



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #12-30-OPE

(This Policy Directive Replaces PD #06-25-ELI)

THE AMERICANS WITH DISABILITIES ACT AND REASONABLE ACCOMMODATIONS

Date: October 18, 2012	Subtopic(s): Individuals with Physical and/or Mental Disabilities
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AUDIENCE The instructions in this policy directive are for Job Center and Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff and are informational for all other staff.

REVISIONS TO THE PRIOR PROCEDURE On July 30, 2012, the Agency issued Human Resources Administration (HRA) Executive Order No. E-731 Reasonable Accommodation/Modification Policy which outlines the guidelines for complying with the Americans with Disabilities Act (ADA). Each program area within HRA is required to develop procedures to implement this Executive Order that are appropriate to the particular program area.

Effective October 22, 2012, the Family Independence Administration (FIA) policy directive is being revised to incorporate the requirements of HRA Executive Order No. E-731 and the system version changes to the Paperless Office System (POS) and the New York City, Work, Accountability and You (NYCWAY) which are required for implementation of the new procedure. The new procedure:

- announces that new Agency-wide informal and formal processes have been developed for applicants/participants with mental or physical disabilities who request a reasonable accommodation;
- announces that the procedure to appeal the Agency’s determination of a request for a reasonable accommodation has been expanded;
- introduces six (6) new Reasonable Accommodation Request (RAR) forms:
 - Request for an Appeal of a Reasonable Accommodation Determination (**HRA-102**);
 - Reasonable Accommodation Request (RAR) Form (**HRA-102a**);

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

- Notification of Receipt of Your Reasonable Accommodation Request (**HRA-102b**);
 - Notification of Determination of Your Reasonable Accommodation Request (**HRA-104**);
 - Denial of Reasonable Accommodation: No Medical Documentation (**HRA-105**); and
 - HIPAA Authorization for the Disclosure of Individual Health Information (**HRA-108**).
- introduces the revised ADA brochure, “Are You a Person With a Disability?” (**BRC-681A**), that describes the new policy and process for reasonable accommodation requests;
 - introduces the Intranet Quorum (IQ) system in which formal reasonable accommodation requests, determinations and appeals of determinations will be recorded and tracked by the Office of Constituent Services (OCS). The IQ system will interface and share information with NYCWAY and POS; and
 - introduces the Reasonable Accommodation Types and Message to Worker pop up windows in NYCWAY and POS that are designed to inform JOS/Workers of pending and approved reasonable accommodation requests.

POLICY

Individuals with physical and mental disabilities are protected by the ADA and other federal, state, and local laws as well as social service regulations. No qualified individual with a physical or mental disability may be excluded from participation in or denied the benefits, programs, and services of a public entity or be subject to discrimination by any public entity. An individual with a disability is “qualified” if he/she, with or without a reasonable accommodation, meets the essential eligibility requirements to receive benefits or services or participate in the programs or activities provided by a public entity.

The ADA protects individuals with disabilities who:

- have a physical or mental impairment that substantially limits one or more major life activities;
- have a record of a physical or mental impairment that substantially limits one or more major life activities; or
- are regarded as having an impairment.

The ADA does not cover:

- disadvantages due to environmental, cultural, or economic factors, such as poverty or having a criminal record;
- physical characteristics, such as hair, skin, or eye color; however, cosmetic disfigurement is included in the definition of physical impairment;

- age alone, unless the individual has a physical or mental impairment that limits one or more of an individual's major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working); or
- personality traits, such as poor judgment or a quick temper, where these are not symptoms of a mental or psychological disorder, unless the individual has a recognizable physical or mental health impairment in addition to these characteristics.

See HRA Executive
Order No. E-731

The Human Resources Administration is required, in compliance with federal, state, and local laws and regulations to provide reasonable accommodations to individuals with disabilities and to make reasonable modifications to its policies, practices, or procedures when such modifications are necessary to avoid discrimination on the basis of a disability and to ensure meaningful access to the Agency's programs, benefits, and facilities, except where the provision of a reasonable accommodation would fundamentally alter the nature of the Agency's service, program, or activity.

"Reasonable accommodation" includes modification to the program's policies or practices, removal of architectural, communication, or transportation barriers.

OVERVIEW OF ADA

Individuals with physical and/or mental condition(s) may request reasonable accommodations by using the informal process. Individuals with disabilities who need reasonable accommodations on an ongoing basis may use the formal process described below or they may choose to utilize the formal process at the outset.

These individuals may:

- make informal requests for a reasonable accommodation from the location where they are receiving services (i.e., requests at a local Job Center or SNAP Center);
- make a formal request for a reasonable accommodation by submitting a Reasonable Accommodation Request (RAR) Form (**HRA-102a**) to the Office of Constituent Services (OCS), or to the location where they are receiving services;
- file an appeal of the Agency's formal decision on the RAR by submitting a Request for an Appeal of a Reasonable Accommodation Determination (**HRA-102**) to the HRA ADA Compliance Officer; and
- appoint an authorized representative to submit an **HRA-102a** on their behalf and/or to assist them during the request/appeal process.

Examples of reasonable accommodations that FIA offers include, but are not limited to:

- flexible scheduling to avoid rush hour travel;
- priority appointments/priority queuing to minimize wait times at FIA offices;
- sign language interpreters;
- assistance with reading and completing forms;
- conducting business by telephone, fax, or mail, where appropriate;
- home visits, if necessary.

Interactive process

When an individual requests an informal reasonable accommodation, JOS/Workers should attempt to accommodate the request whenever possible to provide access to benefits, programs, and services.

JOS/Workers should offer a reasonable accommodation that is satisfactory for both the individual and the program. If the program believes that the accommodation requested is unreasonable, the program should propose reasonable alternatives, when available. The JOS/Worker should consult with an AJOS II/PAA II/Supervisor or the ADA Liaison if he/she cannot reach an agreement that satisfies both the individual and the program. Individuals are not required under ADA to accept a reasonable accommodation offered by the Agency.

Individuals with disabilities are not required to accept any reasonable accommodation offered by the Agency.

OCS enters formal RAR in the IQ system

The Office of Constituent Services (OCS) is responsible for receiving the **HRA-102a** (or written request in lieu of the **HRA-102a**) and entering the information in the IQ system. This begins the formal request process.

Note: While the RAR request is pending and during the time for appeal of the decision, in most instances HRA will provide the requested accommodation (e.g. flexible scheduling, priority queuing, etc.).

IQ system interfaces with NYCWAY and POS

Once the formal request has been entered in IQ, the RAR information is sent to a central data base that communicates with NYCWAY and POS. Both NYCWAY and POS will provide pop up windows that will alert the JOS/Worker to the type of RAR needed and the nature of the reasonable accommodation.

JOS/Workers must provide the reasonable accommodation that is displayed in the pop up window.

For example, priority queuing requires that the individual's wait time is minimized, meaning that the individual is seen ahead of other individuals who do not have priority status.

The pop up message will appear each time a JOS/Worker accesses an individual's case in POS and NYCWAY. If there is more than one RAR in effect, a pop up message for each type of RAR will be displayed. JOS/Workers must click "OK" in the pop up message to remove it from the screen. "Reasonable Accommodation Type/Message to Worker" (**Attachment A**) contains the information that will be displayed in the pop up window.

For example, when scheduling an appointment for an individual who has a pending request or who has been granted a reasonable accommodation that requires flexible scheduling or restricted days/hours for HRA appointments, the pop up message will state:

"The client is not available for the days and times noted below. Please schedule all appointments at the client's available dates and times."

The system will prevent the JOS/Worker from scheduling an appointment at the Center or to the Office of Child Support Enforcement (OCSE) during the restricted dates and times. The JOS/Worker must select an appointment date/time that is available on the schedule.

BEV appointments

Appointments for the Bureau of Eligibility Verification (BEV) are not linked with IQ and the central data base; therefore, all available appointments are displayed. JOS/Workers must select an appointment that is consistent with the individual's available dates and times. If an individual needs to reschedule an appointment with BEV, the individual must contact BEV at the telephone number listed on the appointment letter.

Access-A-Ride

If the individual has applied for and is pending approval for Access-A-Ride or other type of para-transit service, NYCWAY will display action code **5AAR** (RAR Applying for Access-A-Ride) which will exempt the individual for 90 days from in-center call in appointments. When the IQ system communicates to NYCWAY that the para-transit has been approved or denied, NYCWAY will post action code **5ARX** (Access-A-Ride APL Period Ended). Individuals pending approval will be treated similar to a home visit needed status; BEV will conduct a home visit. OCSE appointments, if required, will be handled per OCSE homebound process.

Work Rules requirements

Unless otherwise determined exempt (e.g., age 60 or older) from the Cash Assistance (CA) work rules requirements, CA applicants/participants are required to comply with work requirements as a condition of CA eligibility.

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.

See [PD #12-25-ELI](#) for the WeCARE referral process

CA applicants/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. CA applicants/participants may be referred for an assessment at a WeCARE medical site or for those with recent WeCARE history, to a WeCARE non-medical service site to be re-engaged in WeCARE activities.

CA applicants/participants referred to WeCARE may follow the informal or formal RAR process. The Home Visit Needed (HVN) process in PB #12-36-OPE must be followed for individuals who request HVN status or claim impairment prevents them from attending in-center appointments.

Disclosure of a disability

Since individuals are not required to disclose a disability and work activities must not be assigned based on stereotypes of the disabled or a perceived disability, individuals must be offered the opportunity to demonstrate the ability to meet the program's requirements without identifying the disability, if the individual chooses.

REQUIRED ACTION

Informal Reasonable Accommodation Process

An "informal" request for a reasonable accommodation may include situations in which an individual has an immediate or urgent need related to a physical or mental health impairment in which such conditions might affect access to HRA facilities/services.

Individuals do not need to state the words "reasonable accommodation" to receive assistance. Individuals with an obvious disability should be offered assistance without the need to provide medical documentation. Individuals have the right to refuse assistance or an accommodation that is offered to them. Individual preferences, when reasonable, should be taken into account. Individuals with disabilities should be allowed to participate in HRA's programs and services in the most integrated setting possible.

JOS/Workers are required to assist individuals who claim a disability covered by the ADA in meeting eligibility requirements through reasonable informal accommodations. Whenever possible, JOS/Workers or an AJOS II/PAA II/Supervisor or ADA Liaison must informally grant requests for a reasonable accommodation to individuals covered under the ADA. Informal requests do not require filing a formal RAR or submitting supporting medical documentation. Requests requiring continual accommodations should be submitted formally using an **HRA-102a** to ensure all future requests are honored.

Informal reasonable accommodations that may be made available at Job Centers/SNAP Centers include but are not limited to:

- scheduling changes;
- seating for individuals whose disability makes standing difficult;
- dietary accommodations based on a health problem (i.e., diabetes);
- sign language interpreters;
- access to readers;
- help completing forms;
- providing necessary auxiliary aids and services to ensure effective communication for individuals with hearing or speech limitations; and
- priority queuing.

See [PB #12-36-OPE](#) for the Home Visit Needed/Homebound Status request process.

Note: Requests for home visits for individuals who claim homebound/home visit needed status follow a separate request process.

Scheduling appointments

JOS/Workers must schedule appointments for individuals requesting a travel accommodation (i.e. flexible scheduling) due to physical or mental health impairments at a time of day that would best prevent undue waiting time and/or travel during any restricted hours. First time requests for a travel accommodation do not have to be documented. If the travel limitation is ongoing, the individual needs to submit a formal RAR with supporting medical documentation. Once a formal RAR is submitted, NYCWAY and POS will block out the dates and times in which the individual is unavailable.

To avoid appointment time conflicts for individuals claiming to have a disability that limits travel, the JOS/Worker must:

- ask the individual if he/she has any previously scheduled medical or other clinical appointments prior to scheduling an appointment at the Center;
- reschedule Center appointments whenever necessary due to medical/clinical appointments; and
- schedule appointments in a way that minimizes the number of return visits required.

Applicants

Note: If an initial eligibility appointment is rescheduled for an applicant with a physical or mental health impairment who has already submitted an application, the delay must not affect the application filing date or any other dates relevant to the processing of the application. All emergency/immediate needs must be addressed as appropriate.

Denial of Informal Reasonable Accommodation Request

When an individual is denied an informal reasonable accommodation request, an AJOS II/PAA II/Supervisor or ADA Liaison must:

- explain to the individual why his/her accommodation request is being denied; and
- discuss and offer an alternative informal reasonable accommodation, if appropriate.

If an individual's request for an informal reasonable accommodation is denied or if an individual refuses an offered alternative reasonable accommodation, the AJOS II/PAA II/Supervisor or ADA Liaison must explain the formal process to request a reasonable accommodation and:

- provide the **HRA-102a**;
- provide the **HRA-108**;
- provide the **BRC-681A**; and
- give the individual a postage paid return envelope with instructions to send the **HRA-102a** and medical documentation to OCS.

Note: If the individual wishes, he/she may submit the **HRA-102a** at the Center. If the **HRA-102a** (or written request in lieu of the **HRA-102a**) and/or medical documentation are submitted at the Center, the AJOS II/PAAII/Supervisor or ADA Liaison at the Center must forward it via e-mail to OCS at constituentsaffairs@hra.nyc.gov.

Individuals covered under the ADA have the right to refuse any reasonable accommodation (e.g., an individual in a wheelchair may consider himself/herself fully employable and not want an accommodation).

Filing a Formal Reasonable Accommodation Request

Filing a formal request for a reasonable accommodation

If an individual needs a reasonable accommodation on an ongoing basis, or if the informal reasonable accommodation process fails to produce a mutually agreeable outcome, the individual may obtain a Reasonable Accommodation Request (RAR) Form (**HRA-102a**) by:

- requesting one from the JOS/Worker/AJOS II/PAA II/Supervisor or ADA Liaison at the Center (a postage paid return envelope to Office of Constituent Services will be provided);
- calling OCS at (212) 331-4640; or
- faxing OCS at (212) 331-4685/86.

If the **HRA-102a** is provided by a designated JOS/Worker/AJOS II/PAA II/Supervisor or ADA Liaison, the individual must be advised that he/she may call OCS at (212) 331-4640 or fax OCS at (212) 331-4685 or (212) 331-4686 to obtain assistance in completing the **HRA-102a**. The **HRA-102a** may be mailed or faxed, along with any medical documentation to the Human Resources Administration, Office of Constituent Services (OCS), 180 Water Street, 23rd Floor, New York, NY 10038 or OCS may complete the **HRA-102a** with the recipient over the telephone. The individual may also submit the **HRA-102a** and any supporting medical documentation to his/her Center.

Formal requests submitted without the **HRA-102a**

Note: Individuals are not required to use the **HRA-102a** to request a reasonable accommodation. A formal request may also be submitted in writing indicating the nature of the requested accommodation. If an individual's physical and/or mental impairment prevents him/her from making the request in writing, the individual may contact OCS for assistance with submitting the request. The medical documentation requirements are the same for formal requests via the **HRA-102a** or any other written request.

No medical documentation

The **HRA-102a** instructs the individual to submit any medical documentation supporting his/her request with the form or to submit medical documentation within 20 days that describes the nature of his/her disability and supports the need for the type of accommodation requested on the **HRA-102a**.

The **HRA-102a** may be submitted with or without out medical documentation. If OCS does not understand a request or if additional follow-up is needed, OCS will contact the individual who made the request. If no medical documentation is submitted within the 20 day timeframe, the RAR will be administratively denied unless the individual requested an extension. OCS will send out a Denial of Reasonable Accommodation: No Medical Documentation (**HRA-105**).

The exceptions to this are if the individual checked a box on the **HRA-102a** indicating a recent WeCARE history, supportive housing application, receipt of home care services, or if the individual requested assistance obtaining medical documentation. In these instances, OCS forwards the RAR to Customized Assistance Services/Office of Reasonable Accommodations (CAS/ORAs).

Note: CAS/ORAs will assist individuals who request a reasonable accommodation and need help to obtain medical documentation. These individuals will be instructed to submit a completed **HRA-108** along with the **HRA-102a**. Individuals who contact FIA requesting assistance in obtaining medical documentation should be instructed to call OCS at (212) 331-4640.

Receipt of RAR

The OCS Worker will enter the completed **HRA-102a** in the IQ system and send an **HRA-102b** to the requestor to confirm that the request was received. IQ will generate e-mails to CAS and the Office of the FIA Deputy Commissioner for Operations advising that the individual filed an **HRA-102a** and if assistance was requested to obtain medical documentation.

While the RAR outcome is pending and until the final appeal determination, HRA will provide the reasonable accommodation requested (e.g., flexible scheduling, priority queuing, etc.). If the request is for a special grant, the Designated Worker must follow current procedure for any issuance of immediate needs grants or additional supplements (e.g., restaurant allowance).

Note: It is not necessary to file a RAR for an individual to receive a special grant.

Multiple RAR Requests

If a second **HRA-102a** is submitted to either modify the original **HRA-102a** or to request an additional accommodation(s), the same process is followed as with the first **HRA-102a**. The reasonable accommodation requested will be honored by HRA during the pending period. Requests for special grants must follow current procedure.

If the original RAR has been previously approved but the second RAR is subsequently denied, the first RAR must not be altered or affected in any way. The first reasonable accommodation will remain intact indefinitely.

Note: Granted RAR's are not subject to time limits and do not expire unless the individual requests to withdraw his/her RAR.

Reasonable Accommodation Requests from Work Rules Required CA Applicants/Participants (Other Than Home Visit Requests)

Work rules required individuals who claim to be unemployable due to a disability.

See [PD #12-25-ELI](#) for the WeCARE referral process

CA applicants/participants who are work rules required must be engaged in work activities as a condition of eligibility. Work rules required CA applicants/participants who claim they have a disability/condition that requires a reasonable accommodation and that also presents a barrier to full-time engagement (i.e. he/she has multiple weekly medical treatments, etc.) must be referred to WeCARE and may submit a RAR under the formal or informal process. Requests for home visits are addressed in PB #12-36-OPE.

Review of Reasonable Accommodation Requests by CAS and FIA

CAS/ORA reviews and evaluates the RAR and medical documentation provided to determine if the medical and/or mental health condition(s) supports the need for the accommodation requested. Where appropriate, CAS will review any recent relevant medical documentation already in the Agency's possession. CAS will make a recommendation to the office of the FIA Deputy Commissioner for Operations to approve, deny, or offer an alternative reasonable accommodation.

If CAS determines that the requested accommodation is not supported by medical documentation, CAS will suggest an alternative accommodation, if appropriate. CAS will then report its findings and recommendations via the IQ system.

The office of the FIA Deputy Commissioner for Operations will review the CAS recommendation. In evaluating each RAR, the designated staff member in the FIA Operations Deputy Commissioner's office will also consider the nature and essential eligibility requirements; the reasonableness of the accommodation; and health and safety of others.

FIA Accepts RAR Recommendation

See the Reasonable Accommodations Request Guide for IQ Users (**Attachment B**).

When FIA implements the CAS recommendation that the reasonable accommodation be granted, the designated staff member in the FIA Operations Deputy Commissioner's office must accept the determination in IQ. The Notification of Determination of Your Reasonable Accommodation Request (**HRA-104**) will automatically be mailed to the individual. Once the determination has been posted in IQ, the pending RAR will become permanent and the central data base will update all systems accordingly.

FIA Offers an Alternative Reasonable Accommodation

If CAS recommends an alternative reasonable accommodation, the Deputy Commissioner's designee will review it to ensure that the alternative reasonable accommodation is satisfactory for both the Agency and the individual. If the designee determines that the accommodation requested is not reasonable, he/she must contact CAS to discuss a different alternative reasonable accommodation. CAS will then enter the new alternative reasonable accommodation in IQ.

FIA Denies RAR

See the Reasonable Accommodations Request Guide for IQ Users (**Attachment B**).

If CAS recommends that the reasonable accommodation request be denied, the Deputy Commissioner's Designee for FIA Operations must annotate the IQ system accordingly. An **HRA-104** indicating that the RAR has been denied will be automatically mailed to the individual. The provisionally granted reasonable accommodation will remain in effect for 25 days from the date of denial of the request. This will allow the individual to file an appeal within the prescribed timeframe. If the individual chooses to appeal the Agency's decision, the provisionally granted reasonable accommodation will remain in effect until a final Appeal decision is made and the individual is notified of such.

Notification of Determination on RAR

When the Deputy Commissioner's designee for FIA Operations receives the CAS recommendation, he/she must accept the recommendation in IQ which will generate the automated mailing of the Notification of Determination of Your Reasonable Accommodation Request (**HRA-104**) to the individual.

The **HRA-104** includes a description of the reasonable accommodation requested and the reasonable accommodation that was granted or denied, as well as any alternative reasonable accommodation(s) offered. The determination also contains information instructing individuals on how to file an appeal of the Agency's determination.

Modifying an Approved Request

If an individual with an approved RAR for flexible scheduling due to travel limitations/restrictions for certain days/times has a change in his/her treatment schedule or the schedule of a travel companion and submits a written request of the change, the ADA liaison at the Center must forward the request to OCS who will make the schedule change in IQ. IQ will generate a notice to the individual indicating a modification to the existing RAR.

Filing an Appeal

When an individual is denied the reasonable accommodation he/she requested or is dissatisfied with the alternative accommodation offered, he/she may file an appeal with the HRA ADA Compliance Officer regarding the Agency's determination. Individuals may file an appeal by completing the Request for an Appeal of a Reasonable Accommodation Determination (**HRA-102**). Additional medical documentation in support of the request may be submitted with the appeal.

The appeal form should be submitted by the individual or the individual's representative within twenty (20) calendar days from the date of the **HRA-104** and should be sent to the ADA Compliance Officer at the following address:

Lauren Friedland
ADA Compliance Officer
180 Water Street, 17th Floor
New York, NY 10038
Fax No. (917) 639-0333

The appeal should be in writing. Individuals who need help in submitting a written appeal due to physical and/or mental impairment(s) may contact OCS at (212) 331-4640. OCS will then forward the appeal to the ADA Compliance Officer.

Review of an Appeal

The ADA Compliance Officer will review the RAR and the Determination Form. The ADA Compliance Officer may review Agency records, interview, consult with, and/or request a written response from any HRA employee or agent who may possess relevant information to assist with the consideration of the appeal. The appeal and/or medical documentation is forwarded to CAS for review.

Upon completion of the review, the ADA Compliance Officer will notify the individual of the Appeal determination within twenty (20) calendar days of the ADA Compliance Officer's receipt of the appeal. The ADA Compliance Officer will notify the appropriate program area when a reasonable accommodation or reasonable alternative accommodation is granted or denied on appeal. The appropriate program area will implement the reasonable accommodation and will notify the ADA Compliance Officer when implementation is complete.

The ADA Compliance Officer will maintain files and records relevant to all appeals filed.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications	Pop up windows in POS will inform JOS/Workers of pending and approved RAR's. Once a formal RAR is submitted, POS will block out any appointment dates and times in which an individual is unavailable.
SNAP Implications	Reasonable accommodations do not affect SNAP eligibility.
Medicaid Implications	Reasonable accommodations do not affect Medicaid eligibility.

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Proficient (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 are denied a request for a reasonable accommodation should follow the appeal process outlined in this directive.


REFERENCES

- 18 NYCRR 303.1
- 18 NYCRR 303.5
- 18 NYCRR 303.7
- 02 LCM 7
- 06-ADM-05

RELATED ITEMS

- [PD #12-25-ELI](#)
- [PB #12-36-OPE](#)
- HRA Executive Order No. E-731 (7/30/2012)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Reasonable Accommodation Type/Message to Worker
- Attachment B** Reasonable Accommodations Request Guide For IQ Users
- BRC-681A** Are You a Person With a Disability? (Rev. 7/12)
- BRC-681A (S)** Are You a Person With a Disability? (Spanish) (Rev. 10/12)
- HRA-102 (E)** Request for an Appeal of a Reasonable Accommodation Determination

- HRA-102 (S)** Request for an Appeal of a Reasonable Accommodation Determination (Spanish)
- HRA-102a (E)** Reasonable Accommodation Request (RAR) Form
- HRA-102a (S)** Reasonable Accommodation Request (RAR) Form (Spanish)
- HRA-102b (E)** Notification of Receipt of Your Reasonable Accommodation Request
- HRA-102b (S)** Notification of Receipt of Your Reasonable Accommodation Request (Spanish)
- HRA-104 (E)** Notification of Determination of Your Reasonable Accommodation Request
- HRA-104 (S)** Notification of Determination of Your Reasonable Accommodation Request (Spanish)
- HRA-105 (E)** Denial of Reasonable Accommodation: No Medical Documentation
- HRA-105 (S)** Denial of Reasonable Accommodation: No Medical Documentation (Spanish)
- HRA-108 (E)** HIPAA Authorization for the Disclosure of Individual Health Information
- HRA-108 (S)** HIPAA Authorization for the Disclosure of Individual Health Information (Spanish)

Attachment A

Reasonable Accommodation Type/Message to Worker	
RA TYPE	MESSAGE TO WORKER
Assistance with reading applications or forms	The client has a reasonable accommodation for assistance with reading forms. Please be prepared to read the application/forms for the client for this appointment and any other scheduled appointment.
Assistance with completing applications or forms.	The client has a reasonable accommodation for assistance with completing forms. Please be prepared to assist with the application/forms for this client's appointment and any other scheduled appointment.
Sign language interpreter	The client has a reasonable accommodation for a sign language interpreter. Please arrange for a sign language interpreter for this appointment. The EEO sign language interpreter liaisons are Ms. Joanne Kent (212) 331-5568 and Mr. Luis Caballero (212) 331-5569.
Not to be scheduled for certain days and times	The client is not available for the days and times noted below. Please schedule all appointments at the client's available dates and times.
Priority queuing to minimize wait time	The client has a reasonable accommodation for priority queuing. Client's wait time must be minimized.
Scheduling appointments based on travel companion availability	The client has a reasonable accommodation for a travel companion and the person is not available for the days and times noted below. Please schedule the client's appointment on their available days and time.
Not to have your case transferred	The client has a reasonable accommodation for a case transfer exemption. You cannot transfer this case to another site.
Temporary travel exemption for 90 days pending Para-transit approval	The client has a reasonable accommodation for a travel exemption. Please arrange for a home visit for this appointment and any other scheduled appointment.
Individualized assistance for the blind/visually impaired <i>(Show IQ comment text)*</i>	The client has a reasonable accommodation for assistance due to blindness/visual impairment. Please examine the information below and give the client assistance or service as needed. <i>(Show IQ comment text)*</i>
Other Note: To be used for a condition where neither home visits nor flexible scheduling is required- less critical than other options above	The client has a reasonable accommodation of type "Other". Please examine the information below and give the client assistance or service as needed. <i>(Show IQ comment text)*</i>

*The comment text from IQ will populate these categories.

Reasonable Accommodations Request Guide

Reasonable Accommodations

For IQ Users

NYC
**Human Resources
Administration**
Department of
Social Services
Management Information
Systems

Robert Doar
Commissioner

Richard G. Siemer
Executive Deputy
Commissioner



17 October 2012

Contents

1. Purpose.....	3
2. RAR Request Criteria	4
3. Formal Reasonable Accommodations Request.....	4
4. Overview of Office of Constituent Services Responsibilities.....	5
5. OCS Review.....	5
6. OCS IQ System Process.....	6
7. Customized Assistance Services Responsibilities	15
8. FIA Review	18
9. ADA Review Appeal Process.....	19
10. IQ Review and Training Resources	29

Reasonable Accommodation Request (RAR)

1. Purpose

Clients with physical and mental disabilities are protected by the Americans with Disabilities Act (ADA) and other federal, state, and local laws as well as social service regulations. No qualified client with a physical or mental disability may be excluded from participation in or denied the benefits, programs, and services of a public entity or be subject to discrimination by any public entity.

‘An individual with a disability is “qualified” if he/she, with or without reasonable accommodation, meets the essential eligibility requirements to receive benefits or services or participate in the programs or activities provided by a public entity’.

The ADA protects individuals with disabilities who:

- have a physical or mental impairment that substantially limits one or more major life activities;
- have a record of a physical or mental impairment that substantially limits one or more major life activities, or
- are regarded as having an impairment.

The Human Resources Administration (HRA) is required, in compliance with federal, state, and local laws and regulations to provide reasonable accommodations to individuals with disabilities and to make reasonable modifications to its policies, practices or procedures when such modifications are necessary to avoid discrimination on the basis of a disability. HRA must ensure meaningful access to the agency's programs, benefits and facilities, except where the provision of a reasonable accommodation/modification would fundamentally alter the nature of the agency's service, program, or activity.

2. RAR Request Criteria

Individuals with physical and/or mental condition(s) may request reasonable accommodations/modifications by using the informal process and then the formal process described below, or they may choose to utilize the formal process at the outset.

These individuals may:

- make informal requests for an accommodation/modification from the location where they are receiving services (i.e., requests at a local Job Center or SNAP Center);
- make a formal request for an accommodation/modification by submitting a Reasonable Accommodation Request (RAR) Form (HRA-102a) to the Office of Constituent Services (OCS), or to the location where they are receiving services;
- file an appeal of the Agency's formal decision to deny the RAR by submitting a Request for an Appeal of a Reasonable Accommodation Determination (HRA-102a) to the HRA ADA Compliance Officer; and
- appoint an authorized representative to submit an HRA-102a on their behalf and/or to assist them during the request/appeal process.

3. Formal Reasonable Accommodations Request

If a client needs a reasonable accommodation/modification on an on-going basis, or if the informal reasonable accommodation/modification process fails to produce a mutually agreeable outcome, or if the individual prefers to document his/her reasonable accommodation request, the individual can obtain a RAR form (HRA-102a) by:

- requesting one from the AJOSII/PAAII
- calling Office of Constituent Services (OCS)
- or Faxing OCS

The HRA-102a can be submitted to the individual's Center or directly to OCS with or without supporting medical documentation. Those individuals who require assistance in obtaining medical documentation must be referred to OCS for further assistance.

Job/SNAP centers that receive RARs (HRA-102a) forms should send them to OCS by Fax at (212) 331-4685/86. If faxed please include the Job/SNAP center cover page and

medical documentation if submitted with the RAR. Job/SNAP centers that have E-Fax capability can submit the RAR by email.

It is important to note that a client can request a formal reasonable accommodation without using the HRA-102a. The individual can submit in writing the nature of their requested accommodation. The formal request process requires the submission of supportive medical documentation within twenty days that describes and supports disability assertion.

4. Overview of Office of Constituent Services Responsibilities

The Office of Constituent Services (OCS) is responsible for receiving the RAR (HRA-102a or written request and beginning the **RAR** process in the **Intranet Quorum (IQ)** system, Step One. Upon entry of the RAR in IQ, MIS will send the client a notice, (HRA-102b) with a confirmation number. OCS will enter the RAR into the IQ system and complete a thorough review (Step One) before sending to CAS for their Step Two process.

OCS may inform those clients who did not submit medical documentation with their original formal request that any supporting medical documentation must be submitted within twenty days. An additional fourteen days will be given to those clients that request additional time to obtain their medical documentation. This additional allowance will increase the medical documentation submission timeframe from twenty to thirty-four days.

5. OCS Review

OCS staff must conduct a thorough review by checking WMS based on the information listed on the RAR before entering the RAR into the IQ system. OCS may need to contact the client to clarify or obtain additional information for the request. If a discrepancy exists, OCS is responsible for contacting the client to resolve or note any discrepancy that may exist, such as a different address listed on HRA-102a than the WMS address. All notices will be sent to the WMS address of record.

OCS reviews the HRA-102a for completeness noting if medical documentation is attached to the formal request.

OCS will refer the client to CAS for assistance when the RAR states they requires assistance in obtaining medical documentation This request for assistance should be sent to CAS immediately (through the IQ system) upon entering the RAR information into the IQ system since the twenty day timeframe for medical documentation is still in effect.

OCS is responsible for scanning and indexing the RAR (HRA-102a) and medical documentation submitted by the client or representative.

Finally, OCS will complete the IQ System Step One to route the RAR to the next step for further processing. Once the OCS Step One workflow is complete the HRA-102b will be sent to the client or representative to confirm receipt of the RAR with a RAR confirmation number. The client can refer to this number when they are inquiring about their RAR.

OCS Administrator

The OCS administrator will review the daily **IQ Exception report** to update, correct or validate missing RAR workflow information. OCS must correct or update information from the exception report timely so other HRA systems are able to address the RAR. An email will be sent directly to the designated OCS administrator who will be responsible for overseeing the corrective process for the exception error details.

6. OCS IQ System Process

To initiate the RA process OCS first must create a new record using **Add/Find Person** also called a “people record” and start the RAR workflow. To begin OCS will access their IQ system home page:



OCS will access the IQ system and select **Find/Add Person** tab located on the left-hand side of the IQ Home Screen



HRA Reasonable Accommodations Request

IQ opens the **New Person** screen. OCS will enter the name on the RAR

The screenshot shows the 'New Person' form with the following details:

- Name:** Prefix (blank), First (Ada), Middle (blank), Last (Requestest), Suffix (blank), Appellation (blank)
- Formal Salutation:** (blank), **Informal Salutation:** (Ada), **Household Salutation:** (blank), **Household Name:** (The Requestest Family)
- Other Information:** (blank), **Comments:** (973)

OCS must then choose **Add Workflow** from the left-hand side to create the new workflow for the new person

This close-up shows the 'Add Workflow' button highlighted in orange on the left-hand side of the form. The 'Name' field contains 'Ada' and 'The Requestest Family'.

OCS must now associate the new person to the reasonable accommodation workflow by making a choice in the Select Template section.

OCS must select **RAR (RA v 2.5.1)** to start the reasonable accommodation process.

The screenshot shows the 'Select Template' section with 'RA v2.5.1' selected in blue text.

IQ opens the **OCS Review** screen

The screenshot shows the 'OCS Review' screen with the following details:

- Workflow Status:** OPEN, Opened by User, OCSTest on 8/6/2012 at 2:03 PM, Assigned to User, OCSTest
- Due:** 8/26/2012, 2:03 PM
- Step Due:** 8/11/2012, 2:03 PM
- Priority:** 9
- Reasonable Accommodation:**
 - OCS REVIEW:**
 - New Applicant: Yes
 - (If New Applicant box is checked and there is no SSN or Alien_Reg #, then please SELECT Case # below.)
 - SSN / Alien_Reg # / Case #: Social Security # (selected), Number: 123456789
 - Case Number: (blank)
 - CIN #: (blank)
 - WMS Address: (blank), Apt: (blank)
 - City: (blank), State: NY, Zip Code: (blank)
 - RAR Address: (blank), Apt: (blank)
 - City: (blank), State: NY, Zip Code: (blank)
 - Language: (blank)
 - RAR form submitted?: (blank)
 - Center Number: (blank)
 - Source: (blank)
 - Program Area: (blank)
 - Evaluated by WeCare program within the past year?: (blank)
 - Supportive housing request (HRA 2010e) submitted within the past year?: (blank)
 - Receiving Home Care Services or have a Home Attendant?: (blank)

OCS will start the IQ entries by selecting **Social Security #** in the box labeled **SSN/Alien/Case #** and entering the clients SSN in the **Number** box. If the client has not included an SSN on the RAR form or the SSN could not be obtained from the client during a telephone contact call or from WMS, then OCS should enter the client's unique alien registration number.

HRA Reasonable Accommodations Request

If neither of these is available, OCS should enter the case number.

New Applicant

If the client does not have a social security number or a unique alien registration number, OCS must enter **Yes** in the drop down box labeled **New Applicant**. OCS must enter the **case number** in the **Number** box which will automatically **copy** to the **Case number** box.

OCS must enter the WMS Mailing Address and any additional address listed on the RAR, HRA- 102a.

OCS may optionally enter the **CIN** if known.

The IQ system provides drop down menus for easier selection and increase accuracy.

Language

OCS must enter the WMS Language Read (not spoken) and should use English if the preferred language on WMS is not listed in the IQ drop down box

- English

HRA Reasonable Accommodations Request

- Spanish
- Russian
- Chinese
- Haitian-Creole
- Arabic
- Korean

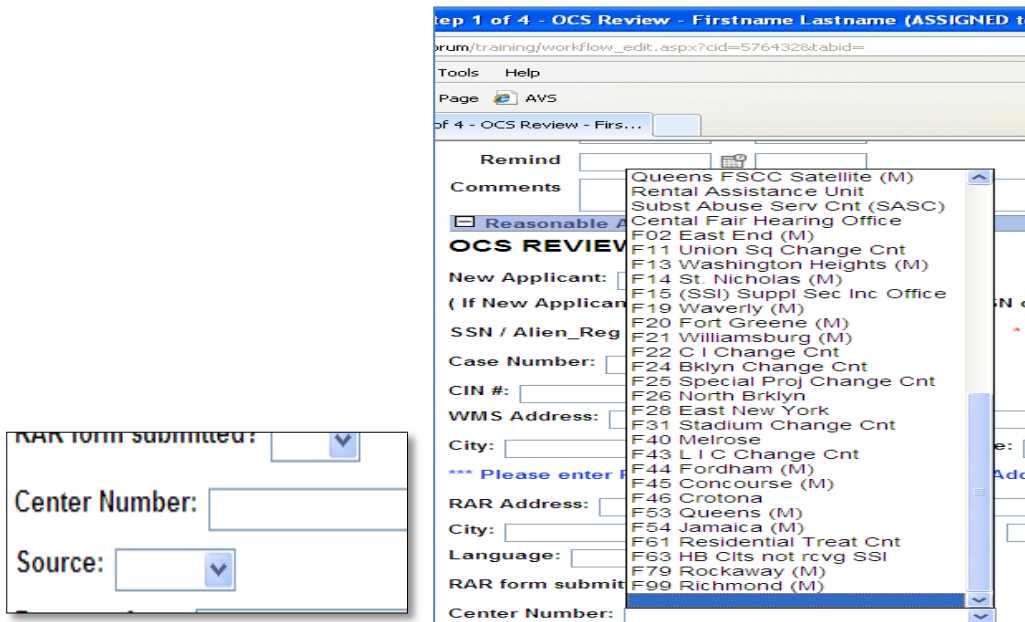


OCS must enter **Yes** in the **RAR form submitted** box

- Yes/No



OCS should choose a center from the Center Number drop down box



Source

OCS chooses the source of receipt of the RAR

- FAX
- Mail
- Phone
- Email (not in use at this time)

Program Area

OCS must enter the program area from the drop-down menu

HRA Reasonable Accommodations Request

Program Area:	A - Family Independence Administration (FIA)
Evaluated by W	A - Family Independence Administration (FIA)
Supportive housing	B - Investigation Revenue Enforcement Administration (IREA)
Receiving Home	C - Office of Domestic Violence and Emergency Intervention Services (ODVEIS)
	D - Office of Child Support Enforcement (OCSE)
	E - MICSA; MAP; HomeCare
	F - Food Stamp Division Services
	G - General Support Services (GSS)

Previous HRA Medical Documentation History Questions

OCS must answer these questions based on the client's answers from the RAR and/or from client telephone contact. The questions below may indicate a past HRA involvement.

Evaluated by WeCare program within the past year?	Yes
Supportive housing request (HRA 2010e) submitted within the past year?	Yes
Receiving Home Care Services or have a Home Attendant?	Yes

Medical Documentation Submitted Date

OCS must enter the date medical documentation was submitted by clicking on the calendar icon and entering a date.

Medical documentation is defined as

- 1) A certified doctor completion of pages 3 and 4 of the HRA-102a or
- 2) medical statement on a certified doctor's letterhead.

(If the RAR is returned with page 3 and 4 of the HRA-102a blank then no medical documentation was submitted)

Receiving Home Care Services or have a Home Attendant?	
Medical Documents Submitted?	<input type="text"/>
Client Requests Help with Medical Doc? (Send to CAS)	<input type="text"/>
Client requested 14 day extension to provide Medical Docs?	<input type="text"/>
Med Docs received within 20 or 34 days (w/extension)?	<input type="text"/>

Client Requests Help with Medical Docs (Send to CAS)

If the client requests assistance with gathering medical documentation OCS should answer Yes to the question in IQ. In this instance OCS should immediately enter the OCS review completion date and forward the request to CAS for assistance.

Client request 14 day extension

If the client requests more time to obtain the medical documentation OCS should **enter the date** the client **made the request** for more time.

HRA Reasonable Accommodations Request

Reasonable Accommodation Type

OCS must choose the RA types requested based on the client's description in writing in section five of the HRA-102a and /or from any clarifying information received from the client. The **IQ RAR Type** contains a drop down menu. if more than one accommodation is requested the OCS researcher will click on the **Add** button to create a new row to enter the next RAR.

The table below list all RA types available and definitions.

IQ RAR Type	RA Type Description	Definition of RA Type
Reading Forms	Assistance with reading applications or forms	This accommodation type requires FIA staff to assist with reading the application/forms for the client for any scheduled appointment.
Completing Forms	Assistance with completing applications or forms	This accommodation type requires FIA staff to assist with completing the application/forms for the client for any scheduled appointment.
Sign Language	Sign Language Interpreter	This accommodation type requires FIA staff to arrange for a sign language interpreter for any scheduled appointment.
Resched Appts	Not to be scheduled for certain days and times	This accommodation type requires FIA staff to only schedule appointments on the client’s available dates and times.
Priority Appts	Priority queuing to minimize wait time	This accommodation type requires the client’s wait time to be minimized by giving priority when waiting.
Travel Comp	Scheduling appointments based on travel companion availability	This accommodation type requires FIA staff to schedule appointments when the client’s travel companion is available.
Prevent Transfer	Not to have your case transferred	This accommodation type requires FIA staff to allow the client to keep his/her case at the preferred location (as long as the preferred site is not closing).

HRA Reasonable Accommodations Request

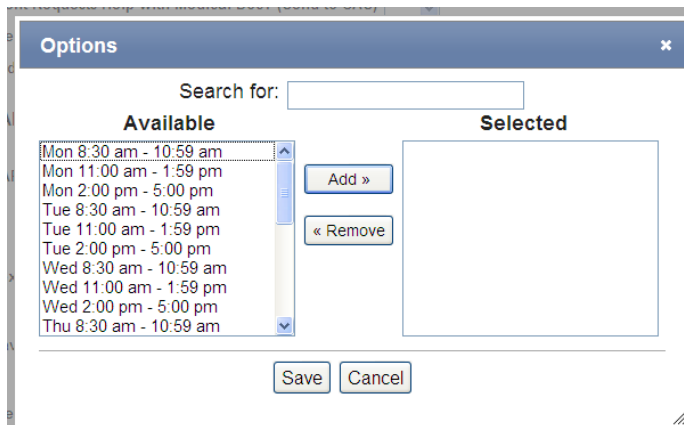
Temp Travel Exemption	Temporary Travel Exemption for 90 days pending Para-transit approval	This accommodation type requires FIA to exempt the client from an in-person appointment while waiting for Para-transit. FIA will arrange for a home visit for scheduled appointments during this period.
Blind/Visually Impaired	Individualized assistance for the blind/ visually Impaired	This accommodation type requires FIA staff to assist the client as necessary due to blindness/visual impairment. For example the client may need assistance walking to and from the elevator, or may be accompanied by a service animal.
Other	Other	This accommodation type should be used for a condition where neither home visits nor flexible scheduling is required. This is for something less critical than the other options listed above. For example the client may need to eat at a certain hour due to a medical condition.

RA Types-Scheduling

There are two Reasonable Accommodation types that require additional entries in the IQ **Option** screen: **Rescheduled Appointments (Resched Appts)**, “Not to be scheduled for certain days and times” and **Travel Companion (Travel Comp)**, “Scheduling appointments based on travel companion availability”.

OCS must enter any days/times that the client and/ or travel companion **are not available**. The IQ system provides an **unavailable time** screen for easy and accurate selections. Options include morning, mid-day, and afternoon as well as full day.

Note: This **Available Time Screen** should only be used with these two specific RA types.



Please note the heading **Available** within the above screen means available for selection by OCS. The dates and times within the screen represents the client or travel companion **unavailability**.

Once chosen the selected times will be displayed in the Days and Times Not Available box. Click on magnifying glass to view the unavailable times.

Prevent Transfer

When a request is made to prevent a transfer from a location, OCS must determine the client's "Preferred Center" and select the preferred location in the "Center Number" box. In addition, a case comment should be entered.

Special Routing Instructions

Routing Instructions are optional pre-written notes available for selection when routing to a specific area.

- Record Completed Waiting for Med Doc
- OCS Hold for Med Doc
- Forwarded to CAS Review
- Sent to CAS for help w/Med docs
- Sent to FIA Review
- ADA to CAS for Admin Denial Appeal

OCS Review Completion Date

Once OCS has reviewed the RAR, checked WMS and contacted the client to clarify the request or to obtain answers to any unanswered questions, they should complete the OCS Review phase by entering a **date** in **OCS Review Completion Date**. The completion date entered by OCS starts the twenty day clock down if no medical documentation was submitted with RAR.

Note: OCS can change the completion date as long as they do not complete Step One and forward the case to CAS.

HRA Reasonable Accommodations Request

The screenshot shows a software interface with a sidebar on the left containing buttons labeled 'Attach File', 'Scan', 'Audit Level(3)', and 'Delete'. The main area contains a text field with the label 'OCS Review Step Completed Date:' and a date input field containing '16-JUL-12' with a red asterisk to its right. A small red pill icon is visible in the top right corner of the main area.

OCS Review Complete Date

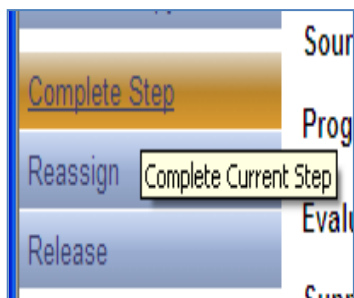
The OCS entry date will start the clock down for the twenty day medical documentation submission. If nothing has been submitted by the deadline, IQ will auto-complete Step One.

No Medical Documented Submitted

The date entered in the **OCS Review Complete** date will start the clock down for the twenty day medical documentation submission. If nothing has been submitted by the deadline, IQ will auto-complete Step One of the workflow and the client will be sent an Administrative Denial Notice, HRA-104 for failing to submit medical documentation.

However, if the client answered YES to one or more of the three questions indicating previous HRA involvement, the client will not be denied for failure to submit medical documentation and the request will go forward to CAS.

If the client submits the medical documentation, OCS should enter the date in Medical Documentation Submit Date field and complete Step One by selecting Complete Step on the left-hand side of the IQ window.



When OCS selects Complete Step they will receive the Route Workflow window. OCS must click on Save to route the request to Step Two CAS Clinical.

HRA Reasonable Accommodations Request

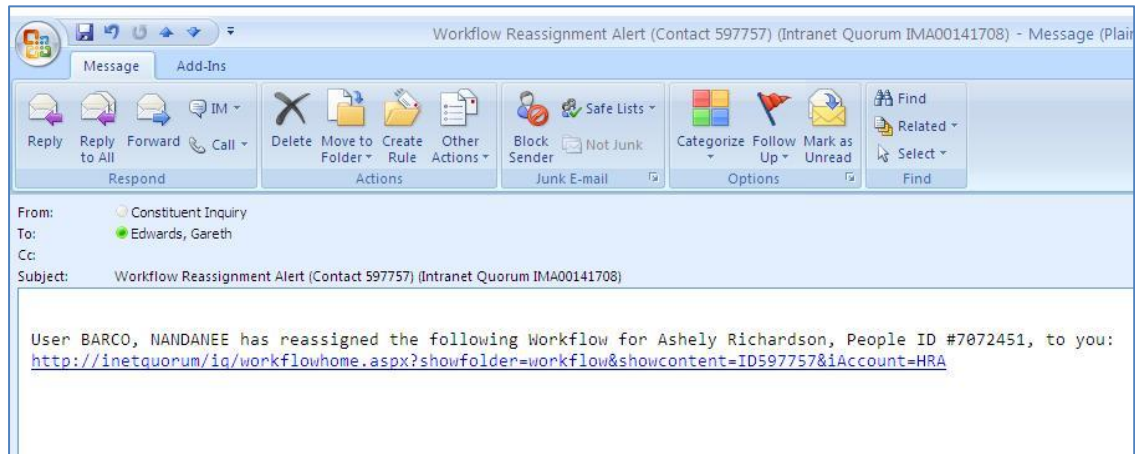
An email alert will be sent to the CAS Clinical group alerting them to the new RAR submission. CAS is responsible for Step Two in the process which entails recommending or not recommending the requested accommodation.

7. Customized Assistance Services Responsibilities

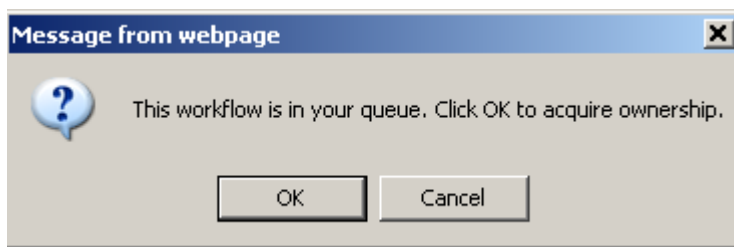
Customized Assistance services (CAS) has two distinct functions in processing the RAR. **CAS Clinical** is responsible for accessing, reviewing and making a recommendation for each RAR request. **CAS Administration** is responsible for the review and making a recommendation on an appeal.

When CAS Clinical receives the RAR from OCS they are responsible for Step Two of the IQ Workflow. If the client submits medical documentation they are to review the IQ entry, the RAR form (HRA-102a or written request) and the submitted medical documentation. If the client has a prior CAS medical history they are to review medical on file along with any current medical submissions to make a recommendation.

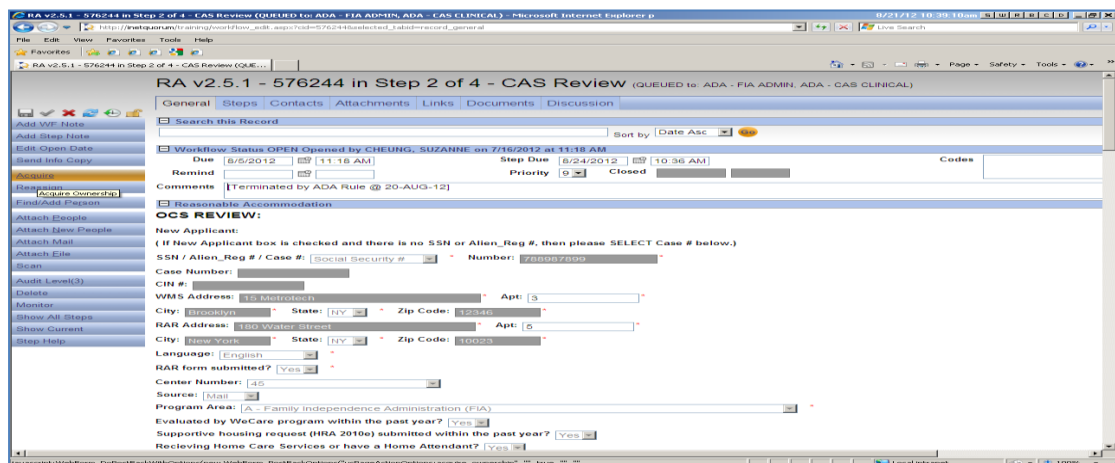
Email from IQ System



When the CAS Clinical group is alerted they will receive an email with a link directly to the relevant workflow in the IQ system or a system message. When they click on the link they will receive the following message :



Clicking OK will start the Step Two CAS Review.



In the event that the CAS clinician did not receive the email link to the case, CAS can also begin the review process by first acquiring ownership of the RAR by choosing the **Acquire** link located on the left hand side of the window.



Once ownership is acquired CAS will proceed with their review.

CAS Entries in IQ

CAS must enter a recommendation for each RA request.

The options in the CAS dropdown menu are:

- **Original Recommended**- the RAR was recommended
- **Original Not Recommended**- the RAR is not recommended
- **Alternate Recommendation**- the RAR was not recommended but an alternative recommendation is being made. CAS must also choose the alternative from the drop down list.

If CAS receives the medical documentation during the time of assessment, they are able to enter the submission date of the medical document in IQ. CAS can also edit the client's request for help with documents question in case they receive a request for assistance after the Step One submission by OCS.

CAS Completion

- When CAS has completed their step they will save and route (send) the RAR to the FIA administration for Step Three in the workflow process.

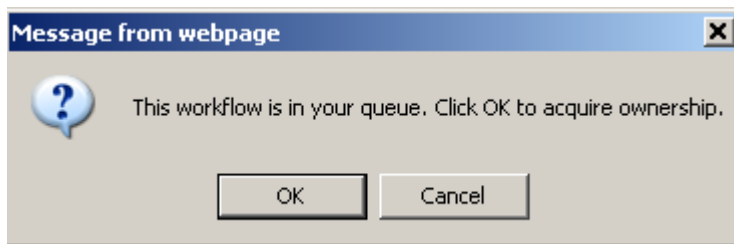
HRA Reasonable Accommodations Request

- The routing window will send the alert to the FIA administration for their review of the recommendation and the FIA determination.
- FIA will receive a email with the link or the IQ system message directing FIA to acquire the case.



8. FIA Review

They are responsible for Step Three of the RAR workflow process.



FIA will follow the same process to acquire ownership of the RAR by clicking OK on the **Acquire ownership** box.

Once they acquire the workflow FIA will conduct a review for each request and enter their determination based on the CAS recommendation.



FIA options are as follows:

- **Orig Accepted-** Original RAR Approved

- **Alt Accepted** _Alternative recommendation is Accepted
- **None Accepted(Orig/Alt)**- Neither the original RAR or the Alternative Recommendation has not been Accepted

Once FIA has entered their determination they will complete their step by clicking the **Determination Complete** option located on the routing window.

The completion of the RAR by FIA will generate the RAR decision notice to provide notification to the client of an acceptance or denial [of the RAR] and their appeal rights. The decision and appeal form will be sent to the client with a return envelope.

The IQ system will allow appeal processing to be entered within twenty-five days of FIA's final determination. After this time period the IQ system will not allow the record to be edited or changed.

Important Note: If the RAR is related to scheduling, the IQ system will allow the information to remain editable. Only the scheduling RAR types can be updated, once the information is saved the system will send an updated record.

RAR Schedule Changes /Withdrawals

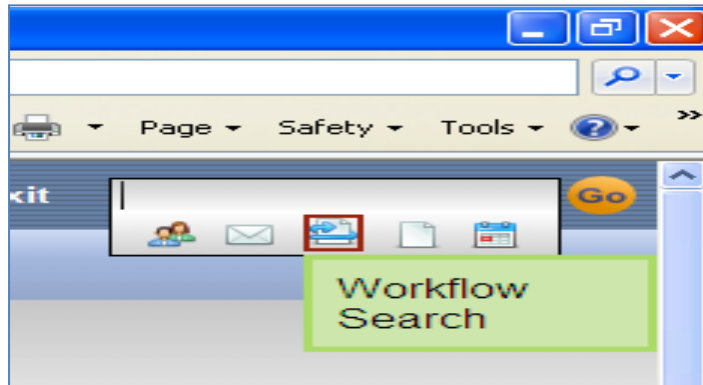
If a client with an approved RA requires a schedule change or if a client requests a withdrawal of an approved RA the request should be submitted to the ADA Liaison. The ADA Liaison will contact MIS at Help Desk-ADA with all pertinent information.

9. ADA Review Appeal Process

The RAR client can disagree with any decision finalized by FIA and can file an appeal. The HRA-102 Request for an Appeal of a Reasonable Accommodation Determination should be completed and sent to HRA ADA Compliance Unit. This is considered Step Four of the IQ workflow process.

The appeal form should be submitted by the client or client' representative within twenty days of the clients receipt of the FIA determination form. The appeal should be submitted in writing. Clients who need help in submitting a written appeal due to physical/mental conditions may contact OCS for assistance. OCS will then forward the appeal to the ADA compliance officer to start the appeal process.

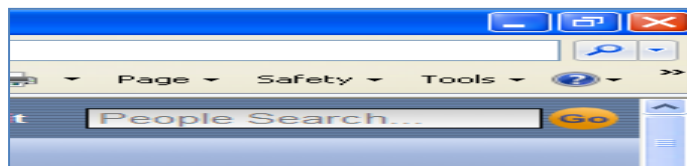
To access the RAR Appeal workflow the ADA Compliance Officer or designee can begin with the IQ workflow or people search.



Enter the **confirmation number** associated with the RA request for a “Workflow Search”.

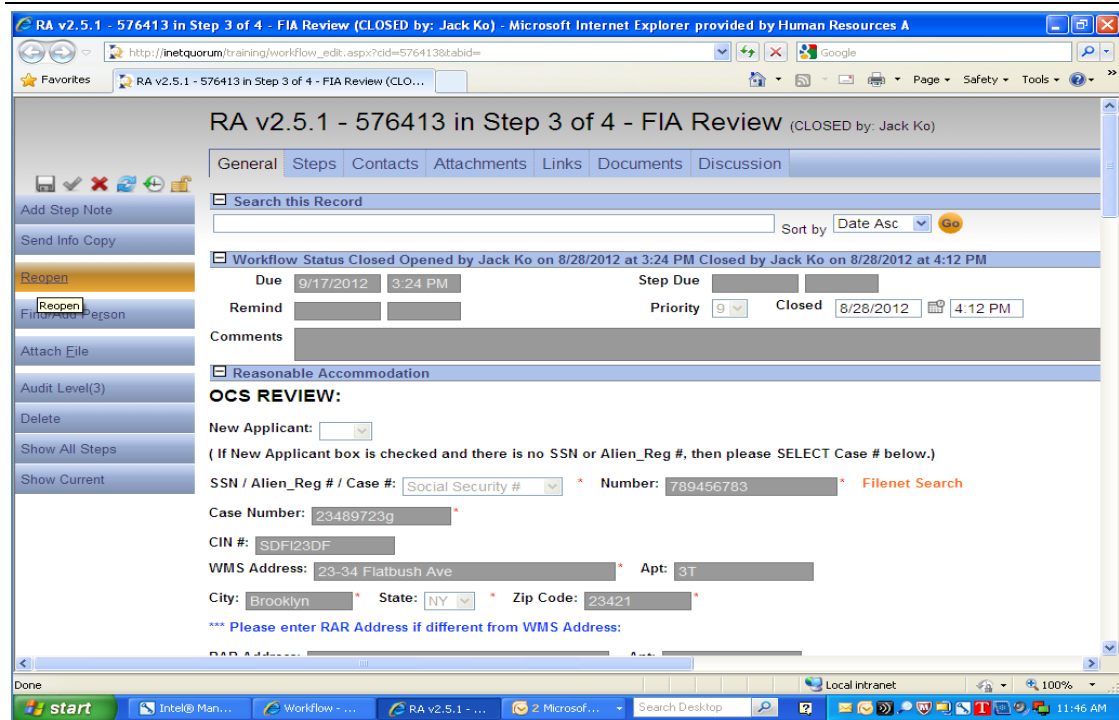
Or

Enter the **name of the client** for a “People Search”.



Upon locating the RAR choose **Reopen** located on left-hand side of window.

HRA Reasonable Accommodations Request



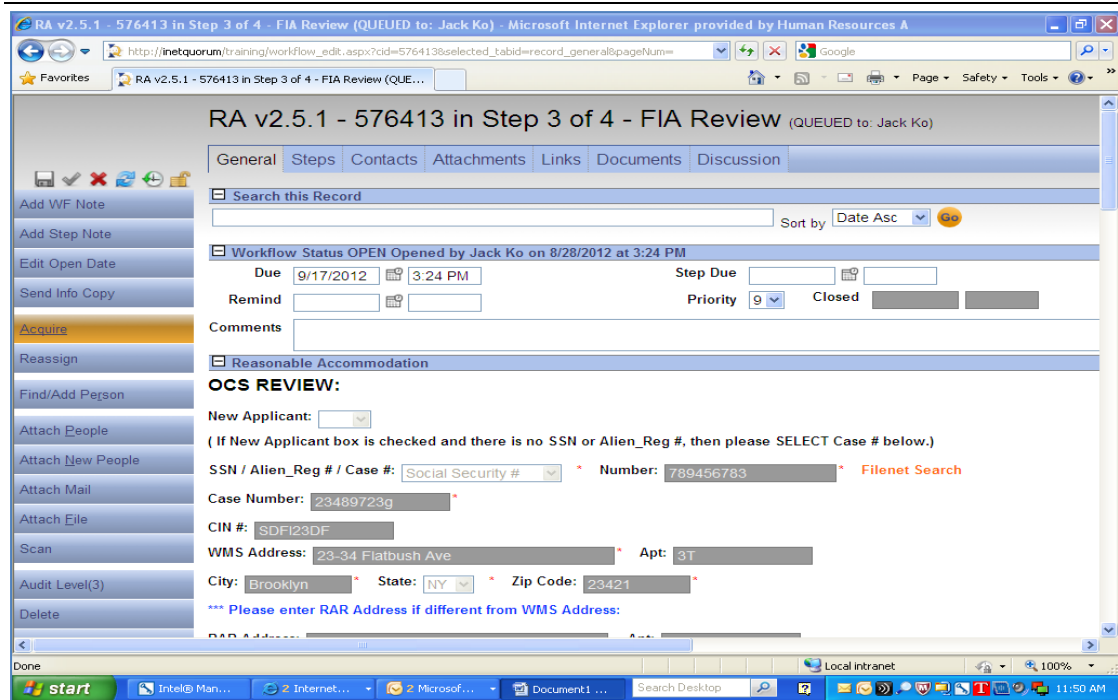
The ADA compliance officer should choose the last step completed on the RAR.



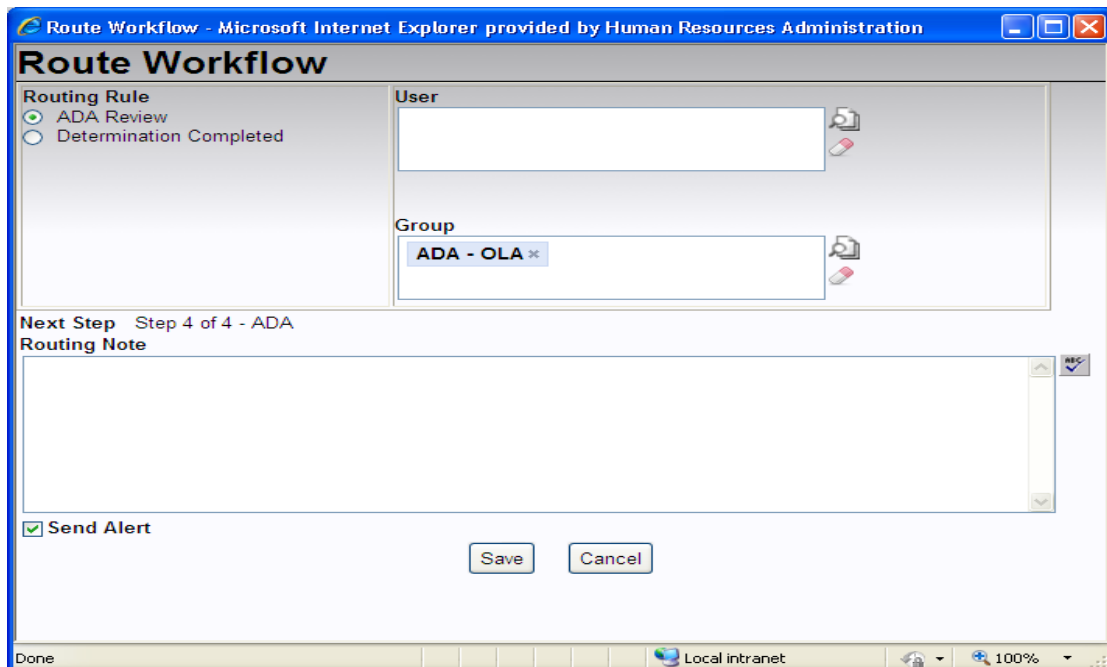
To process the Appeal, the ADA Compliance Officer must first Acquire Ownership of the IQ Workflow by selecting **Acquire** from left hand side of window. This will put the ADA Officer in Step 3 of the IQ workflow.



HRA Reasonable Accommodations Request



Next, the ADA Compliance officer must route the IQ Workflow to themselves moving from Step Three to Step Four. To do this choose **ADA Review** on the Route Workflow screen. Now in Step Four The ADA Compliance officer will enter the Appeal Type and the RAR date received.



ADA Appeal Types

HRA Reasonable Accommodations Request

Administrative Denial Appeal occurs when an Appeal form is received from a client that did not receive an FIA final determination because medical documentation was not received within the prescribed timeframe of the original request. These appeals require a review of medical documentation submitted with the Appeal Form.

RAR Appeal of a decision requires the review of newly submitted documentation and comments from the ADA Compliance officer. In addition, these appeals can be submitted by the RAR client who has received approval by FIA.

To route these appeals correctly the ADA Compliance Officer will choose their Appeal Type and complete Step four. They will save the RAR and route the appeal to the CAS Administration. The CAS Administration group is responsible for the review of medical documentation and making a recommendation.

First, the ADA Compliance Officer will choose the Appeal Type from the dropdown menus below the Appeal Processing header.

RA v2.5.1 - 576413 in Step 4 of 4 - ADA (QUEUED to: ADA - OLA) - Microsoft Internet Explorer provided by Human Resources Admini

http://inetqorum/training/workflow_edit.aspx?cid=576413&selected_tabid=record_general

OCS Review Completed Date: 08/29/2012

Appeal Processing

ADA REVIEW

Appeal Type:

Appeal Received:

Appeal Form:

Forwarding to CAS?:

CAS REVIEW

Appeal Review Completed / RAR Processing Updated?:

Comments:

ADA FINAL REVIEW

Final Review Completed / RAR Processing Updated?:

Comments:

People

There are no People records associated with this Workflow.

Workflow Notes

Step 1 of 4 - OCS Review - Started 08/28/2012 03:24 PM - Completed 08/28/2012 04:09 PM by Jack Ko

Jack Ko 08/28/2012 03:52 PM Field 'SSN / Alien_Reg # / Case #' changed from 'Nothing' to 'Social Security #'.

The ADA Compliance officer will enter in the date and can route the RAR appeal to CAS for their review and recommendation.

HRA Reasonable Accommodations Request

RA v2.5.1 - 576413 in Step 4 of 4 - ADA (QUEUED to: ADA - OLA) - Microsoft Internet Explorer provided by Human Resources Admini

http://inetquorum/training/workflow_edit.aspx?cid=576413&selected_tabid=record_general

OCS Review Completed Date: 08/29/2012

Appeal Processing

ADA REVIEW

Appeal Type: Admin Denial

Appeal Received Date: 08/31/2012

Appeal Form Scanned? Yes

Forwarding to CAS? Yes

CAS REVIEW

Appeal Review Completed / RAR Processing Updated? [Dropdown]

Comments: [Text Area]

ADA FINAL REVIEW

Final Review Completed / RAR Processing Updated? [Dropdown]

Comments: [Text Area]

People

There are no People records associated with this Workflow.

Workflow Notes

- Step 1 of 4 - OCS Review - Started 08/28/2012 03:24 PM - Completed 08/28/2012 04:09 PM by Jack Ko
- Jack Ko 08/28/2012 03:52 PM Field 'SSN / Alien_Reg # / Case #' changed from 'Nothing' to 'Social Security #'.
- Jack Ko 08/28/2012 03:52 PM Field 'Number' changed from 'Nothing' to '789456783'.

Local Intranet 100% 11:54 AM

The ADA Compliance officer can optionally **attach a file** to the IQ template.

Attach a File Instruction

The ADA Compliance officer can choose to **Attach a File** (new documents submitted) by choosing the Attach a file Tab located on the left side of IQ window.

RA v2.5.1 - 576413 in Step 4 of 4 - ADA (QUEUED to: ADA - OLA) - Microsoft Internet Explorer provided by Human Resources Admini

http://inetquorum/training/workflow_edit.aspx?cid=576413&selected_tabid=record_general

OCS Review Completed Date: 08/29/2012

Appeal Processing

ADA REVIEW

Appeal Type: Admin Denial

Appeal Received Date: 08/31/2012

Appeal Form Scanned? Yes

Forwarding to CAS? Yes

CAS REVIEW

Appeal Review Completed / RAR Processing Updated? [Dropdown]

Comments: [Text Area]

ADA FINAL REVIEW

Final Review Completed / RAR Processing Updated? [Dropdown]

Comments: [Text Area]

People

There are no People records associated with this Workflow.

Workflow Notes

- Step 1 of 4 - OCS Review - Started 08/28/2012 03:24 PM - Completed 08/28/2012 04:09 PM by Jack Ko
- Jack Ko 08/28/2012 03:52 PM Field 'SSN / Alien_Reg # / Case #' changed from 'Nothing' to 'Social Security #'.
- Jack Ko 08/28/2012 03:52 PM Field 'Number' changed from 'Nothing' to '789456783'.

Local Intranet 100% 11:56 AM

javascript:attach_file("576413");

HRA Reasonable Accommodations Request

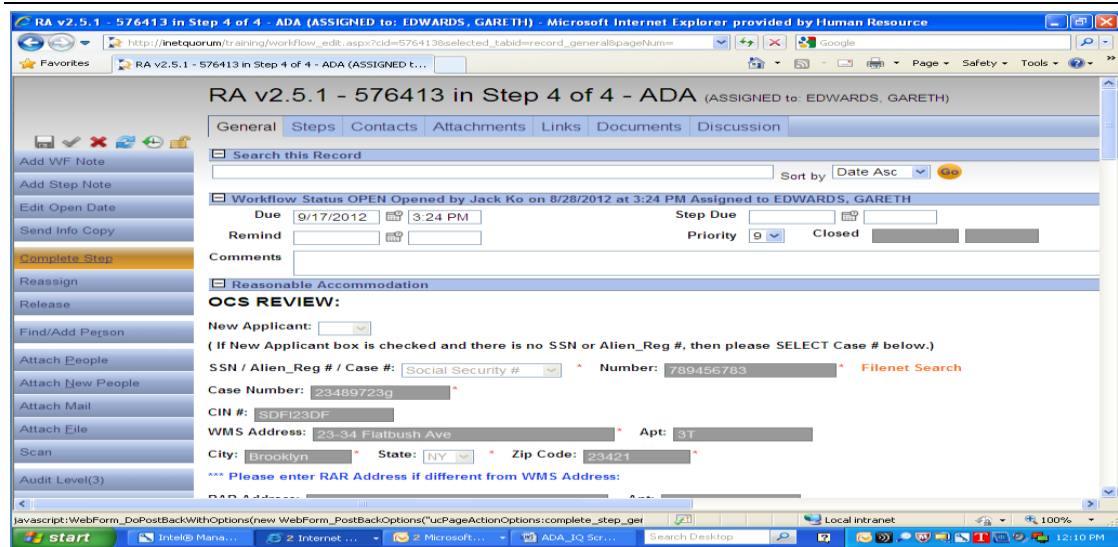
Attach <u>N</u> ew People	Comments: [REDACTED]
Attach Mail	ADA FINAL REVIEW
Attach File	Final Review Completed / RAR Processir
Scan	Attach File to Workflow Comments: [REDACTED]
Audit Level(3)	People
Delete	There are no People records associated

Important Note: At any step of the RAR process anyone from within the Step One thru Step Four workflow process can attach a file using the Attach a file instructions. For those documents that are scanned and indexed, they can be accessed/viewed through the HRA OneViewer, However, documents can be attached directly to the workflow using the “**Attach File**” command located on the left side of the IQ system window. See the above screenshot.

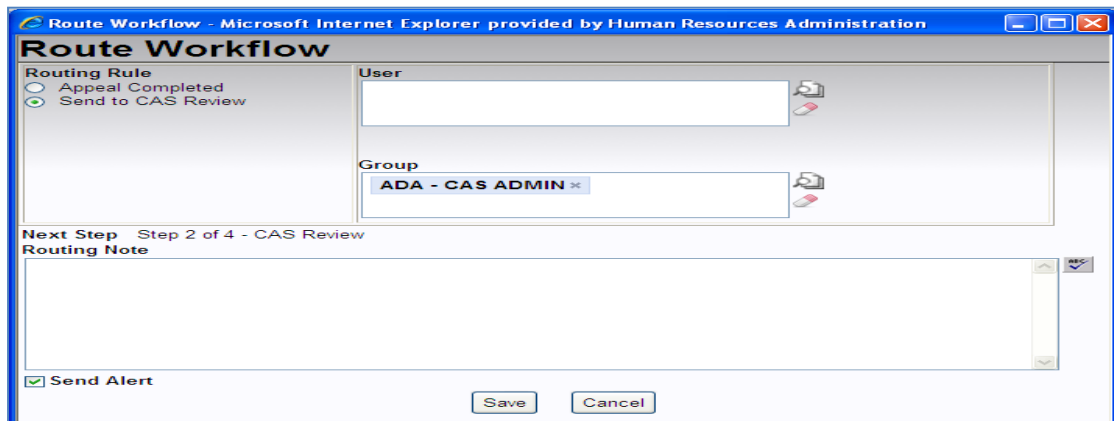
The ADA Compliance officer or designee will Browse (locate) the file on his/her computer and attach to the workflow for viewing by the CAS Administration.

The ADA Compliance officer will select **Complete Step** to display the routing window to send the RAR Appeal to the CAS Administration for review.

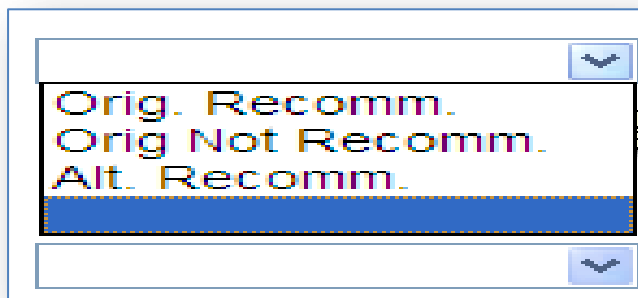
HRA Reasonable Accommodations Request



When IQ opens the Routing Window the ADA Compliance Officer or designee must select the Send to CAS Review option to forward for an Appeal Review.



CAS Admin will review the RAR Appeal along with any submitted documentation to determine their appeal recommendation.



CAS Appeal Recommendations

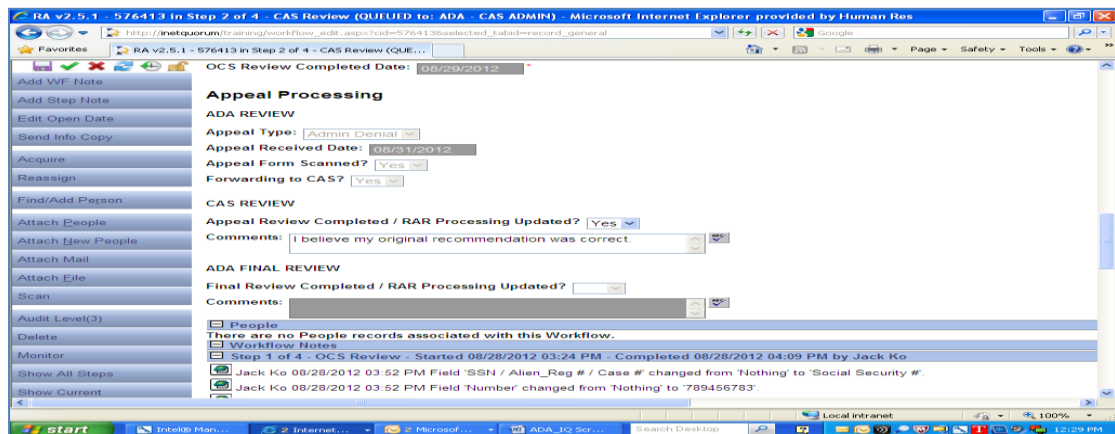
- **Original Recommended** - the original RAR requested by the client is being recommended.

- **Original Not Recommended:**
 - a. The original request is not being recommended and there is no alternative recommendation being proposed.

Note: CAS must enter this type of recommendation with a required case comment detailing the decision on an Appeal.

- **Alternate Recommendation-** the original RAR is not recommended but an alternative is being proposed or if an alternative has been recommended initially by CAS that recommendation is still preferred.
 - a. If a **new alternative** is being **proposed** CAS must select **Alt. Recomm.** and change the **RA** to the type being recommended.

CAS enters their recommendation from the menu and completes their part of the Appeals Processing CAS Review.



CAS Admin enters appeal review information on the IQ system.

Find/Add Person	CAS REVIEW
Attach People	Appeal Review Completed / RAR Processing Updated? Yes
Attach New People	Comments: I believe my original recommendation was correct.
Attach Mail	

CAS Admin completes the review and routes the RAR appeal back to ADA Compliance Officer by selecting **Send to ADA** option.

HRA Reasonable Accommodations Request

The ADA Compliance officer reviews CAS recommendation and inserts their determination for the Appeal.

ADA Appeal Decisions

- **Orig Granted**- The Original RA request is being approved
- **Alternative Granted**- The alternative recommended by CAS is being approved
- **Deny All**- The original request is being denied for the original RAR as well as any alternative recommended

Upon completion of the review, the ADA Compliance officer or designee will respond to the client with their findings in a letter. This letter will explain HRA's decision and will be mailed within twenty calendar days of the ADA Compliance officer's receipt of the appeal.

If a reasonable accommodation is granted or denied on appeal the ADA Compliance Officer entries in the IQ system will alert the central database and all related HRA systems.

10. IQ Review and Training Resources

The IQ system offers an Audit Trail which tracks every action taken on a case processed within the IQ system. This trail can be helpful in reviewing a RAR to see what actions were taken.



Access to the Audit Trail is located at the bottom of the IQ workflow screen.



Training Materials

Training materials are available to assist IQ users in learning the basic operation of the IQ system.

SEE Link Below, you will need a required username and password provided below to access on-line learning materials. :

http://lmqtraining.com/NYC_HRA

username: NYC_HRA

password: IQTr@in2009

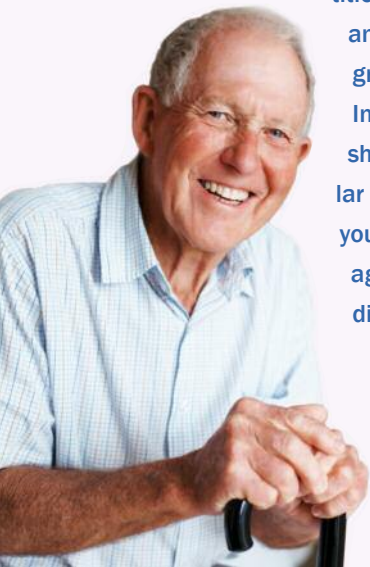
The Americans with Disabilities Act of 1990, and other federal, state and local laws require that no qualified individual shall, on the basis of disability, be subject to discrimination in programs, activities, or services of the Human Resources Administration.

If you believe you or a member of your household has been discriminated against because of a disability, for a reason other than a denial of a reasonable accommodation, you may direct a complaint by letter, fax, or email to:

Lauren Friedland
ADA Compliance Officer
Human Resources Administration
Office of Legal Affairs
180 Water Street, 17th floor
New York, NY 10038
Fax: (917) 639-0333
Email: ADAOLA@hra.nyc.gov

The complaint must include your name, mailing address, telephone number, and HRA case number, if available. The complaint must specify the date and location of the incident, names and

titles of agency employees, and the HRA Office, program or service involved. In addition, the complaint shall describe the particular way in which you believe you were discriminated against on the basis of disability.



SAMPLE



Michael R. Bloomberg
Mayor

Human Resources
Administration
Department of
Social Services

Robert Doar
Commissioner

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BRC-681A LLF
Rev. 07/12

Include in the Application/Recertification Kit

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ARE YOU A PERSON WITH A DISABILITY?

Do you need assistance with your application, recertification or other program requirements?



IF YOU ARE PHYSICALLY OR MENTALLY DISABLED...

...and as a result you need help completing your forms or have difficulty waiting to be interviewed, please notify the receptionist or your worker.

If it is difficult to meet HRA's requirements because of a physical or mental limitation, we can help.

HRA recognizes its responsibility under the law to provide reasonable accommodations to people with disabilities. HRA is also required to make reasonable modifications to its policies and procedures to ensure that people with disabilities receive meaningful access to HRA programs and services, except where such a change would be a fundamental alteration of HRA practices.

What Is A Reasonable Accommodation?

Examples of a reasonable accommodation offered by HRA for people with disabilities are:

- flexible scheduling to avoid rush hour travel
- priority appointments to minimize waiting time at HRA Offices
- sign language interpreters
- assistance with reading and completing forms
- conducting business by telephone, fax, or mail, if appropriate
- home visits, if necessary

IF YOU NEED A REASONABLE ACCOMMODATION TO PARTICIPATE IN A PROGRAM ACTIVITY OR TO RECEIVE A PUBLIC BENEFIT OR SERVICE, YOU MAY USE HRA'S REASONABLE ACCOMMODATION PROCESS, AS DESCRIBED ON THE NEXT PAGE.

Here are some examples of conditions that may be disabling:

Medical Conditions:

- Impairments of vision, speech or hearing
- Diseases such as Cancer, Multiple Sclerosis, Heart Disease, Cirrhosis, or HIV/AIDS

Mental Health Conditions:

- Developmental Disabilities
- Mental illnesses such as Schizophrenia, Bipolar Disorder or Clinical Depression

How Do I Request A Reasonable Accommodation?

You may make a verbal request for a reasonable accommodation at your local HRA Office.

To submit a written request, you may complete the Reasonable Accommodation Request (RAR) form or you can write your own letter requesting an accommodation. YOU CAN OBTAIN AN RAR FORM FROM YOUR LOCAL HRA OFFICE OR YOU MAY CALL THE OFFICE OF CONSTITUENT SERVICES (OCS) AT (212) 331-4640, OR FAX OCS AT (212) 331-4685/86. Your medical provider will also need to complete the section of the form that asks for medical documentation or submit medical records. You may mail, or fax the RAR form or your written request to: HUMAN RESOURCES ADMINISTRATION OFFICE OF CONSTITUENT SERVICES 180 WATER STREET, 23RD FLOOR NEW YORK, NY 10038 FAX: (212) 331-4685 OR (212) 331-4686

You may also submit the RAR form or your written request in person at your local HRA Office. If a physical or mental impairment makes it difficult for you to submit your request, you may contact OCS for assistance at (212) 331-4640.

HRA will evaluate the request and determine if the reasonable accommodation you requested is appropriate. You will be notified of HRA's determination.

Effective Communication

Upon request, HRA will provide appropriate aids and services for persons with visual, speech and hearing impairments to ensure that effective communication is provided.

Communication aids include qualified sign language interpreters for individuals with hearing impairments and qualified readers for individuals with visual impairments.

APPLICANTS/PARTICIPANTS WHO HAVE SPEECH AND/OR HEARING IMPAIRMENTS MAY COMMUNICATE WITH HRA USING THE TELEPHONE RELAY SERVICE BY CALLING 1-(800) 662-1220 OR BY CALLING THE HRA INFOLINE TTY AT (718) 262-3566.

CONTACT US

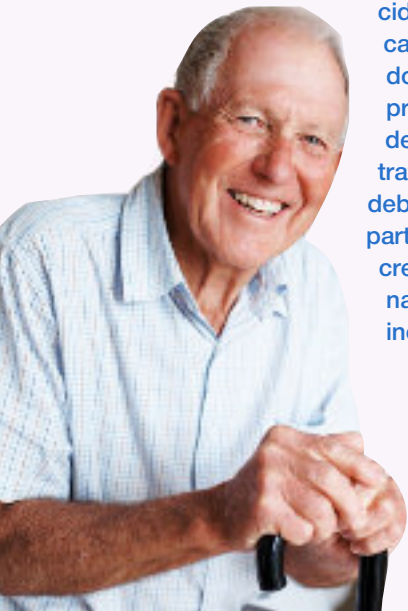


La Ley de 1990 los Norteamericanos Incapacitados (Americans with Disabilities Act), al igual que otras leyes federales, estatales, y locales estipulan que ninguna persona cualificada debe ser sujeta a discriminación, por motivo de incapacidad, en los programas, actividades, o servicios de la Administración de Recursos Humanos.

Si cree que usted o algún miembro de su hogar ha sido discriminado(a) por su incapacidad por un motivo que no sea un arreglo razonable denegado, puede enviar una carta de queja o un fax a:

Lauren Friedland
ADA Compliance Officer
Human Resources Administration
Office of Legal Affairs
180 Water Street, 17th floor
New York, NY 10038
Fax: (917) 639-0333
Email: ADAOLA@hra.nyc.gov

La queja debe incluir su nombre, dirección, número de teléfono, y el número de caso de la HRA, si está disponible. La queja debe especificar la fecha y lugar del incidente, nombres y cargos de los empleados de la agencia, y el programa de o servicio de la HRA del que se trata. Además, la queja debe describir la manera particular en que usted cree que fue discriminado por motivo de su incapacidad.



SAMPLE



Michael R. Bloomberg
Alcald

Administración de Recursos Humanos
Departamento de Servicios Sociales

Robert Doar
Comisionado

Síganos en Twitter
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BRC-681A (S) LLF
Rev. 10/12

Include in the Application/Recertification Kit

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¿ESTÁ USTED INCAPACITADO(A)?

¿Necesita ayuda con su solicitud, recertificación u otro requisito del programa?



SI USTED ESTÁ INCAPACITADO FÍSICA O MENTALMENTE...

Si le resulta difícil cumplir los requisitos de la HRA debido a una limitación física o mental, nosotros le podemos ayudar.

La Administración de Recursos Humanos (Human Resources Administration – HRA) reconoce su responsabilidad, conforme a la ley, de facilitar los arreglos razonables a las personas incapacitadas. Además, la HRA debe modificar sus políticas y procedimientos de modo razonable para garantizar que las personas incapacitadas reciban acceso efectivo a los programas y servicios de la HRA, excepto en caso de que los cambios supongan una alteración fundamental de las prácticas de la HRA.

¿En Qué Consiste Un Arreglo Razonable?

Los siguientes son ejemplos de arreglos razonables realizados por la HRA para las personas incapacitadas:

- horario flexible para evitar la hora pico
- citas prioritarias para minimizar el tiempo de espera en las Oficinas de la HRA
- intérpretes de lenguaje de señas.
- asistencia a solicitantes para llenar los formularios
- trámites telefónicos, por fax, o por correo, según convenga
- visitas al hogar, en caso necesario

SI NECESITA UN ARREGLO RAZONABLE PARA PARTICIPAR EN UN PROGRAMA DE ACTIVIDAD O PARA RECIBIR BENEFICIO PÚBLICO O SERVICIO, USTED PUEDE USAR EL PROCESO DE ARREGLO RAZONABLE DE LA HRA, TAL COMO SE INDICA EN LA SIGUIENTE PÁGINA.

...y como resultado necesita ayuda para llenar los formularios o se le dificulta esperar para ser entrevistado(a), favor de avisar a la recepción o a su trabajador.

A continuación aparece una lista parcial de estados que pueden causar incapacidad:

Estados Médicos

- Impedimentos de la vista, el habla o la audición
- Enfermedades como el Cáncer, la Múltiple Sclerosis, las Enfermedades Cardíacas, la Cirrosis, or VIH/SIDA Estados Psiquiátricos:

Estados Psiquiátricos

- Enfermedades del Desarrollo
- Esquizofrenia, Afección Bipolar o Depresión Clínica

¿Cómo Solicito Un Arreglo Razonable?

Usted puede pedir un arreglo razonable oralmente en su Oficina local de la HRA.

Para presentar una solicitud por escrito, usted puede llenar el formulario de Solicitud de Arreglo Razonable (RAR), o puede escribir su propia carta solicitando el arreglo. USTED PUEDE OBTENER UN FORMULARIO RAR EN SU OFICINA LOCAL DE LA HRA, O PUEDE LLAMAR A LA OFICINA DE SERVICIOS PARA LOS ELECTORES (OCS) AL (212) 331-4640, O MANDAR UN FAX A OCS AL (212) 331-4685/86. Además, su proveedor médico tendrá que llenar la sección del formulario que pide documentación médica o sino tendrá que presentar expedientes médicos. Usted puede enviar por correo, o faxear el formulario RAR o su petición por escrito a:

HUMAN RESOURCES ADMINISTRATION, OFFICE OF CONSTITUENT SERVICES, 180 WATER STREET, 23RD FLOOR, NEW YORK, NY 10038.
FAX: (212) 331-4685 O (212) 331-4686.

Además, usted puede presentar el formulario RAR o su petición por escrito en persona en su Oficina local de la HRA. Si se le dificulta presentar su petición debido a un impedimento físico o mental, usted puede comunicarse con OCS para asistencia al (212) 331-4640.

La HRA evaluará su petición y determinará si el arreglo razonable que usted solicitó es apropiado. Usted recibirá notificación de la determinación de la HRA.

Comunicación Eficaz

Previa petición, la HRA brindará soportes y servicios apropiados para las personas impedidas de la vista, el habla, y la audición para garantizar una comunicación eficaz.

Entre los soportes para la comunicación figuran intérpretes habilitados para las personas impedidas de la audición y lectores habilitados para las personas impedidas de la vista.

LOS SOLICITANTES/PARTICIPANTES IMPEDIDOS DEL HABLA Y/O DE LA VISTA PUEDEN COMUNICARSE CON LA HRA MEDIANTE EL SISTEMA DE TRANSMISIÓN TELEFÓNICA LLAMANDO AL

1-(800) 662-1220 O A LA LÍNEA INFORMATIVA DE LA HRA (INFOLINE) TTY AL (718) 262-3566.
COMUNÍQUESE CON NOSOTROS



CONTACT US

Request for an Appeal of a Reasonable Accommodation Determination

INSTRUCTIONS:

Complete and submit this form within twenty (20) calendar days from the date on the determination form(s) to:
ADA Compliance Unit
180 Water Street, 17th Floor
New York, New York 10038
Fax: (917) 639-0333
E-mail: adaola@hra.nyc.gov

Appeals should be submitted in writing. You may attach any supporting medical documentation to this form. Individuals who cannot complete written forms due to physical and/or mental condition(s) may contact the Office of Constituent Services (OCS) for assistance at **(212) 331-4640**.

Section I – HRA Client Information:

Name (*Please Print Clearly*): _____ Case Number (*If Known*): _____
Social Security Number (*If Known*): _____ Telephone Number: _____
Mailing Address: _____

HRA Program/Service (*If Known*): _____ Center No. (*If Known*): _____

Section II – Reasonable Accommodation(s) You Wish to Appeal:

You may use this form to appeal more than one determination.

1) Please describe the reasonable accommodation(s) that were denied and the date of denial. (You may attach additional sheets, if necessary.)

2) Please tell us why you think HRA's decision was wrong: _____

3) Were you offered an alternative accommodation? If so, explain here: _____

If you were offered an alternative accommodation, please indicate by checking the appropriate box below, whether you will accept that alternative accommodation.

- Yes, I will accept the alternative accommodation.
- No, I will not accept the alternative accommodation. Please explain why: _____

HRA Applicant/Participant Signature: _____ Date: _____

-or-

Authorized Representative Signature: _____ Date: _____

Print Name: _____ Relationship to Applicant/Participant: _____

For internal use only: Completed by Office of Constituent Services: _____ Date: _____

Petición de Apelación de la Determinación de Arreglo Razonable

INSTRUCCIONES:

Llene y presente este formulario dentro de veinte días (20) civiles de la fecha en el/los formulario(s) de determinación a:
ADA Compliance Unit
180 Water Street, 17th Floor
New York, New York 10038
Fax: (917) 639-0333
E-mail: adaola@hra.nyc.gov

Las apelaciones deben ser presentadas por escrito. Usted puede adjuntar cualquier documentación médica justificativa a este formulario. Las personas que no pueden llenar los formularios por escrito debido a un problema físico y/o mental pueden comunicarse con la Oficina de Servicios Constituyentes (OCS) para asistencia al **(212) 331-4640**.

Sección I – Información del Cliente de la HRA:

Nombre (*Favor de Usar Letra Molde*): _____ Número del Caso (*De Saberlo*): _____
Número de Seguro Social (*De Saberlo*): _____ Número de Teléfono: _____
Dirección Postal: _____

Programa/Servicio de la HRA (*De Saberlo*): _____ Núm. del Centro (*De Saberlo*): _____

Sección II – Arreglo(s) Razonable(s) Que Usted Desea Apelar:

Usted puede usar este formulario para apelar más de una determinación.

1) Favor de describir el/los arreglo(s) razonable(s) que fue(ron) regado(s) y la fecha de la denegación. (Usted puede adjuntar hojas adicionales, si necesario.)

2) Favor de indicar la razón por la cual usted cree que la decisión de la HRA fue errónea: _____

3) ¿Le ofrecieron a usted un arreglo alternativo? En tal caso, explique aquí:

Si a usted se le ofreció un arreglo alternativo, favor de indicar, marcando la casilla apropiada más abajo, si usted aceptará el arreglo alternativo.

Sí, yo aceptaré el arreglo alternativo.

No, yo no aceptaré el arreglo alternativo. Favor de explicar por qué no: _____

Firma del Solicitante/Participante de HRA: _____ Fecha: _____

-0-

Firma del Representante Autorizado: _____ Fecha: _____

Nombre en Letra de Molde: _____ Relación con el Solicitante/Participante: _____

For internal use only: Completed by Office of Constituent Services: _____ Date: _____

REASONABLE ACCOMMODATION REQUEST (RAR) FORM

If you have a disability and need help to take part in HRA programs and services, you may request a reasonable accommodation. Some examples of reasonable accommodations are scheduling appointments to avoid rush hour travel, priority appointments to minimize wait time at HRA offices, and assistance reading forms and notices. HRA provides reasonable accommodations to individuals with disabilities to ensure that such individuals receive meaningful access to HRA's programs, benefits and services.

INSTRUCTIONS AND INFORMATION
<p>➤ To assist HRA in making a determination on your request for a reasonable accommodation, please complete and submit pages 2, 3 and 4 of this form to:</p> <p style="text-align: center;">Human Resources Administration Office of Constituent Services (OCS) 180 Water Street, 23rd Floor New York, NY 10038</p> <p>You may also fax the forms to (212) 331-4685 or submit your request to your worker.</p>
<p>➤ You must submit any medical documentation supporting your request with this form or within twenty (20) days of this request.</p>
<p>➤ Please ask your medical provider to complete and sign the Request for Medical Information Form (enclosed) or appropriate signed medical documentation on the medical provider's letterhead and return the form/documentation to you.</p>
<p>➤ You are responsible for returning your medical documentation to HRA in support of this request.</p>
<p>➤ If your medical or mental health conditions make it difficult for you to complete this form you may contact HRA at (212) 331-4640 for assistance.</p>
<p>➤ If your medical or mental health conditions make it difficult for you to gather medical documentation in support of your request, you must contact HRA at (212) 331-4640 for assistance. Please complete the enclosed HIPAA Authorization for the Disclosure of Individual Health Information (HRA-108 [E]) form and send it to the Office of Constituent Services at 180 Water Street, 23rd Floor, New York, NY 10038.</p>
<p>➤ HRA will mail you a confirmation number to acknowledge receipt of your Reasonable Accommodation Request.</p>
<p>➤ HRA will review all documentation provided by you and your medical provider and send you a written notice regarding our determination on your Reasonable Accommodation Request.</p>
<p>➤ In most cases, while HRA evaluates your request and makes a final determination, you will receive the reasonable accommodation you requested.</p>
<p>➤ If you are denied a reasonable accommodation or dissatisfied with an accommodation offered, you may file an appeal within twenty (20) days of the determination with the HRA ADA Compliance Officer. The determination form will provide you instructions for filing an appeal.</p>

REASONABLE ACCOMMODATION REQUEST (RAR) FORM

Name (Please Print): _____ **Case Number, if known:** _____

Social Security Number, if known: _____ **Telephone Number:** _____

Mailing Address: _____ **Center Number, if known:** _____

HRA Program Name, if known: _____

- 1) Have you been medically evaluated by HRA's WeCARE program within the last year? Yes No
- 2) Has an application for supportive housing (HRA 2010e) been submitted to HRA for you within the past year? Yes No
- 3) Do you receive federal disability benefits (SSI and/or SSDI)? Yes No
- 4) Do you receive Home Care Services or have a Home Attendant? Yes No

If you have answered "yes" to question 4, please indicate the number of hours you receive per day, the number of days per week for which you receive services and the reason(s) you receive home care services.

- 5) Describe your medical or mental health condition, the reasonable accommodation you are requesting and why you need it. (Attach additional sheets, if needed, and any medical information you choose to provide in support of your requested accommodation.)

Signature: _____ **Date:** _____

Print Name: _____

Authorized Representative's Signature: _____ **Date:** _____

Print Name: _____

REQUEST FOR MEDICAL INFORMATION FORM

INSTRUCTIONS FOR MEDICAL PROVIDER

Your patient has requested that the New York City Human Resources Administration (HRA) provide him/her with a reasonable accommodation/modification in order to receive meaningful access to HRA's programs, benefits and services. Please provide a detailed description of the specific physical and/or mental condition(s) that affects the patient's ability to perform certain tasks and engage in certain activities, any reasonable accommodation/modification needed and the relationship between the accommodation/modification and the patient's impairment. You may attach additional medical information to the forms as needed.

Please return this completed form to the patient.

Name of Patient (Please Print): _____ **Date of Birth:** _____

Social Security Number, if known: _____ **Case Number**, if known: _____

Name of Medical Provider: _____

Address of Medical Provider: _____ **Telephone Number of Medical Provider:** _____

SAMPLE

1) Please state patient's medical and/or mental health condition(s):

[Empty box for patient's medical and/or mental health condition(s)]

2) Please provide a detailed description of the specific physical and/or mental health restrictions/limitations affecting the patient's ability to perform certain tasks and engage in certain activities. Please describe how the impairment affects the patient's daily functioning.

[Empty box for detailed description of restrictions/limitations]

REQUEST FOR MEDICAL INFORMATION FORM (Continued)

- 3) Indicate whether the patient's condition(s) is permanent, chronic or temporary. If the patient's condition(s) is temporary, please state its anticipated duration.

- 4) Indicate what treatment if any the patient is currently receiving associated with his/her medical and/or mental health conditions(s) including, but not limited to, any medication or therapy.

- 5) Please describe the reasonable accommodation/modification needed by the patient and the relationship between it and client's medical and/or mental health conditions.

- 6) Does the patient's physical and/or mental health condition(s) make it difficult for the patient to perform the following activities? (If so, please fully describe the difficulties the patient has for each checked box):

Walking and/or Climbing Stairs. Describe: _____

Traveling and/or Taking Public Transportation. Describe: _____

Cognitive Functions (i.e. concentrating, remembering, understanding). Describe: _____

Sitting or Standing for extended periods of time. Describe: _____

Being in crowded places. Describe: _____

Medical Provider's Signature: _____

Date: _____

Medical Provider's License number: _____

FORMULARIO DE PETICIÓN DE ARREGLO RAZONABLE (RAR)

Si usted está incapacitado(a) y necesita ayuda para participar en los programas y servicios de la HRA, puede solicitar un arreglo razonable. Algunos ejemplos de arreglos razonables son programación de citas para evitar la hora punta, citas prioritarias para minimizar el tiempo de espera en las oficinas de la HRA, y asistencia para leer formularios y avisos. La HRA brinda arreglos razonables a las personas incapacitadas para garantizar que éstas reciban acceso efectivo a los programas, beneficios, y servicios de la HRA.

INSTRUCCIONES E INFORMACIÓN	
<ul style="list-style-type: none"> ➤ A fin de que la HRA pueda llegar a una determinación respecto a su petición de un arreglo razonable, favor de llenar y presentar las páginas 2, 3 y 4 de este formulario a: Human Resources Administration Office of Constituent Services (OCS) 180 Water Street, piso 23 New York, NY 10038 <p>Usted también puede faxear los formularios al (212) 331-4685 o presentar su petición a su trabajador.</p>	
<ul style="list-style-type: none"> ➤ Usted debe presentar toda documentación médica que justifique su petición con este formulario o dentro de veinte (20) días de la fecha de la misma petición. 	
<ul style="list-style-type: none"> ➤ Favor de pedirle a su proveedor médico que llene y firme el adjunto Formulario de Petición de Información Médica o la documentación médica apropiada y firmada en el membrete del proveedor médico para que luego le devuelva a usted el formulario y/o la documentación. 	
<ul style="list-style-type: none"> ➤ Usted está responsable de devolver a la HRA su documentación médica que justifique la presente petición. 	
<ul style="list-style-type: none"> ➤ Si su estado físico o mental le dificulta llenar este formulario, para recibir ayuda usted puede comunicarse con la HRA al (212) 331-4640. 	
<ul style="list-style-type: none"> ➤ Si su estado físico o mental le dificulta reunir la documentación médica para justificar su petición, usted debe comunicarse con la HRA al (212) 331-4640 para ayuda. Favor de llenar el adjunto Autorización HIPAA para la Divulgación de Información Médica Personal (HRA-108 [S]) formulario y de enviarlo a la Office of Constituent Services en 180 Water Street, 23rd Floor, New York, NY 10038. 	
<ul style="list-style-type: none"> ➤ La HRA le enviará a usted por correo un número de confirmación para acusar recibo de su Petición de Arreglo Razonable. 	
<ul style="list-style-type: none"> ➤ La HRA revisará toda documentación proporcionada por usted y su proveedor médico y le enviará a usted un aviso por escrito sobre nuestra determinación respecto a su Petición de Arreglo Razonable. 	
<ul style="list-style-type: none"> ➤ En la mayoría de los casos, usted recibirá el arreglo razonable solicitado mientras que la HRA está evaluando su petición para llegar a una determinación final. 	
<ul style="list-style-type: none"> ➤ Si a usted se le niega el arreglo razonable, o si usted no está satisfecho(a) con el arreglo concertado, puede interponer apelación ante el ADA Compliance Officer (Oficial de Cumplimiento) de la HRA dentro de veinte (20) días de la determinación. El formulario de determinación incluirá instrucciones para interponer la apelación. 	

FORMULARIO DE PETICIÓN DE ARREGLO RAZONABLE (RAR)

Nombre (En Letra de Molde): _____ **Número del Caso**, de saberlo: _____

Número de Seguro Social, de saberlo: _____ **Número de Teléfono**: _____

Dirección Postal: _____ **Núm. de Centro**, de saberlo: _____

Programa de la HRA, de saberlo: _____

1) ¿Se ha sometido usted a evaluación médica por el programa de WeCARE de la HRA durante el año en curso? Sí No

2) ¿Ha sido presentada a la HRA una solicitud de vivienda de apoyo (HRA 2010e) a nombre suyo durante el año en curso? Sí No

3) ¿Recibe usted beneficios federales para incapacitados (SSI y/o SSDI)? Sí No

4) ¿Recibe usted Servicios de Atención Doméstica (Home Care Services) o tiene usted un Asistente Doméstico (Home Attendant)? Sí No

Si usted contestó "Sí" a la pregunta 4, favor de indicar el número de horas y de días a la semana que usted recibe servicios, al igual que la(s) razón(es) por la(s) cual(es) usted recibe atención doméstica.

5) Describa su estado físico o mental, el arreglo razonable que usted está solicitando, y la razón por la cual lo necesita. (Adjunte hojas adicionales, si necesario, al igual que cualquier información médica que elija prestar para la justificación de su arreglo solicitado.)

Firma: _____

Fecha: _____

Nombre en Letra de Molde: _____

Firma del Representante Autorizado: _____

Fecha: _____

Nombre en Letra de Molde: _____

FORMULARIO DE PETICIÓN DE INFORMACIÓN MÉDICA

INSTRUCCIONES PARA EL PROVEEDOR MÉDICO

Su paciente ha solicitado que la Administración de Recursos Humanos (HRA) de la Ciudad de Nueva York le facilite a él/ella un(a) arreglo/modificación razonable para poder obtener acceso efectivo a los programas, beneficios, y servicios de la HRA. Favor de proporcionar una descripción detallada de todo estado específico físico y/o mental que afecte la capacidad del paciente de realizar ciertas tareas y de participar en ciertas actividades, todo(a) arreglo/modificación razonable necesario(a), y la relación entre el/la arreglo/modificación y el estado del paciente. Usted puede adjuntar información médica adicional a los formularios, según convenga.

Favor de devolver este formulario llenado al paciente.

Nombre del Paciente (En Letra de Molde): _____

Fecha de Nacimiento: _____

Número de Seguro Social, de saberlo: _____

Número del Caso, de saberlo: _____

Nombre del Proveedor Médico: _____

Dirección del Proveedor Médico: _____

Número de Teléfono del Proveedor Médico: _____

1) Favor de indicar el estado médico y/o psiquiátrico del paciente:

SAMPLE

2) Favor de proporcionar una descripción detallada de toda restricción/limitación específica física y/o mental que afecte la capacidad del paciente de realizar ciertas tareas y de participar en ciertas actividades. Favor de describir cómo su estado físico/mental afecta el funcionamiento cotidiano del paciente.

FORMULARIO DE PETICIÓN DE INFORMACIÓN MÉDICA (Continuación)

- 3) Indique si el estado médico/psiquiátrico del paciente es permanente, crónico o temporario. Si el estado médico/psiquiátrico del paciente es temporario, favor de indicar la duración anticipada.

- 4) Indique el tratamiento, de haberlo, que el paciente actualmente recibe asociado con su estado físico y/o mental, incluyendo, pero sin limitarse a, todo medicamento o terapia.

- 5) Favor de describir el/la arreglo/modificación razonable que el paciente necesita y la relación entre el/la mismo(a) y su estado físico y/o mental.

- 6) ¿Le dificulta al paciente su estado físico y/o mental realizar las siguientes actividades? (En caso afirmativo, favor de describir en detalle las dificultades experimentadas por el paciente para cada casilla marcada):

Caminar y/o subir escaleras. Describa: _____

Viajar y/o trasladarse por transporte público. Describa: _____

Funciones cognitivas (o sea, concentración, memoria, comprensión). Describa: _____

Sentarse o pararse por períodos prolongados. Describa: _____

Estar en sitios concurridos. Describa: _____

Firma del Proveedor Médico: _____

Fecha: _____

Número de Licencia del Proveedor Médico: _____

Notification of Receipt of Your Reasonable Accommodation Request

The Human Resources Administration (HRA) received your request for a reasonable accommodation on _____ . In most cases, HRA will provide the accommodation you requested until it makes a final decision on your request.

Please keep the following confirmation number for your files: _____ .

To find out whether HRA will provide your accommodation while your request is pending or to ask any questions regarding your request, please call **(212) 331-4640** and provide your confirmation number.

Notificación de Recibo de Su Solicitud de Accomodación Razonable

La Administración de Recursos Humanos (HRA) ha recibido su petición de arreglo razonable el _____. En la mayoría de los casos, la HRA proveerá el arreglo que usted solicitó hasta que se tome una decisión final al respecto.

Favor de guardar el siguiente número de confirmación para sus archivos: _____.

Para averiguar si la HRA proveerá su arreglo mientras que su petición está pendiente o para hacer cualquier pregunta respecto a su petición, favor de llamar al **(212) 331-4640** y proporcionar su número de confirmación.

Date: _____
Case Number: _____
Name: _____
Center: _____

Notification of Determination of Your Reasonable Accommodation Request

Our records show that you requested the following Reasonable Accommodation _____

The Human Resources Administration's (HRA) determination concerning your request for the reasonable accommodation is as follows:

APPROVAL:

- Your request for the Reasonable Accommodation listed above has been approved.

DENIAL:

- Your request for the Reasonable Accommodation listed above has been denied, because HRA has been unable to obtain the documentation from your provider.
- Your request for the Reasonable Accommodation listed above has been denied because HRA has determined that the medical documentation we reviewed does not support your request for the Reasonable Accommodation.

ALTERNATIVE:

- Your request for Reasonable Accommodation listed above has been denied because HRA has made the determination that your medical condition(s) do not support your requested accommodation. Instead, we offer the following accommodation: _____

If you **accept** the alternative reasonable accommodation described above **and agree** with the determination, you do not need to do anything further. The alternative reasonable accommodation offered above **will automatically take effect, unless HRA receives an appeal form** from you or your representative **within twenty (20) days** of the date of this notice.

If you **disagree** with HRA's decision to deny the reasonable accommodation you requested or if you **do not** accept this alternative accommodation, **please complete the enclosed Request for an Appeal of a Reasonable Accommodation Determination** form. If you wish to discuss this Determination, please call (718) 510-0610.

Americans With Disabilities Act (ADA) Appeal Process

You or your authorized representative may appeal HRA's decision about your Reasonable Accommodation request. To file an appeal, please submit your request for an appeal in writing within **20 calendar days** of this determination. Individuals who need assistance filing their appeal because of a physical and/or mental condition may contact the Office of Constituent Services for assistance at (212) 331-4640. For your convenience, we have enclosed the Request for an Appeal of a Reasonable Accommodation Determination (Form **HRA-102**). You may complete the **HRA-102** and submit it to the address below. Appeal requests may be directed to:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (917) 639-0333
Email: adaola@hra.nyc.gov

Fecha: _____
Número del Caso: _____
Nombre: _____
Centro: _____

Aviso de Determinación de Su Petición de Arreglo Razonable

Según nuestros archivos, usted solicitó el siguiente Arreglo Razonable _____

La determinación de la Administración de Recursos Humanos (Human Resources Administration – HRA) respecto a su petición de arreglo razonable aparece a continuación:

APROBACIÓN:

- Su petición de Arreglo Razonable que aparece arriba ha sido aprobada.

RECHAZO:

- Su petición de Arreglo Razonable que aparece arriba ha sido rechazada, porque la HRA no ha podido obtener la documentación de su proveedor.
- Su petición de Arreglo Razonable que aparece arriba ha sido rechazada, porque la HRA ha determinado que la documentación médica que hemos revisado no justifica su petición de un Arreglo Razonable.

ALTERNATIVA:

- Su petición de Arreglo Razonable que aparece arriba ha sido rechazada, porque la HRA ha determinado que su estado médico no justifica el arreglo solicitado. En vez de ello, ofrecemos el siguiente arreglo:

Si usted **acepta** el arreglo razonable alternativo que aparece más arriba **y está de acuerdo** con la determinación, no necesita hacer nada más. El arreglo razonable alternativo ofrecido más arriba **hará efecto automáticamente, a menos que la HRA reciba un formulario de apelación** de parte suya o de su representante **dentro de veinte (20) días** de la fecha de este aviso.

Si usted **no está de acuerdo** con la decisión de la HRA de rechazar el arreglo razonable que usted solicitó o si usted **no** acepta este arreglo alternativo, **favor de llenar el adjunto formulario de Petición de Apelación de Determinación de Arreglo Razonable**. Si usted desea tratar el tema de esta Determinación, favor de llamar al (718) 510-0610.

Trámite de Apelación de la Ley de Americanos Incapacitados (Americans With Disabilities Act)

Usted o su representante autorizado pueden apelar esta determinación de la HRA sobre su petición de Arreglo Razonable. Para presentar una apelación, favor de presentar su petición por escrito dentro de **20 días civiles** de esta determinación. Las personas que necesitan asistencia para presentar apelación debido a un problema físico y/o mental pueden comunicarse con la Office of Constituent Services (Oficina de Servicios Constituyentes) al (212) 331-4640. Para su conveniencia, hemos incluido la Petición de Apelación de una Determinación de Arreglo Razonable (Formulario **HRA-102 [S]**). Usted debe llenar el **HRA-102 (S)** y enviarlo a la dirección indicada abajo. Las solicitudes de apelación pueden presentarse a:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (917) 639-0333
Email: adaola@hra.nyc.gov

Date: _____
Case Number: _____
Case Name: _____
Name: _____
Center: _____

**Denial of Reasonable Accommodation:
No Medical Documentation**

Our records show that on _____,
requested a Reasonable Accommodation of _____.
The Human Resources Administration (HRA) has denied your request for the reasonable accommodation
listed above because HRA did not receive the required medical documentation to support your request.

Americans With Disabilities Act (ADA) Appeal Process

You or your authorized representative may appeal HRA's decision about your Reasonable Accommodation request. To file an appeal, please submit your request for an appeal in writing within **20 calendar days** of this determination. Individuals who need assistance filing their appeal because of a physical and/or mental condition may contact the Office of Constituent Services for assistance at (212) 331-4640. For your convenience, we have enclosed the Request for an Appeal of a Reasonable Accommodation Determination (Form **HRA-102**). You may complete the **HRA-102** and submit it to the address below. Appeal requests may be directed to:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (917) 639-0333
Email: adaola@hra.nyc.gov

Fecha: _____

Número de Caso: _____

Nombre del Caso: _____

Nombre: _____

Centro: _____

Rechazo de Arreglo Razonable: Sin Documentación Médica

Según nuestros archivos, el _____, _____
solicitó un Arreglo Razonable de _____.
La Administración de Recursos Humanos (HRA) ha rechazado su petición del arreglo razonable que
aparece arriba porque la HRA no recibió la documentación médica necesaria para justificar su petición.

Trámite de Apelación de la Ley de Americanos Incapacitados (Americans With Disabilities Act)

Usted o su representante autorizado pueden apelar esta determinación de la HRA sobre su petición de Arreglo Razonable. Para presentar una apelación, favor de presentar su petición por escrito dentro de **20 días civiles** de esta determinación. Las personas que necesitan asistencia para presentar apelación debido a un problema físico y/o mental pueden comunicarse con la Office of Constituent Services (Oficina de Servicios Constituyentes) al (212) 331-4640. Para su conveniencia, hemos incluido la Petición de Apelación de una Determinación de Arreglo Razonable (Formulario **HRA-102 [S]**). Usted debe llenar el **HRA-102 (S)** y enviarlo a la dirección indicada abajo. Las solicitudes de apelación pueden presentarse a:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (917) 639-0333
Email: adaola@hra.nyc.gov

HIPAA AUTHORIZATION FOR THE DISCLOSURE OF INDIVIDUAL HEALTH INFORMATION

Patient Name:	Social Security Number:
Patient Address:	Date of Birth:

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. In accordance with Article 27-F of the New York State Public Health Law, the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 42 U.S.C. § 290dd-2 and its implementing regulations at 42 C.F.R. Part 2, I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 10(b). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 10(b), I specifically authorize release of such information indicated in Item 10(b) to the NYC Human Resources Administration (HRA).
2. In the event that HRA determines that I am potentially eligible for federal disability benefits, I authorize HRA to release my medical and/or mental health treatment information, which may include confidential HIV related information and/or alcohol or drug treatment records to the Social Security Administration (SSA) for its review of my eligibility for federal disability benefits.
3. 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.
4. I understand that signing this authorization is voluntary. My treatment, payment to treatment providers, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure. However, if I do not authorize HRA to share my medical information with SSA, this may result in a discontinuance of my Cash Assistance (CA) benefits.
5. I understand that I may revoke this authorization except to the extent that HRA and my medical provider have already acted upon it. I may revoke this authorization at any time by writing to the health care provider at the address specified below and to HRA at: **NYC Human Resources Administration, Office of Constituent Services, 180 Water Street, 23rd Floor, New York, NY 10038**
6. Authorized recipients of my medical information may, in certain instances, have the right to redisclose my medical documentation without the need to obtain additional written consent from me. I understand that such redisclosures may no longer be protected by federal or state law.
7. **This authorization does not authorize my medical provider to discuss my health information or medical case with anyone other than the NYC Human Resources Administration as specified in item 10(b).**

AUTHORIZATION TO DISCUSS HEALTH INFORMATION

8. Name and address of health provider or entity to release this information: _____

9. Name and address of agency to whom this information will be sent: **NYC Human Resources Administration, Customized Assistance Services, Office of Reasonable Accommodations, 2 Washington Street, 17th floor, New York, NY 10004**

10(a). Specific information to be released: **Medical records for the entire year prior to the signature date below.**
Include (*Indicate by Initialing*):

Alcohol/Drug Treatment
 Mental Health Information
 HIV Related Information

10(b). By initialing here _____, I authorize _____
(Initials) (Name of individual health care provider)
 to discuss my health information with the **NYC Human Resources Administration**.

11. Reason for release of information: **At request of patient**

12. Date or event on which this authorization will expire: **One year from the date of signature**

13. If not the patient, name of person signing form: _____

14. Authority to sign on behalf of patient: _____

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided with a copy of the form.

Signature of Patient or Authorized Representative by Law

Date

*Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

