



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #15-18-EMP

*(This Policy Directive Replaces PD #15-16-EMP)*

### NEEDED AT HOME

<b>Date:</b> July 23, 2015	<b>Subtopic(s):</b> Employment/Eligibility
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#### AUDIENCE

The instructions in this policy directive are for JOS/Workers at Job Centers and informational for all other staff.

#### REVISIONS TO THE DIRECTIVE

This policy directive has been revised to clarify the use of the Go to WMS (**GtoWMS**) function key in the Employment Plan (EP) in New York City Work Accountability and You (NYCWAY). The **GtoWMS** function key is used to pull all the names of individuals known to WMS that were not automatically pulled into the **Choose Person Requiring Care** screen. The inclusion of this new function key allows an applicant/participant that is eligible for a twelve (12) month Needed at Home exemption to actually receive it. Previously these applicants/participants were only able to receive a six (6) month exemption due to NYCWAY restrictions. The new function key modifies the workflow but does not change the policy in determining eligibility for a Needed at Home exemption.

#### POLICY

Cash Assistance (CA) applicants/participants who are otherwise work rules required and claim to be Needed At Home (NAH) in order to care for a disabled household member may be considered exempt from compliance with work rules. Supporting documentation from a medical, clinical or other qualified professional confirming required care and proof of joint residence must be submitted before NAH status can be determined.

#### 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

**BACKGROUND**

In order for a CA applicant/participant to be eligible for the NAH status, the disabled individual requiring care **must reside** with the CA applicant/participant requesting the NAH status. When joint residence cannot be confirmed systemically because the disabled individual requiring care is not in receipt of CA, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance (MA), or Supplemental Security Income (SSI), the CA applicant/participant must submit documentation confirming that the individual is living in the same household. The applicant/participant must also submit medical documentation to confirm that his/her presence in the home is required to care for the disabled individual.

In the Employment Plan (EP), the choices listed under the NAH category to identify the disabled household member are separated by child and adult. The choices to identify the NAH household member providing care are separated by parent and nonparent.

After the NAH determination is made, the following codes are system posted to record information about the disabled person being cared for. These codes are for informational purposes only.

- **18AC** NAH Care for Adult
- **18CC** NAH Care for Child Not in School FT
- **18CS** NAH Care for Child in School FT

An applicant/participant may be granted a twelve (12) month NAH exemption if he/she is providing care for a disabled household member who is:

- confirmed as living in the same household (in receipt of CA, SNAP, MA, or SSI); and
- documented as long term disabled (i.e., a disability lasting 12 months or longer).

An applicant/participant may be granted a six (6) month NAH exemption if he/she is providing care for a disabled household member who is:

- documented as temporarily disabled and in receipt of CA, SNAP, MA or SSI;
- documented as temporarily disabled and not in receipt of CA, SNAP, MA, or SSI; or
- documented as long term disabled and not in receipt of CA, SNAP, MA, or SSI (these individuals have to reconfirm joint residence every six (6) months, but only needs to reconfirm the disabled household member's medical documentation every 12 months).

CA applicants/participants who are needed at home part time or are needed at home to care for a disabled child in school full time, are still granted a full time needed at home exemption using the process outlined in this policy directive.

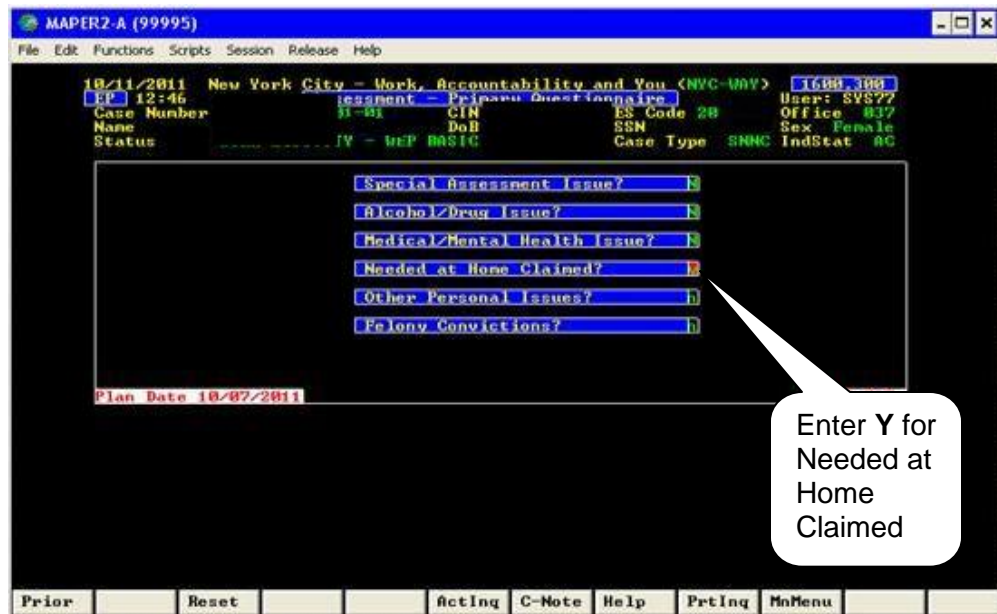
**REQUIRED ACTION**

When a CA applicant/participant claims to be needed at home to care for a disabled household member, prior to considering a Needed At Home (NAH) exemption, the JOS/Worker must:

Refer to the Needed At Home Desk Guide form (FIA-1058) attached to this procedure for an overview of the NAH Process and action codes

- initiate an Employment Plan (EP) in NYCWAY;
- determine if the applicant/participant is work rules required (between 18 and 59 years of age); and
- screen for other barriers to employment to determine if there is another reason for exemption.

If the applicant/participant is work rules required and there are no other barriers to employment but he/she claims to be needed at home to care for a disabled individual, the JOS/Worker must enter “Y” to select the “Needed At Home Claimed?” box on the **Primary Questionnaire** screen and press enter. The **Inquiry Upon Person in Care** screen will appear.



### Confirming Joint Residence

The joint residence of the applicant/participant and of the disabled household member is a requirement for the NAH status and must be verified. At the **Inquiry Upon Person in Care** screen, the JOS/Worker must:

- Ask the applicant/participant “Does the person requiring care live with you?”
  - If the answer is no, enter “N” for the above question and press enter. To be eligible for the NAH status the Applicant/participant must live together with the disabled individual requiring care. The system will go back to the **Primary Questionnaire** screen to either choose a different barrier at the beginning or begin the engagement process.
  - If the answer is yes, enter “Y” for the above question and press enter. The **Choose Person Requiring Care** screen will open (see below) and all active (AC) members listed in the Welfare Management System (WMS) household will appear.

The screenshot shows a terminal window titled "MAPER2-A (99984)". The main display area contains the following text:

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10/11/2011 New York City - Work, Accountability and You (NYC-WAY) 1600.300
EP 19:26 Needed at Home Claimed User: SVS??
Case Number CIN ES Code 20 Office 045
Name DoB SSN Sex Female
Status DAS Case Type SNCA IndStat AC
  
```

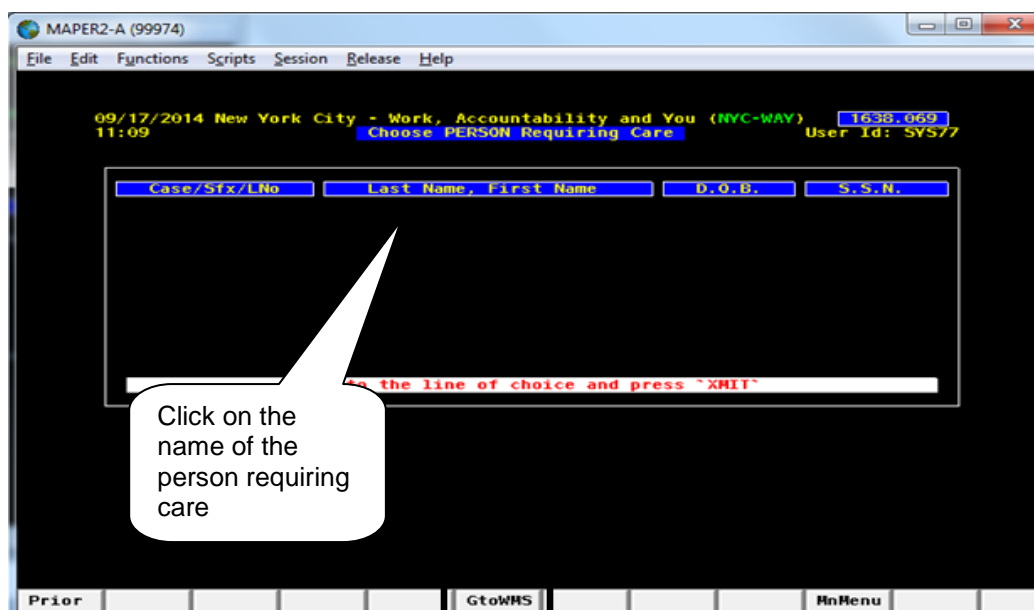
In the center, a box titled "Inquire upon Person in Care" contains the question: "Does the PERSON requiring CARE live with you?". A cursor is positioned at the end of the question. A callout box with a white background and black border points to the input field, containing the text: "Enter 'Y' or 'N' to the question".

At the bottom of the screen, there is a status bar with the text: "Plan Date 10/11/2011" on the left and "1611.021" on the right. Below the status bar is a menu bar with the following options: "Prior", "ActIng", "C-Note", "Help", "PrtIng", "MnMenu".

- Ask the applicant/participant for the name of the individual requiring care.

## New Information

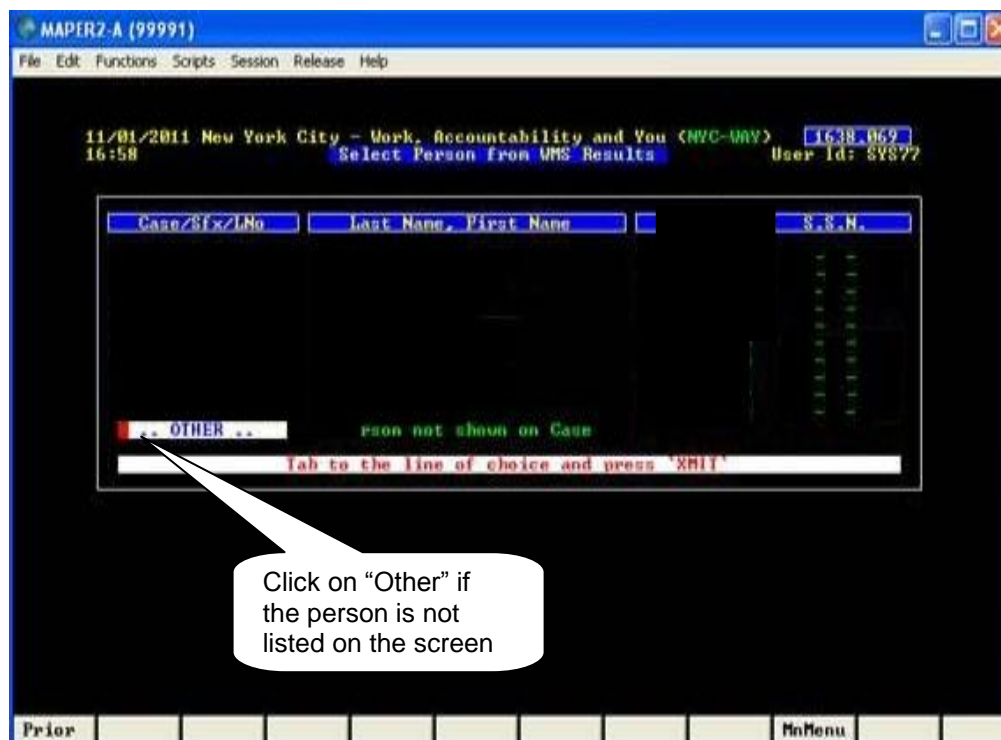
- If the name of the individual requiring care is listed, click on the name to highlight and then press enter. The **Family Care Assessment** screen will appear. (Information on this screen begins on page 9.)
- If the name of the individual requiring care is not listed, click on the **GtoWMS** function key at the bottom of the screen or F6 on the keyboard.



When the **GtoWMS** function key is used, NYCWAY will pull all names over from WMS and the screen name will change to **Select Person from WMS Results**.

- If the name of the individual requiring care appears on the Select Person from WMS Results screen, click on the name to highlight and then press enter. The Family Care Assessment screen will appear. (Information on this screen begins on page 9.)
- If the name of the individual requiring care still does not appear on the Select Person from WMS Results screen, click on "Other" and press enter.

**Note:** If the individual requiring care is added using "other", the maximum exemption he/she can get is 6 months. It is important to use the **GtoWMS** function to pull the individual into the screen to be selected, so that a 12 month exemption, when needed, can be offered.



When “Other” is selected, the In Care Inquiry screen will be displayed requiring the entry of the name and date of birth or age (if date of birth is unknown) of the person needing care.

**Note:** If no names are presented because the WMS information is not yet available, the **Choose Person Requiring Care** screen will not appear instead, the **In Care Inquiry** screen will automatically appear.

- Enter the name and date of birth or age of the individual requiring care in the In Care Inquiry screen and press enter.

Once the individual requiring care is entered at the **In Care Inquiry** screen or selected at the **Choose Person Requiring Care** screen, NYCWAY will verify the address in WMS.

- If the individual requiring care is verified as being in receipt of CA, SNAP, or MA, and the address is confirmed in WMS no other documentation is required to prove joint residence. The **Family Care Assessment** screen will appear. (Information on this screen begins on page 9.)
- If the individual requiring care is not in receipt of CA, SNAP, or MA, the **Proof of Residence** screen will appear.

In the **Proof of Residence** screen, the question, “Does Proof of Residence Exist (for Person in Care)?” will appear. The JOS/Worker must access the State Data Exchange (SDX) system in WMS to determine if the disabled individual is in receipt of SSI and confirm that the SDX address is the same as the applicant/participant.

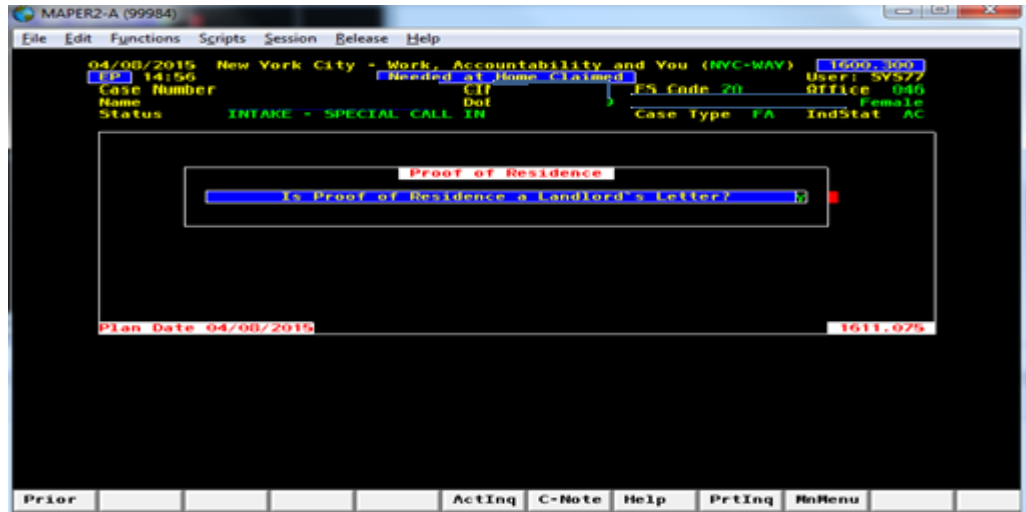
- If the address is verified through the SDX system in WMS, enter a “Y” for the question “Does Proof of Residence Exist (for Person in Care)?” and press enter.
- If the individual requiring care is not found in the SDX system in WMS (not in receipt of SSI), ask the applicant/participant for documentation verifying joint residence.

- If no documentation verifying joint residence is provided, enter an “N” for the question “Does Proof of Residence Exist (for Person in Care)?” and press enter. The **Creation of Actions and Comments** screen will appear and a return appointment must be scheduled for the applicant/participant to provide any outstanding NAH documentation. (Information on this screen begins on page 10.)
- If documentation verifying joint residence is provided, the documentation must be reviewed and, if it is acceptable, enter “Y” for the “Does Proof of Residence Exist (for Person in Care)?” question and press enter. The “Is Proof of Residence a Landlord’s Letter?” question will appear on the screen.

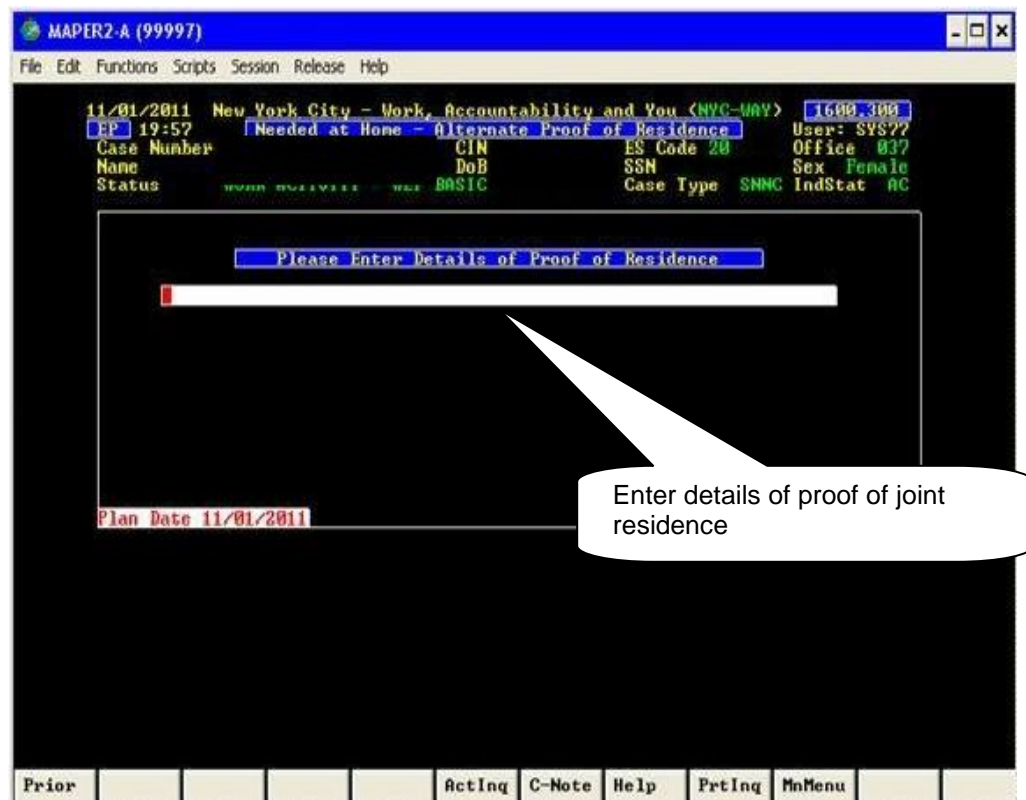


- If the documentation submitted is a Landlord’s Letter, enter “Y” for the “Is Proof of Residence a Landlord’s Letter?” question and press enter. The **Family Care Assessment** screen will appear. (Information on this screen begins on page 9.)
- If the documentation submitted is not a Landlord’s Letter or the address is verified through the SDX system in WMS, enter “N” for the “Is Proof of Residence a Landlord’s Letter?” question and press enter. The **Alternate Proof of Residence** screen will appear.





In the **Alternate Proof of Residence** screen, the JOS/Worker will be asked “Please Enter Details of the Proof of Residence”. The JOS/Worker must enter the type of documentation submitted by the applicant/participant or a statement indicating that the address was verified by the SDX system in WMS. Once the information is entered, press the enter key and the **Family Care Assessment** screen will appear.



### Medical Documentation to Support NAH Status

**Note:** For long term disabled individuals, the JOS/Worker should check the case record, to see if there is a **W-582A** that is less than 12 months old.

In addition to proof of joint residence, the JOS/Worker must request a Family Care Assessment Form (**W-582A**), confirming that the applicant/participant is needed at home to care for the disabled household member. The JOS/Worker must:

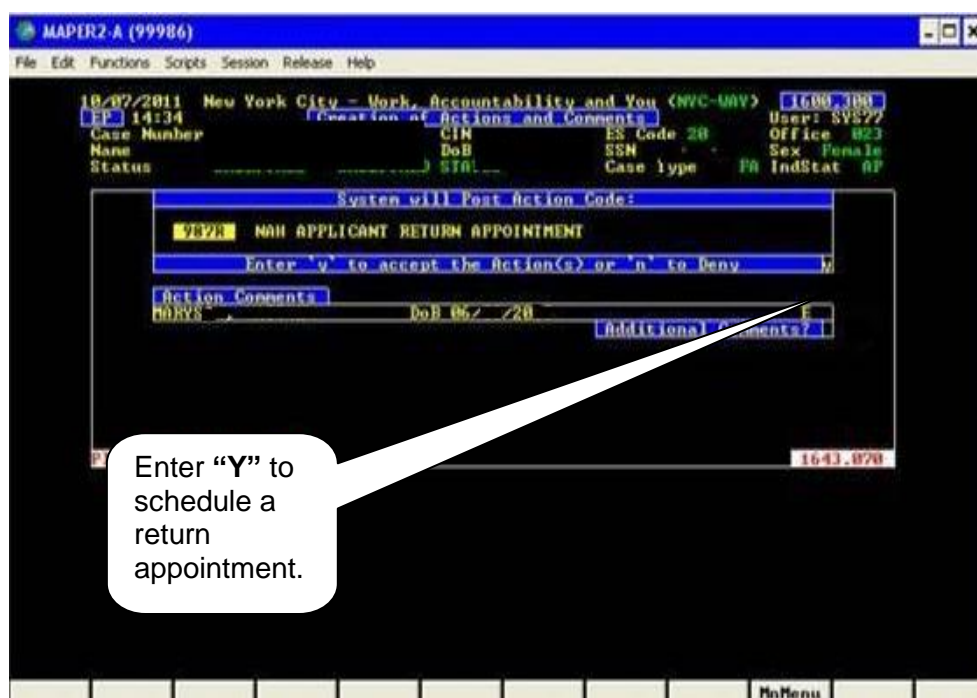
- collect any medical documentation provided for the disabled household member.
  - scan and index it into the electronic case record.
- If the applicant/participant has a completed **W-582A**, enter “Y” to the question in the EP “Family Care Assessment Form Completed?” and press enter. The Duration of Disability screen will appear. Refer to page 15 for the actions that follow.
  - If the applicant/participant does not have a completed **W-582A**, enter “N” to the question in the EP “Family Care Assessment Form Completed?” and press enter. The **Creation of Actions and Comments** screen will appear to reschedule the applicant/participant.



## Scheduling A Return Appointment

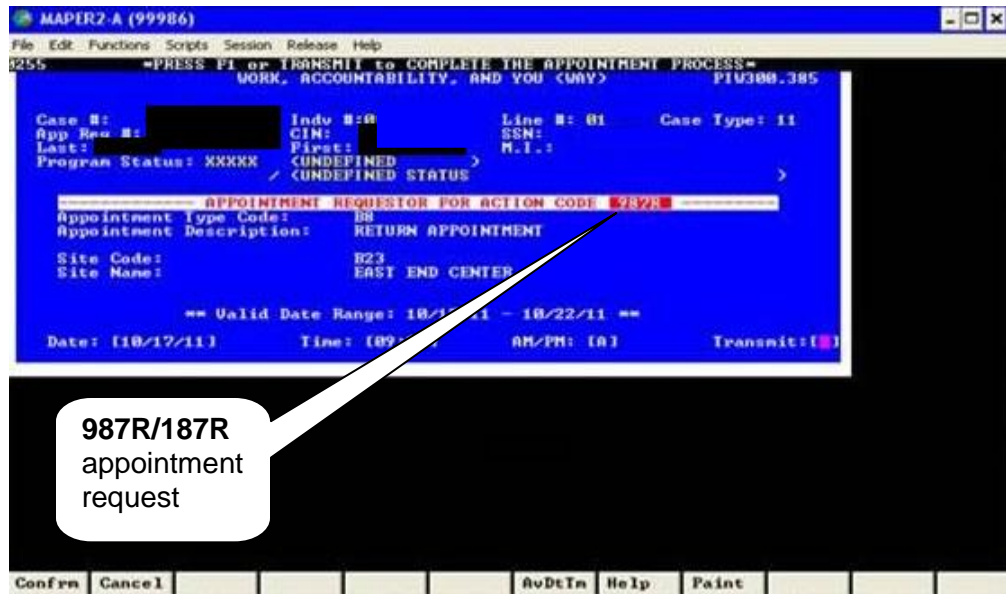
The JOS/Worker must schedule a return appointment when verification of joint residence has not been submitted and/or the **W-582A** has not been completed.

If the JOS/Worker entered “N” to the joint residence or the family care assessment question in the EP, the **Creation of Actions and Comments** screen will appear and offer either Action Code **987R** (NAH Return Appointment – Applicant) or **187R** (NAH Return Appointment – Participant). The JOS/Worker must enter “Y” to accept the action and press enter.



An **Appointment Requestor** screen will appear offering an appointment date range for **987R/187R** return appointments, which is at least ten (10) calendar days from the date of the present appointment. NYCWAY will display the first available appointment in the date range.

- If the applicant/participant accepts the return appointment date and time that is displayed, the JOS/Worker must ensure that the cursor is at the transmit box and press enter. The **Form Review** screen will appear. (See bottom of page 12).
- If the applicant/participant wants a different appointment date and/or time, the JOS/Worker can change the date and time by clicking on the AvDtTm (available date time) function key (**F7**).

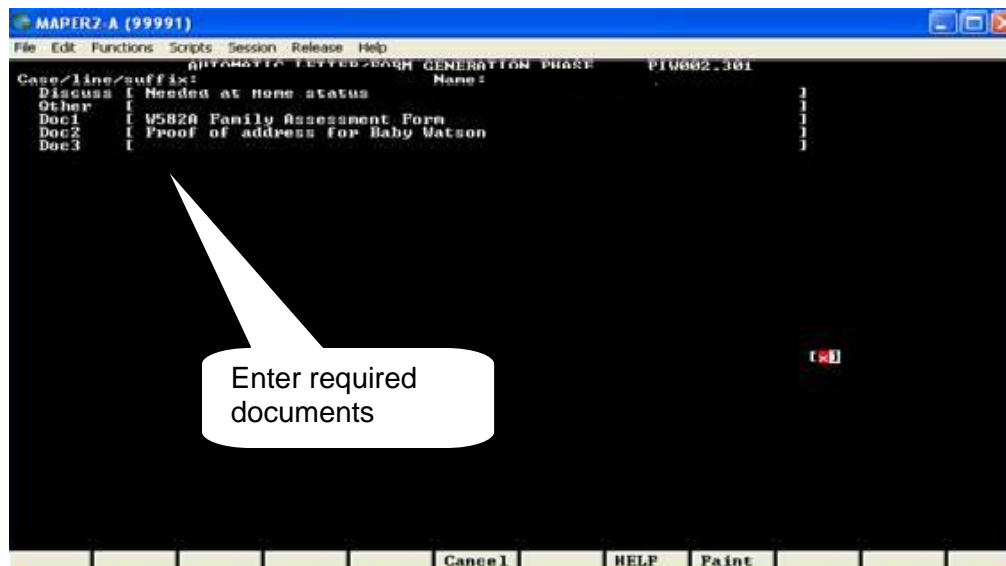


A window will open displaying other available date and time. The JOS/Worker should move the cursor next to the desired date and time to select and press enter.



Once a return appointment is selected, the system displays the **Form Review** screen where the JOS/Worker will indicate how many copies of the appointment letter to generate before going to the **Automatic Letter/Forms Generation** screen.

On the **Automatic Letter/Forms Generation** screen, the JOS/Worker must enter the specific document(s) the applicant/participant needs to bring to the return appointment and the items listed will be filled in when the Notice to Report to Center (**M-3G**) is printed.



The system will generate the **M-3g** with the selected appointment date and time and the documents that must be completed and brought back.

In addition to rescheduling the applicant/participant in the EP, the JOS/Worker must:

- give the applicant/participant form **W-582A** and explain that the form must be completed and signed by the disabled individual's medical provider in order to establish NAH status; and
- provide the Eligibility Factors and Suggested Documentation Guide form (**W-119D**).
- give the applicant/participant the **M-3g**.

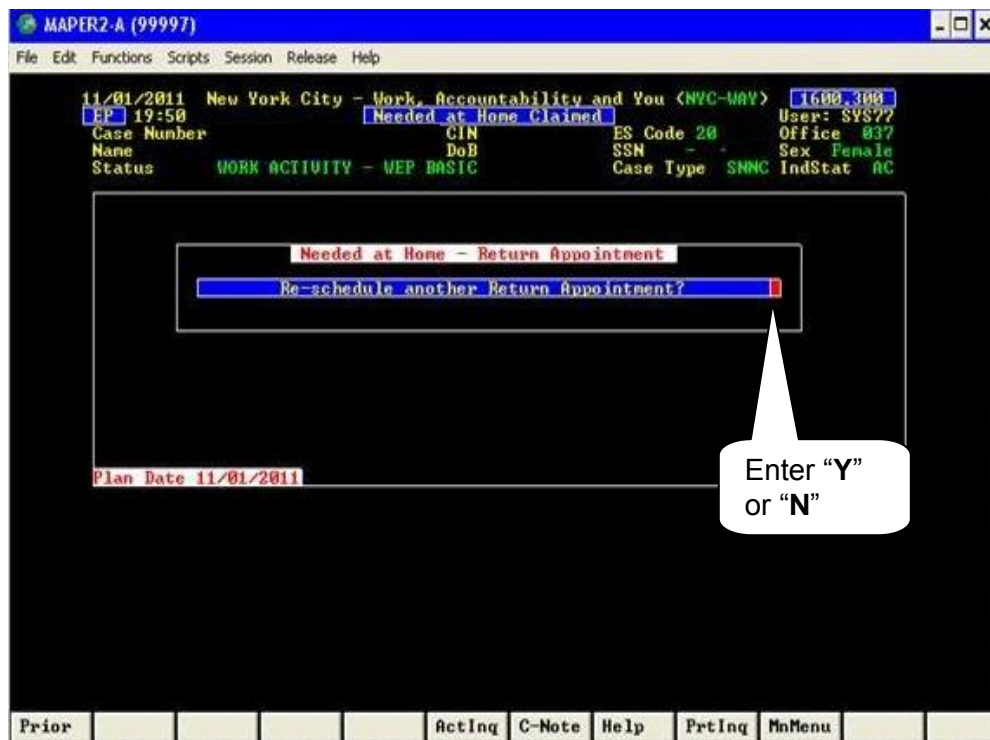
#### Applicant/Participant Reports to the Return Appointment

When the applicant/participant reports to the return appointment with the proof of joint residence and/or the completed **W-582A** signed by a medical provider that supports the NAH claim, the JOS/Worker must:

- scan and index the documentation into the electronic case record;
- update the EP.
  - When "Y" is entered to select the "Needed At Home Claimed?" in the **Primary Questionnaire** screen, the system will prompt the worker to determine if another return appointment is necessary.

The **Return Appointment** screen will appear and the JOS/Worker must answer the “Re-Schedule another Return Appointment?” question.

- If the required documents are returned, enter “N” and press enter to continue processing the exemption request.
- If another return appointment is needed, enter “Y” and press enter.



When the “N” is entered in the **Return Appointment** screen, the Needed at Home question set will start over and the JOS/Worker must go through the questions again. (See page 4 through 9).

After the proof of joint residence and the family care assessment have been verified in the EP, the **Duration of Disability** screen will appear.

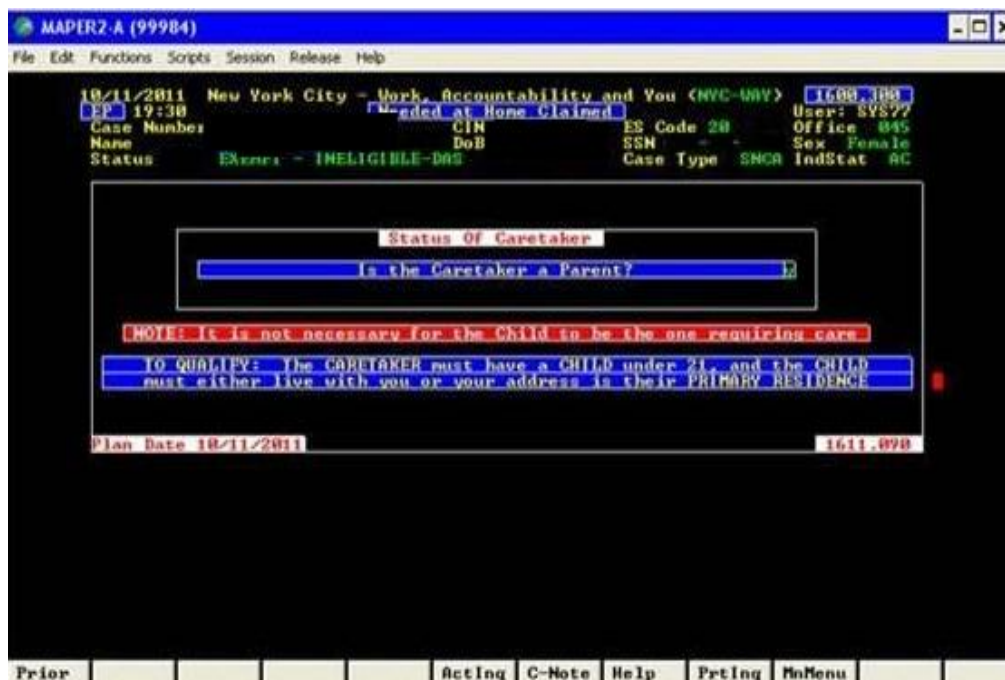
At the **Duration of Disability** screen, based on the information provided on the **W-582A**, the JOS/Worker will enter “Y” or “N” to the to the “Is the Disability Long Term (More than 1 year)?” question and press enter.

The **Status of Caretaker** screen will appear. The JOS/Worker must:

- ask the applicant/participant the question, “Is the caretaker a parent?”

**Note:** This is asking if the caretaker is a parent in general, not if the caretaker is the parent of the disabled individual. The caretaker need only be a parent of an individual under the age of 21 who currently resides with the parent or uses the parents address as the primary residence. These questions are for informational/reporting purposes only and do not affect the NAH status.

- enter “Y” or “N” for the “Is the caretaker a parent?” question based on the applicant/participant response and press enter.



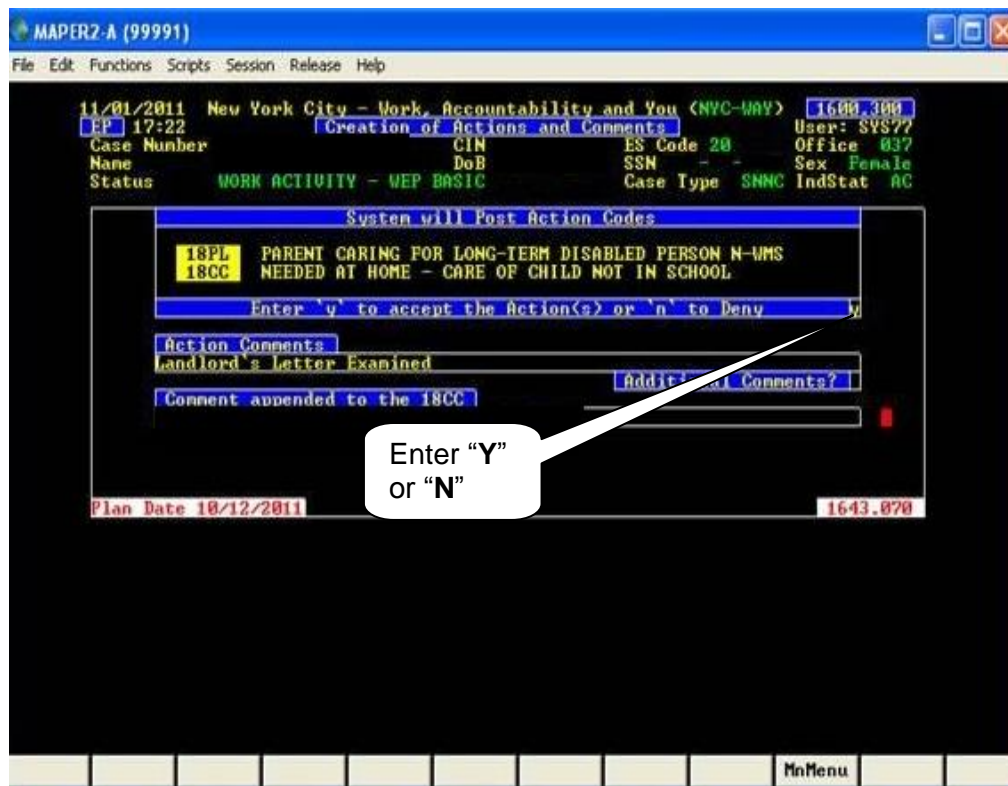
If the person in care is a child, the **Inquire Upon School Attendance** screen will appear. The JOS/Worker must:

- ask the applicant/participant the question, “Is the child requiring care attending school full-time?”
- enter “Y” or “N” and press enter.





The EP will then display the **Creations of Actions and Comments** screen which will display the action codes offered and allow additional comments to be entered. The JOS/Worker must enter “Y” to accept the action codes offered for posting.



The Exemption Codes listed below will post and update the Employability Status (ES) code.

**Note:** All individuals granted NAH status will be granted a full exemption from the work requirements even if they are caretakers of disabled children who are in school full-time.

Parent NAH Exemption Codes (Updates ES code to 38)

Refer to the NAH Desk Guide for a list and description of codes associated with the NAH process

- **18PP** (12 month exemption) – the caretaker is a parent and cares for a disabled household member with a **long-term disability** who is on CA, SNAP, MA, or SSI.
- **18PT** (6 month exemption) – the caretaker is a parent and cares for a **temporarily disabled** household member who is on CA, SNAP, MA, or SSI.
- **18PL** (6 month exemption) – the caretaker is a parent and cares for a disabled household member with a **long-term disability** who is not on CA, SNAP, MA or SSI.

- **18PS** (6 month exemption) – the caretaker is a parent and cares for a **temporarily disabled** household member who is not on CA, SNAP, MA or SSI.

#### Non-Parent NAH Exemption Codes (Updates ES Code to 58)

- **18NP** (12 month exemption) – the caretaker is a non-parent and cares for a household member with a **long-term disability** who is on CA, SNAP, MA or SSI.
- **18NT** (6 month exemption) – the caretaker is a non-parent and cares for a **temporarily disabled** household member who is on CA, SNAP, MA or SSI.
- **18NL** (6 month exemption) – the caretaker is a non-parent and cares for a household member with a **long-term disability** who is not on CA, SNAP, MA or SSI.
- **18NS** (6 month exemption) – the caretaker is a non-parent and cares for a **temporarily disabled** household member who is not on CA, SNAP, MA or SSI.

#### NAH Exemption Notification

When the applicant/participant is determined to be exempt from participation in employment activities, the JOS/Worker must:

- confirm the appropriate NAH exemption code to be posted in NYCWAY. The Notification of Temporary Assistance Work Requirements Determination (EXEMPT) (**LDSS-4005 NYC**) with Part 2 (Other than Medical) will be generated;
- give form **LDSS-4005 NYC** to the applicant/participant; and
- scan and index the form into the electronic case record.

#### NAH Non-Exempt Process and Notification

When the applicant/participant is not granted a NAH exemption because the **W-582A** does not support NAH status (i.e., the **W-582A** does not indicate that the applicant/participant is providing care for the disabled individual, the disabled individual does not require home-care, or joint residence is not confirmed), the JOS/Worker must:

- reassess and address any unresolved barriers to employment in the EP, if appropriate;
- if there are no other barriers to employment;
  - provide the applicant/participant with Part 3 (nonexempt– Other than Medical) of the Notification of Temporary Assistance Work Requirements Determination (NONEXEMPT) – (**LDSS-4005A NYC**).

- engage the applicant/participant using standard assignment procedures.

### Applicant/Participant Fails to Report (FTR) to the Return Appointment

Applicant FTR to the  
NAH return appointment

When an applicant FTR to the NAH return appointment without good cause, NYCWAY will post Action Code **987F** (FTR Needed at Home Claim – Applicant) and the case will go on the **ISAR** worklist to be denied CA. If the applicant is not legally responsible for any other CA case members, the FTR is processed as a line denial.

Participant FTR to the  
NAH return appointment

When a participant who is a legally responsible adult for other CA case members FTR to the NAH return appointment without good cause, NYCWAY will post Action Code **487F** (FTR Needed at Home Claim – Participant) to begin the Notice of Intent (NOI) process to close the case using WMS Closing Code **N17** (Failure to keep an Eligibility Related Appointment). Adults who are not legally-responsible for any other CA case members and FTR to a return NAH appointment will removed from the case as an individual line closing.

### Expiration of NAH Exemption

When the NAH Future Action Date (FAD) (6 month or 12 month) expires, a batch appointment for reassessment of NAH status will automatically be sent to the participant using the Reevaluation of Employability Status Notice (**W-584M**).

If the participant reports to the reassessment appointment, the JOS/Worker must:

- review the prior exemption code and the date of the current **W-582A** to determine whether an updated **W-582A** is needed, or only proof of continued joint residence.
  - If an updated **W-582A** is required, provide the individual requesting an extension of NAH status with a new **W-582A** and explain that the form must be completed and signed by the disabled individual's medical provider; or
  - If proof of joint residence is required, provide the individual with the **M-3G** and **W-119D** listing that proof of joint residence is required at the return appointment;
- schedule a return appointment using the process on pages ten (10) and eleven (11) or
- if provided, collect any updated medical documentation or joint residence confirmation and scan and index it into the electronic case record.

Documentation required for 6 month reevaluation of long term disabled individuals not on CA, SNAP, MA or SSI

When reevaluating participants who were granted a six (6) month exemption to care for a long-term disabled household member who is not on CA, SNAP, MA or SSI, a new **W-582A** is not required as long as the document on file is less than 12 months old.

Confirm joint residence

However, the JOS/Worker must reconfirm joint residence using the process on pages three (3) through nine (9). At the **W-584M** call-in appointment, the JOS/Worker must schedule a return appointment if the individual reports for the appointment, but does not bring proof of joint residence or it cannot be verified through the system.

Extensions

A new **W-582A** is required for individuals requesting an extension of a temporary (6 month) exemption.

**PROGRAM IMPLICATIONS**

Paperless Office System (POS) Implications

Any and all documents, with the exception of domestic violence-related documents, submitted and/or signed by an applicant/participant must be scanned and indexed into the electronic case file and be available for future reference.

Other POS instructions are in the body of this policy directive.

Supplemental Nutrition Assistance Program (SNAP) Implications

Eligibility for exemption from SNAP work rules due to being needed at home does not require that the disabled individual being cared for reside in the same household.

Medicaid Implications

There are no Medicaid implications.

**LIMITED ENGLISH PROFICIENCY (LEP) AND HEARING - IMPAIRED IMPLICATIONS**

For Limited English Proficiency (LEP) and hearing-impaired participants, make sure to obtain appropriate interpreter services in accordance with [PD #14-24-OPE](#) and [PD #14-18-OPE](#).


**FAIR HEARING IMPLICATIONS**

Ensure that all case actions are processed in accordance with current procedures and that the electronic case files are kept up to date.

Avoidance/ Resolution	The participant must receive either adequate or timely and adequate notification of all actions taken, depending upon the circumstances of his/her case. Remember to make every reasonable attempt to resolve the issue
Conferences	<p>A participant can request and receive a conference with a Fair Hearing &amp; Conference (FH&amp;C) AJOS I/Supervisor I at any time. If the applicant/participant comes to the Job Center and requests a conference, the Receptionist must notify the FH&amp;C AJOS/Supervisor I. In Model Offices, the Receptionist at Main Reception will issue an FH&amp;C ticket to the participant to route him/her to the FH&amp;C Unit and does not need to verbally alert the FH&amp;C staff.</p> <p>The FH&amp;C AJOS/Supervisor I will listen to and evaluate any material presented by the participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker’s Supervisor. The AJOS/Supervisor I will explain the reason for the Agency’s action(s) to the participant.</p> <p>If the participant has in fact presented good cause for the infraction or shown that the outstanding NOI needs to be withdrawn for other reasons, the FH&amp;C AJOS/Supervisor I will Settle in Conference (SIC), enter detailed case notes in NYCWAY, and forward all verifying documentation submitted by the participant to the appropriate JOS/Worker for corrective action to be taken.</p> <p>In addition, if the adverse case action still shows on the “Pending” <b>(08)</b> screen in the Welfare management System (WMS), the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (<b>LDSS-3722</b>), change the <b>02</b> to <b>01</b> if the case has been granted Aid to Continue (ATC). The AJOS/Supervisor I must complete a Conference Report (<b>M-186a</b>).</p>
Evidence Packets	Should the participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, which has already been requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

<b>REFERENCES</b>	08-ADM-07 18 NYCRR §§ 385.2(b)-(c) Social Services Law § 332(1)(c)
<b>RELATED ITEMS</b>	<a href="#">Employment Process Manual</a> <a href="#">PB #11-48-OPE</a>

**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

<b>W-582A(e)</b>	Family Care Assessment Form (Rev. 1/27/12)
<b>W-582A(s)</b>	Family Care Assessment Form (Rev. 1/27/12)
<b>W-584M(e)</b>	Mandatory Appointment for Evaluation of Work Activity (Rev. 1-27-12)
<b>W-584M(s)</b>	Mandatory Appointment for Evaluation of Work Activity (Rev.1-27-12)
<b>FIA-1058</b>	Needed At Home Desk Guide and Exemption Codes

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

### Family Care Assessment

Dear Physician/Treatment Facilitator:

Mr./Ms. \_\_\_\_\_ claims that he/she is not able to participate in an employment program activity because of the need to care for a disabled/sick household member. The disabled/sick individual is your patient.

The name of the patient is: \_\_\_\_\_.

Please complete **page 2** of this form so that this Agency will be able to better assess the participant's availability to engage in an employment program.

Thank you for your cooperation.

SAMPLE

## Care Required for Sick/Disabled Household Member

To be completed by physician

**Note to Physician: Please make sure each question is filled out in sections A, B and C. If not applicable, write N/A.**

**A. General Information and Diagnosis:**

1. Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Patient's Address: \_\_\_\_\_
3. Patient's Diagnosis: \_\_\_\_\_

(Please note any major physical or mental impairment that limit the patients ability to care for himself/herself)

4. This is a:  long-term disability  temporary disability
5. If temporary, anticipated length of disability:  Up to six months  Seven months or longer
6. Date of onset of disability: \_\_\_\_\_

**B. Current Care:**

1. Does the patient require home care services or a home attendant?  Yes  No
2. Is a household member/relative currently providing care?  Yes  No  
If Yes, name of household member/relative currently providing care: \_\_\_\_\_
- Does the individual providing care reside with the patient?  Yes  No
- Relationship to patient: \_\_\_\_\_
3. Is the Patient currently receiving home care services/attendant services from a health care provider?  
 Yes  No If Yes, name of Health Care Provider: \_\_\_\_\_
4. Is the patient residing in a health care/assisted living facility?  Yes  No  
If Yes, name of health care/assisted living facility: \_\_\_\_\_

**C. Patient's Ability to Care for Himself/Herself:**

(If patient is under 19 years of age, please only answer items that you consider to be age-appropriate)

	<u>With Assistance</u>	<u>Without Assistance</u>
Can this patient:		
1. Ambulate inside the house?		
2. Ambulate outside the house?		
3. Get up from bed?		
4. Get up from a seated position?		
5. Go to the toilet?		
6. Dress?		
7. Wash?		
8. Bathe?		
9. Prepare meals?		
10. Feed himself/herself?		

11. If patient is under 19 years of age, can patient attend school full-time?  Yes  No
12. Can patient be left alone?  Yes  No If Yes, for how long each day? \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Physician's License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp \_\_\_\_\_ Fax: \_\_\_\_\_



Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_

### Evaluación de Cuidado Familiar

Estimado Médico/Administrada de Tratamiento:

El/La Señor(a) \_\_\_\_\_ ha declarado que él/ella no puede participar en una actividad del programa de empleo porque necesita cuidar a un miembro del hogar incapacitado/enfermo. La persona incapacitada/enferma es paciente suyo.

El nombre del paciente es: \_\_\_\_\_

Favor de llenar la **página 2** de este formulario para que esta Agencia pueda evaluar mejor la disponibilidad del participante para un programa de empleo.

Gracias por su cooperación.

SAMPLE

### Care Required for Sick/Disabled Household Member

To be completed by physician

**Note to Physician: Please make sure each question is filled out in sections A, B and C. If not applicable, write N/A.**

**A. General Information and Diagnosis:**

1. Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Patient's Address: \_\_\_\_\_
3. Patient's Diagnosis: \_\_\_\_\_

(Please note any major physical or mental impairment that limit the patients ability to care for himself/herself)

4. This is a:  long-term disability  temporary disability
5. If temporary, anticipated length of disability:  Up to six months  Seven months or longer
6. Date of onset of disability: \_\_\_\_\_

**B. Current Care:**

1. Does the patient require home care services or a home attendant?  Yes  No
2. Is a household member/relative currently providing care?  Yes  No  
If Yes, name of household member/relative currently providing care: \_\_\_\_\_
- Does the individual providing care reside with the patient?  Yes  No
- Relationship to patient: \_\_\_\_\_
3. Is the Patient currently receiving home care services/attendant services from a health care provider?  
 Yes  No If Yes, name of Health Care Provider: \_\_\_\_\_
4. Is the patient residing in a health care/assisted living facility?  Yes  No  
If Yes, name of health care/assisted living facility: \_\_\_\_\_

**C. Patient's Ability to Care for Himself/Herself:**

(If patient is under 19 years of age, please only answer items that you consider to be age-appropriate)

	<u>With Assistance</u>	<u>Without Assistance</u>
Can this patient:		
1. Ambulate inside the house?		
2. Ambulate outside the house?		
3. Get up from bed?		
4. Get up from a seated position?		
5. Go to the toilet?		
6. Dress?		
7. Wash?		
8. Bathe?		
9. Prepare meals?		
10. Feed himself/herself?		

11. If patient is under 19 years of age, can patient attend school full-time?  Yes  No
12. Can patient be left alone?  Yes  No If Yes, for how long each day? \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Physician's License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Reevaluation of Employability Status Appointment

As a condition of eligibility for Cash Assistance, all resources must be verified. An individual's ability to work is a resource. A review of our records indicates that you are currently temporarily exempt from participating in work activities because:

Your employability status (ability to work) needs to be reevaluated and we have therefore scheduled you for a mandatory eligibility appointment. This will include a review of your treatment needs, if you are in a treatment program. If you are a single parent or caretaker relative, you may have an opportunity to participate in a range of work activities, including work experience, job search and education or training programs. Your appointment is indicated below. Please arrive on time.

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

If you have any questions or are unable to keep this appointment, please call the telephone number above. You must contact us prior to your reporting time to arrange for a new appointment.

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

If you are working, you must bring in proof of earnings to your appointment. Please bring this letter and your child care provider enrollment form with you. If you cannot participate in work activities, please bring original documents that support your inability to participate. If you are already attending an education or training program, bring documents showing that you are attending. Do not enroll in any new education or training program before your appointment.

If you have a child under age 13, or have a child under the age of 19 with a special need, the City of New York will pay for your child care and, if needed, will help you find a child care provider for the time you are required to be engaged in a work-related activity.

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

### Cita para Nueva Evaluación del Estado de Empleabilidad

Como requisito de elegibilidad para Asistencia en Efectivo todos los recursos deben verificarse. La capacidad que tiene una persona de trabajar es de por sí un recurso. Según nuestros archivos usted actualmente está temporalmente exento de participar en actividades de trabajo debido a que:

Su estado de empleabilidad (capacidad para trabajar) debe ser reevaluado y por tal razón le hemos programado una cita obligatoria de elegibilidad. Dicha cita incluye una evaluación de sus necesidades de tratamiento, si asiste a algún programa de tratamiento. Si es tutor pariente o padre o madre soltero(a) usted puede tener la oportunidad de participar en una variedad de actividades laborales que abarcan experiencia de trabajo, búsqueda de empleo, y programas educativos o de capacitación. Los datos de su cita se indican a continuación. Favor de ser puntual.

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

Si tiene alguna pregunta o si no puede cumplir la cita, favor de llamar al número de teléfono más arriba. Para programar una nueva cita, usted tiene que comunicarse con nosotros antes de su hora de cita.

**Esta es una cita obligatoria para elegibilidad. El no acudir a esta cita o cooperar con la misma puede resultar en el cierre de su caso de Asistencia en Efectivo. Por favor tenga presente que el incumplimiento de estos requisitos de recursos de Asistencia en Efectivo no afecta su elegibilidad de Medicaid.**

Si usted trabaja, debe traer pruebas de ingresos cuando venga a la cita. Por favor traiga esta carta y su formulario de inscripción del proveedor de cuidado infantil. Si usted no puede participar en actividades de trabajo, traiga por favor la documentación original que compruebe su incapacidad de participar. Si ya asiste a un programa de capacitación o educativo, traiga documentación que verifique su asistencia. No se inscriba en ningún otro programa de capacitación o educativo antes de esta cita.

Si usted tiene un niño menor de 13 años, o un niño menor de 19 años con necesidades especiales, la Ciudad de Nueva York pagará su cuidado infantil y, si necesario, le ayudará a conseguir un proveedor de cuidado infantil para el período que usted tenga que participar en una actividad relacionada con el trabajo.

### Needed At Home Desk Guide and Exemption Codes

Scenario	JOS/Worker Actions
<p><b>Applicant/participant makes an initial request for Needed at Home (NAH) status</b></p>	<ul style="list-style-type: none"> <li>• Initiate the EP</li> <li>• Access WMS to determine if the disabled household member is in receipt of CA, FS, MA or SSI (to confirm joint residence).</li> <li>• Provide the Family Care Assessment (<b>W-582A</b>) form.</li> <li>• Schedule a return appointment (Action Code <b>987R</b> will post for applicants and <b>187R</b> will post for participants).</li> <li>• The Notice to Report to Center (<b>M-3g</b>) form will be generated with the time/date of the appointment to return with the completed <b>W-582A</b> and proof of joint residence, if required.</li> </ul>
<p><b>Applicant/participant fails to report (FTR) to M-3g return appointment</b></p>	<ul style="list-style-type: none"> <li>• An applicant must be denied Cash Assistance (CA).</li> <li>• A participant's case is closed if he/she is the legally responsible adult; or</li> <li>• The line is closed if the participant is not a legally responsible adult.</li> </ul>
<p><b>Applicant/participant reports to M-3g return appointment, but has no documents</b></p>	<ul style="list-style-type: none"> <li>• Schedule another return appointment (<b>987R/187R</b>).</li> <li>• Provide an <b>M-3g</b> form with the time/date of the return appointment.</li> </ul>
<p><b>Applicant/participant reports to the M-3g return appointment with required documents</b></p>	<ul style="list-style-type: none"> <li>• Re-access the EP.</li> <li>• Evaluate returned documents.</li> <li>• Confirm joint residence and make an NAH determination based on information provided on form <b>W-582A</b>.</li> <li>• Enter the NAH determination by clicking "Y" when the EP asks "Is Family Care Assessment form completed?"</li> </ul>
<p><b>NAH status is approved</b></p>	<ul style="list-style-type: none"> <li>• If NAH status is approved, advise the applicant/participant about the exemption period (<b>6 or 12 months</b>).</li> <li>• In the EP, based on the JOS/Worker's responses, the system will offer the appropriate exemption code (see <b>page 2</b> for a list of exemption codes).</li> <li>• An Employment Status (ES) code will autopost (<b>ES 38</b> for a parent caretaker of a disabled household member or <b>ES 58</b> for a non-parent caretaker of a disabled household member). An auxiliary code will also autopost with information about the person in care (<b>18AC</b>-Care for an adult, <b>18CC</b>-Care for a child not in school full-time, <b>18CS</b>-Care for a child in school full-time).</li> <li>• Give the applicant/participant a Notice of Temporary Assistance Work Requirements Determination (Exempt) <b>LDSS-4005 NYC</b> form.</li> </ul>
<p><b>NAH Denied</b></p>	<ul style="list-style-type: none"> <li>• Explain why NAH status is being denied.</li> <li>• In the EP, address any unresolved barriers to employment.</li> <li>• Provide the applicant/participant with Notice of Temporary Assistance Work Requirements Determination (Non-exempt) Form <b>LDSS-4005a NYC</b>.</li> <li>• Make the appropriate work activity assignment.</li> </ul>
<p><b>Applicant/participant FTR to the work activity assignment</b></p>	<ul style="list-style-type: none"> <li>• An employment sanction will be imposed.</li> </ul>

SAMPLE

**Needed At Home Desk Guide and Exemption Codes (continued)**

Scenario	JOS/Worker Actions
<b>NAH exemption period will expire in 30 days</b>	<ul style="list-style-type: none"> <li>A Reassessment of Employability Status (<b>W-584M</b>) form will be system generated 30 days before the NAH exemption expires with a time and date of the reassessment appointment.</li> </ul>
<b>Applicant/participant FTR to Reassessment of Employability Status (W-584M) appointment</b>	<ul style="list-style-type: none"> <li>Initiate the Notice of Intent (NOI) process to close the case if the applicant/participant is a legally responsible adult (closing code <b>N17</b>); or</li> <li>Initiate a line closing if the applicant/participant is <u>not</u> a legally responsible adult.</li> </ul>
<b>Applicant/participant reports to the W-584M status reassessment appointment and requests an NAH extension</b>	<ul style="list-style-type: none"> <li>Provide a new <b>W-582A</b> form and/or request proof of joint residence.</li> <li>Schedule a return appointment (<b>987R/187R</b>); and</li> <li>Provide Form <b>M-3g</b> with the time/date of the return appointment.</li> </ul> <p><b>Note:</b> A CA applicant/participant who is granted a 6 month exemption because he/she is needed at home to care for a disabled household member, who is not on CA, FS, MA, or SSI, must confirm joint residence every 6 months but only needs to provide a new W-582A form every 12 months.</p>
<b>Applicant/participant reports to the W-584M reassessment appointment and no longer claims NAH</b>	<ul style="list-style-type: none"> <li>Initiate an EP.</li> <li>Address an other unresolved barriers to employment.</li> <li>Provide Form <b>LDSS-4005a NYC</b> (non-exempt)</li> <li>Make a work activity assignment.</li> </ul>
<b>Applicant/participant FTR to the M-3g return appointment for extension of NAH status</b>	<ul style="list-style-type: none"> <li>Initiate the NOI process to close the case if the NAH applicant/participant is the legally responsible adult (<b>N17</b>); or</li> <li>Initiate a line closing if the NAH applicant/participant is a non legally responsible adult is NAH.</li> </ul>
<b>Applicant/participant reports to the M-3g return appointment NAH extension denied</b>	<ul style="list-style-type: none"> <li>Explain why the NAH exemption is being denied.</li> <li>Initiate an EP.</li> <li>Address any unresolved barriers to employment</li> <li>Provide Form <b>LDSS-4005a NYC</b> (non-exempt).</li> <li>Make a work activity assignment.</li> </ul>
<b>Applicant/participant reports to the M-3g return appointment NAH extension approved</b>	<ul style="list-style-type: none"> <li>Initiate the EP.</li> <li>Evaluate the new documentation.</li> <li>Indicate in the EP the appropriate exemption period (an exemption code will autopost).</li> <li>Provide Form <b>LDSS-4005 NYC</b> (exempt) if the NAH extension is granted.</li> </ul>
Exemption Codes	Description
<b>18PP</b>	Parent caretaker of a long term disabled household member on CA, FS, MA, SSI ( <b>12 month exemption</b> )
<b>18PT</b>	Parent caretaker of a temporarily disabled household member on CA, FS, MA, or SSI ( <b>6 month exemption</b> )
<b>18PL</b>	Parent caretaker of a long term disabled household member <u>not</u> on CA, FS, MA or SSI ( <b>6 month exemption</b> )
<b>18PS</b>	Parent caretaker of a temporarily disabled household member <u>not</u> on CA, FS, MA, or SSI ( <b>6 month exemption</b> )
<b>18NP</b>	Non parent caretaker of a long term disabled household member on CA, FS, MA, SSI ( <b>12 month exemption</b> )
<b>18NT</b>	Non parent caretaker of a temporarily disabled household member on CA, FS, MA, or SSI ( <b>6 month exemption</b> )
<b>18NS</b>	Non parent caretaker of a temporarily disabled household member <u>not</u> on CA, FS, MA, or SSI ( <b>6 month exemption</b> )
<b>18NL</b>	Non parent caretaker of a long term disabled household member <u>not</u> CA, FS, MA, or SSI ( <b>6 month exemption</b> )