



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #07-43-EMP *(This Policy Bulletin Replaces PB #07-09-EMP)*

REVISION TO THE WELLNESS, COMPREHENSIVE ASSESSMENT, REHABILITATION AND EMPLOYMENT (WECARE) CLINICAL REVIEW TEAM (CRT)

Date: April 2, 2007	Subtopic(s): CRT, WECARE
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revision to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to replace the Medical Provider Appointment letter (W-538C) with the Referral to Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) for a Clinical Review form (W-300).</p> <p>Purpose:</p> <p>The purpose of this policy bulletin is to advise all Job Center, Substance Abuse Case Management, and Conciliation and Substance Abuse Service Center staff of the new Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Clinical Review Team (CRT) and the codes that will be offered in NYCWAY to refer applicants/participants to CRT for an evaluation. This policy bulletin is informational for all other staff.</p> <p>Individuals who were previously assessed by WeCARE and received a Functional Capacity Outcome (FCO) based on a Biopsychosocial (BPS) assessment may require a subsequent review of the individual's current functional capacity. In order to determine if a new WeCARE medical or specialty assessment is required, a review of the most recent FCO and current medical claim(s) must be evaluated by the CRT. The CRT process will include an interview with the individual and a review of past and current medical documentation.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

In order to determine if the most recent FCO is clinically appropriate, a clinical review may be required if individuals:

- were formerly participating in the WeCARE program, are reapplying for public assistance, claiming a medical barrier, and the WeCARE FCO is less than 12 months old; or
- are being referred to WeCARE for FCO review due to a Fair Hearing decision.

The Referral to Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) for a Clinical Review form (**W-300**) will be generated when either of these codes is posted.

Individuals will be referred to CRT via the Employability Plan (EP) in NYCWAY. NYCWAY will determine if a WeCARE FCO was posted for the individual within the last 12 months. If one was, the Worker will be prompted to select either Action Code **16HR** (Referral to WeCARE Review Board – Fair Hearing Result) or Action Code **16JR** (Referral to WeCARE Review Board – Previous FCO). The JOS/Worker must select **16JR** in these instances.

If there is no evidence of a former WeCARE FCO or the FCO is more than 12 months old, the Worker will be prompted to post the normal WeCARE referral codes.

Refer to [PD #06-20-OPE](#) for detailed instructions on the Fair Hearing Compliance process.

The **16HR** should be used for Fair Hearing decisions only, and should be posted by the Processing Unit staff responsible for Fair Hearing Compliance. The JOS/Worker in the Processing Unit will be allowed to post the **16HR** outside the EP (an Employment Plan is not required). NYCWAY will determine if the applicant/participant had an FCO within the past 12 months.

Revised information

- If there is an FCO less than 12 months old, NYCWAY will allow the **16HR** to post. The **W-300** will be batch mailed to the applicant/participant.
 - If there is no FCO or the FCO is more than 12 months old, NYCWAY will display the error message “Initial Referral Required.” In these instances the JOS/Worker must call in the applicant/participant via the Fair Hearing Compliance Request form (**W-186D**) and schedule an initial WeCARE appointment through the EP per current procedure.
- Whenever the **16HR** posts, the JOS/Worker must send the applicant/participant the Fair Hearing Compliance Statement form (**W-186C**), advising him/her of the CRT appointment that was made on his/her behalf.
 - The **W-186C** has been revised to accommodate this process.

A **W-186C** must be sent to the applicant/participant advising him/her of the medical appointment.

CRT locations

Each vendor has separate CRT locations. The CRT locations are:

Federation of Employment and Guidance Services (FEGS)

Manhattan and Staten Island: 80 Vandam Street, 7th Floor
New York, NY 10013

Bronx: 2432 Grand Concourse, 4th Floor
Bronx, NY 10458

Arbor

Brooklyn: 25 Elm Place, 3rd Floor
Brooklyn, NY 11201

Queens: 42-15 Crescent Street, 8th Floor
Long Island City, NY 11101

Effective Immediately


Related Item:

[PD #06-20-OPE](#)

Attachments:

W-300 Referral to Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) for a Clinical Review

W-300 (S) Referral to Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) for a Clinical Review (Spanish)

 Please use Print on Demand to obtain copies of forms.



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

Referral to Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) for a Clinical Review

You must report to WeCARE for an appointment with a Clinical Review Team (CRT). The goal of the clinical review is to determine if your most recent Functional Capacity Outcome (FCO) is still appropriate.

Appointment Date: _____ Time: _____ Telephone: _____

CRT Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

Please bring copies of any medical documentation to the CRT appointment. In addition, if you recently had a Fair Hearing, please bring any documents submitted at the Fair Hearing and your Fair Hearing decision notice to this meeting.

This is a mandatory appointment. Failure to report and/or comply with this appointment may result in the reduction, denial or closing of your public assistance case.

If you cannot keep this appointment or need special accommodations, please call the phone number listed above for assistance before your scheduled appointment time.



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

**Envío a Bienestar, Evaluación Completa, Rehabilitación y Empleo
(Wellness, Comprehensive Assessment, Rehabilitation and Employment – WeCARE)
para Examen Clínico**

Usted tiene que presentarse a WeCARE para una cita con un Equipo de Examen Clínico (Clinical Review Team –CRT). El propósito del examen clínico es determinar si su más reciente Resultado de Capacidad Funcional (Functional Capacity Outcome – FCO) aún es apropiado.

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

Favor de traer copias de cualquier documentación médica a la cita de CRT. Además, si usted recientemente asistió a una Audiencia Imparcial, favor de traer a esta cita cualquier documento presentado en dicha audiencia y su aviso de la decisión de la Audiencia Imparcial.

Esta cita es obligatoria. El no presentarse y/o cumplir con esta cita puede resultar en la reducción, rechazo, o cierre de su caso de asistencia pública.

Si usted no puede cumplir esta cita o si necesita arreglos especiales, favor de llamar al número de teléfono listado más arriba para ayuda antes de su cita programada.