



# FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner  
Policy, Procedures, and Training

Stephen Fisher, Assistant Deputy Commissioner  
Office of Procedures

## POLICY DIRECTIVE #12-25-ELI

*(This Policy Directive replaces PD #12-21-ELI)*

### WELLNESS, COMPREHENSIVE ASSESSMENT, REHABILITATION AND EMPLOYMENT (WECARE)

<b>Date:</b> August 31, 2012	<b>Subtopic(s):</b> Eligibility, Employment
---------------------------------	--

#### AUDIENCE

The instructions in this policy directive are for Job Center staff and informational for all other staff.

#### REVISIONS TO ORIGINAL PROCEDURE

WeCARE is implementing changes that will become effective on September 10, 2012 in the Bronx, Manhattan and Staten Island regions. WeCARE will continue to operate the way it currently does in the Brooklyn and Queens regions as instructed in PD #11-28-ELI until further notice. These changes do not affect the WeCARE referral process currently done by the JOS/Worker. The changes will determine which WeCARE referral is generated by NYCWAY. The changes are as follows:

- Applicants/participants who failed to comply with a WeCARE activity will be re-engaged to the activity where the infraction occurred.
- NYCWAY will determine at what stage the applicant/participant failed to comply, select the appropriate action code and the appropriate notice.
- Fedcap will be the new vendor for region two; Brooklyn and Queens.
- NYCWAY will be able to distinguish the boroughs and refer applicant/participant to the correct WeCARE vendor.
- **Attachment A** - Action Codes Associated with WeCARE, has been updated.
- **Attachment B** - Functional Capacity Outcome (FCO) Codes, has been updated.

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

- The following “W” forms will be replaced with CAS Forms:
  - The WeCARE Nonmedical Referral for Mandatory Services (**W-533G**) is replaced by the WeCARE Nonmedical Referral for Mandatory Services (**CAS-324 [E]**).
  - The WeCARE Mandatory Return Appointment (**W-533H**) is replaced by the WeCARE Mandatory Return Appointment (**CAS-319 [E]**).
  - The Referral to WeCARE for a Clinical Review (**W-300**) is replaced by the Referral to WeCARE for a Clinical Review (**CAS-322 [E]**).

**POLICY**

As a condition of eligibility for Cash Assistance (CA), resources must be evaluated and verified to determine an individual’s potential to remove or reduce the need for CA. One such resource is potential employability. All applicants/participants are mandated to participate in employment activities unless determined exempt from work rules requirements.

CA applicants/participants who claim they are unable to fulfill work rules requirements due to a mental health or physical condition must comply with HRA’s efforts to clinically assess their claim and comply with all services, that can help them achieve their highest possible level of self-sufficiency.

**BACKGROUND**

CA applicant/participants who are work rules required and claim a physical or mental health barrier to employment are referred to the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program. WeCARE is designed to provide a full range of services such as psychosocial, medical, wellness, vocational rehabilitation and federal disability application assistance. Applicants/participant may be referred for an assessment at a WeCARE, medical site or for those with WeCARE history, to a WeCARE non-medical service site to be re-engaged in WeCARE activities.

New Information

The WeCARE program is divided into two regions with one of two contracted vendors and their subcontractors providing WeCARE services in each region.

New Information  
 Fedcap is replacing  
 ResCare for region two.

The Federation of Employment and Guidance Services (FEGS) is the vendor that provides services in region one: the Bronx, Manhattan and Staten Island. ResCare is the current vendor that provides services in region two: Brooklyn and Queens.

Only region one will begin the new WeCARE reengagement referral process effective September 10, 2012.

Applicants/participants in region two (Brooklyn and Queens) will continue to receive services from ResCare until further notice as Fedcap establishes operations. Until this time, there will be no change in the way in which applicant/participants in the Brooklyn and Queens regions receive WeCARE services.

HRA’s Customized Assistance Services (CAS) is responsible for administration and oversight of the WeCARE program. CAS monitors and evaluates the WeCARE vendors to ensure the provision of appropriate and timely services. In addition to the WeCARE related services, the vendors are responsible for updating and completing the Employability Plan (EP) as well as reporting noncompliance to the Family Independence Administration (FIA) via NYCWAY. Eligibility determinations and related issues will continue to be made by FIA.

**Note:** The medical verification procedure for applicants/ participants who request Home Visit Needed (HVN) status will be detailed in a separate Policy Directive

All employment activity is stopped and no employment referral call-in appointments can be made until the WeCARE vendor makes a medical determination of the individual’s employability. All other eligibility requirements continue (e.g., face-to-face recertifications, Bureau of Eligibility Verification [BEV] review, or the Office of Child Support Enforcement [OCSE] requirement).

**OVERVIEW OF WeCARE SERVICES**

The WeCARE services provided by HRA vendors and their subcontractors include:

Biopsychosocial (BPS) Assessment

The BPS identifies medical and/or mental health conditions as well as psychosocial and community circumstances that can affect an individual’s health and employability.

Updated

The BPS assessment consists of up to four components:

Psychosocial evaluation

- A psychosocial evaluation that will identify issues that may affect employability, such as mental health, substance abuse, education, literacy, work history, social functioning and supports, domestic violence, housing, legal, and child-related issues.

Initial medical evaluation

- A Phase I comprehensive medical evaluation provided by a board certified physician;

Medical evaluation by a specialist

- A Phase II evaluation will be initiated by the Phase I physician whenever he/she believes that an individual needs an evaluation by a medical specialist to determine his/her employability. An appointment with an appropriate medical specialist (e.g., psychiatrist, orthopedist) will be scheduled.

CASAC assessment

- HRA contracted Certified Alcoholism and Substance Abuse Counselors (CASACs) are outstationed at WeCARE medical assessment sites. Applicants/participants that complete the WeCARE BPS who report substance use, are suspected of having a Substance Abuse (SA) problem, or are determined through a systemic search to have an SA treatment history will be referred for a CASAC assessment to be completed at the WeCARE medical site.

### Functional Capacity Outcome

A Functional Capacity Outcome (FCO) will be determined after all appropriate components of the BPS assessment are completed.

Possible FCOs include:

New Information

- No limitations to employment;
- Unstable medical and/or mental health conditions that require treatment (a Wellness Plan) before an employability determination can be made;
- Limitations to employment that require vocational rehabilitation services (VRS), and/or work-place accommodations;
- Substantial functional limitations to employment due to medical conditions that will last for at least 12 months and make the individual unable to work;
- Unstable medical and/or mental health condition(s) that require treatment (a Wellness Plan) and substantial functional limitations to employment due to medical conditions that will last for at least 12 months and make the individual unable to work.

### Comprehensive Service Plan (CSP)

A CSP is developed for all individuals who complete a BPS evaluation, except those found to have no limitations to employment.

The CSP may include any of the following determinations and actions.

Applicants/participants found employable with limitations or unemployable will remain in WeCARE

- No clinical barriers to employment:
- Applicants/participants found to be Employable Without
- Limitations will be referred back to the Job Center for assignment.
- Temporarily Unemployable (Wellness Plan):

Wellness Plan

Applicants/participants with medical and/or mental health condition(s) that are untreated or unstable will be assigned to a Wellness Plan.

The Wellness Plan requires that the individual attend treatment and follow his/her own doctor's recommendations, as a condition of eligibility. If the individual does not have a doctor, the WeCARE vendor will help the individual identify one.

The time frame of the plan is determined by a WeCARE physician based upon the individual's limitations to employment. The initial Wellness Plan can be 30, 60 or 90 days and requires that the individual attend and comply with treatment in order to resolve or improve his/her medical condition. However, if the condition is not stabilized at the end of the initial Wellness Plan, the plan can be extended up to a maximum of 180 days. The WeCARE vendor will monitor the individual's compliance with treatment through regularly scheduled Wellness Plan Follow Up appointments. If at the end of the 180-day period the vendor determines that the participant requires a longer period of wellness, the plan may be extended with CAS authorization up to 270 days.

- Work Limited/Requiring VRS Services:

Vocational Rehabilitation Services

Participants determined to be work-limited due to the need for accommodations or those who require VRS are engaged in appropriate work-related activities that provide for the required accommodations or that are consistent with their limitations.

Diagnostic Vocational Evaluation

VRS services begin with a referral for a Diagnostic Vocational Evaluation (DVE). CA applicants who have an FCO of employable with minimal accommodations or those that require vocational rehabilitation services are not engaged until their CA cases become active AC status. During the evaluation period, which can be up to 21 days, participants are engaged for 25 hours per week.

Individual Plan for Employment

Based on the results of the DVE, the vendors will develop an Individual Plan for Employment (IPE). The IPE is a comprehensive vocational plan encompassing work activity preferences, as appropriate, and specifying the individual's employment goal, the services and supports that will be provided, and specific time frames to achieve the plan.

Employability Plan

The Employability Plan (EP) will be updated by the vendor after completion of the IPE. Activities based on the IPE include, but are not limited to, Work Experience Programs (WEP), Adult Basic Education (ABE), English as a Second Language (ESL) classes, HRA-approved education and training programs, and job readiness and search preparation.

- Significant Functional Impairment:

A significant functional impairment is when there is an impairment that, due to medical/mental health condition(s), prevents participation in work activities for 12 months or longer.

Applicants/participants determined to have significant functional impairments to employment receive assistance with filing a mandatory federal disability application. In addition, the CAS Disability Service Program (DSP) assists individuals who have been medically denied federal disability benefits with filing for an appeal of the determination.

New Information

- Requiring a Wellness Plan and Significant Functional Impairment:

Applicants/participants determined to have significant functional impairments to employment and requiring a Wellness Plan, receive assistance with filing a mandatory federal disability application and participate in a Wellness Plan. The Wellness Plan can be for 30, 60 or 90 days and requires that the individual attend and comply with treatment in order to resolve or improve his/her medical condition. However, if the condition is not stabilized at the end of the initial Wellness Plan, the plan can be extended up to a maximum of 180 days.

Case Management Services/Outreach

WeCARE vendors provide case management services and outreach when appropriate. Case management may include ensuring that applicants/participants receive the correct services and providing help in accessing and maintaining engagement in these services. Applicants/participants may also receive outreach as part of their case management services when they Fail to Report (FTR) or Fail to Comply (FTC) with program requirements.

Clinical Review Team (CRT)

Applicants/participants who had a BPS and FCO completed within the past 12 months and again claim to be clinically unemployable may be referred to a WeCARE vendor's Clinical Review Team (CRT). The CRT will complete a clinical interview with the applicant/participant and a review of past and current medical documentation. The CRT will determine if the prior FCO remains accurate, if a new FCO is appropriate or if a new WeCARE BPS or specialty assessment is required.

**REQUIRED ACTION**

Referrals to WeCARE are made only for CA applicants/participants who are work rules required

Refer to **Attachment A** for all WeCARE action codes

CA individuals in receipt of Federal Disability Benefits (SSI/SSDI) must not be referred to WeCARE

See WeCARE Medical Consent Form ([PB #09-139-OPE](#)) for the POS process

There is no penalty for refusing to sign the voluntary consent form

Scheduling A WeCARE Appointment

When a work rules required applicant/participant claims to be unable to participate in work activities due to a medical and/or mental health condition, the JOS/Worker at the Job Center must:

- complete the task list in the **Pre-Referrals** window in the Paperless Office System (POS);
- initiate/update the Employability Plan (EP) in NYCWAY;
- schedule an online mandatory assessment appointment to WeCARE via the EP. Action Code **968W** (applicants) or **168W** (participants) will post in NYCWAY;
- give the applicant/participant the Physician's Functional Assessment Report (**W-538**) to take to his/her own medical provider to complete prior to the WeCARE appointment, if possible; and
- request that he/she take the completed form to the WeCARE appointment. This form is available in the **Print Forms** window in POS;
- give the applicant/participant the system-generated Medical Provider Appointment Notice (**W-538C**) for the WeCARE assessment;
- ask the applicant/participant to sign the Authorization for Disclosure of Individually Identifiable Information, Drug Treatment Records and Confidential HIV Related Information Form (**W-333T**) which is a voluntary consent form;
  - if the individual signs the consent, enter Action Code **16WS** (WeCARE Consent for Disclosure Signed) in NYCWAY; or
  - if the individual refuses to sign the consent, enter Action Code **16WD** (WeCARE Consent for Disclosure Declined);
- scan and index copies of the consent, and/or WeCARE appointment notice into the viewer.

**Note:** The vendors will not have access to NYCWAY for individuals who refuse to sign the consent. In these instances, the WeCARE Outstationed Workers will have to manually enter appropriate action codes in NYCWAY for individuals who refuse to sign the consent form.

Scheduling a WeCARE Referral for Individuals in Sanction Status

Refer to Removal of Sanction Status at the Point of Referral to WeCARE ([PB #10-59-ELI](#)) for non-Center 71 instructions and to Intensive Services Center ([PD #10-21-OPE](#)) for Center 71 instructions.

When a CA applicant/participant with a non durational or expired sanction is willing to comply with employment requirements but claims a physical or mental health barrier to employment, a WeCARE referral must be made. The sanction must be lifted at the point that the WeCARE referral is made except at Center 71.

Scheduling a WeCARE Appointment for Individuals in Substance Abuse (SA) Treatment

Applicants/participants who are mandated into SA treatment and also claim a medical condition must be referred to WeCARE. A referral to WeCARE can be made by the appropriate Job Center, the Substance Abuse Service Center (SASC) or a SA case management vendor.

SASC and East River Job Center referrals

When Workers at SASC and the East River Job Center make a referral to WeCARE, Action Code **968U** (applicants) or **168U** (participants) will post to indicate that the individual is SA identified.

SA Case Management Vendor referrals

Referrals to WeCARE by the Comprehensive Service Management (CSM) or other SA case management vendors will be indicated in NYCWAY by Action Code **968I** (applicants) or **168I** (participants).

SA individuals, who are being case managed by vendors and are determined to require WeCARE services in addition to SA treatment, will continue to be case managed by the SA case management vendors.

SA individuals who are in treatment, but are not being case managed by SA vendors, and who are determined not to require WeCARE services, will be referred back to the appropriate Job Center.



### WeCARE Re-engagement or Referral to the Clinical Review Team (CRT)

Refer to Revision to the WeCARE Clinical Review Team ([PB #07-43-EMP](#))  
New Information

Applicants/participants who were previously assessed by WeCARE and received an FCO based on a BPS assessment within the past 12 months can be re-engaged in WeCARE services without another assessment or may require a subsequent review of their current functional capacity.

This review may be necessary after case reopening. Instead of a new WeCARE BPS assessment, these individuals will be referred to a Clinical Review Team (CRT). The CRT process includes an interview with the individual and a review of past and current medical documentation.

When the JOS/Worker initiates an EP and answers “Yes” to the medical question, NYCWAY will systemically look back to determine if the applicant/participant has any WeCARE history or if a WeCARE FCO was posted for the individual within the last 12 months.

If there is WeCARE history or if an FCO was posted within the previous 12 months, the following will occur:

- If Within 30 Days of the WeCARE termination:
  - Applicants/participants, who completed the BPS but did not receive an FCO or initiate a service, will be referred to the appropriate WeCARE service site for re-engagement.
  - Applicants/participants, who were engaged in a WeCARE wellness plan (WP) that has not yet expired, will be re-engaged in the WP and referred to the appropriate WeCARE service site.
- Within 90 Days of the WeCARE termination:
  - Applicants/participants, who completed the first phase of the BPS process and were referred for a medical specialty assessment, but did not complete the specialty assessment, will be referred to the appropriate medical specialty site.
  - Applicants/participants, who received an FCO of VRS and initiated a WeCARE service, will be referred to the appropriate service site for re-engagement in that service.

- Any applicants/participants, who was SSI pending will be returned to the SSI pending status without a new WeCARE referral.
- For applicants/participants who do not meet any of the above criteria, a drop down menu will prompt the JOS/Worker to select Action Code **16JR** (Referral to WeCARE Review Board – Previous FCO).

### Referral to Clinical Review Team as a Result of Fair Hearing

CRT referral due to a Fair Hearing decision.

If a WeCARE referral needs to be provided as a result of a Fair Hearing Compliance and there is a FCO posted within the previous 12 months, an EP is not required. Instead, the Processing Unit JOS/Worker must:

- post Action Code **16HR** (Referral to WeCARE Review Board – Fair Hearing Result) outside the EP; and
- 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 system-generated Referral to Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) for a Clinical Review form (**CAS-322**) will be batch mailed to the applicant/participant.

### Rescheduling WeCARE Appointments

The applicant/participant must contact the WeCARE vendor to reschedule the initial WeCARE appointment. Applicants/participants are advised on the WeCARE appointment notice to contact the vendor if they need to reschedule an appointment. If the applicant/participant contacts the Job Center after the initial WeCARE appointment is made, the Job Center Staff cannot reschedule the appointment. Staff must instruct the applicant/participant to contact the WeCARE vendor.

### WeCARE Vendor Review of the BPS Assessment Outcome

Upon completion of the BPS, the WeCARE vendor will:

- enter Action Code **969B** (applicants) or Action Code **169B** (participants) in NYCWAY to indicate completion of the BPS;
- schedule the FCO appointment by entering Action Code **969F** (applicants) or Action Code **169F** (participants);

Refer to **Attachment B** for all FCO codes

- meet with the applicant/participant to discuss the FCO and CSP;
- enter the appropriate FCO action code in NYCWAY and provide the applicant/participant with the appropriate NOWR;
- update the EP;
- assign WeCARE eligible applicants/participants to the WeCARE activity based on the FCO, as appropriate. The assignment code will generate the WeCARE Assignment Information Summary form (**W-333K**);
- address any additional barriers (e.g., domestic violence, substance abuse, housing problems, or needed at home) with applicants/participants determined to require WeCARE services;
- provide follow-up appointments/referrals, as needed.

Individuals determined to be fully employable will be given a return appointment to the Job Center by the vendor via a WeCARE Return to Job Center (Mandatory) form (**W-333L**).

Job Center Return Appointment for Applicant/Participants Determined to be Fully Employable

At the Job Center return appointment, the JOS/Worker must:

- initiate/update the EP;
- resolve any nonmedical barriers to employment, including child care arrangements if appropriate; and
- make a referral to a Back To Work (BTW) vendor, provide a work activity, training, or educational assignment, considering the individual’s preferences, as appropriate, through the EP and according to current procedure.

Refer to [PB #06-101-EMP](#) and the Employment Process Manual.

SA Identified During WeCARE Assignment

The WeCARE vendor will refer participants who are already enrolled in WeCARE activities who disclose an SA problem, or are suspected of having an SA problem, for a CASAC assessment at the Substance Abuse Service Center (SASC).

The vendor posts Action Code **915G** (applicants) or **193G** (participants) in NYCWAY and will give the participant the system-generated SASC Referral for Assessment form (**W-456AA**).

No SA treatment required

If SASC determines that the applicant/participant does not have an SA problem, he/she will continue in the WeCARE activity determined appropriate based on his/her functional capacity outcome. SASC will give the applicant/participant the WeCARE Mandatory Return Appointment (**CAS-319**).

Non-exempt SA	Applicants/participants determined to require SA treatment but are deemed nonexempt from work activities will continue to participate in the activity determined appropriate based on their functional capacity. SA treatment hours are coordinated with work activity hours.
Concurrent Wellness and SA treatment	SA applicants/participants in Wellness Plans who need SA treatment that requires more than 15 hours of treatment per week will continue in Wellness Plans, concurrent with SA treatment.
VRS and concurrent SA treatment	SA applicants/participants in Vocational Rehabilitation Services (VRS) who require SA treatment for more than 15 hours per week are exempt from work requirements and will discontinue VRS until a CASAC reassessment determines that intensive treatment is no longer required and the hours can be reduced. Once the hours are reduced below 15 hours per week, the individual is nonexempt and can participate in SA treatment and concurrent work activities. Participants in the Federal Disability Application/Appeal process will continue the process concurrent with SA treatment.
Residential SA treatment	Participants who require residential treatment will be assigned to a Residential Treatment Program (RTP) and transferred to the Residential Treatment Service Center (RTSC), according to current procedure.

Referrals to the HIV/AIDS Services Administration (HASA)

Applicants/participants determined to be HIV positive and who meet the medical criteria for HASA services will be offered the option of being referred to HASA or continuing to be serviced by FIA/WeCARE. If the individual accepts the HASA transfer option, the WeCARE vendor will contact the WeCARE liaison at the HASA ServiceLine at (212) 971-0626.

The ServiceLine will determine if an applicant/participant is potentially medically eligible for HASA services and will provide an appointment. If the applicant/participant is deemed eligible for HASA services and accepts the HASA referral, the vendor will alert CAS, who will close the individual's WeCARE case by entering Action Code **169X** (WeCARE activity terminated) in NYCWAY.

Outreach Activity for Applicants/Participants who FTR/FTC with WeCARE

When an applicant/participant fails to report (FTR) or fails to comply (FTC) with a WeCARE activity or appointment, the WeCARE vendor may make escalating efforts to contact the individual. If needed, outreach will be performed by the vendor’s staff, and may include telephoning, sending letters, or making home visits, as necessary.

The outreach period, if necessary, can be up to six (6) business days for an applicant and eleven (11) business days for a participant. The vendor will enter the appropriate outreach Action Code in NYCWAY to indicate that outreach has been initiated for individuals who FTR or FTC. The outreach action code used is based on the activity assigned when the infraction occurs.

If outreach efforts are successful, the vendor will enter the appropriate outreach successful Action Code in NYCWAY.

If outreach efforts are not successful at the end of the 11 day outreach period, the appropriate infraction code will autopost in NYCWAY to initiate the infraction process (e.g., a case rejection, line closing or sanction, as appropriate).

Applicants/participants whose exemption status has yet to be determined or must be reviewed due to a change in their medical/mental health condition(s) and fail, without good cause, to cooperate with efforts to verify their claim will be denied CA.

Refer to **Attachment C** for outreach/infraction codes

---

**PROGRAM IMPLICATIONS**

Paperless Office System (POS) Implications

There are no POS implications.

Food Stamp Implications

Individuals who must otherwise comply with the Food Stamp work requirements may claim an exemption due to medical reasons. However, if the individual fails to comply without good cause with the Agency’s efforts to verify the claim of exempt status due to medical reasons, s/he is deemed employable and a separate Food Stamp determination must be made.

Medicaid Implications

There are no work requirements for Medical Assistance (MA) and employability is not deemed a resource for MA purposes. If an individual fails to comply with employability determination requests or work activity requirements, a separate Medicaid determination must be made.

---

**LIMITED ENGLISH PROFICIENCY AND HEARING IMPAIRED IMPLICATIONS**

For Limited English Speaking Proficiently (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-OPE](#).

---

**FAIR HEARING IMPLICATIONS**

Applicants/participants who disagree with being determined employable by WeCARE or whose Cash Assistance cases/benefits have been closed, denied or reduced for failure to report or failure to comply with Agency efforts to determine employability or related issues have the right to request a Fair Hearing.

Avoidance/Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive timely and adequate notification of all actions taken on their case.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time in a Job Center. If an applicant/participant comes to the Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate the applicant/participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor and the WeCARE liaison, if appropriate, s/he will determine if the action taken was correct. If the determination is that the action taken was correct, the FH&C AJOS/Supervisor I will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the action taken was incorrect, or correct but lacking the supporting documentation, the FH&C AJOS/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.

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

**Evidence Packets**

If the applicant/participant elects to continue his/her appeal by requesting or proceeding to an already requested Fair Hearing, the FH&C AJOS/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.

**REFERENCES**


- 18 NYCRR 385.2(d)
- 18 NYCRR 385.12(a)(c)(d)
- 18 NYCRR 385..2(e)
- 18 NYCRR 351.2
- 18 NYCRR 351.8(a)(2)
- 18 NYCRR 351.21(a)

- SSL § 131(5) and (7)
- SSL § 332
- SSL § 336-a (1)

**RELATED ITEMS**

- [PB #06-101-EMP](#)
- [PB #07-43-EMP](#)
- [PB #10-59-ELI](#)
- [PD #10-21-OPE](#)
- [PD #11-28-ELI](#)
- [Employment Process Manual](#)

**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

- |                    |  |
|--------------------|--|
| <b>W-538C</b>      | Medical Provider Appointment (Rev. 11/16/11) |
| <b>W-538C (S)</b>  | Medical Provider Appointment (Rev. 11/16/11) |
| <b>CAS-319 (E)</b> | WeCARE Mandatory Return Appointment          |
| <b>CAS-319 (S)</b> | WeCARE Mandatory Return Appointment          |

<b>CAS-322 (E)</b>	Referral to WeCARE for a Clinical Review
<b>CAS-322 (S)</b>	Referral to WeCARE for a Clinical Review
<b>CAS-324 (E)</b>	WeCARE Nonmedical Referral for Mandatory Services
<b>CAS-324 (S)</b>	WeCARE Nonmedical Referral for Mandatory Services
<b>CAS W-333K</b>	WeCARE Assignment Information Summary
<b>CAS W-333K(S)</b>	WeCARE Assignment Information Summary
<b>CAS W-333L</b>	WeCARE Return to Job Center (Mandatory)
<b>CAS W-333L(S)</b>	WeCARE Return to Job Center (Mandatory)
<b>CAS W-333T</b>	Authorization for Disclosure of Individually Identifiable Information Drug Treatment Records and Confidential HIV Related Information
<b>CAS W-333T(S)</b>	Authorization for Disclosure of Individually Identifiable Information Drug Treatment Records and Confidential HIV Related Information
<b>Attachment A</b>	Action Codes Associated with WeCARE
<b>Attachment B</b>	Functional Capacity Outcome (FCO) Codes
<b>Attachment C</b>	WeCARE Outreach/Infraction Codes

**Obsolete Forms**

<b>W-300</b>	Referral to WeCARE for a Clinical Review (Rev. 11/16/11) Obsolete
<b>W-300 (S)</b>	Referral to WeCARE for a Clinical Review (Rev. 11/16/11) Obsolete
<b>W-533G</b>	WeCARE Nonmedical Referral for Mandatory Services (Rev. 11/16/11) Obsolete
<b>W-533G (S)</b>	WeCARE Nonmedical Referral for Mandatory Services (Rev. 11/16/11) Obsolete
<b>W-533H</b>	WeCARE Mandatory Return Appointment (Rev. 11/16/11) Obsolete
<b>W-533H (S)</b>	WeCARE Mandatory Return Appointment (Rev. 11/16/11) Obsolete



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Type: \_\_\_\_\_  
Center: \_\_\_\_\_  
Action Code: \_\_\_\_\_

### Medical Provider Appointment

You must report to HRA's medical provider for the reason listed below.

# SAMPLE

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Directions:

The goal of a medical assessment is to identify medical problems. Based on the outcome of your assessment, if it is determined that you have medical/mental health problems, the medical provider will work with you to develop a plan that will restore you to the best possible level of health and self-sufficiency. Please be aware that the initial assessment can take approximately four hours.

**This is a mandatory cash assistance eligibility appointment.** Failure to report and comply with this appointment may result in the denial/closing of your cash assistance case. If you are receiving non-cash assistance food stamps and fail to keep this appointment, you may be considered work rules required.

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

Please bring this letter, your Social Security card and your photo ID/Medicaid card, if available. You should also bring any recent doctor's letter, prescriptions or other forms that may provide information on your condition.

You may have someone accompany you to this appointment if you require assistance. All HRA medical provider facilities are handicapped accessible.

If you do not report to HRA's medical provider within one (1) hour of your appointment, you may not be seen.

SAMPLE

Fecha: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Tipo de Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Código de Acción: \_\_\_\_\_

### Cita con el Proveedor Médico

Se le esta enviando a un proveedor médico de la HRA por el siguiente motivo:

# SAMPLE

Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Nombre del Local: \_\_\_\_\_  
Dirección: \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Indicaciones de Viaje:

El objetivo de la evaluación médica es el detectar problemas de salud que le afecten. Conforme a los resultados de su evaluación, si se determina que usted padece de problemas de salud físicos/mentales, el proveedor médico elaborará un plan junto a usted que le ayudará a restaurar su mejor nivel de salud y autosuficiencia posible. Favor de tener presente que la evaluación inicial podría tomar aproximadamente cuatro horas.

**Esta es una cita obligatoria de elegibilidad de asistencia en efectivo.** El no presentarse y no cumplir esta cita como debido puede resultar en el rechazo o el cierre de su caso de asistencia pública. Si usted recibe cupones para alimentos fuera de asistencia pública, y no cumple la cita, puede ser considerado como persona obligado(a) a cumplir las reglas de trabajo.

Si usted no puede acudir a la cita con el proveedor médico o si necesita que se hagan adaptaciones especiales, por favor comuníquese al número anotado más arriba antes de su cita programada.

Favor de traer esta carta, su tarjeta de Seguro Social y de identificación con foto/de Medicaid, si están disponibles. Usted debe además traer cualquier carta del médico, receta u otros formularios que puedan proveer información sobre su estado.

Usted puede venir acompañado(a) de alguien a esta cita si necesita ayuda. Todos los locales de proveedores médicos de la HRA están dotados de acceso para incapacitados.

Si no se presenta al local del proveedor médico de la HRA dentro de (1) hora de su cita, puede que no se le atienda.

SAMPLE



**Date:**  
**Case Number:**  
**Case Name:**  
**Action Code:**

**Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE)  
Mandatory Return Appointment**

You must report to the WeCARE appointment indicated below:

<b>Appointment Date:</b>	<b>Time:</b>	<b>Telephone:</b>
<b>Location Name:</b>		
<b>Address Line 1:</b>		
<b>Address Line 2:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Travel Directions:</b>		

**Please bring this letter and a photo ID/Medicaid Card to the appointment**

If you cannot keep this appointment or you require a reasonable accommodation to keep this appointment, please contact WeCARE at the number listed above prior to your appointment. You must contact us prior to your reporting time to arrange for a new appointment.

**This is a mandatory appointment. Failure to keep this appointment or cooperate may result in the reduction or closing of your cash assistance case. Please note that failure to comply with this cash assistance resource requirement has no effect on your Medicaid eligibility.**

You may have someone accompany you to this appointment if you require assistance. All WeCARE facilities are wheelchair accessible.



Fecha:  
Número del caso:  
Nombre del caso:  
Código de acción:

**Bienestar, evaluación completa, rehabilitación y empleo (WeCARE)  
Cita obligatoria para volver a presentarse**

Se debe reportar a la cita de WeCARE que se indica a continuación:

Fecha de la cita: Hora: Teléfono:  
Nombre de la sede:  
Dirección línea 1:  
Dirección línea 2:  
Ciudad: Estado: Código postal

Indicaciones de cómo  
llegar:

**Lleve esta carta y un documento de identidad con foto/tarjeta de Medicaid a la cita**

Si no puede asistir a esta cita o si necesita una adaptación razonable para asistir a esta cita, comuníquese con WeCARE al número que aparece arriba antes de su cita. Se debe comunicar con nosotros antes de su hora para presentarse para programar una nueva cita.

**Esta es una cita obligatoria. Si no cumple con esta cita o si no coopera, esto puede resultar en la reducción o cierre de su caso de asistencia monetaria. Tenga en cuenta que el incumplimiento con este requisito de recurso de asistencia monetaria no tiene efecto en su elegibilidad de Medicaid.**

Si necesita asistencia, puede pedir que alguien le acompañe a esta cita. Todas las instalaciones de WeCARE tienen acceso para sillas de ruedas.



**Notice Date:**  
**Case #:**  
**Case Name:**  
**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.

**Your appointment is at the WeCARE Vendor Site indicated below:**

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Location Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Travel Directions:** \_\_\_\_\_

**SAMPLE**

**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.**

If you cannot keep this appointment or you require a reasonable accommodation to keep this appointment, please contact WeCARE at the number listed on page 1 prior to your appointment. You must contact us prior to your reporting time to arrange for a new appointment.

**This is a mandatory appointment.** Failure to keep this appointment or cooperate may result in the reduction or closing of your cash assistance case. Please note that failure to comply with this cash assistance resource requirement has no effect on your Medicaid eligibility.

You may have someone accompany you to this appointment if you require assistance. All WeCARE facilities are wheelchair accessible.



Fecha:  
Número del caso:  
Nombre del caso:  
Código de acción:

**Bienestar, evaluación completa, rehabilitación y empleo (WeCARE)  
Cita obligatoria para volver a presentarse**

Se debe reportar a la cita de WeCARE que se indica a continuación:

Fecha de la cita: Hora: Teléfono:  
Nombre de la sede:  
Dirección línea 1:  
Dirección línea 2:  
Ciudad: Estado: Código postal

**SAMPLE**

Indicaciones de cómo  
llegar:

**Lleve esta carta y un documento de identidad con foto/tarjeta de Medicaid a la cita**

Si no puede asistir a esta cita o si necesita una adaptación razonable para asistir a esta cita, comuníquese con WeCARE al número que aparece arriba antes de su cita. Se debe comunicar con nosotros antes de su hora para presentarse para programar una nueva cita.

**Esta es una cita obligatoria. Si no cumple con esta cita o si no coopera, esto puede resultar en la reducción o cierre de su caso de asistencia monetaria. Tenga en cuenta que el incumplimiento con este requisito de recurso de asistencia monetaria no tiene efecto en su elegibilidad de Medicaid.**

Si necesita asistencia, puede pedir que alguien le acompañe a esta cita. Todas las instalaciones de WeCARE tienen acceso para sillas de ruedas.





**Notice Date:**  
**Case #:**  
**Case Name:**  
**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.

**Your appointment is at the WeCARE Vendor Site indicated below:**

**Appointment Date:**  
**Location Name:**  
**Address:**  
**City:**

**Time:**  
**State:**

**Telephone:**  
**Zip Code:**

**Travel Directions:**

**SAMPLE**

**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.**

If you cannot keep this appointment or you require a reasonable accommodation to keep this appointment, please contact WeCARE at the number listed on page 1 prior to your appointment. You must contact us prior to your reporting time to arrange for a new appointment.

**This is a mandatory appointment.** Failure to keep this appointment or cooperate may result in the reduction or closing of your cash assistance case. Please note that failure to comply with this cash assistance resource requirement has no effect on your Medicaid eligibility.

You may have someone accompany you to this appointment if you require assistance. All WeCARE facilities are wheelchair accessible.



**Fecha del aviso:**  
**Número de caso:**  
**Nombre del caso:**  
**Código de acción:**

**Referencia para  
Bienestar, evaluación completa, rehabilitación y empleo (WeCARE)  
para una revisión clínica**

Se debe reportar a WeCARE para una cita con un Equipo de revisión clínica (CRT). El objetivo de la revisión clínica es determinar si su resultado de capacidad funcional (FCO) más reciente es todavía adecuado.

**Su cita es en el lugar del proveedor de WeCARE que se indica a continuación:**

**Fecha de la cita:**  
**Nombre de la  
sede:**  
**Dirección:**  
**Ciudad:**

**Hora:**

**Teléfono:**

**Estado:**

**Código postal:**

**SAMPLE**

**Indicaciones de cómo  
llegar:**

**Traiga copias de toda su documentación médica a la cita de CRT. Además, usted tuvo recientemente una Audiencia imparcial, traiga todos los documentos presentados en la Audiencia imparcial y su aviso de decisión de la Audiencia imparcial a esta reunión.**

Si no puede asistir a esta cita o si necesita una adaptación razonable para asistir a esta cita, comuníquese con WeCARE al número que aparece en la página 1 antes de su cita. Se debe comunicar con nosotros antes de su hora para presentarse para programar una nueva cita.

**Esta es una cita obligatoria.** Si no cumple con esta cita o si no coopera, esto puede resultar en la reducción o cierre de su caso de asistencia monetaria. Tenga en cuenta que el incumplimiento con este requisito de recurso de asistencia monetaria no tiene efecto en su elegibilidad de Medicaid.

Si necesita asistencia, puede pedir que alguien le acompañe a esta cita. Todas las instalaciones de WeCARE tienen acceso para sillas de ruedas.



**Fecha del aviso:**  
**Número de caso:**  
**Nombre del caso:**  
**Código de acción:**

**Referencia para  
Bienestar, evaluación completa, rehabilitación y empleo (WeCARE)  
para una revisión clínica**

Se debe reportar a WeCARE para una cita con un Equipo de revisión clínica (CRT). El objetivo de la revisión clínica es determinar si su resultado de capacidad funcional (FCO) más reciente es todavía adecuado.

**Su cita es en el lugar del proveedor de WeCARE que se indica a continuación:**

**Fecha de la cita:**  
**Nombre de la  
sede:**  
**Dirección:**  
**Ciudad:**

**Hora:**

**Teléfono:**

**Estado:**

**Código postal:**

**SAMPLE**

**Indicaciones de cómo  
llegar:**

**Traiga copias de toda su documentación médica a la cita de CRT. Además, usted tuvo recientemente una Audiencia imparcial, traiga todos los documentos presentados en la Audiencia imparcial y su aviso de decisión de la Audiencia imparcial a esta reunión.**

Si no puede asistir a esta cita o si necesita una adaptación razonable para asistir a esta cita, comuníquese con WeCARE al número que aparece en la página 1 antes de su cita. Se debe comunicar con nosotros antes de su hora para presentarse para programar una nueva cita.

**Esta es una cita obligatoria.** Si no cumple con esta cita o si no coopera, esto puede resultar en la reducción o cierre de su caso de asistencia monetaria. Tenga en cuenta que el incumplimiento con este requisito de recurso de asistencia monetaria no tiene efecto en su elegibilidad de Medicaid.

Si necesita asistencia, puede pedir que alguien le acompañe a esta cita. Todas las instalaciones de WeCARE tienen acceso para sillas de ruedas.



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

**Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE)  
Nonmedical Referral for Mandatory Services**

Based on the outcome of our medical assessment, which includes any independent medical information that you may have provided, the medical provider has determined that:

**SAMPLE**

Appointment Date:  
Location:  
Address:  
City:

Time:

Telephone:

State: Zip:

Travel Directions:

**Please bring this letter and a photo ID/Medicaid Card to the appointment**

If you cannot keep this appointment or you require a reasonable accommodation to keep this appointment, please contact WeCARE at the number listed above prior to your appointment. You must contact us prior to your reporting time to arrange for a new appointment.

**This is a mandatory appointment. Failure to keep this appointment or cooperate may result in the reduction or closing of your cash assistance case. Please note that failure to comply with this cash assistance resource requirement has no effect on your Medicaid eligibility.**

You may have someone accompany you to this appointment if you require assistance. All WeCARE facilities are wheelchair accessible.



Fecha:  
Número del caso:  
Nombre del caso:  
Tipo de caso:  
Centro:  
Código de acción:

**Bienestar, evaluación completa, rehabilitación y empleo (WeCARE)  
Remisión no médica para servicios obligatorios**

En base al resultado de nuestra evaluación médica, que incluye la información médica de cualquier dependiente que pueda haber proporcionado, el proveedor médico determinó que:

Fecha de la cita:      Hora:      Teléfono:  
Lugar:      Estado:      Código postal:  
Dirección:  
Ciudad:  
Indicaciones de cómo llegar:

**SAMPLE**

**Lleve esta carta y un documento de identidad con foto/tarjeta de Medicaid a la cita**

Si no puede asistir a esta cita o si necesita una adaptación razonable para asistir a esta cita, comuníquese con WeCARE al número que aparece arriba antes de su cita. Se debe comunicar con nosotros antes de su hora para presentarse para programar una nueva cita.

**Esta es una cita obligatoria. Si no cumple con esta cita o si no coopera, esto puede resultar en la reducción o cierre de su caso de asistencia monetaria. Tenga en cuenta que el incumplimiento con este requisito de recurso de asistencia monetaria no tiene efecto en su elegibilidad de Medicaid.**

Si necesita asistencia, puede pedir que alguien le acompañe a esta cita. Todas las instalaciones de WeCARE tienen acceso para sillas de ruedas.



**Notice Date:**  
**Case #:**  
**Case Name:**  
**Center:**  
**FH&C Tel. #:**  
**Action Code:**

**WeCARE Assignment Information Summary**

You have been assigned to the following work activity in the WeCARE Program:

\_\_\_\_\_.

The number of hours you are required to work every week is: \_\_\_\_\_.

You have been scheduled for an orientation on the date listed below. Please bring your HRA photo ID Card. Your orientation date and location is as follows:

**SAMPLE**

Your appointment is indicated below:

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Location Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**City:** \_\_\_\_\_

**Contact Person:**

Travel Directions:

This is a mandatory engagement appointment. Your participation in this program is mandatory unless you receive another assignment, you become employed or HRA determines that you have become unable to work or exempt for another reason as:

- You have reached age 60 years of age
- You are in the last 30 days of pregnancy
- You are a single parent caring for a child less than thirteen (13) weeks of age
- HRA has determined you are needed at home to take care of a member of your household who is ill or incapacitated

In order to receive your benefits, you must work the assigned number of hours at your work site, unless you have a good cause not to work. If you fail to work the assigned hours without good cause, your benefits will be reduced or terminated.

This notice tells you what to do if you believe that you should receive a different assignment because of a medical problem, or you cannot come to work for another reason.

If you disagree with the determination of hours that you are able to work, you may ask for a conference or a Fair Hearing, or both.

**What to do if you think that you should be given a different work assignment:**

You have already been determined as work limited by an HRA-authorized medical practitioner. Your assignment is based on your functional capacity as outlined in your individual plan of employment (IPE). We have informed your work site supervisor of your limitations, and to the extent possible, we have made every effort to accommodate your limitations. You may still contest the WeCARE assignment as medically inappropriate. The proper way to contest the assignment is as follows:

1. Report to your assigned work site and find out about your assignment. You may discuss any issues you have about whether the assignment is appropriate with the person who gives you your assignment, your supervisor at the assignment, or the agency's WEP coordinator.
2. If you have not resolved the issue at your WeCARE vendor, you can also make an appointment to discuss your objections at a conference at your job center location.
3. If you are not able to resolve your issues at the conference, you may request a Fair Hearing.

**What to do if your medical condition changes in a way that affects your ability to work:**

Discuss any problem related to your medical condition with your work site supervisor, and provide written documentation on your doctor's stationery which includes the doctor's name, the date, your diagnosis and prognosis, and states what work activities your condition prevents you from doing and why. The documentation must be an original, not a photocopy, and must be current.

WeCARE may change your assignment to another one based on the medical condition described on the documentation you provide, or the agency may refer you for a medical assessment.

You may refuse to work at an assignment on the basis that it is inconsistent with your medical condition without an immediate loss of benefits. However, if it is determined at a Fair Hearing that there is no basis for your claim that you are unable to engage in the assigned work activities and that you intentionally misrepresented your medical condition, your benefits will be reduced as a sanction.

Follow the instructions in the **What if you receive a Notice of Intent to discontinue benefits?** section below if you receive a Notice of Intent as a result of a change in your medical condition of which the agency is unaware.

**When can you be absent from your assignment?**

You do not have to report to your assignment on holidays observed by your assigned agency, on your days of religious observance (must be documented), or when you have "good cause".

**What is "good cause" for missing a day or days of work?**

"Good cause" includes circumstances beyond your control such as, but not limited to, illness, family emergency, jury duty, appointments at an HRA office, school closings, lack of child care or child care payment problems, or lack of transportation. "Good cause" also includes employment interviews and temporary or part-time employment.

**What to do if you cannot come to work or you are going to be late:**

You must notify your supervisor by telephone as soon as you know that you are going to be absent or late. Give notice before your scheduled starting time. If you do not do so, you may lose benefits. When you return to your work site, you must bring any documentation that you can reasonably obtain to show why you were absent or late.

**What happens when you are absent or late without good cause, fail to notify your supervisor that you will be absent or late, or fail to provide documentation?**

If you are absent or late without good cause, you will receive a notice of failure to comply with your work assignment. You may also receive a notice for failing to notify your supervisor or failing to provide documentation. You will have the right to request a conciliation, conference and/or Fair Hearing within the time limit stated on the notice.

**What if you receive a Notice of Intent to discontinue benefits?**

If you receive a Notice of Intent to discontinue benefits because of failure to comply with your work assignment, you have a right to a Fair Hearing. Your benefits will continue, pending the Fair Hearing decision, as long as you make a request for a Fair Hearing within the time frame stated in the Notice of Intent.

## Conference and Fair Hearing Information

### CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

### STATE FAIR HEARING

**How to Ask for a Fair Hearing:** If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

- (1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:  
Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
**P.O. Box 1930, Albany, NY 12201**  
(Please keep a copy for yourself.)
- (3) FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (4) IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn, NY 11201**.
- (5) ONLINE:** Complete an online request form at: <http://www.ctda.ny.gov/oah/forms.asp>

**What to Expect at a Fair Hearing:** The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

**If you have a disability, and cannot travel,** you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of your documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If you make your request less than five working days before your hearing, your case file documents may be given to you at your hearing.



**INFORMATION:** If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on the front of this notice.

**FAIR HEARING REQUEST**

**Continuing Your Benefit(s):** Your benefits will continue unchanged, until a Fair Hearing decision is issued, if you ask for a Fair Hearing before the effective date stated in this notice.

Please be reminded that if you ask for a conference only, and not a State Fair Hearing, within the time frame indicated in the Continuing Your Benefits section, your benefits will not stay the same.

If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

**Deadline:** If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance issues. If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Name M.I. Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fecha del aviso:**  
**No. de caso:**  
**Nombre del caso:**  
**Centro:**  
**Tel FH&C :**  
**Código de  
acción:**

**Resumen de información de la asignación de WeCARE**

Se le ha asignado la siguiente actividad de trabajo en el Programa WeCARE:

\_\_\_\_\_.

Cada semana deberá trabajar \_\_\_\_\_ horas.

Se le ha programado para recibir una orientación en la fecha que se indica a continuación. Debe traer su tarjeta de identificación con fotografía de la HRA. La fecha y el lugar de su orientación es la siguiente:

**A continuación se indican los datos de su cita:**

**Fecha de la cita:**

**Hora:**

**Teléfono:**

**Nombre de la  
ubicación:**

**Dirección:**

**Ciudad:**

**Estado:**

**Código postal:**

**Persona de  
contacto:**

Indicaciones para  
llegar:

Esta es una cita de participación obligatoria. Su participación en este programa es obligatoria, a menos que reciba otra asignación, obtenga un empleo o la HRA determine que ya no es capaz de trabajar o que esté exento por otras razones como:

- Cumplió 60 años de edad
- Está en los últimos días del embarazo
- Es madre(padre) soltera a cargo de un hijo menor de trece (13) semanas de edad
- La HRA determinó que es necesario que se quede en casa para cuidar a un miembro de su familia que está enfermo o incapacitado

Para poder recibir sus beneficios debe trabajar la cantidad de horas que se le asignó en su sitio de trabajo, a menos que tenga una buena causa para no trabajar. Si no trabaja las horas asignadas sin tener una buena causa, se reducirán o cancelaran sus beneficios.

Este aviso contiene información sobre lo que debe hacer si considera que debería haber recibido una asignación diferente por tener un problema médico o si no puede presentarse a trabajar por otra razón.

Si no está de acuerdo con la determinación de las horas que puede trabajar, puede pedir una conferencia, una audiencia imparcial o ambas.

**Lo que debe hacer si considera que le deben dar una asignación de trabajo diferente:**

El profesional médico autorizado de la HRA y determinó que usted tiene limitaciones para trabajar. Su asignación se basa en su capacidad de funcionamiento según la descripción de su plan individual de empleo (IPE). Hemos informado a su supervisor del lugar de trabajo sobre sus limitaciones, y en la medida de lo posible, hemos hecho los esfuerzos necesarios de adaptación para sus limitaciones. Todavía puede impugnar la asignación de WeCARE como médicamente inapropiada. La siguiente es la forma adecuada de impugnar la asignación:

1. Preséntese a su lugar de trabajo asignado y averigüe sobre su asignación. Si tiene algún problema en cuanto a la idoneidad de la asignación, puede discutirlo con la persona que le dio la asignación, con su supervisor de la asignación o con el coordinador WEP de la agencia.
2. Si no resuelve su problema con su proveedor de WeCARE, también puede hacer una cita para discutir sus objeciones durante una conferencia en la ubicación de su centro de trabajo.
3. Si no logra resolver sus problemas durante la conferencia, puede solicitar una audiencia imparcial.

**Lo que debe hacer si su condición médica cambia de alguna manera que afecte su capacidad para trabajar:**

Discuta cualquier problema respecto a su condición médica con su supervisor del lugar de trabajo y presente documentos escritos en papel membretado, que incluya el nombre de su médico, la fecha, el diagnóstico y el pronóstico, indicando cuáles actividades de trabajo no puede realizar debido a su condición y la razón por la que no puede realizarlas. El documento debe ser original, no una fotocopia y debe ser reciente.

WeCARE puede cambiar su asignación por otra con base en la condición médica descrita en el documento que proporcione, o bien, la agencia puede referirle para que le realicen una evaluación médica.

Puede negarse a trabajar en una asignación basándose en que no es consistente con su condición médica sin perder inmediatamente sus beneficios. Sin embargo, si en la audiencia imparcial se determina que no existen bases para su reclamo porque no es capaz de participar en las actividades de trabajo que se le asignaron y que intencionalmente mintió sobre su condición médica, como sanción se reducirán sus beneficios.

Siga las instrucciones de la sección **¿Qué sucede si recibe un Aviso de intención de discontinuar los beneficios?** a continuación si recibe un Aviso de intención como resultado de algún cambio en su condición médica, que la agencia desconozca.

**¿Cuándo puede ausentarse de su asignación?**

No tiene que presentarse al trabajo los días feriados asignados por la agencia, los días de práctica de su religión (deben ser documentados) o cuando tenga una "buena causa".

**¿Qué es una "buena causa" para faltar al trabajo?**

Una "buena causa" incluye circunstancias que está fuera de su control, incluyendo entre otras, enfermedad, emergencia familiar, obligación de jurado, citas en oficinas de la HRA, cierre de escuelas, falta de servicio de cuidado de niños o problemas con el pago del mismo, o falta de transporte. Una "buena causa" también incluye las entrevistas de empleo y los empleos temporales o de medio tiempo.

**Lo que debe hacer si no se presentará a trabajar o llegará tarde:**

Debe avisar por teléfono a su supervisor tan pronto como sepa que no se presentará a trabajar o que llegará tarde. Avise antes de su hora de inicio programada. Si no lo hace, puede perder sus beneficios. Cuando vuelva a su lugar de trabajo, debe llevar cualquier documento que pueda obtener razonablemente para demostrar por qué llegó tarde o no se presentó a trabajar.

**¿Qué sucede cuando usted falta o llega tarde sin una buena causa, no avisa a su supervisor que faltará o llegará tarde o no presenta documentos de respaldo?**

Si falta o llega tarde sin una buena causa, recibirá un aviso de incumplimiento con su asignación de trabajo. También puede recibir un aviso por no avisar a su supervisor o por no presentar los documentos. Tendrá derecho a solicitar una conciliación, una conferencia y una audiencia imparcial en un plazo limitado especificado en el aviso.

**¿Qué sucede si recibe un Aviso de Intención de discontinuar los beneficios?**

Si recibe un Aviso de intención de discontinuar los beneficios porque no cumplió con su asignación de trabajo, tiene derecho a una audiencia imparcial. Continuará recibiendo sus beneficios mientras esté pendiente la decisión.

de la audiencia imparcial, siempre que solicite la audiencia imparcial dentro del plazo especificado en su Aviso de intención.

## Información sobre la conferencia y la audiencia imparcial

### CONFERENCIA

Si piensa que nuestra decisión no es correcta, o si no entiende nuestra decisión, llámenos para programar una conferencia (reunión informal con nosotros). Para hacerlo, llame a la unidad de Audiencias Imparciales y Conferencias (FH&C) al número de teléfono que se indica en la **página 1** de este aviso o escríbanos a la dirección que se indica en la **página 1** de este aviso. Algunas veces esta es la forma más rápida de resolver algún problema que tenga. Recomendamos que haga esto aunque haya solicitado una audiencia imparcial. Si solicita una conferencia, aún tiene derecho a una audiencia imparcial.

### AUDIENCIA IMPARCIAL DEL ESTADO

**Cómo solicitar una audiencia imparcial:** Se cree que nuestras decisiones son incorrectas, puede solicitar una Audiencia imparcial del estado por teléfono, por escrito, por fax, en persona o en línea.

- (1) **TELÉFONO:** Llame al **(800) 342-3334**. (Tenga a mano este aviso cuando llame).
- (2) **ESCRIBIR:** Envíe una copia del aviso completo con la sección "Solicitud de audiencia imparcial" llena a:  
Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
**P.O. Box 1930, Albany, NY 12201**  
(Conserve una copia para usted).
- (3) **FAX:** Envíe por fax una copia del aviso completo con la sección "Solicitud de audiencia imparcial" llena al: **(518) 473-6735**.
- (4) **EN PERSONA:** Lleve una copia del aviso completo con la sección "Solicitud de audiencia imparcial" llena a la:  
Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance en: **14 Boerum Place, Brooklyn, NY 11201**.
- (5) **EN LÍNEA:** Llene en línea el formulario de solicitud en: <http://www.otda.ny.gov/oah/forms.asp>

**Lo que debe esperar que suceda durante la Audiencia imparcial:** El Estado le enviará un aviso indicándole cuándo y dónde se llevará a cabo la audiencia imparcial. En la audiencia tendrá oportunidad de explicar por qué piensa que nuestra decisión no es correcta. Para ayudarle a explicar su caso, puede venir a la audiencia con un abogado o testigo, que puede ser un pariente o amigo, y presentar al Oficial de la audiencia cualquier documento escrito relacionado con su caso, por ejemplo: boletas de pago, arrendamientos, recibos, facturas, declaraciones de un médico, etc. Si no puede venir, puede enviara a un representante. Si envía a la audiencia a un representante que no es abogado, debe darle a la persona una carta para demostrar al Oficial de la audiencia que desea que esa persona sea su representante. Durante la audiencia, usted, su abogado o su representante también pueden hacer preguntas a los testigos que traigamos o que usted traiga para explicar el caso.

**Si tiene una discapacidad y no puede viajar,** en su lugar puede presentarse un representante, que puede ser un amigo, un pariente o un abogado. Si su representante no es abogado o empleado de un abogado, debe traer al oficial de la audiencia una carta firmada.

**ASISTENCIA LEGAL:** Si necesita asistencia legal gratuita, puede obtener dicha ayuda al comunicarse con su Sociedad de ayuda legal local u otra asociación de defensa legal. Puede localizar la Sociedad de ayuda legal más cercana o asociación de defensa legal en las Páginas Amarillas en "Abogados".

**ACCESO A SU EXPEDIENTE Y COPIAS DE LOS DOCUMENTOS:** Para prepararse para la audiencia tiene derecho a revisar el expediente de su caso. Si nos llama, escribe o envía un fax, le enviaremos gratuitamente las copias de los documentos de su expediente, las cuales le daremos al Oficial de la audiencia durante la audiencia imparcial. Además, si nos llama, escribe o envía un fax, le enviaremos gratuitamente las copias de documentos específicos de su expediente que usted piense que son necesarios para prepararse para la audiencia imparcial. Para solicitar documentos o enterarse de cómo buscar en su expediente, llame al **(718) 722-5012**, envíe un fax al **(718) 722-5018** o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de sus documentos del expediente, debe pedirlos anticipadamente. Por lo general se los enviaremos en un plazo de tres días hábiles a partir de su solicitud. Si hace la solicitud menos de

cinco días hábiles antes de la audiencia, los documentos de su expediente se le entregarán durante la audiencia.

**INFORMACIÓN:** Si desea más información sobre su caso, cómo solicitar una audiencia imparcial, como tener acceso a su expediente o cómo obtener copias adicionales de los documentos, llámenos o escríbanos utilizando el número de teléfono y la dirección que se indica en la portada de este aviso.

**SOLICITUD DE AUDIENCIA IMPARCIAL**

**Continuación de sus beneficios:** Sus beneficios continuarán sin cambios hasta que se emita una decisión de la audiencia imparcial, si la solicita antes de la fecha límite que se indica en el aviso. Recuerde que si solo solicita una conferencia y no una audiencia imparcial, en el plazo indicado en la sección Continuación de sus beneficios, sus beneficios cambiarán.

Si después de la audiencia imparcial los resultados son en su contra, tendrá que pagar cualquier beneficio que haya recibido mientras esperaba la decisión, pero que no debía haber recibido. Si no desea que los beneficios permanezcan iguales hasta que se emita la decisión, debe indicarlo al Estado cuando llame para solicitar la audiencia imparcial, o bien, si envía de vuelta este aviso, marque la siguiente casilla:

No deseo que mis beneficios permanezcan iguales hasta que se emita la decisión de la audiencia imparcial.

**Fecha límite:** Si desea que el Estado revise nuestra decisión, debe solicitar una audiencia imparcial en un plazo de sesenta (60) días después de recibir el aviso de asuntos de Asistencia monetaria. Si no se puede comunicar con la New York State Office of Temporary and Disability Assistance por teléfono, por fax, en persona o en línea, escriba para solicitar la audiencia imparcial antes de la fecha límite.

Deseo una audiencia imparcial. La decisión de la agencia es errónea porque:

SAMPLE

Nombre en letra de molde: \_\_\_\_\_ Número de caso: \_\_\_\_\_  
Nombre                      Inicial del segundo nombre                      Apellido

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Date of Action:**  
**Case Number:**  
**Case Name:**  
**Center:**  
**Action Code:**

**WeCARE Return to Job Center  
(Mandatory)**

You must return to the Job Center for eligibility review and determination.

**Your appointment with the Job Center is indicated below:**

<b>Appointment Date:</b>	<b>Time:</b>	<b>Telephone:</b>
<b>Location Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

If you cannot keep the appointment or need reasonable accommodation or have questions, please call for assistance before your scheduled appointment time.

**Travel Directions:**

This is a mandatory appointment. You must report to and cooperate with this mandatory appointment as a condition of continued Cash Assistance benefits. Failure to report for and comply with this appointment without good cause may result in a reduction or closing of your cash assistance case.

**Fecha de la acción:**  
**Número de caso:**  
**Nombre del caso:**  
**Centro:**  
**Código de Acción:**

**Retorno a Centro de Trabajo WeCARE  
(Obligatorio)**

Usted debe regresar al Centro de trabajo para una revisión y determinación de elegibilidad.

**Su cita con el Centro de trabajo se indica abajo:**

**Fecha de la cita:**  
**Nombre de la  
ubicación:**  
**Dirección:**  
**Ciudad:**

**Hora:**

**Teléfono:**

**Estado:**

**Código Postal:**

**SAMPLE**

Si usted no puede mantener la cita, si necesita acomodaciones razonables o si tiene alguna pregunta, por favor llame para obtener ayuda antes de la hora programada de su cita.

Instrucciones de Viaje:

Esta es una cita obligatoria. Usted debe presentarse y cooperar con esta cita obligatoria como condición de la continuación de sus beneficios de asistencia en efectivo. Si no se presenta ni cumple con esta cita sin tener razones justificadas, podría resultar en la reducción o cierre de su caso de asistencia en efectivo.

**New York City Human Resources Administration**  
**HIPAA<sup>1</sup> Compliant Authorization for Disclosure of Individually Identifiable Information**  
**Drug Treatment Records and Confidential HIV\* Related Information**

Client Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_  
CA Case # \_\_\_\_\_

Federal and New York State law and regulations protect the confidentiality of your individually identifiable health information. This information includes your medical, mental health, HIV-related and alcohol and drug treatment records. The New York City Human Resources Administration (HRA) Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program provides services to individuals receiving Cash Assistance who may have medical and/or mental health conditions to assist them in attaining their highest possible level of health and self-sufficiency. HRA will not disclose any health information about you without your written consent, unless otherwise permitted or required to do so by law.

By signing this authorization, you consent to HRA obtaining your health information including your medical, mental health, HIV-related and alcohol and drug treatment records and disclosing your health information and current or past Cash Assistance and Food Stamps records to FECS Health and Human Services System (FECS WeCARE), Fedcap (Fedcap WeCARE) and Arbor Education and Training (Arbor WeCARE) to enable the vendor to assist you.

By signing this authorization, you also consent to FECS WeCARE, Fedcap WeCARE and Arbor WeCARE disclosing your medical, mental health, HIV-related and alcohol and drug treatment records to HRA in order to help you receive needed services and attain your highest possible level of self-sufficiency.

**You may ask questions about anything you do not understand.**

By signing this form, I authorize HRA to review my medical and other relevant treatment records and to disclose this information as necessary to FECS WeCARE, Fedcap WeCARE and Arbor WeCARE. I also authorize HRA to disclose my current or past Cash Assistance and Food Stamps records to FECS WeCARE, Fedcap WeCARE and Arbor WeCARE.

By signing this form, I authorize FECS WeCARE, Fedcap WeCARE and Arbor WeCARE to disclose any medical and other relevant treatment records to HRA.

By signing this consent, I am authorizing the release of the following types of health information, which may also be derived from my treatment records, if applicable: a) medical information, b) HIV-related information, c) alcohol and drug treatment related information and d) mental health information.

I understand that I can withdraw my consent at any time by notifying HRA<sup>2</sup>, in writing, except to the extent that HRA or the WeCARE vendor has already taken action based on this consent.

I understand that signing this authorization is voluntary and that my refusal will not affect my eligibility for HRA benefits.

If I am authorizing the release of alcohol/drug treatment records, I understand these records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and

<sup>1</sup> The Health Insurance Portability and Accountability Act (HIPAA) of 1996 governs the privacy of Protected Health Information. If you feel your HIPAA rights have been violated, you may file a complaint with the Office for Civil Rights, Department for Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10228: (212) 264-3313; or fax (212) 264-3039.

<sup>2</sup>WeCARE Director, HRA Customized Assistance Services, 2 Washington Street, New York, NY 10004



cannot be disclosed or re-disclosed by FECS WeCARE, Fedcap WeCARE or Arbor WeCARE without my written consent unless otherwise provided for in the federal regulations.

If I am authorizing the release of mental health information, I understand that this information is protected under New York State Mental Hygiene Law Section 33.13. None of these records can be re-disclosed by FECS WeCARE, Fedcap WeCARE or Arbor WeCARE without my written authorization, unless otherwise provided for by law.

If I am authorizing the release of HIV-related information, I understand that this information is protected by Article 27-F of the New York State Public Health Law and cannot be re-disclosed by FECS WeCARE, Fedcap WeCARE or Arbor WeCARE without my authorization unless otherwise permitted by the regulations. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV related information, I may contact the New York State Division of Human Rights at (212) 961-8650 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

I understand that no recipient may re-disclose any HIV-AIDS related information, alcohol or drug treatment records or mental health treatment information about me except for the purpose described in this consent and to the authorized recipients named in this consent. I also understand that other types of information described in this consent may be re-disclosed by the recipients and the confidentiality of such re-disclosures may no longer be protected by federal or state law.

**Date or Event on which this Authorization will expire:** This consent will terminate two years after I am no longer receiving services from the WeCARE program.

SAMPLE

Name *(Print)* \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Person  
Authorized to Consent to the Release of Health Care Information

**Basis of Authority to Sign on Behalf of Client:**

\_\_\_\_\_

**New York City Human Resources Administration**  
**Autorización para la Divulgación de Información de Salud Individualmente Identificable en**  
**Cumplimiento con HIPAA<sup>1</sup>**

**Información, Registros de Tratamiento de Drogas e Información Confidencial Relacionada con el VIH\***

Nombre del cliente _____
Fecha de nacimiento _____ No. de Seguro Social _____
No. de Caso CA _____

La ley y reglamentos Federal y del Estado de Nueva York protegen la confidencialidad de su información de salud identificable individualmente. Esta información incluye sus registros médicos, de salud mental, aquella relacionada con el VIH y de tratamiento para el alcohol y drogas. El programa de Bienestar, Evaluación Integral, Rehabilitación y Empleo (WeCare) de la New York City Human Resources Administration (HRA) ofrece servicios a las personas que reciben Asistencia en Efectivo que puedan tener condiciones médicas y/o de salud mental con el fin de que logren su nivel más alto posible de salud y autosuficiencia. La HRA no divulgará ningún tipo de información de salud sin su consentimiento por escrito, a menos que de otro modo lo permita o sea requerido por la ley.

Al firmar esta autorización, usted da su consentimiento para que HRA obtenga su información de salud, incluyendo sus registros médicos, de salud mental, de tratamiento de drogas y alcohol y aquella relacionada con el VIH, y además para que divulgue su información de salud y registros pasados o actuales de Asistencia en Efectivo y de Cupones de Alimentos a F-E-G-S Health and Human Services System (FEGS WeCARE), Fedcap (Fedcap WeCARE) y Arbor Education and Training (Arbor WeCARE) con el fin de que el vendedor lo pueda ayudar.

Al firmar esta autorización, usted también da su consentimiento a FEGS WeCARE, Fedcap WeCARE y a Arbor WeCARE para que divulguen sus registros médicos, de salud mental, de tratamiento de drogas y alcohol y aquella relacionada con el VIH a HRA para ayudarle a recibir los servicios necesarios y a obtener el nivel más alto posible de autosuficiencia.

**Puede hacer preguntas sobre cualquier cosa que no entienda.**

Al firmar este formulario, autorizo a HRA para que revise mis registros médicos y de otros tratamientos pertinentes y para que divulgue esta información como sea necesario a FEGS WeCARE, Fedcap WeCare y Arbor WeCARE. Además autorizo a HRA para que divulgue mis registros pasados y actuales de Asistencia en Efectivo y de Cupones de Alimentos a FEGS WeCARE, Fedcap WeCARE y a Arbor WeCARE.

Al firmar este formulario, autorizo a FEGS WeCARE, Fedcap WeCARE y Arbor WeCARE para que divulguen cualquier registro médico y otros tratamientos pertinentes a la HRA.

Al firmar este consentimiento, estoy autorizando la entrega de los siguientes tipos de información de salud, que también pueden derivarse de mis registros de tratamiento, si corresponde: a) información médica, b) información relacionada con el VIH, c) información relacionada con el tratamiento de alcohol y drogas d) información de salud mental.

Entiendo que tengo el derecho a revocar esta autorización en cualquier momento notificando a HRA<sup>2</sup>, por escrito, excepto cuando HRA o el vendedor WeCare ya haya tomado acción basándose en este consentimiento.

<sup>1</sup> La Ley de Portabilidad y Responsabilidad de Seguros de Salud (HIPAA) de 1996 controla la privacidad de la información de salud protegida. Si usted cree que sus derechos HIPAA han sido violados, puede presentar una queja en la Office for Civil Rights, Department for Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10228: (212) 264-3313; o por fax al (212) 264-3039.

<sup>2</sup>WeCARE Director, HRA Customized Assistance Services, 2 Washington Street, New York, NY 10004

Entiendo que firmar esta autorización es un acto voluntario y que si me rehúso, mi elegibilidad para beneficios de HRA no se verá afectada.

Si estoy autorizando la entrega de registros de tratamiento de alcohol/drogas, entiendo que estos registros están protegidos bajo los reglamentos federales que gobiernan la Confidencialidad de los Registros de Alcohol y Abuso de Drogas del Paciente, 42 C.F.R Parte 2 y que no pueden ser divulgados, o vueltos a divulgar por FEGS WeCARE, Fedcap WeCARE o Arbor WeCARE, sin mi consentimiento por escrito, a menos que esté estipulado de otro modo en los reglamentos.

Si estoy autorizando la entrega de mi información de salud mental, entiendo que esta información está protegida por la Ley de Salud Mental del Estado de Nueva York, Sección 33.13. Ninguno de estos registros pueden ser divulgados nuevamente por FEGS WeCARE, Fedcap WeCARE o Arbor WeCARE, sin mi autorización por escrito, a menos que de otro modo esté estipulado en los reglamentos.

Si estoy autorizando la entrega de información relacionada con HIV, entiendo que esta información está protegida por el Artículo 27-F de la Ley de Salud Pública del Estado de Nueva York y que no puede volver a divulgarse nuevamente por FEGS WeCare, Fedcap WeCARE o Arbor WeCare sin mi autorización, a menos que de otro modo lo permitan los reglamentos. Entiendo que tengo el derecho a solicitar una lista de las personas que pueden recibir o usar mi información relacionada con el VIH sin autorización. Si soy objeto de discriminación debido a la entrega o divulgación de información relacionada con el VIH, puedo ponerme en contacto con la New York State Division of Human Rights llamando al (212) 961-8650 o con la New York City Commission of Human Rights llamando al (212) 306-7450. Estas agencias son responsables de proteger mis derechos.

Entiendo que ningún receptor puede volver a divulgar cualquier información relacionada con el VIH-SIDA, registros de tratamiento por alcohol o drogas o información de tratamiento de salud mental sobre mí, excepto con el fin descrito en este consentimiento y a los receptores autorizados mencionados en este consentimiento. También entiendo que los receptores pueden volver a divulgar otros tipos de información descrita en este consentimiento y que es posible que la confidencialidad de dichas nuevas divulgaciones ya no estará protegida por la ley federal o estatal.

SAMPLE

**Fecha o Evento cuando vencerá ésta Autorización:** este consentimiento terminará dos años después de que yo deje de recibir servicios del programa WeCARE.

\_\_\_\_\_  
Nombre *(Escriba en letra de molde)*

Fecha: \_\_\_\_\_

\_\_\_\_\_  
Firma del Cliente o Persona  
Autorizada para Consentir la Entrega de Información  
de Cuidado de la Salud

**Base de la Autoridad para Firmar a Nombre del Cliente:**

\_\_\_\_\_

**ACTION CODES ASSOCIATED WITH WeCARE**

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
Initial Referral to WeCARE	BPS initiated.	<b>968W</b>	<b>168W</b>	
WeCARE initial appointment cancelled		<b>968X</b>	<b>168X</b>	FIA Worker will use these codes to cancel the <b>initial</b> WeCARE appointment.
SASC Referral to WeCARE	BPS initiated.	<b>968U</b>	<b>168U</b>	Individual from SASC requiring a medical assessment
SA CSM Referral to WeCARE	BPS initiated.	<b>968I</b>	<b>168I</b>	SA case management vendor referral to WeCARE.
New and acute medical condition	Vendor enters action codes to indicate the need for a medical for a new and acute condition.	<b>NA</b>	<b>168C</b>	
Fair hearing returns applicant to WeCARE		<b>NA</b>	<b>16FH</b>	Fair hearing resolves issue.
WeCARE initial appointment rescheduled	Vendor reschedules the initial appointment.	<b>96RE</b>	<b>16RE</b>	
WeCARE completion of the BPS	Vendor enters action codes to indicate completion of BPS.	<b>969B</b>	<b>169B</b>	
WeCARE Referral to CASAC	Vendor refers individual to onsite WeCARE CASAC.	<b>968F</b>	<b>168F</b>	
WeCARE return from CASAC	CASAC refers individual back to WeCARE vendor.	<b>96WC</b>	<b>16WC</b>	
BPS II completed	Vendor completes referral to one of 13 specialty exams	<b>969T</b>	<b>169T</b>	Specialty exam completed
WeCARE return appointment for FCO/Service Initiation & CSP	Vendor schedules a WeCARE appointment to review FCO and initiate services	<b>969F</b>	<b>169F</b>	
Applicant return appointment to Job Center		<b>968R</b>	<b>N/A</b>	Applicant is fully employable and keeps return appointment to JC.
Consent for disclosure signed		<b>16WS</b>	<b>16WS</b>	
Consent for disclosure declined		<b>16WD</b>	<b>16WD</b>	Vendor will not have access to NYCWAY for these individuals.
CORE WeCARE DVE initiated	Vendor initiates Diagnostic Vocational Evaluation (DVE).	<b>NA</b>	<b>169D</b>	

**ACTION CODES ASSOCIATED WITH WeCARE (continued)**

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
Supplemental assessments to the initiated DVE	Vendor initiates Supplemental Diagnostic Vocational Evaluation (s)	NA	16SD	
Additional CORE WeCARE DVE initiated	Vendor initiates a consequent Diagnostic Vocational Evaluation (DVE).	NA	16DI	Client would have already received a complete set of CORE assessments.
Additional Supplemental assessments to WeCARE DVE initiated	Vendor initiates additional Supplemental Diagnostic Vocational Evaluation (s).	NA	16SI	Client already received a complete set of CORE and/or supplemental assessments
	Vendor re-initiates DVE assessments.	NA	16DV	Client is returned to DVE process after disengagement from WeCARE before the DVE process was completed
WeCARE Wellness Plan extended		NA	169G	
WeCARE Disability benefits application initiated	Vendor initiates application for SSI/SSDI.	969S	169S	SSI/SSDI application filed.
WeCARE Vocational Rehabilitation Services (VRS) initiated	Vendor initiates VRS assignments.	NA	169E	
WeCARE CSP has been completed	Vendor enters action codes to indicate completion of the CSP.	169C	169C	
WeCARE CSP has been updated	Vendor enters action codes to indicate completion of the CSP.	169U	169U	
Wellness/Rehabilitation Plan is initiated	Vendor enters action codes to indicate that a Wellness/ Rehabilitation Plan is initiated.	969W	169W	
Client needs to follow up on Wellness Plan.	Vendor schedules a follow up appointment for client to report on Wellness progress.	969Q	169Q	
Wellness/Rehabilitation Plan is completed	Vendor enters action codes to indicate the Wellness/ Rehabilitation Plan is complete.	969V	169V	
WeCARE Referral for special assessment	Refer for a Special Assessment via the EP. Action Codes will post in NYCWAY.	991S	191A	
WeCARE Referral to the Job Center	Vendor refers individual for appointment slot at Job Center.	986J	168J	To send applicant to Job Center if BPS assessment is completed <b>before</b> scheduled return appt.

**ACTION CODES ASSOCIATED WITH WeCARE (continued)**

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
WeCARE Specialty exam appointment	Vendor enters action codes to indicate one of 14 specialty exams appointment.	96AC 96AD 96AE 96AF 96AG 96AH 96AL 96AM 96AN 96AO 96AP 96AR 96AS 96AT	16AC 16AD 16AE 16AF 16AG 16AH 16AL 16AM 16AN 16AO 16AP 16AR 16AS 16AT	Cardiology Dermatology Endocrinology Orthopedics Gastroenterology Hematology/Oncology Pulmonology Other Specialty Neurology Obstetrics/Gynecology Psychiatry Rheumatology General Surgery Physiatry (Physical Therapy)
WeCARE Specialty exam complete (BPS II)	Vendor enters action codes in NYCWAY to indicate the specialty exam is complete.	969T	169T	
WeCARE outreach cancelled		968Y	168Y	Outreach initiated in error.
WeCARE outreach successful			168G	Action Code will stop infraction from being posted in NYCWAY.
SSI/SSDI application is initiated	Vendor enters action codes to indicate SSI/SSDI application initiated.	969S	169S	
WeCARE referral to SASC for CASAC	Vendor enters action codes for WeCARE participant to be assessed by CASAC at SASC.	915G	193G	
Failure to Report (FTR) to initial WeCARE appointment (BPS phase I)	System-generated	469B	468B	If outreach is not successful by expiration of the FAD, the FTR code autoposts in NYCWAY.
Failure to Comply (FTC) with initial WeCARE appointment (BPS phase I)	System-generated	469K	468K	If outreach is not successful by expiration of the FAD, the FTC code autoposts in NYCWAY.
FTR to the disability assessment/appeal process	System-generated	469D	468D	If outreach is not successful by expiration of the FAD, the FTR code autoposts in NYCWAY.
FTC with disability assessment/appeal process	System-generated	469E	468E	If outreach is not successful by expiration of the FAD, the FTC code autoposts in NYCWAY.
Outreach efforts to contact individuals who FTR/FTC with WeCARE	Vendor enters action codes to initiate outreach efforts.	168O (FTR) 168D (FTC)		Outreach can be a telephone call, letter or home visit by the case manager, as appropriate.

**ACTION CODES ASSOCIATED WITH WeCARE (continued)**

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
FTC with VRS appointment	System-generated	968V	468V	If outreach is not successful by expiration of FAD, the infraction code autoposts in NYCWAY.
FTR to Vocational Rehabilitation Services	System-generated	968U	468U	If outreach is not successful by expiration of FAD, the infraction code autoposts in NYCWAY.
FTR to specialty exam appointment	System-generated	469S	468S	If outreach is not successful by expiration of FAD, the infraction code autoposts in NYCWAY.
FTC with WeCARE specialty exam (BPS phase II)	System-generated	469H	468H	If outreach is not successful by expiration of FAD, the infraction code autoposts in NYCWAY.
FTR to specialty exam appointment	System-generated	469S	468S	If outreach is not successful by expiration of FAD, the infraction code autoposts in NYCWAY.
FTC with WeCARE specialty exam (BPS phase II)	System-generated	469H	468H	If outreach is not successful by expiration of FAD, the infraction code autoposts in NYCWAY.
FTR to Wellness/ Rehabilitation Plan	System-generated	469W	468W	If outreach is not successful by expiration of FAD, the infraction code autoposts in NYCWAY.
FTC with Wellness/ Rehabilitation Plan	System-generated	469C	468C	If outreach is not successful by expiration of FAD, the infraction code autoposts in NYCWAY.
WeCARE job placement		968J	169J	
Assigned to WeCARE WEP		NA	172P	
Assigned to WeCARE job search		NA	172N	
Assigned to WeCARE job training		NA	172T	
Assigned to WeCARE Education		NA	172E	
WeCARE Assignment termination		172X		
Wellness Plan extension cancelled		16XX		
Referral to WeCARE Review Board-Fair Hearing Result		16HR		

**Attachment B**

**FUNCTIONAL CAPACITY OUTCOME (FCO) CODES**

OUTCOME	*ACTION CODE APPLICANTS	*ACTION CODE PARTICIPANTS	DESCRIPTION	COMMENTS
Employable - No Limitations	<b>968E</b>	<b>168E</b>	Individuals determined to have no limitations that affect employability	When the applicant/participant returns to the Job Center, the JOS is responsible for assigning the appropriate work activities.
Employable with Limitations Requiring Vocational Rehabilitation	<b>969L</b>	<b>169L</b>	Individuals who can participate in work activities if minimal accommodations are provided to address their medical or mental health conditions. Action Code <b>169I</b> identifies completion of the IPE	These services include, but are not limited to, a work experience program (WEP), HRA-approved training program, Education (Adult Basic Education [ABE] or English as a Second Language [ESL] classes); or Job Search. Participants whose medical/mental health conditions require a reduction in hours will have their work-required hours adjusted.
Temporarily Unemployable/ Requiring a Wellness/ Rehabilitation Plan	<b>968T</b>	<b>168T</b>	Individuals with a medical and/or psychiatric condition(s) that are untreated or unstable	The Wellness Plan requires that the individual attend treatment and follow his/her own doctor's recommendations. If the individual does not have a doctor, the WeCARE vendor will help the individual identify one and help him/her schedule an appointment. The individual is initially given up to three months to attend and comply with treatment in order to resolve or improve his/her medical condition, but the plan may be extended if more time is necessary to stabilize the condition.
Unable to Work and requiring a Wellness Plan to stabilize an unstable medical or mental health condition	<b>969Y</b>	<b>169Y</b>	Individuals with significant functional impairment that will last 12 months or longer and prevents participation in work activities and thus potentially eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), who also have an unstable medical or mental health condition	The WeCARE vendor will help the individual file an application for the appropriate Federal Disability Benefits and then initiate a wellness plan. Upon completion of the wellness plan the individual is expected to remain exempt and SSI pending. If the initial application is denied, the CAS Disability Assessment Unit (DAU) helps with filing an appeal and monitor the appeal process
Unable to Work : Apply for SSI/SSDI	<b>968S</b>	<b>168S</b>	Individuals with significant functional impairment that will last 12 months or longer and prevents participation in work activities and thus potentially eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	The WeCARE vendor will help the individual file an application for the appropriate Federal Disability Benefits. If the initial application is denied, the CAS Disability Assessment Unit (DAU) helps with filing an appeal and monitor the appeal process



### WeCARE Outreach/Infraction Codes

This chart associates the codes posted by the vendor with the infraction codes posted by NYCWAY and the subsequent manual process codes that will appear on the **NOI** worklist.

Vendor Posts	Description	NYCWAY Posts	Description	Manual Process*	Close/Sanction Code
173B	WeCARE Outreach – FTR to Initial Appointment/Referral	468B	WeCARE FTR to BPS Phase I Appt	411H	N17
173C	WeCARE Outreach Initiated for FTC to Wellness Plan	468C	WeCARE FTC with Wellness Plan	411Y	W40
173D	WeCARE Outreach Initiated for FTR to SSI Referral	468D	WeCARE FTR to Disability Benefits Appt	468Y	EZ1
173E	WeCARE Outreach Initiated for FTC to SSI Referral	468E	WeCARE FTC with Disability Process	468Y	EZ1
173K	WeCARE Outreach – FTC to Initial Appointment/Referral	468K	WeCARE FTC with BPS Phase I	411H	N17
173R	WeCARE Outreach Initiated for FTR to Child Care Appointment	N/A	N/A	N/A	N/A
173U	WeCARE Outreach – FTR to VRS Referral	468U	WeCARE FTR to VOC Rehab Services	411F	WE1 (for sanctions) or WX1 (for closings)
173V	WeCARE Outreach – FTC to VRS Referral	468V	WeCARE FTC to VOC Rehab Services	411F	WE1 (for sanctions) or WX1 (for closings)
173W	WeCARE Outreach Initiated for FTC to Wellness Referral	468W	WeCARE FTR to Wellness Plan	411Y	W40
173Y	Outreach Required for WC Client FTR to DAU	491D	WeCARE FTR to DAU	468Y	EZ2
173Z	No Outreach due to Closed ASG/Identical Open Outreach	N/A		N/A	N/A
<p>Workers must manually post action code <b>N12H</b> in NYCWAY after manual action to close/sanction is initiated.            These codes will be posted on cases requiring conciliation: <b>404V</b> – Conciliation Initiated – FTC      <b>404U</b> – Conciliation Initiated – FTR</p>					

### WeCARE Outreach Codes for FTR/FTC to Medical Specialty Appointments

#### ★NYCWAY Posts 468S (FTR)/468H (FTC) for All Medical Special Appointments

Vendor Posts	Description
16BC	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-CARDIOLOGY
16CC	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-CARDIOLOGY
16BD	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-DERMATOLOGY
16CD	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-DERMATOLOGY
16BE	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-ENDOCRINOLOGY
16CE	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-ENDOCRINOLOGY
16BG	WC OUTREACH FTR-SPECIALTY MEDICAL MED-GASTROENTEROLOGY
16CG	WC OUTREACH FTC-SPECIALTY MEDICAL MED-GASTROENTEROLOGY
16BS	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-GENERAL SURGERY
16CS	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-GENERAL SURGERY
16BH	WC OUTREACH FTR-SPECIALTY MED APPT-HEMATOLOGY/ONCOLOGY
16CH	WC OUTREACH FTC-SPECIALTY MED APPT-HEMATOLOGY/ONCOLOGY
16BN	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-NEUROLOGY
16CN	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-NEUROLOGY
16BO	WC OUTREACH FTR-SPECIALTY MED APPT-OBSTETRICS/GYN
16CO	WC OUTREACH FTC-SPECIALTY MED APPT-OBSTETRICS/GYN
16BF	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-ORTHOPEDICS
16CF	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-ORTHOPEDICS
16BP	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-PSYCHIATRY
16CP	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-PSYCHIATRY
16BL	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-PULMONOLOGY
16CL	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-PULMONOLOGY
16BR	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-RHEUMATOLOGY
16CR	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-RHEUMATOLOGY
16BM	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-OTHER SPECIALTY
16CM	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-OTHER SPECIALTY
16BT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-PHYSIATRY
16CT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-PHYSIATRY

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.

**OBSCLETE**

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 cash 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: \_\_\_\_\_

Indicaciones de Viaje:

**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 en efectivo.

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.

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Type: \_\_\_\_\_  
Center: \_\_\_\_\_  
Action Code: \_\_\_\_\_

### Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Nonmedical Referral for Mandatory Services

Based on the outcome of our medical assessment, which includes any independent medical information that you may have provided, the medical provider has determined that:

OBSOLETE

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Directions: \_\_\_\_\_

**This is a mandatory eligibility appointment.** You must report for the appointment with the WeCARE provider indicated on this form. Please report to this appointment on time or you may not be seen.

\_\_\_\_\_

Please bring with you:

- This letter
- A photo ID/Medicaid card

If you cannot keep this appointment or need special accommodations, please call \_\_\_\_\_  
for assistance before your scheduled appointment time. You may have someone accompany you to this  
appointment if you require assistance. All WeCARE facilities are handicapped-accessible.

OBSOLETE

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Tipo de Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Código de Acción: \_\_\_\_\_

### Envío No Médico de Bienestar, Evaluación Completa, Rehabilitación y Empleo (WeCare) para Servicios Obligatorios

Según los resultados de nuestra evaluación médica, la cual puede incluir datos médicos independientes que usted haya proporcionado, el proveedor de atención médica ha llegado a la conclusión de que:

OBSOLETE

Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Indicaciones de Viaje:

**Esta es una cita obligatoria de elegibilidad.** Usted debe acudir a la cita con nuestro proveedor de WeCARE que se indica en este aviso. Por favor preséntese a esta cita a tiempo de lo contrario puede que no se le atienda.

Favor de traer con usted:

- Esta carta
- Una tarjeta de identificación con foto/de Medicaid

Si usted no puede acudir a esta cita, o necesita que se hagan arreglos específicos, por favor llame a \_\_\_\_\_ para recibir ayuda antes de su cita programada. Usted puede venir acompañado a esta cita si requiere de ayuda. Todos los locales de WeCARE están dotados de acceso para incapacitados.

OBSOLETE



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Action Code: \_\_\_\_\_

### WeCARE Mandatory Return Appointment

You must report to the WeCARE appointment indicated below:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Travel Directions: \_\_\_\_\_

**OBsolete**

If you cannot keep the appointment or need special accommodations, please call \_\_\_\_\_  
Telephone Number  
assistance before your scheduled appointment time.

**This is a mandatory eligibility appointment. Failure to keep this appointment or contact us may result in the reduction or closing of your cash assistance case.**

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Código de Acción: \_\_\_\_\_

### Envío a Cita Obligatoria de Regreso de WeCARE

Usted debe presentarse a la cita de WeCARE como se indica a continuación:

Fecha de la Cita:	_____	Hora:	_____	Teléfono:	_____
Dirección:	_____				
Ciudad:	_____	Estado:	_____	Código Postal:	_____
Indicaciones de Viaje:	_____				

**OBSOLETE**

Si usted no puede cumplir esta cita o si necesita alguna atención especial, favor de llamar al \_\_\_\_\_  
Número de Teléfono  
para asistencia antes de la hora programada de su cita.

**Esta cita de elegibilidad es obligatoria. El no presentarse a ella o no comunicarse con nosotros puede resultar en la reducción o el cierre de su caso de asistencia en efectivo.**