



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #09-31-ELI (This Policy Directive Replaces PD #08-29-ELI)

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

Date: August 25, 2009	Subtopic(s): Congregate Care
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AUDIENCE The instructions in this policy directive are for Job Center staff. They are informational for all other staff.

REVISIONS TO THE ORIGINAL PROCEDURE

The Food Stamp (FS) Implications section of this policy directive has been revised to address the following changes:

- FS eligibility determinations for all clients in congregate care are made by Job Center staff.
- Residents of congregate care facilities are eligible for FS under certain conditions.
- Residents who do not receive Retirement, Survivors, or Disability Insurance (RSDI) or Supplemental Security Income (SSI) but who are receiving “treatment and care” within the facility are considered to be disabled.
- Applicants/participants residing in congregate care facilities, except for Drug/Alcohol Residential Treatment Facilities, may apply for FS either on their own behalf, through an authorized representative employed and designated by the facility, or through an authorized representative of their choice.
- Applicants/participants residing in Congregate Care Level 2 Drug/Alcohol Residential Treatment Facilities **must** apply for FS through an authorized representative employed and designated by the facility.
- New applicants must be screened to determine whether they are eligible for expedited FS service.
- The Shelter Rates and Personal Needs Allowance for Congregate Care Facilities Desk Aid (**W-200G**) has been revised to reflect the new rates.

Residential Drug and Alcohol Treatment Facilities are not governed by the DVPHA referral process and are not covered by this policy directive. See [PD #02-11-EMP](#) and [PD #00-32R](#).

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*

POLICY

An SSI application is a requirement for CA eligibility. An SSI application is not a FS eligibility requirement.

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. The congregate care resident must apply for SSI as a condition of eligibility for Cash Assistance (CA).

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 CA. The allowance is based on the rates provided for care and maintenance under the 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.

Note: The rate of payment for congregate care changes each year effective January 1, in accordance with the Cost of Living Adjustment (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 (**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**

Note: Unlike residents of Voluntary Homes for Adults, residents of Proprietary Homes for Adults are **not** eligible to receive food stamp benefits.

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. The case can be larger than a family size of 1. Cases that were previously coded as Shelter Type **16**, but live in an apartment-like setting and are now coded as 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**

DVPHA Process

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 **HR-1990m** and **HRA 2010(e)** forms 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 Medical Insurance and Community Services Administration (MICSAs) – Adult Protective Services.

DVPHA is responsible for maintaining a roster of facilities where individuals eligible for CA will be located. If the individual is applying for congregate care in a Level 2 or Level 3 facility, the facility must register with DVPHA.

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 policy 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-person Cases
 - Check the client’s address in Welfare Management System (WMS) and make changes.
 - Prepare a new budget (see Budget Preparation section of this procedure).
 - Make direct vendor rent payments to the facility listed on Form **HR-11**.
 - Change the payee/case name to “(Facility Name) for (Case Name)” on the Turn-Around Document (TAD), e.g., “Golden Horizon for John Smith”.

Rent to be issued as code 09 or 39 as appropriate.

- Change the mailing address to (Case Name c/o Facility Name) and the facility's address.
- Multiple-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-person case (see above).
 - If not all household members are moving into the congregate care facility, close the line(s) on the active case of the individual(s) who is/are moving into the facility. 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 of this procedure.
 - 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 (Case Name c/o Facility Name) and the facility's address.

Upon completion of these 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 its 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 its 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 the Case Establishment Unit. 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 common application (Form [LDSS-2921](#));
- Complete the eligibility determination in POS or the Eligibility Determination History Sheet (Form [W-138V](#)), if processing the case manually;

Note: All DVPHA cases should be treated as homebound. Verification of actual homebound status must be obtained.

- 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; and
- 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 must be screened for expedited FS service. If the applicant is found eligible for expedited FS service and the facility has been designated as the household’s authorized representative, the facility will receive FS on the applicant’s behalf.

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

These cases must be processed in a timely manner and CA benefits must be made available within 30 or 45 days of receipt of Form **HR-11**, based on family composition and category of assistance. FS benefits must be made available within 30 days, if eligible. 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.

- For Congregate Care Level 1: enter “**15**” in the **SHELT/TYPE** field. If the family size equals one, this will automatically generate a semimonthly personal needs allowance and a semimonthly 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 for the persons not in receipt of care. (The amount of the shelter rate changes annually with the SSI/RSDI Cost of Living Adjustment [COLA] increase.)

Enter Shelter Code **15** for Level 1.

- For Congregate Care Level 2:

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

- For adult homes and community residences, enter “**16**” in the **SHELT/TYPE** field.
- For Supervised/Supportive Apartments, enter “**43**” in the **SHELT/TYPE** field.

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 semimonthly personal needs allowance and an appropriate shelter rate. If the family size is greater than one, the payment amount must be entered manually for the person(s) not in receipt of care. (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 **SHELT/TYPE** field. This will automatically generate a semimonthly 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:
 - Enter shelter restriction code **1** to send the rent as direct vendor payment to the facility listed on Form **HR-11**.
- Access the **NSBLO6** screen
 - Enter an “**X**” in the AD INDICATOR field if the applicant or participant is disabled.
 - In cases in which the applicant/participant is in receipt of other income, 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; and
- Period(s) covered.

The AJOS I will:

- control the case and ensure that eligibility is determined and CA benefits are available 30 or 45 days from the application file date as appropriate.
- ensure that FS benefits are issued within 30 days from the application file date.
- 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 **HR-11** form, 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.

In Model Centers provide the congregate care resident with a CSIC General ticket.

Note: All staff must be aware that some residents of congregate care facilities may walk into a Job Center with a representative from the facility to request services. If the individual's case is active, alert the AJOS I of the group that was assigned the case for follow-up action. If the case is not known to the Center, upon discovery that this is a congregate care case, 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 that 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

FS applications for all individuals in congregate care who are also applying for CA are processed by Job Center staff.

See NPA FS Budgeting Manual, Appendix E.

Residents of congregate care facilities are eligible for FS if they are in receipt of RSDI or Supplemental Security Income (SSI), or have an “X” in the Aged or Disabled (A/D) indicator field on the **NSBL06** screen of the WMS budget.

New Information

Residents who do not receive either RSDI or SSI but who are receiving “treatment and care” within the facility are considered to be disabled. This includes “private pay” residents and residents receiving cash assistance.

Applicants/participants residing in Congregate Care Level 1, Congregate Care Level 3, and most Congregate Care Level 2 facilities may apply for food stamps either on their own behalf, through an authorized representative employed and designated by the facility, or through an authorized representative of their choice.

Staff at these facilities must determine whether a resident may apply on his/her own behalf, based on the resident’s physical and mental ability to handle his/her own affairs.

Applicants/participants residing in Congregate Care Level 2 Drug/Alcohol Residential Treatment Facilities **must** apply through an authorized representative employed and designated by the facility.

FS determinations for residents of Drug/Alcohol Residential Treatment Facilities are made by staff at Center #52, Residential Treatment Service Center (RTSC)

The following residents are **not** eligible for FS benefits:

- Residents of medical facilities;
- Residents of medical institutions; and
- Residents of Proprietary Homes for Adults.

New applicants must be screened to determine whether they are eligible for expedited processing of their food stamp (EFS) application. If the applicant is found eligible for EFS, the FS benefit must be issued within five days of the food stamp application file date. If the facility has been designated as the household’s authorized representative, the facility will receive the FS on the applicant’s behalf.

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

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS I/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS I/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the AJOS I/Supervisor I. The AJOS I/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOSI/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken.

In addition, if the adverse case action still shows on the "Pending" (08) screen in WMS, the AJOS I/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form ([LDSS-3722](#)), change the 02 to an 01 if the case has been granted aid continuing (ATC), or prepare and submit a PA Recoupment Data Entry Form ([LDSS-3573](#)) to delete a recoupment. The AJOS I/Supervisor I must complete a Conference Report Form ([M-186a](#)).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency's action(s) should stand, the AJOS I/Supervisor I will explain to the applicant/participant why he/she cannot SIC. The AJOS I/Supervisor I must complete Form **M-186a**.

Should the applicant/participant elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a Fair Hearing already requested, the FH&C AJOS I/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.

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](#)
[NPA Food Stamp Budgeting Manual, Appendix E](#)
[OTDA 08-INF-04](#), Attachments 1 and 3
[GIS 08 TA/DC022](#)
 7 CFR 273.2(n)(1)(ii)
 7 CFR 273.11(f)
 18 NYCRR 387.14(5)(iii)(f)

RELATED ITEMS

[PD #09-01-ELI](#)
[PD #02-11-EMP](#)
[PD #00-33R](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

HR-11	Notification of Placement in an Approved DVPHA Level II Adult Home (a series)
W-200G	Shelter Rates and Personal Needs Allowance for Congregate Care Facilities Desk Aid (Rev. 8/25/09)

**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]

HRA/MEDICAL INSURANCE AND COMMUNITY SERVICES ADMINISTRATION
APS/DIVISION OF VOLUNTARY AND PROPRIETARY HOMES FOR ADULTS (DVPHA)
FAMILY TYPE HOMES FOR ADULTS
400 8th Avenue, 8th FLOOR, NEW YORK, NY 10001 – TEL (212) 971-0046, FAX (212) 971-0144

**Notification of Admission to a Family-type Home for Adults
Rebudgeting of Safety Net Assistance Grant and Active Transfer**

To: FIA Support Center: _____ **Fax #:** _____ **Date:** _____

Attn: _____

From: _____ **Tel #: (212)** _____

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 Congregate Care Family-type Home for Adults. Please budget according to the Congregate Care Level I rate.

PLEASE TRANSFER CASE ACTIVE AFTER REBUDGETING TO I.S.# _____.

Refer to FIA Policy Directive # 00-88:

- [1] Use shelter code 15 as type of living arrangement.
- [2] Leave \$ amount blank. In PER box, use code 06. Write "X" in A/D box for food stamp.

The admission/pick-up date is: _____

Client's Address: _____

Name of Family Home/Residence _____

Payment Address _____ *Zip* _____

Telephone No. () _____ *Contact* _____

Reply from Income Support Center:

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

HRA/MEDICAL INSURANCE AND COMMUNITY SERVICES ADMINISTRATION
APS/DIVISION OF POST INSTITUTIONAL SERVICES (DOPIS)
DIVISION OF VOLUNTARY AND PROPRIETARY HOMES FOR ADULTS (DVPHA)
400 8TH Avenue, 8Th FLOOR, NEW YORK, NY 10001-TEL (212) 971-0046, FAX (212) 971-0144

Notification of Placement in an Approved Congregate Care Level II Adult Care Facility

Page 1 of pages

To: FIA Support Center: Fax #: Date:

Attn:

From: Tel #: (212)

Client's Name	DOB	SSN

We are forwarding the attached approved Housing Placement Referral Application for Safety Net Assistance. The above person has been admitted to a licensed Congregate Care Level II Community Residence. Please budget 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 FIA Policy Directive # 00-88:

- {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 "X" in A/D box for food stamp.

The admission / pick-up date is: _____

Client's Address: _____

Name of Home/Residence: _____

Payment Address: _____ Zip code: _____

Telephone No. () Contact: _____

Reply from Income Support Center:

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

HRA/MEDICAL INSURANCE AND COMMUNITY SERVICES ADMINISTRATION
APS/DIVISION OF POST INSTITUTIONAL SERVICES (DOPIS)
DIVISION OF VOLUNTARY AND PROPRIETARY HOMES FOR ADULTS (DVPHA)
400 8th Avenue, 8th FLOOR, NEW YORK, NY 10001-TEL (212) 971-0046, FAX (212) 971-0144

Notification of Placement in an Approved Congregate Care Level III Adult Care Facility

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To: FIA Support Center: Fax #: Date:

Attn:

From: Tel #: (212)

Client's Name	DOB	SSN

We are forwarding the attached approved Housing Placement Referral Application for Safety Net Assistance. The above person has been admitted to a licensed Congregate Care Level III Adult Home. Please budget according to the Congregate Care Level III 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 FIA Policy Directive # 00-88:

- {1} Use shelter code 42 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 "X" in A/D box for food stamp.

The admission / pick-up date is: _____

Client's Address: _____

Name of Home/Residence: _____

Payment Address: _____ Zip code: _____

Telephone No. () Contact: _____

Reply from Income Support Center:

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

Shelter Rates and Personal Needs Allowance for Congregate Care Facilities Desk Aid (Effective January 1, 2009)

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	Semimonthly Shelter Rate	Semimonthly 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.	\$386.00	\$65.00
Level 2	16	Adult homes licensed through the New York State Department of Health (DOH) and community residences licensed through OMH.	\$464.50	\$75.00
	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.	\$595.00	\$89.00