



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #08-29-ELI *(This Policy Directive obsoletes PD #00-88)*

PROCESSING OF CASES REFERRED BY THE DIVISION OF VOLUNTARY AND PROPRIETARY HOMES FOR ADULTS (DVPHA)

Date: August 12, 2008	Subtopic(s): DVPHA
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AUDIENCE The instructions in this policy directive are for Job Center staff. They are informational for all other staff.

POLICY The Human Resources Administration (HRA) provides a shelter allowance and a personal needs allowance so that low income aged or disabled adults who need a supervised and supportive living arrangement can afford housing in state licensed homes and residences. The type of care that is offered in these homes and residences is known as congregate care.

BACKGROUND The Agency must provide an allowance for each individual receiving care in a Level 1, Level 2, or Level 3 certified congregate care facility who files an application and is deemed eligible for Cash Assistance (CA). The allowance is based on the rates provided for care and maintenance under the Supplemental Security Income (SSI) Program for SSI beneficiaries residing in the same facility, less the amount of any personal needs allowance included in the SSI rate. Individuals usually apply for congregate care housing with the assistance of social service staff from various community sources. These include, but are not limited to, New York State Psychiatric Centers, New York City Health and Hospitals Corporation facilities, private voluntary or proprietary hospitals, the Department of Homeless Services, Protective Services for Adults, and a wide variety of community agencies which provide social service counseling

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*

Note: The rate of payment for congregate care changes each year effective January 1, in accordance with the COLA received by SSI recipients.

There are three (3) levels of congregate care facilities. Each level has a different rate of payment. Please refer to the Shelter Rates and Personal Needs Allowance for Congregate Care Facilities Desk Aid (Form **W-200G**) for current shelter rates and personal needs allowance amounts.

Congregate Care Level 1 –

Family-type homes for adults 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 operated by HRA through the Division of Voluntary and Proprietary Homes for Adults (DVPHA). These are smaller residential programs serving the mentally retarded, the mentally ill, and the frail elderly.
Shelter Type: **15**

Congregate Care Level 2 –

- Adult homes licensed through the New York State Department of Health (DOH) and community residences licensed through OMH.
Shelter Type: **16**
- Community Residences licensed through OMH/OMRDD. These are principally small group homes and supported apartments. Cases that were previously coded as Shelter Type **16**, but live in an apartment-like setting and are now coded as Shelter Type **43**. The case can be larger than a family size of 1.
Shelter Type: **43**

Congregate Care Level 3 –

DOH Adult Homes and Enriched Housing facilities. The case **must be** a family size of 1.
Shelter Type: **42**

Social service staff from community agencies providing counseling can request approval for Supportive Housing either in writing, via Form **HR-1990m** for Medical reasons, or electronically for Mental Health Cases, via Form **HRA 2010(e)** to the Supportive Housing Unit at 2 Washington St., New York, NY 10004.

Completed Forms **HR-1990m** and **HRA 2010(e)** are forwarded to DVPHA, which oversees placement of eligible individuals or couples into the appropriate type of adult home. DVPHA also makes referrals for CA where appropriate. DVPHA is part of MICSA-Adult Protective Services.

SSI application
requirement

To be eligible for CA, an individual must have applied for SSI. In addition, if the individual is applying for congregate care in a Level 2 or Level 3 facility, the facility must register with DVPHA. DVPHA is responsible for maintaining a roster of facilities where individuals eligible for CA will be located.

Once the Notice(s) of Admission/Request(s) for CA is/are received at DVPHA, the Notices of those individuals who will be referred to the Family Independence Administration (FIA) are attached to a DVPHA transmittal sheet (**HR-11**) and forwarded by fax to the appropriate Job Center. Form **HR-11** notifies the Center that the applicant has been admitted for placement to a particular congregate care facility and provides the “pick up” date for payment.

Note:

- The “pick up” date is the start date for payment and is not necessarily the same as the individual’s date of admission into the congregate care facility.
- DVPHA may recommend that the Center pay prorated “one-shot” expenses for an applicant/participant who moved into a facility before the SSI payment was received.
- DVPHA may recommend that the Center accept a case with income from SSI and/or Retirement Survivors Disability Insurance (RSDI). In some cases, there is a reduction in the income due to garnishment or repayment of a prior overpayment. DVPHA is responsible for verifying that the applicant/participant has requested a waiver from the Social Security Administration (SSA) to reduce the deduction for the overpayment.

This directive provides instructions to staff on how to handle the cases of individuals who are applying for or are already in receipt of CA and are referred by DVPHA. It is imperative that these cases be processed in a timely manner, as delays can cause serious consequences.

**REQUIRED
ACTION****Active Cases**

If the individual for whom a Notice of Admission/Request for CA is received by DVPHA is active on a CA case, DVPHA forwards the Notice and Form **HR-11** by fax to the Administrative Assistant (AA) to the Director of the Center that has the active case.

Active cases

Upon receipt of the packet, the AA to the Center Director “clocks in” Form **HR-11** for control purposes and forwards it to the appropriate Associate Job Opportunity Specialist (AJOS I). The AJOS I assigns the case to the JOS/Worker, who is responsible for taking the following case actions.

- Single-individual Cases
 - Check the client’s address in WMS and make changes if necessary.
 - Prepare a new budget (see budgeting instructions below).
 - Make direct vendor payments to the facility listed on Form **HR-11**.
 - Change the payee/case name to “[Facility Name] for [Case Name]” on the TAD, e.g., “Golden Horizon for John Smith.
 - Change the mailing address to the [case name c/o the facility] and the facility’s address.
- Multi-person Cases
 - Review the CA case. For Shelter Types **15**, **16**, and **43**, the family size can be greater than 1. If all members on the case are moving into congregate care, follow the same instructions given for a Single-individual case (see above).
 - If all household members are not moving into the congregate care facility, close the individual’s line(s) on the active case. Establish a new case for the individual(s) only. If Shelter Type **42**, each participant requires a separate case, even if living together.
 - Budget the case according to the instructions listed under the Budget Preparation section.
 - Make payments to the facility as listed on Form **HR-11**.
 - Enter the case name on the new case as “[Facility Name] for [Case Name]” on the TAD, e.g., “Golden Horizon for John Smith.”
 - Enter the mailing address on the new case as the [case name c/o the facility] and the facility’s address.

Upon completion of the above actions, the Center must transfer the case to the Center that covers the congregate care facility's address. In Brooklyn, the Institute for Community Living (ICL) has an agreement that all of their cases will go to Bushwick Center #66.

Non-active Cases

Non-active cases

If the individual is not active on a CA case, the packet containing Form **HR-11** is sent from DVPHA to the Center covering the Zip Code of the congregate care facility. In Brooklyn, the ICL has an agreement that all of their cases will go to Bushwick Center #66.

For new applicants, the AA to the Center Director forwards the package from DVPHA to the AJOS II of Case Establishment. The AJOS II assigns the case to the Case Management Unit (CMU) AJOS I next in line to receive an application case , who then assigns a JOS/Worker to do the following:

Date application was signed is the date of filing.

- Conduct a homebound visit at the congregate care facility
- Obtain a signed application (Form **LDSS-2921**)
- Complete Eligibility Determination History Sheet (Form **W-138V**)
- Ensure that the application is registered the same day, using the date the application was signed as the date of filing
- Obtain verification from the applicant that he/she has applied for SSI benefits
- Obtain all necessary documentation, such as proof of identity, income and Social Security number, and doctor's verification of homebound and/or disabled status
- These households are not screened for expedited food stamps as the facility applies for and receives food stamps as a whole on behalf of their residents.

Eligibility must be determined within 30 days from the time the HRA forms were clocked in. Benefits must be available by the 45th day.

These cases must be processed and benefits must be made available within 30 or 45 days of receipt of Form **HR-11**, based on family composition. However, shelter payments for these facilities are considered an emergency and must be paid during the application period. A delay in the processing of these cases may place this particularly vulnerable population in jeopardy of eviction.

Budget Preparation for Levels 1, 2, and 3

- Access the **NSBLO2** Screen

Refer to Form **W-200G** for the current shelter rates and personal needs allowances

Enter Shelter Code **15** for Level 1

- For Congregate Care Level 1: enter “**15**” in the SHELTER/TYPE field. If the family size equals to one, this will automatically generate a semi-monthly personal needs allowance and a semi-monthly shelter rate according to the schedule on Form **W-200G**. If the family size is greater than one, the shelter amount must be entered manually. (The amount of the shelter rate changes annually with the SSI/RSDI COLA increase).

Enter Shelter Code **16** for Level 2, DOH adult homes/NYS OMH community residences

- For Congregate Care Level 2:

- For adult homes and community residences, enter Shelter Type **16**.
- For Supervised/Supportive Apartments, enter Shelter Type **43**.

Enter Shelter Code **43** for Level 2, OMH/OMRDD community residences

If the family size for either shelter type equals one, this will automatically generate a semi-monthly personal needs allowance and an appropriate shelter rate. If the family size is greater than one, the payment amount must be entered manually. (The amount of the shelter rate changes annually with the SSI/RSDI COLA increase).

Enter Shelter Code **42** for Level 3

- For Congregate Care Level 3: enter “**42**” in the SHELTER/TYPE field. This will automatically generate a semi-monthly personal needs allowance and an appropriate shelter rate. (The amount of the shelter rate changes annually with the SSI/RSDI COLA increase).

- For All Cases

- Make the shelter allowance a direct vendor payment to the facility listed on Form **HR-11**.
- Access the **NSBLO6** screen and enter an “**X**” in the AD INDICATOR field if the applicant/participant is disabled.
- In cases where the applicant/participant is in receipt of other income, be sure to enter the income source, amount, frequency, and program indicator in the designated fields.
- Issue a shelter allowance from the date of placement in the home as indicated on the transmittal (**HR-11**) from DVPHA.

- Issue the personal needs allowance from the 45th day of the application filing date. For households including at least one minor child, the personal needs allowance must be issued from the 30th day of the application filing date. All payments for the personal needs allowance are issued as electronic transfers to the facility. The facility is responsible for disbursement to the residents.
 - Enter Pick-Up Code (PUC) **1** and the direct vendor payment information on Form **DSS-3575** to send the manual issuances to the facility.
- The JOS/Worker annotates Form **HR-11** indicating the following information:
 - Date the case was accepted
 - Amount of grant(s) issued
 - Period(s) covered

The AJOS I will:

- control the case and ensure that eligibility is determined and benefits are available 30 or 45 days, as appropriate, from the date of receipt of Form **HR-11**.
- annotate Form **HR-11** and return it to the AJOS II as soon as the Group Supervisor (AJOS I) has signed the case.

Upon receipt of the annotated Form **HR-11**, the AJOS II copies the sheet and forwards it to:

HRA Office of Project Support
180 Water Street, 19th Floor
New York, NY 10038
Attention: DVPHA Liaison

Form **HR-11** should be hand-delivered and signed for once it arrives at the Office of Project Support.

Note: All staff must be aware that some residents of congregate care facilities may walk into a Job Center/Model Office with a representative from the facility to request services. If the individual's case is active, alert the AJOS I of the group which was assigned the case for follow-up action. If the case is not known to the Center, alert the AA to the Director. He/she will determine whether Form **HR-11** has already been received, or whether this is a new case which needs Form **HR-11**. Contact the DVPHA Liaison for assistance at (212) 331-5794, (212) 331-4214, or (212) 331-5806.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

There are no POS implications.

Food Stamp Implications

Applicants/participants residing in Congregate Care Level I and Level II facilities are not eligible to receive food stamps through the CA office. The facility applies for food stamps for all its residents as a unit through a Non-Cash Assistance Food Stamp Center.

Medicaid Implications

There are no Medicaid implications.

FAIR HEARING IMPLICATIONS

Applicants/participants who receive an adverse action on their congregate care CA application as a result of this process are entitled to request a fair hearing.

Avoidance/Resolution

Remember to give the applicant/participant or representative an opportunity for a conference/resolution on the issue.

Conferences

If an applicant/participant or representative comes to a Job Center and requests a conference, the Receptionist must alert the Fair Hearing and Conciliation (FH&C) Unit that the participant is to be seen by an FH&C Supervisor I. If the applicant/participant calls the Financial Planner or Computer Match Unit (CMU) Eligibility Specialist directly, he/she must instruct the applicant/participant to call the FH&C Unit.

The FH&C Supervisor I will listen to and evaluate the applicant's/participant's complaint. After reviewing the case record and discussing the issue with the Group Supervisor/Financial Planner/CMU Eligibility Specialist, the Supervisor I will make a decision.

The Supervisor I is responsible for ensuring that further appeal by the applicant/participant through a fair hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the fair hearing process.

Evidence Packets

All evidence packets must include the Notice of Action Taken on Your Application and all documentation relevant to the issue to support the Agency's action.


REFERENCES

Public Assistance Budgeting Manual, Appendix E
OTDA 0-INF-04, Attachments 1 and 3

RELATED ITEMS

[PD #08-03-ELI](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

HR-11

Notification of Placement in an Approved DVPHA Level II Adult Home (one of a series)

W-200G

Shelter Rates and Personal Needs Allowance for Congregate Care Facilities Desk Aid

**Notification of Placement in an Approved
DVPHA Level II Adult Home**

To: Income Support Center No _____ Date: _____

From: _____ Tel#: (212)971- _____
DVPHA Coordinator/Consultant

Client's Name _____ DOB _____ SSN _____

We are forwarding the attached approved Housing Placement Referral Application for the above person who has been admitted to a licensed DVPHA Congregate Care Level II Adult Home or Residence and the client should be budgeted according to the Congregate Care Level II rate.

PLEASE SCHEDULE A HOMEBOUND APPLICATION APPOINTMENT AS SOON AS POSSIBLE. A TEMPORARY MEDICAID CARD MAY BE NEEDED FOR MEDICATION FOR THIS DISABLED RESIDENT.

Refer to Applications Manual :

- [1] Use shelter code 16 as type of living arrangement.
- [2] Obtain Form DSS-2474, verifying application for SSI benefits.
- [3] Leave \$ amount blank. In PER box, use code 06. Write "N" in food stamp box.

The admission/pick-up date is: _____

Name of Home _____

Address _____ Zip _____

Telephone No. () _____ Contact _____

Reply from Income Support Center:

[Acceptance date, issue date, amount granted, HR case number, other information as needed]

Shelter Rates and Personal Needs Allowance for Congregate Care Facilities Desk Aid (Effective January 1, 2008)

The Human Resources Administration (HRA) provides a shelter allowance and a personal needs allowance so that low income aged or disabled adults who need a supervised and supportive living arrangement can afford housing in state licensed homes and residences. The type of care that is offered in these homes and residences is known as congregate care. HRA provides an allowance for each individual receiving care in a Level 1, Level 2, or Level 3 certified congregate care facility who files an application and is deemed eligible for Cash Assistance (CA). The allowance is based on the rates provided for care and maintenance under the Supplemental Security Income (SSI) Program for SSI beneficiaries residing in the same facility, less the amount of any personal needs allowance included in the SSI rate. There are three (3) levels of congregate care facilities, each with a different rate of payment. These rates change each year in accordance with the Cost-of-Living Adjustment (COLA) received by SSI recipients.

Congregate Care Level	Shelter Type	Description	Semi-Monthly Shelter Rate	Semi-Monthly Personal Needs Allowance
Level 1	15	Family-type homes for adults 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 operated by HRA through the Division of Voluntary and Proprietary Homes for Adults (DVPHA). These are smaller residential programs serving the mentally retarded, the mentally ill, and the frail elderly.	\$390.24	\$61.50
Level 2	16	Adult homes licensed through the New York State Department of Health (DOH) and community residences licensed through OMH.	\$465.00	\$71.00
	43	Community Residences licensed through OMH/OMRDD. These are principally small group homes and supported apartments. Cases that were previously coded as Shelter Type 16, but live in an apartment-like setting and are now coded as Shelter Type 43. The case can be larger than a family size of 1.		
Level 3	42	DOH Adult Homes and Enriched Housing facilities. The case must be a family size of 1.	\$562.50	\$84.00