia mediante la Oficina de Aplicación de Manutención de Niños (Office of Child Support Enforcement - OCSE).

² No corresponden omisiones al ingreso recibido de órdenes de manutención de pensión alimenticia y conyugal combinada donde el último niño en Asistencia Efectivo (CA) tiene 21 años de edad o más o sólo de pensión alimenticia/conyugal.

Sección 1: Cálculos de Ingreso/Necesidades(continuación)

Número total en el hogar _____

B. Necesidades del Hogar		Cantidad Quincenal
I. Miembro(s) del Hogar en Cuidado		
12.	Asignación para necesidades personales (PNA)	\$
13.	Costo actual de alojamiento (vea la tarifa máxima de albergue en la tabla más abajo)	\$
14.	Total de necesidades quincenales para miembro(s) del hogar en cuidado (sume las líneas 12 y 13)	\$

B. Necesidades del Hogar		Cantidad Quincenal
II. Residente(s) en Refugio(s) Fuera de Cuidado		
15.	PNA* (vea la tabla más abajo basada en el código de albergue)	\$
16.	Hospedaje y/o comidas (tarifa negociada por el local)	\$
17.	Total de necesidades quincenales para residente(s) en refugio(s) fuera de cuidado (sume las líneas 15 hasta 16)	\$

* Para tipo de código de refugio 43, use la cantidad de concesión básica de CA que incluye una asignación añadida anteriormente, concesión de energía, y alojamiento prorrateado del refugio máximo para el tamaño del hogar.

B. Necesidades del Hogar		Cantidad Quincenal
III. Todos los Miembro(s) del Hogar		
18.	Otra necesidad (especifique):	\$
19.	Asignación para embarazo (Añote el número en el caso de embarazadas verificado por un médico: _____)	\$
20.	Total de necesidades quincenales para miembro(s) del hogar (sume las líneas 14, 17, 18, y 19)	\$

Tarifas de Albergue y Concesiones para Necesidades Personales		
Tipo de Albergue	PNA Quincenal	Tarifa Quincenal de Albergue
15	\$65.00	\$405.00
16	\$75.00	\$479.50
31		
43		
29	\$75.00	\$464.50
32		
27	\$22.50	Tarifa Negociada
28	\$65.00	\$386.00
42	\$89.00	\$595.00

Sección 2: Cálculo de la Limitación del 185% del Ingreso Bruto

21.	Multiplique la cantidad de la línea 20 por 1.85	\$
22.	Compare la cantidad marcada en la línea 11 con la cantidad de la línea 21. (a) Si la cantidad de la línea 11 supera la cantidad de la línea 21, el hogar no cualifica según la Limitación del 185% del Ingreso Bruto y no es elegible para Asistencia en Efectivo (Cash Assistance – CA) – marque <input checked="" type="checkbox"/> Inelegible. No siga llenando el formulario. Llene el formulario W-122D (S) para determinar si es elegible para Cupones para Alimentos (Food Stamps – FS). (b) Si la cantidad en la línea 11 es igual a o menor que la cantidad de la línea 21 el hogar cualifica según la Limitación del 185% del Ingreso Bruto – marque <input checked="" type="checkbox"/> la casilla elegible. Llene la Sección 3.	<input type="checkbox"/> Inelegible <input type="checkbox"/> Elegible

Sección 3: Prueba de Ingreso Neto

		Cantidad Quincenal
23.	Total quincenal de ingresos no salariales (línea 11)	\$
24.	Total de necesidades quincenales del hogar (cantidad de la línea 20 – redondee a los 50¢ inferiores)	\$
25.	Sanción de OCSE: Anote la cantidad de la reducción del 25% de necesidades, si corresponde (multiplique la cantidad de la línea 24 por 0.25)	\$
26.	Necesidades quincenales (línea 24 menos la línea 25)	\$
27.	Déficit presupuestario (línea 26 menos línea 23 – redondee a los 50¢ inferiores). Anote la cantidad si es más que cero (0). Si la cantidad equivale o es menos que cero (0), no anote la cantidad aquí; anótela en la línea 28.	Concesión CA \$
28.	Excedente de presupuesto – si la cantidad de la línea 23 equivale o es más que la cantidad de la línea 26, el hogar no ha pasado la prueba de ingreso salarial neto y no es elegible para Asistencia Efectivo.	\$

Período de Autorización: De: _____ A: _____.

Autorizado por

Fecha