




OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY BULLETIN #17-08-OPE

MONTHLY FORMS UPDATE: (FIA-1104E, HRA-138, HRA-138A, HRA-138B AND W-519N)

Date: January 30, 2017	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The following forms have been updated or added on eDocs:</p> <ul style="list-style-type: none"> • “Do You Need Help Paying Your Utility Bills?” (FIA-1104e) is a one-time form that was sent to individuals who previously received a utility guarantee, as part of a CA case, and whose case was closed due to the receipt of SSI. • “Request to Change Name and/or Gender in Human Resources Administration (HRA) Records” (HRA-138) form was updated, as follows: <ul style="list-style-type: none"> ▪ The font size was increased; ▪ “Case name” was replaced with “client name”; ▪ The phrase “that we update your case details in WMS or in eMedNY, or in both” was replaced with “any or all of the following changes be made to your case. Check what changes you want.”; ▪ The phrase “apply eMedNY” code was replaced with “Note that this code will be viewable to providers in the billing system”; ▪ The bullets were changed to checked boxes; ▪ A line for “Authorized Representative Name (print)” was added; ▪ “See next page” with an arrow was added; ▪ Under Gender Correction the “Court Order” and “Marriage License” fields are shaded gray; ▪ Under Name Change the “Medical Note” field is shaded gray;

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

- “Action Taken on Request to Change Name and/or Gender in Human Resources Administration (HRA) Records ” (**HRA-138a**) form was designated as an LLF form.
- “Name and Gender Change for Transgender Clients: Frequently Asked Questions (FAQ)” (**HRA-138b**) form was designated as an LLF form.
- “Automated Finger Imaging System (AFIS) Directory” (**W-519N**) form hours of operation were updated at multiple sights and the sentence at the bottom of the page was removed.

Center Directors must ensure that only the latest versions of forms (available on HRA eDocs) are used and that previous versions of the forms are removed from circulation and recycled.

Effective Immediately

Attachments:

FIA-1104e	Do You Need Help Paying Your Utility Bills (10/09/15)
HRA-138	Request to Change Name and/or Gender in Human Resources Administration (HRA) Records (12/22/2016)
HRA-138a	Action Taken on Request to Change Name and/or Gender in Human Resources Administration (HRA) Records
HRA-138b	Name and Gender Change for Transgender Clients: Frequently Asked Questions (FAQ)
W-519N	Automated Finger Imaging System (AFIS) Directory (Rev. 1/12/17)

Date: _____

Case Name: _____

Case Number: _____

Do You Need Help Paying Your Utility Bills?

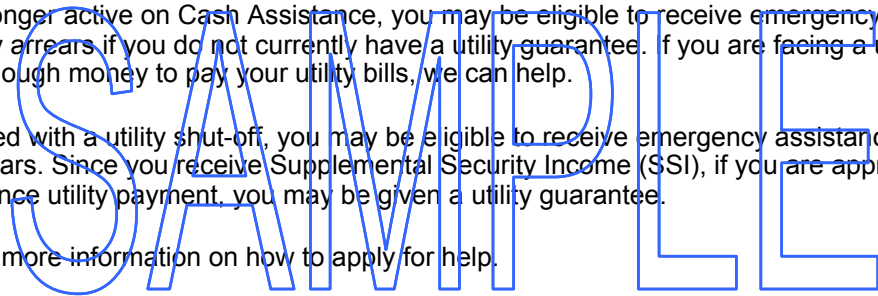
According to our records, you may have had a utility guarantee issued by Human Resources Administration (HRA) to your utility service provider.

A utility guarantee is when the HRA promises your utility service provider that for a six month period, your utility bill will be paid in full.

While you are no longer active on Cash Assistance, you may be eligible to receive emergency assistance to help pay your utility arrears if you do not currently have a utility guarantee. If you are facing a utility shut-off and you do not have enough money to pay your utility bills, we can help.

If you are threatened with a utility shut-off, you may be eligible to receive emergency assistance funds to help pay your utility arrears. Since you receive Supplemental Security Income (SSI), if you are approved for an emergency assistance utility payment, you may be given a utility guarantee.

Please call 311 for more information on how to apply for help.



Request to Change Name and/or Gender in Human Resources Administration (HRA) Records

Note: All sections below may be completed by either the client or staff on behalf of the client.

Section I – Current Case Information

Client Name:	CIN:
Case Number or Social Security Number (optional):	Date of Submission:
Address:	

SAMPLE

Section II – Request (See Section/Item Number 3 of FAQ Sheet enclosed for explanation of terms.) You may request any or all of the following changes be made to your case. Check (☑) what changes you want.

<input type="checkbox"/> Correct Gender In Case Record (WMS)		<p style="text-align: center;"><u>I identify as...</u></p> <input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> Remove all gender restrictions on health coverage under Medicaid * <small>* Note that this code will be viewable to providers in the billing system</small>		<p style="text-align: center;"><u>I identify as....</u></p> <input type="checkbox"/> Female (eMedNY Code G1) <input type="checkbox"/> Male (eMedNY Code G2)
<input type="checkbox"/> Change Name From: _____ To: _____		
Client's or Authorized Representative's Signature:		
Authorized Representative Name (print):		

See next page

Section III – Document(s) You Are Submitting (Check All That Apply In The First Column)
See Section/Item Number 1 and 2 of FAQ Sheet enclosed for explanation of documents we can accept. Do not mail original documents. Make sure the copy you send is readable and complete.

You must submit at least one document that supports each the gender correction and the name change that you are requesting. Look for a checkmark (√) in either/both of the last two columns.

The listed Document Types are valid as proof to support the following:

Document Type	Gender Correction	Name Change
<input type="checkbox"/> Birth Certificate /Amended Birth Certificate	√	√
<input type="checkbox"/> Court Order		√
<input type="checkbox"/> NYS Driver's License	√	√
<input type="checkbox"/> NYS Non-Driver ID	√	√
<input type="checkbox"/> Letter from Social Security Administration	√	√
<input type="checkbox"/> Medical Note	√	
<input type="checkbox"/> Marriage License		√
<input type="checkbox"/> Passport	√	√
Note to staff: Remember to include the FAQ Sheet referenced in Sections II and III above.		

If you have any questions, call the HRA InfoLine at (718) 557-1399.

Action Taken on Request to Change Name and/or Gender In Human Resources Administration (HRA) Records

Section I – Case Information

Case Name:	Address:
Case Number or Social Security Number:	CIN:

Section II – Acknowledgment/Action Taken (Check All That Apply)

<input type="checkbox"/> Request Taken for Review/Processing	<input type="checkbox"/> WMS Record Updated <input type="checkbox"/> eMedNY Record Updated. All related gender restrictions on health coverage under Medicaid have been removed	<input type="checkbox"/> eMedNY Record Referred for update to remove related gender restrictions on health coverage under Medicaid
<input type="checkbox"/> Request Deferred for Documentation (See Section III below)	<input type="checkbox"/> Request Rejected – No Active Case. Consumer Given/Sent an Application	<input type="checkbox"/> Request Rejected – Requested Demographics Already on WMS and eMedNY
Worker Name:		Worker Signature:
Office/Unit Name:		Date:

SAMPLE

Section III – Deferral (Check One)

<input type="checkbox"/> Your request was received without the required documentation. Please see Section IV on the back of this notice for a listing of acceptable documents. Return this form or a copy of it, along with your documentation. You must submit at least one of the documents listed for us to make the record update(s) that you requested. Any document submitted must be readable and complete. Do not mail original documents.		
<input type="checkbox"/> The documentation submitted is either unreadable or incomplete. Return this form or a copy of it, along with better copy of your document, or see Section IV on the back of this notice for a listing of other acceptable documents that can be accepted in its place. You must submit at least one of the documents listed for us to make the record update(s) that you requested. Any document submitted must be readable and complete. Do not mail original documents.		
Worker Name:		Worker Signature:
Office/Unit Name:		Date:

Section IV – Acceptable documents include the following

Document Type	Gender Correction	Name Change
<input type="checkbox"/> Birth Certificate /Amended Birth Certificate	√	√
<input type="checkbox"/> Court Order		√
<input type="checkbox"/> NYS Driver's License	√	√
<input type="checkbox"/> NYS Non-Driver ID	√	√
<input type="checkbox"/> Letter from Social Security Administration	√	√
<input type="checkbox"/> Medical Note	√	
<input type="checkbox"/> Marriage License		√
<input type="checkbox"/> Passport	√	√

Section VI– Action Taken After Deferral or Referral (Check All That Apply)

Note to Consumer: The box(es) checked below indicate the action taken in response to the request that you made to correct the gender designation that we maintain on file for you.

<input type="checkbox"/> WMS Record Updated, Name Now Reads:	
<input type="checkbox"/> WMS Record Updated, Gender Designation Now Reads:	<input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> eMedNY Record Updated. All related gender restrictions on health coverage under Medicaid have been removed	<input type="checkbox"/> Code G1 Entered (Female) <input type="checkbox"/> Code G2 Entered (Male)
<input type="checkbox"/> No Further Action Required – WMS and eMedNY records were already updated <input type="checkbox"/> No Updates Made. Request Not Supported By Documentation Submitted <input type="checkbox"/> Other: _____ _____	
Worker Name:	Worker Signature:
Office/Unit Name:	Date:

If you have any questions, call the HRA InfoLine at 718-557-1399.

Name and Gender Change for Transgender Clients: Frequently Asked Questions (FAQ)

1. How do I change my gender in HRA records?

You must submit to HRA **one** of the following documents:

- a New York State Driver License or Non-Driver ID showing your corrected or changed gender,
- a passport or birth certificate showing your corrected or changed gender,
- a letter from Social Security confirming your gender, or
- a signed and dated statement from a licensed physician, nurse practitioner, or physician's assistant who has treated you or reviewed your gender-related medical history. The statement must include language that you have undergone "appropriate clinical treatment" for a person diagnosed with gender dysphoria.

You will also need to fill out and submit form **HRA-138, Request to Change Name and/or Gender in Human Resources Administration (HRA) Records**. Once we have the required documents, your gender will be updated in the Welfare Management System (WMS), which is a state system used to track case and benefits information for HRA clients.

PLEASE NOTE: If you have health care through the New York State of Health, (a.k.a NYS Health Care Exchange or Marketplace) you will also need to change your gender there. It is a separate process. Please see section 4 below for more information.

2. How do I change my name in HRA records?

You must bring in **one** of the following documents:

- a Court Order showing your new name;
- a New York State Driver License or Non-Driver ID showing your new name;
- a passport or birth certificate showing your new name;
- a letter from Social Security showing your new name.

You will also need to fill out form **HRA-138, Request to Change Name and/or Gender in Human Resources Administration (HRA) Records**. We recommend that you change your name with the Social Security Administration *before* doing so with HRA, because a mismatch between the two agencies could result in a disruption of your services. Once we have the required documents, your legal name will be updated in the Welfare Management System (WMS), which is a state system used to track case and benefits information for HRA clients.

PLEASE NOTE: If you have health care through the New York State of Health, you will also need to change your name there. It is a separate process. Please see section 4 below for more information.

3. What is a Restriction/Exception code?

If you request a gender change, a “Restriction/Exception” code will be applied to your case. You may also request this code even if you do not change your gender, using form **HRA-138, Request to Change Name and/or Gender in Human Resources Administration (HRA) Records**.

Insurance plans such as Medicaid restrict certain services by gender. Even if you are coded with the correct gender in our systems, some services may not be covered. For example, a prostate exam might not automatically be covered for a transgender woman, or a visit to the gynecologist may not automatically be covered for a transgender man. Therefore, in order to avoid billing problems, a Restriction/Exception code will be entered into the state’s Medicaid billing system, eMedNY. The code “G1” is for transgender women, and the code “G2” is for transgender men. This code will ensure that your gender does not limit payments for necessary and otherwise covered health services.

PLEASE NOTE: This code will be visible to any health care provider that accepts Medicaid. If you do not want the code applied to your case, please indicate this when requesting gender change. However, this may affect your services.

4. How do I change my name and/or gender with my New York State of Health (a.k.a NYS Health Care Exchange or Marketplace) insurance plan?

HRA does not have access to the systems used to manage health plans through the New York State of Health (“NYSoH”) exchange. Therefore, if you have a plan through NYSoH, you will have to contact NYSoH directly. The same documents listed above can be used to change name or gender with your NYSoH insurance plan. New York State of Health will also apply the Restriction/Exception code for your case. You may request these changes in one of the three following ways:



Upload the required document yourself, through your online account;



Fax the required document to New York State of Health Customer Service at (855) 387-1363; or



Mail the document to:

New York State of Health
PO Box 11726
Albany, NY 12211

Please include a note explaining that you are changing name and/or gender.

5. How long will it take for HRA to process my request?

HRA makes every effort to complete this type of request within 14 days. Processing time with the New York State of Health may vary.

6. How do I get a new HRA benefit card?

A new Common Benefit Identification Card (CBIC) is generated whenever demographic information has changed, such as name or gender. However, as of May 1, 2015, benefit cards no longer display the cardholder's gender. All new cards will be issued without a gender on them. If you need to request a new card for any reason, please call HRA's Infoline at (718) 557-1399, request one online at www.nyc.gov/311 by searching "cbic" or visit one of the locations below:

CBIC LOCATIONS	
Manhattan: 109 East 16 th Street - Ground Floor	Brooklyn: 227 Schermerhorn Street - Ground Floor
The CBIC sites are open Monday through Friday from 8:30 am to 7:15 pm (excluding holidays)	

7. Will my information be kept confidential?

All HRA staff members are required to maintain the confidentiality of the individuals they serve. Transgender or intersex status and information about a person's anatomy or medical history must be treated as confidential information. Any medical documentation submitted for the purposes of gender change or Restriction/Exception codes will be kept confidential, restricted to designated staff and disclosed only to the extent required to provide services. However, please note that the Restriction/Exception codes will be visible to medical providers and pharmacists who use the state billing system.

8. Will Medicaid cover gender-related surgeries for transgender people?

Yes. As of March 11, 2015, hormone treatments and certain other medically necessary gender reassignment procedures, including many surgical procedures, are covered by New York State Medicaid and Medicaid Managed Care plans. The full list of covered procedures and more information about the requirements for coverage can be found by going to <http://www.health.ny.gov/> or <http://www1.nyc.gov/>. If you are refused service by a Medicaid provider or have questions about Medicaid-covered medical procedures, please contact the New York State Department of Health's Medicaid Helpline at (800) 541-2831.

9. Who can I contact for more information?

- HRA's Office of Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Affairs at lgbtqi@hra.nyc.gov for questions about this publication or other HRA policies affecting LGBTQI people.
- Your Medicaid Managed Care Plan for questions about what is covered, how to request coverage, and how to challenge denials of coverage. If you do not know your plan information, please contact the New York State of Health Helpline or Medicaid Helpline, below.
- New York State of Health Helpline for more information about changing name or gender with health plans managed by the NYSoH Exchange. Please call (855) 355-5777 or (800) 662-1220 for TTY.
- New York State Medicaid Helpline at (800) 541-2831 for questions about transgender health care under New York State Medicaid.
- HRA's Infoline at (718) 557-1399 for general information about your case or to request a new CBIC card. You may also email constituentaffairs@hra.nyc.gov, or contact 311.

Automated Finger Imaging System (AFIS) Directory

Please report to one of the Centers listed below and you will be directed to the Finger Imaging Station

MANHATTAN / SPECIAL NEEDS

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Waverly – #13	12 West 14th Street, New York, NY 10011	3rd Floor	Monday through Friday, 9:00 AM to 5:00 PM
St. Nicholas – #18	132 West 125th Street, New York, NY 10027	3rd Floor	Monday through Friday, 9:00 AM to 5:00 PM
East End – #23	2322 3rd Avenue, New York, NY 10035	3rd Floor	Monday through Friday, 9:00 AM to 5:00 PM
Dyckman – #35	4055 10th Avenue, New York, NY 10034	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
East River – #37	32-20 Northern Blvd, Long Island City, NY 11101 (Entrance at One Honeywell Street)	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
Union Square Job Center – #39	109 East 16th Street, New York, NY 10003	8th Floor	Monday through Friday, 9:00 AM to 5:00 PM Saturday, 9:00 AM to 5:00 PM

BRONX

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Rider – #38	300 Canal Place, Bronx, NY 10451	1st, 2nd, 3rd, and 4th Floor	Monday through Friday, 9:00 AM to 5:00 PM
Hunts Point – #40	847 Barretto Street, Bronx, NY 10474	2nd Floor (Room 216 and 217)	Monday through Friday, 9:00 AM to 5:00 PM
Fordham – #44	2541-2549 Bainbridge Avenue, Bronx, NY 10458	2nd Floor	Monday through Friday, 9:00 AM to 5:00 PM
Crotona – #46	1910 Monterey Avenue, Bronx, NY 10457	3rd, 4th (Room 408), and 6th Floor	Monday through Friday, 9:00 AM to 5:00 PM
SNAP Center ★	Address	Floor	Hours
Concourse – SNAP 45	1375 Jerome Avenue, Bronx, NY 10452	2nd Floor	Monday through Friday, 9:00 AM to 6:00 PM

BROOKLYN

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Coney Island – #63	3050 West 21st Street, Brooklyn, NY 11224	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
DeKalb – #64	500 DeKalb Avenue, Brooklyn, NY 11205	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
Bushwick – #66	30 Thornton Street, Brooklyn, NY 11206	1st and 4th Floor	Monday through Friday, 9:00 AM to 5:00 PM
Clinton Hill – #67	495 Clermont Avenue, Brooklyn, NY 11238	4th Floor (Room 04-49)	Monday through Friday, 9:00 AM to 5:00 PM
Southern Brooklyn – #70	35 Fourth Avenue, Brooklyn, NY 11217	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
SNAP Centers ★	Address	Floor	Hours
Fort Greene – SNAP 20	275 Bergen Street, Brooklyn, NY 11217	1st Floor	Monday through Friday, 9:00 AM to 6:00 PM
Coney Island – SNAP 22	2857 West 8th Street, Brooklyn, NY 11224	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
East New York – SNAP 28	404 Pine Street, Brooklyn, NY 11208	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM

★ Note: These are SNAP only sites.

QUEENS

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Queens – #53	32-20 Northern Blvd., Long Island City, NY 11101 (Entrance at One Honeywell Street)	1st Floor (Room 114)	Monday through Friday, 9:00 AM to 5:00 PM
Jamaica – #54	165-08 88th Avenue, Jamaica, NY 11432	4th Floor	Monday through Friday, 9:00 AM to 5:00 PM
Rockaway – #79	219 Beach 59th Street, Rockaway, NY 11692	2nd Floor	Monday through Friday, 9:00 AM to 5:00 PM

STATEN ISLAND

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Richmond – #99	201 Bay Street, Staten Island, NY 10301	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM

SPECIAL POPULATIONS

Job Centers	Address	Floor	Hours
Refugee & Immigrant - #47	88 Third Avenue, Brooklyn, NY 11217	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
Veterans - #62	25 Chapel Street, Brooklyn, NY 11201	6th Floor	Monday through Friday, 9:00 AM to 5:00 PM
Special Projects Center - #80	109 East 16th Street, New York, NY 10003	12th Floor	Monday through Friday, 9:00 AM to 5:00 PM

SAMPLE