

WeCARE VENDOR GUIDELINES



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WeCARE VENDOR GUIDELINES

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The New York City Human Resources Administration Customized Assistance Services

WeCARE Vendor Guidelines

Introduction

The NYC Human Resources Administration (HRA) has funded the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program. WeCARE provides a continuum of integrated services to help public assistance (PA) recipients, with potential physical and mental health limitations to employment, attain their highest levels of health and self-sufficiency. Services are provided based on each individual's unique circumstances, special needs and preferences, delivered in an environment that is supportive and respectful, as well as culturally and disability sensitive. All individuals are offered language services and receive appropriate reasonable accommodations.

HRA has developed WeCARE Vendor Guidelines to provide a roadmap in implementing this comprehensive and innovative initiative. WeCARE Vendor Guidelines is an evolving document meant as a starting point in our journey together to help HRA clients achieve their highest level of functioning. Like the program itself, it is a document that will change over time as we learn from our experiences.

It is essential that WeCARE vendors provide feedback to HRA about which aspects of these guidelines may need to be modified. At regular intervals and as appropriate, your recommendations for quality improvement will be carefully considered for inclusion in this document, moving us closer to identifying the best route for assisting PA recipients with medical limitations to reach their maximum potential for wellness and self-sufficiency.

I. REFERRALS TO WeCARE

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A. Job Center Referrals to WeCARE

PA applicants and recipients, who report being unable to participate in a work activity due to a medical and/or mental health condition(s), are referred to the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program through the individual's HRA Employment Plan (EP). Through the individual's EP, the Job Opportunity Specialist (JOS) at an HRA Job Center gives the individual:

- A copy of the *WeCARE brochure* (attachment # 1) describing the program and services.
- A *Physician's Functional Assessment Form* (form W538- attachment # 2) for the individual's own physician to complete and for the individual to provide at his or her WeCARE initial assessment appointment, or if not possible, within 10 days.
- A Consent for Disclosure of Medical and Substance Abuse Records (form # M-76N, attachment #14) and a Consent for the Release of Possible Confidential HIV-Related Information for signature (form #M-76M, attachment 17). The JOS enters code **16WS** in NYCWAY if the WeCARE consents have been signed.

If an individual refuses to sign the consents, the JOS enters code **16WD** in NYCWAY indicating that the individual declined to sign the WeCARE consent(s). This prohibits the WeCARE vendor from viewing the individual's information in NYCWAY. However, the vendor is able to view all information going forward that is entered by WeCARE in NYCWAY.

- An on-line *WeCARE - Referral for Mandatory Assessment Appointment* letter (form W538C- attachment # 3), providing the individual with the location, date/time, and contact information for the WeCARE assessment appointment.

Referrals of Public Assistance Applicants

Applicants are referred to WeCARE with a **968W** action code. The applicant is given a return appointment (*Notice to Report to Center* letter; form #M3g - attachment # 4) to the Job Center with a **968R** action code for a date at least twelve (12) business days following the initial WeCARE appointment and sufficient carfare to travel to the appointment. If an applicant's functional capacity outcome has not been determined within twelve (12) days, the vendor reschedules the applicant's appointment at the Job Center by entering a **R68R** in NYC WAY to generate a *Mandatory Return Appointment to the Job Center After WeCARE Referral* (form # 519F, attachment 16.)

Referrals of Public Assistance Recipients

Recipients are referred to WeCARE with a **168W** action code.

B. Referrals of Public Assistance Applicants/Recipients in Mandated Substance Abuse Treatment

Public Assistance (PA) applicants/recipients, who have been mandated into substance abuse (SA) treatment by HRA, may be referred to WeCARE by either an HRA SA case management (CM)

vendor or by specialized or regular HRA Job Centers. The source of referral to WeCARE for an individual mandated into substance abuse treatment is indicated on the referral page in the WeCARE Timekeeping System.

The SA CM vendors making referrals of individuals mandated into SA treatment are:

- Project ACE - D10 Employment Office (EO)
- University Behavioral Associates (UBA) - D20 EO
- Visiting Nurse Service of New York (VNS) - D30 EO
- CASAWORKS for Families - M40 EO

The specialized HRA Job Centers making referrals of individuals mandated into SA treatment are:

- Riverview Job Center #37
- Union Square Job Center #39
- Veterans Job Center #84

Individuals who have been mandated to SA treatment are eligible for all WeCARE services except those who are exempt from work activities due to substance abuse. These individuals cannot be referred for WeCARE's vocational rehabilitation services until they become non-exempt from work activities due to substance abuse. Thus to appropriately provide WeCARE services to these individuals, it is essential for the vendor to determine their SA work exemption status. This can be determined by the SA assessment outcome codes posted in NYCWAY:

- **240/241T** - Exempt from work activities due to substance abuse
- **240/241W** - Non-exempt from work activities due to substance abuse
- **240/241N** - No treatment required

For referrals where the most recent SA assessment was 240/241N – No treatment required, the vendor should proceed with the BPS assessment with the understanding that these individuals do not require SA treatment at this time. These individuals received a SA assessment on the action code date for the 240/241N.

C. Vendor Notification of WeCARE Appointments

The WeCARE vendor is notified of all PA applicants and recipients scheduled for WeCARE appointments through the WeCARE timekeeping system including the source of the referral.

D. Rescheduling WeCARE Assessment Appointments

If a PA applicant/recipient is unable to keep a WeCARE Mandatory Assessment appointment, s/he is responsible for contacting the WeCARE vendor before the scheduled appointment time. The WeCARE vendor must reschedule the appointment within five (5) business days of the original appointment date. Based on the individual's special needs, WeCARE should accommodate the individual in rescheduling appointments. The vendor asks for documentation on all requests to reschedule appointments, however requires it at the second and all subsequent requests to reschedule appointments. The vendor reenters the same NYCWAY action codes **968W** (applicants) or **168W** (recipients) to reschedule the appointment.

E. Client Flow at all WeCARE Appointments

It is important for the WeCARE vendor to minimize the time individuals wait to be seen for WeCARE appointments. It is recommended that the vendor regularly track the time it takes for WeCARE to provide services to individuals when they report for their appointments. This allows the vendor to identify client flow problems and develop strategies to address them. Based on an individual's unique circumstances and need for accommodation(s), it is also important for the vendor to be flexible in scheduling appointments and minimizing wait time.

**II. BIOPSYCHOSOCIAL
ASSESSMENT/COMPREHENSIVE
SERVICE PLAN**

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A. INTAKE AND ORIENTATION

To prepare for the initial WeCARE Assessment Appointment, it is recommended that the WeCARE vendor review NYCWAY to obtain relevant client information.

It is essential for the vendor to determine if the individual has received a prior biopsychosocial (BPS) assessment. If a BPS assessment was completed within the past twelve (12) months, the vendor must determine whether the individual is presenting a new and acute medical condition (*see Section IV. – Re-referrals for a BPS Assessment*).

At the initial WeCARE Assessment Appointment, the WeCARE vendor:

- Determines if the individual requires language translation and/or interpreter services and advises him/her of the language services available at WeCARE. All WeCARE documents must be available in Spanish, Arabic, Chinese, Haitian Creole, Korean, and Russian;
- Determines the accommodation(s) needed by the individual to successfully participate in the assessment process and informs him/her about his/her right for accommodation(s) in all WeCARE services;
- Assists the individual in completing required written material, as needed;

It is recommended that the vendor minimize and simplify written WeCARE material the individual is required to complete.

- Reminds the individual of his/her right to have another individual accompany him/her to all assessment appointments;

It would be helpful for the vendor to provide a children's corner at BPS Assessment sites, if possible, to accommodate individuals who require assistance with their children to attend a WeCARE Assessment appointment.

- Explains the WeCARE process to the individual and provides an overview of WeCARE services;
- Provides written material describing WeCARE services. This may include, but is not limited to, the WeCARE brochure (attachment # 1). WeCARE written materials must be available in the required languages;
- Determines if the individual has medical documentation from his/her treating physician(s);

If the individual has not brought medical documentation, WeCARE advises him or her of the right to bring this documentation to subsequent WeCARE assessment appointments. Although the *Physician's Functional Assessment* form (attachment # 2) was already provided at the job center, the vendor offers to provide the individual with another copy. The vendor informs the individual that the form should be returned within ten (10) days from the date of the individual's original WeCARE referral.

- Identifies the name(s), address(es), telephone number(s) of the individual's treating physician(s), programs, case managers, information on existing appointments, etc.;

The information about the individual's Medicaid coverage, specifically whether it is fee-for-service or Managed Care, is available on the WeCARE Timekeeping System. If the individual is enrolled in Medicaid Managed Care, the vendor obtains the name of the Managed Care organization.

- Asks the individual to sign a consent (*see Section VII. - Confidentiality and Consents*) permitting WeCARE to speak directly to the individual's treating physician(s) and other service providers in order to discuss medical history, obtain medical documentation, as needed, and clarify any medical treatment information;
- Asks the individual to sign a consent authorizing release of the WeCARE assessment results to HRA, appropriate HRA contract staff (including the Substance Abuse Centralized Assessment Program [SACAP] and SA CM vendors), relevant treatment providers, and the NYS Office of Temporary Disability Assistance [OTDA] (for fair hearing purposes);

After the intake and orientation, the BPS assessment is conducted. The assessment should occur on the same day as intake and orientation.

B. BIOPSYCHOSOCIAL (BPS) ASSESSMENT

The BPS assessment must be completed within twelve (12) business days after the initial WeCARE appointment date. Every effort should be made to minimize the number of appointments that individuals are required to attend for the BPS assessment.

The BPS evaluates the individual's health and ability to participate in work activities and identifies relevant medical, mental health, psychosocial issues that impact employability and functionality. The BPS assessment is comprised of several components: a psychosocial assessment, a comprehensive medical evaluation, specialty medical evaluations when clinically indicated, and laboratory testing.

The vendor provides the comprehensive BPS assessment in a respectful and culturally sensitive manner. It is recommended that all WeCARE staff introduce themselves to the individual and wear an identification tag with their name and title.

At the conclusion of the BPS assessment, the individual is given a return appointment to WeCARE to learn the results of the BPS assessment and develop the Comprehensive Service Plan (CSP) by entering action codes **969R** (applicants) and **169R** (recipients) in NYC WAY. This generates the *WeCARE- Referral for a Mandatory Medical Assessment Outcome* letter (*form W538C- attachment # 5*). This letter indicates the date/time of the appointment and identifies WeCARE's contact person and phone number.

Psychosocial Assessment

The psychosocial assessment examines the individual's functioning in multiple domains as described below. If possible, this component of the BPS assessment occurs before the medical evaluation. It must be conducted by a qualified health professional (QHP) that is responsible for eliciting from the individual the following information:

- Current life circumstances including a description of the individual's social support system identifying any significant people in the individual's life who may impact the individual's efforts to attain wellness and self-sufficiency
- Present family needs, e.g., disability(s) affecting individual or family members
- Childcare needs
- Social history
- Family history
- History of physical abuse, sexual abuse, or domestic violence
- Legal history
- Public benefits history
- Educational history
- Work history
- Medical, mental health, or substance abuse history
- HIV status

Medical Evaluation

Primary Medical Examination

The Phase I component of the medical evaluation must be conducted by a board certified physician and must include:

- Complete Medical History
- Review of Systems (ROS)
- Standard Medical Examination (SME)
- Review and consideration of all relevant medical documentation presented by, or on behalf of, the individual
- Complete physical examination
- Results of core testing including the following required tests, and any others that are clinically indicated:

CBC with differential, SMA-20 (or CEM-20), including Albumin, ALP, ALT, AST, Bilirubin, BUN, CO₂, Creatinine, GDT, Glucose, LDH, Potassium, Calcium, Chloride,

Magnesium, Phosphorus, Sodium, Total Protein, Uric Acid, Lipid Profile including total Cholesterol, Triglycerides, HDL and LDL, EKG, Body Mass Index and Urinalysis.

- X-rays, including chest X-rays, as clinically appropriate
- Results of other relevant laboratory or diagnostic tests, as clinically appropriate

The vendor enters **969B/169B** to indicate that the Phase I BPS is complete.

Specialty Medical Evaluation(s)

If a medical condition which requires evaluation by a specialist(s) is identified during the Phase I medical evaluation, an appointment is scheduled with action codes **969A** (applicants) and **169A** (recipients), which generates the *WeCARE- Referral for a Mandatory Specialty Medical Assessment* letter (form W538C- attachment # 6). If possible, the specialty medical appointment(s) occurs on the same day as the Phase I evaluation. However, all medical appointments must be completed within twelve (12) days of the initial appointment.

A licensed physician who is board-certified in the appropriate specialty must conduct the Specialty Medical Evaluation that must include:

- Review of all medical documentation from the primary medical evaluation
- Review of medical documentation presented by, or on behalf of, the individual
- Additional relevant medical history elicited from the individual and other sources, as applicable
- Specialty medical examination that conforms to professional standards and practice guidelines of the specialty
- All related laboratory and/or diagnostic tests

At the completion of the Phase II specialty medical evaluation, the vendor enters code **969T/169T** in NYCWAY.

Referral for a Substance Abuse Assessment

During the psychosocial and medical evaluations, WeCARE may identify an individual requiring a substance abuse (SA) assessment based on the results of a substance abuse screen, clinical indicators, current treatment status and/or history of treatment. Note some individuals have had a recent SA assessment with an outcome of no treatment needed (**240/241N**). Unless there are clinical or behavioral signs or indicators of substance abuse, or the individual indicates he or she is currently in treatment, these individuals are not referred for another SA assessment.

The vendor verifies via NYCWAY (**240/240T** or **240/241W**) and/or the WeCARE Referral page in the timekeeping system that the individual is not currently mandated by HRA into substance abuse treatment. If not mandated into treatment, the individual is asked to sign a

consent to share SA information between WeCARE, HRA and HRA's Credentialed Alcoholism and Substance Abuse Counselor (CASAC).

The vendor refers the individual to the on-site HRA CASAC for the SA assessment by entering action code **968F/168F** to generate a *Referral for a Mandatory Substance Abuse Assessment* (form W538C- attachment # 7). If possible, the SA assessment appointment is conducted on the same day the referral is made.

If the SA assessment appointment cannot be made with the on-site HRA CASAC, the vendor refers the individual to HRA's Substance Abuse Centralized Assessment Program (SACAP) at 109 East 16 Street by entering action code (**915G/193G**) that generates a referral for a mandatory SA assessment. If the assessment appointment is at SACAP at 109 East 16 Street, the vendor schedules a return appointment to WeCARE by entering codes **96WC/16WC**.

The substance abuse assessment outcome can be identified in NYCWAY and is discussed in the BPS Assessment Results in Section II. C.

C. BIOPSYCHOSOCIAL (BPS) ASSESSMENT RESULTS

1. Functional Capacity Outcomes

The BPS assessment results in one of the following functional capacity outcomes that the vendor indicates by entering the appropriate NYC WAY code as follows:

- **Employable With No Limitations (Return to Job Center)**
968E/168E
- **Employable With Minimal Limitations (Refer for Vocational Rehabilitation Services)**
968M/168M
- **Employable With Limitations (Requiring Vocational Rehabilitation Services)** **968L/168L**
- **Temporarily Unemployable (Requiring a Wellness Rehabilitation Plan)** **968T/168T**
- **Unable To Work (Potentially Eligible for Federal Disability Benefits) (SSI/SSDI)**
968S/168S

Each of these outcomes requires the individual to be assigned to an appropriate HRA or WeCARE activity. A description of each of these outcomes, with the required subsequent activity(s), is provided in Section II. F.1-5.

2. Substance Abuse Assessment Outcomes

The vendor incorporates the results of the individual's HRA SA assessment into the BPS assessment because it may affect the Comprehensive Service Plan (CSP) and the WeCARE assignments. This applies to both individuals who HRA mandated into treatment prior to referral to WeCARE, and individuals who were identified at WeCARE as needing a SA assessment.

Outcomes of a SA assessment include:

- **240/241N** - No SA treatment needed. This outcome has no affect on the individual's CSP and subsequent assignments.
- **240/241T** - Intensive SA treatment required. The individual is exempt from work activities due to substance abuse. The individual is required to participate in intensive treatment for at least fifteen (15) hours per week. The individual is eligible for all WeCARE services except Vocational Rehabilitation Services (VRS).
- **240/241W** - Non-intensive SA treatment required. The individual is not exempt from work activities due to substance abuse. The individual is referred to non-intensive treatment that is less than fifteen (15) hours per week and is eligible for all WeCARE services. WeCARE modifies the individual's vocational rehabilitation activities to accommodate his or her required treatment hours, by reducing the hours the individual is assigned to other activities.

3. HIV/AIDS Assessment Outcome

During the BPS assessment, the individual may bring in medical documentation indicating the presence of HIV disease. Alternatively, an individual may indicate that he or she is HIV+ or the vendor may suspect HIV disease based on history or clinical indicators. In these latter two instances, the vendor should recommend HIV testing following all required protocols including providing pre and post test HIV counseling as well as obtaining necessary consents.

If an individual is HIV+, the vendor determines if his or her medical condition meets the criteria for HRA's HIV/AIDS Services Administration (HASA) [see attachment # 8].

If the individual does not meet HASA criteria, the regular WeCARE process continues.

If the individual meets HASA criteria, the vendor offers the options of either a referral to HASA or remaining in the Family Independence Administration. This includes a discussion of the benefits and services available to HASA clients including enhanced rent, housing services, nutrition, transportation supplements and case management.

If the individual declines a HASA referral, the vendor documents the individual's decision in the case record. If the individual requests a transfer to HASA, the WeCARE vendor:

- Asks the individual to sign the *Authorization of Release of Confidential HIV Related Information* (form W899T- attachment # 9).
- Contacts the WeCARE liaison at the HASA Service Line at (212) 971-0626 and forwards the appropriate medical documentation and consent. The vendor continues to work with the HASA Service Line through the HASA application process, providing any necessary information.

When the Service Line has determined the individual medically eligible for HASA services, the vendor deassigns the individual from WeCARE by entering **172X** in NYCWAY. HASA contacts the individual's Job Center to transfer the case to HASA.

D. REPORT OF THE BIOPSYCHOSOCIAL ASSESSMENT RESULTS

The vendor prepares a comprehensive report of the results of the BPS assessment integrating the findings of the medical evaluation(s) and the psychosocial assessment. This report contains the following:

- History of any health and/or mental health conditions, including treatment history
- Current health and/or mental health diagnoses
- Assessment and determination of functional capacity
- Clinical justification for the assessment and determination of functional capacity
- Documentation of any residual functional impairment(s) that have prevented the individual from working for the past twelve (12) months and that may make him/her eligible for federal disability benefits
- Outcome of a substance abuse assessment by an HRA CASAC, if the individual has been identified as having a substance abuse disorder
- Assessment of the individual's functional strengths and deficits
- Any accommodation(s) the individual requires in order to fulfill work requirements
- Treatment and service recommendations

The BPS assessment report must be reviewed, and signed, by both the QHP that completed the psychosocial assessment and the examining physician. This report leads to the development of the Comprehensive Service Plan (CSP).

E. COMPREHENSIVE SERVICE PLAN (CSP)

Preferably at the time the BPS assessment is completed, or immediately thereafter (but no later than five (5) business days after the BPS is completed), the vendor develops and completes the CSP.

At the medical assessment outcome appointment, the results of the BPS assessment are discussed with the individual including treatment and service recommendations and the determination of the individual's functional outcome, leading to the elements in the preliminary CSP. The CSP delineates specific steps necessary for the individual to obtain his or her highest possible level of functioning and/or self-sufficiency. The steps are measurable, defined by concrete activities to be completed within specific time frames. The CSP describes:

- All barriers to employment identified through the BPS assessment
- Specific activities the individual must complete to overcome these barriers.
- Service needs and appropriate referrals to address the needs of the individual and the individual's family and/or significant others.

After the CSP is completed and modified based on the individual's input, the QHP and the individual sign the CSP and the individual is given a copy. If the individual chooses not to sign the CSP, the QHP documents that the CSP was reviewed and discussed with the individual and that a copy was given to him or her. This is entered in the individual's case record and/or as a case note (100A) in NYC WAY.

The vendor indicates completion of the CSP by entering codes **969C** (applicants) and **169C** (recipients) in NYCWAY. These codes elicit a Future Action Date (FAD) that requires the vendor to update the individual's CSP in ninety (90) days. The vendor is responsible for completing the EP initiated at the Job Center within three (3) business days of completing the CSP.

At the completion of the CSP, the vendor enters the specific referral code in NYCWAY for the individual's appropriate subsequent activity(s), described in the next section.

F. REFERRALS FOR HRA/WECARE ACTIVITIES BASED ON FUNCTIONAL OUTCOME

The WeCARE referral letters described in this section provide the individual (except those determined fully employable with no limitations) with a written notice of the outcome of their BPS assessment as well as a description of the services they will receive.

1. Employable With No Limitations

If an individual is determined to be employable with no limitations, he or she is not referred to additional WeCARE activities. The individual is given the *Notification of Work Requirements Determination* [NOWR] (attachment # 10) and the vendor enters **100L** in NYCWAY to document that the NOWR was provided. It is not necessary to update the individual's EP.

Applicants

The vendor enters code **968E** in NYCWAY to indicate the applicant's functional capacity outcome and confirms that she or he has a return appointment to the Job Center. Applicants are reminded to keep this return appointment.

Recipients

The vendor enters code **168E** in NYCWAY to indicate the individual's functional capacity outcome and informs the individual that he or she will be receiving an appointment letter from their Job Center in the mail.

The functional outcome codes entered by the vendor for both applicants and recipients automatically discharge these individuals from WeCARE.

2. Employable With Minimal Accommodations

If an individual has been determined employable with minimal accommodations, the vendor has already entered the **968M/168M** in NYCWAY. The vendor now updates the individual's EP.

The vendor provides the individual with the *Notification of Work Requirements Determination* [NOWR]. (Form W574YY- attachment # 10) and enters **100L** in NYCWAY to document that the NOWR was provided.

Individuals who are employable with minimal accommodations are referred to the vendor's vocational rehabilitation services by following the same referral process described in Section 3 below - *Employable with Limitations Requiring Vocational Rehabilitation Services*.

3. Employable With Limitations Requiring Vocational Rehabilitation Services

If an individual has been determined employable with limitations requiring vocational rehabilitation services, the vendor has already indicated that by entering **968L/168L** in NYCWAY. If childcare is needed, the vendor uses the HRA ACCIS system. Once childcare is arranged, the vendor updates the EP.

The vendor provides the individual with the *Notification of Work Requirements Determination* [NOWR]. (Form #W574YY- attachment # 10) and enters **100L** in NYCWAY to document that the NOWR was provided.

Referrals to the vendor's vocational rehabilitation services (VRS) are made for PA recipients only. The vendor makes the VRS referral by entering code **168V** in NYCWAY. This generates a referral letter, *The WeCARE Assignment Summary* (W519K, attachment #11) for the individual to report for a Diagnostic Vocational Evaluation).

Applicants

Applicants are not enrolled in WeCARE's vocational rehabilitation services until their PA case is accepted. Therefore, the vendor gives the applicant a return appointment **968R** to WeCARE on a date that allows completion of the PA application process (thirty [30] days after the PA application date for TANF applicants; forty-five [45] days after the PA application date for Safety Net applicants). It is recommended that the vendor monitor these cases, and once accepted on PA, remind the individual by telephone, email or letter of his or her return WeCARE appointment.

4. Temporarily Unemployable (Requiring A Wellness Rehabilitation Plan)

If an individual has been determined temporarily unemployable due to untreated or unstable medical and/or mental health condition(s), the vendor has already indicated that by entering **968T/168T** in NYCWAY. It is not necessary to update the EP as it is automatically closed by entering the functional capacity outcome code.

The referral for a Wellness/Rehabilitation Plan is made by entering **968B/168B** in NYCWAY generating a referral letter for the individual to report for a Wellness Plan appointment (Medical Provider Appointment # W538C, attachment # 12). Whenever possible, the Wellness Plan appointment occurs on the same day it is scheduled.

5. UNABLE TO WORK (FEDERAL DISABILITY BENEFITS - SSI/SSDI)

If the individual has been determined unable to work because of a medical and/or mental health condition(s), which is likely to qualify him or her for federal disability benefits, the vendor has already indicated that by entering **968L/168L** in NYCWAY. It is not necessary to update the EP as it is automatically closed by entering the functional capacity code.

These individuals are referred to the vendor's federal disability assistance program in NYCWAY by entering codes **968H/168H** generating an appointment letter (*WeCARE Non-Medical Referral for Mandatory Services, # W533G*, attachment # 12).

III. WeCARE SERVICES AND ACTIVITIES

III. WeCARE SERVICES AND ACTIVITIES

A. WELLNESS/REHABILITATION PLAN

The vendor meets with individuals who are temporarily unemployable due to untreated or unstable medical and/or mental health condition(s) to develop and initiate a Wellness Plan (WP). The purpose of the WP is to stabilize or resolve these conditions to enable individuals to reach their highest level of health and function. The WP is a written document that:

- Identifies unstable or untreated conditions requiring treatment;
- Specifies the individual's responsibilities regarding his or her medical treatment and for providing the WeCARE vendor with updated medical information;
- Indicates the time frame (within 30, 60, or 90 days) for expected resolution or improvement of the unstable medical and/or mental health condition(s);
- Identifies the treatment provider and/or assists the client in identifying a treatment provider(s), as needed;
- Specifies the health education that will be provided to the individual.

The WeCARE vendor discusses the WP with the individual, allowing for his or her input and makes revisions, as appropriate. The vendor helps the individual to understand his/her responsibilities in the Plan. The individual and the vendor sign the WP and the individual is given a copy. The vendor indicates that the Wellness Plan has been initiated by entering codes **969W** (applicants) and **169W** (recipients) in NYCWAY.

If the individual chooses not to sign the Wellness Plan, the vendor documents that the WP was reviewed and discussed with the individual and that a copy was given to him or her. This information is entered in the individual's case record and/or as a case note (**100A**) in NYC WAY.

The vendor asks the individual to sign all necessary consents to enable the vendor to communicate with medical providers (see *Section VII. Confidentiality and Consents*). If the individual chooses not to sign the consent(s), the vendor may not share any of the individual's medical information.

Wellness Plan Implementation

The vendor refers and links individuals to appropriate medical treatment and services, as needed. The vendor works with the individual to remove or minimize any obstacles that may interfere with his or her compliance with the WP.

During the BPS assessment, the vendor has already determined whether the individual has his or her own treating physician, and has verified the individual's Medicaid fee-for-service or Managed Care (MMC) status. If the individual has fee-for-service Medicaid (MA), he or she remains in fee-for-service MA through the duration of the WP.

If the individual has a treating physician, the vendor works with the individual to schedule an appointment to begin treatment. As necessary, the vendor works with the individual's Medicaid Managed Care organization to assist the individual in obtaining necessary treatment.

If the individual does not have a treating physician and also has fee-for-service MA, the vendor offers him or her three (3) choices of medical providers. One of the three (3) choices is a Health and Hospital Corporation (HHC) facility participating in the HRA/HHC Wellness Project. The vendor discusses the three options with the individual and helps him or her select the most appropriate provider. The vendor helps the individual schedule the initial appointment to begin treatment.

The vendor maintains regular contact with the individual and provides health education, as appropriate. The vendor also communicates with the treating physician(s) to monitor and facilitate the individual's progress in treatment. If the individual is not fully following his or her treatment plan, (*see Section VI. – Outreach/Compliance Issues*), the vendor provides case management interventions.

Substance Abuse Issues

During the Wellness Plan, the individual's treating physician may identify a possible substance abuse condition not known to WeCARE or HRA. When the treating physician shares this information with the WeCARE vendor, the vendor discusses it with the individual and schedules him or her for a SA assessment at SACAP. This appointment is scheduled by entering code **915G/193G** in NYCWAY that generates a mandatory appointment referral. The vendor also schedules a return appointment to WeCARE by entering codes **96WC/16WC**.

The substance abuse assessment outcome can be identified in NYCWAY.

The vendor continues the Wellness Plan if it has not been completed, or completes the Wellness Plan, as appropriate.

Wellness Plan Completion

Based on information provided by the individual's treating physician(s), WeCARE's examining physician may determine that the condition(s) necessitating the WP have been resolved or stabilized. WeCARE re-evaluates the individual's employability, determines a new functional outcome, and identifies any necessary ongoing treatment needs.

It is expected that most medical conditions requiring a WP can be treated and stabilized within ninety (90) days. However, based on information from the treating physician, the vendor may extend the WP for an additional 30, 60, or 90 days as appropriate. The vendor enters a Wellness Plan Extension code **169G** in NYCWAY before the expiration of the current WP and includes comments explaining the need for the extension.

Upon completion of the WP, the vendor discusses the new functional outcome with the individual and reviews next steps and necessary ongoing treatment needs. The vendor:

- Enters **169V/969V** in NYCWAY that indicates that the WP is complete;
- Enters a new functional capacity outcome code in NYCWAY (*see Section II.C. 1*);
- Updates the CSP **169U** in NYCWAY;

- Provides the individual with a *NOWR* (attachment # 10), as applicable, due to the change in functional capacity, and enters **100L** in NYCWAY to document that the *NOWR* was provided;
- Refers the individual to the appropriate HRA or WeCARE activity (see Section II.F. 1-5.);
- Initiates a new EP, as appropriate, to reflect a change in employability determination as previously described.

Transportation Reimbursement for Wellness Plans

If the individual is receiving fee-for-service Medicaid and is not already receiving transportation reimbursement from their health care provider(s) for attending medical appointments, the vendor provides the individual with Metro cards for these appointments. A list of health care providers that reimburse transportation is available in the WeCARE Timekeeping System.

Childcare During Wellness Plans

If an individual in a Wellness Plan requires regular and ongoing treatment for a significant number of hours each week (e.g., dialysis, intensive substance abuse treatment, psychiatric rehabilitation), and the need for childcare services would prevent him/her from attending the required treatment, the vendor arranges childcare using ACCIS.

B. VOCATIONAL REHABILITATION SERVICES

1. Diagnostic Vocational Evaluation

Individuals whose functional limitations due to medical and/or mental health conditions are likely to benefit from vocational rehabilitation are referred for a Diagnostic Vocational Evaluation (DVE). The DVE is a hands-on vocational assessment that at minimum includes:

- An exploration of an individual's work and educational history.
- Academic achievement tests, including math and reading, and writing samples.
- Multiple interest inventories, aptitude tests, including oral directions, spatial, clerical, mechanical, and service.
- Work samples in at least three (3) occupational clusters correlative with an individual's interests, aptitudes and work history.
- Assessment of reasoning/learning, including logic and learning style.
- Behavioral observations.
- Individual career exploration and counseling.

If clinically indicated, the vendor incorporates one or more of the following supplemental evaluation components in the DVE:

- Higher-level work samples and aptitude testing.
- Situational assessments.
- Personality testing.
- Employment exploration.
- Transferable skills analysis.
- Supplemental screening.

The vendor enters DVE Initiated code **169D** in NYCWAY when the individual begins the DVE. The DVE begins no later than five (5) business days after completing the CSP. The individual should be engaged for at least twenty-five (25) hours per week in structured DVE activities, unless his or her disability requires reduced hours. The individual's input and preferences are considered during the DVE process.

The completed DVE summarizes and interprets the findings of the vocational assessment and forms the basis for the Individual Plan for Employment (IPE). At the conclusion of the DVE, the vendor reviews the results with the individual. Any change to the individual's functional capacity is fully explained.

Change in Functional Capacity Based on DVE Results

If the results of the DVE demonstrate that the individual is **not** now able to participate in VRS activities because the individual's functional impairments:

- are more severe and/or more functionally limiting than revealed by the BPS assessment, making the individual potentially unable to work for twelve (12) or more months, the vendor works with the individual to apply for federal disability benefits.

The vendor changes the individual's functional capacity to **Unable to Work** (SSI/SSDI) by entering **168S** in NYCWAY and updates the CSP **169U**. The individual is referred to the vendor's federal disability assistance program in NYCWAY by entering code **168H** generating an appointment letter. It is not necessary to update the EP as it is automatically closed by entering the functional capacity outcome code.

- do not limit his or her ability to function in a work setting, the vendor enters code **168E** in NYCWAY to change the individual's functional capacity outcome to **Employable with No Limitations** and updates the CSP. The vendor informs the individual that he or she will be receiving an appointment letter in the mail from the Job Center. The functional outcome code entered by the vendor automatically discharges this individual from WeCARE.
- are unstable because of untreated or changing medical or mental health conditions, the vendor enters **16WR** in NYCWAY, generating an appointment letter for a functional outcome reassessment.

2. Individualized Plan for Employment (IPE)

The IPE is a written plan that describes the specific vocational, educational, employment, treatment, rehabilitation, counseling, accommodations and supports required by an individual to obtain self-sufficiency. It identifies the individual's strengths and limitations. It describes the individual's short and long-term employment goal(s), specifying measurable and manageable objectives and activities to be undertaken and achieved within defined time frames. The IPE identifies the responsibilities of the vendor, the individual, and other service providers to help the individual attain his or her employment goals.

The vendor discusses the IPE with the individual considering and, as appropriate, incorporating the individual's preferences for services including treatment, education, training, work experience assignments and employment.

The individual and the vendor sign the IPE and the individual is provided a copy. The vendor indicates that the IPE is complete by entering code **169I** in NYC WAY. If the individual chooses not to sign the IPE, the vendor must document that the IPE was reviewed and discussed with the individual and that a copy was given to him or her. This is entered in the vendor's case record and/or as a case note (**100A**) in NYC WAY.

The vendor(s) has forty (40) business days, from the date the CSP identified the individual's need for VRS, to complete the DVE and resulting IPE.

The results of the IPE are incorporated into the individual's CSP and updated as needed. If possible, this occurs electronically. The EP is updated at the completion of the IPE.

3. Employment Preparation Services

Adhering to the individual's IPE, the vendor engages the individual for thirty-five (35) hours a week in a variety of work activities, which are designed to help achieve his or her employment goals. The vendor assists the individual in addressing any obstacles that prevent him or her from successfully participating in work activities.

Individuals whose disabilities require a reduction in hours have their work requirements adjusted accordingly. Based on individual needs, the vendor determines the number of weekly hours required for each participant in VRS. The vendor indicates the number of weekly hours required by entering the following codes in NYCWAY:

- **168K** - 25 hours a week
- **168N** -30 hours a week
- **168Q** -35 hours a week

The vendor documents the reasons for a reduction in required hours in the individual's case record and/or in NYCWAY case notes **100A**.

Individuals remain assigned to WeCARE's Employment Preparation Services for up to one (1) year after completion of the IPE. When the individual obtains employment, the vendor provides retention services for a minimum of one hundred and eighty (180) days.

Assignments to Work Activities

The vendor determines the appropriate work assignment(s) based on the individual's IPE. Work activities include, but may not be limited to, the work experience program (WEP), education, skills training, and job search assistance. Unless there is an acceptable reason for the individual to delay work activities, all work assignments, except skills training, should begin within two (2) business days following completion of the IPE. (see Skills Training below). The vendor enters **169E** in NYCWAY to indicate that the individual is being assigned to VRS work activities.

The specific work activity assignments are made through NYCWAY. When a code, as described below is entered, the vendor prints an assignment letter for that particular activity. It is essential for the vendor to review with the individual what is expected of him or her at each assignment and the possible consequences for non-compliance. The individual signs and is given a copy of each assignment letter, which is placed in his/her case record. If the individual chooses not to sign the assignment letter, the vendor must document that the assignment was reviewed and discussed with the individual and that a copy was given to him or her. This information is entered in the individual's case record and/or as a case note (**100A**) in NYC WAY.

It is important that the vendor make every effort to arrange work activities (including the WEP) that correspond with the individual's interests, preferences, and abilities, as appropriate. It is also critical that the vendor arrange for the provision of the accommodations and supports needed by the individual at work assignments.

The WeCARE vendor monitors the individual's compliance in all VR activities. It is recommended that as a component of the quarterly CSP update, the WeCARE vendor review the individual's status and progress at each work assignment. Areas to consider include skills or competencies learned/acquired, accommodations provided areas/functions where the individual needs improvement and areas/functions where the individual excels.

Substance Abuse Issues

If at any point during the individual's participation in Vocational Rehabilitation Services, the WeCARE vendor identifies that the individual may have a possible substance abuse problem, the vendor makes a referral for a substance abuse assessment at SACAP by entering action code **193G**, which generates a mandatory appointment letter. The vendor schedules a return appointment to WeCARE by entering action code **16WC**.

The substance abuse assessment outcome can be identified in NYCWAY. If the individual has been determined by the CASAC to be exempt from work activities due to substance abuse and referred for intensive treatment, they may not continue in VRS. If the individual has been determined non-exempt from work activities and referred for non-intensive treatment, they may continue to participate in VRS but their work activity schedule must be adjusted to accommodate the substance abuse treatment hours.

Work Experience Program (WEP)

The vendor should establish and maintain a sufficient number of work experience sites to enable an individual to begin an appropriate WEP assignment within two (2) business days of completing the DVE/IPE, whenever possible.

To make a WEP assignment, the vendor enters code **172P** in NYCWAY and selects the appropriate WEP site from the drop down list on the assignment page in NYCWAY. The vendor indicates the number of hours the individual is assigned to that site. The vendor prints a copy of the assignment letter (*WeCARE Assignment Information Summary #W519K*, attachment #11), including the date the individual must report, address and travel directions, and contact information, and provides it to the individual.

WEP sites must provide bi-weekly attendance reports to the WeCARE vendor who inputs this information into the WeCARE timekeeping system.

When the vendor concludes that an individual would benefit from a change in the WEP site, the vendor cancels the existing WEP assignment in NYCWAY (**172X**), and repeats the WEP assignment process described above. This change is reflected in the CSP. To reflect a modification to the WEP assignment, the vendor also initiates a new EP.

Education

The vendor identifies and coordinates the provision of education services, including Adult Basic Education (ABE), English as a Second Language (ESL), and General Equivalency Diploma (GED) programs. Education services may be provided by the vendor or by another service provider (see Approved Education and Training Programs below).

The vendor should identify a sufficient number of education programs to enable an individual who requires these services to begin an appropriate education program within two (2) business days of completing the DVE/IPE, whenever possible.

The vendor enters code **172E** and indicates in the assignment screen of NYCWAY the number of hours the individual will be engaged in education and the site at which the individual will receive instruction. The vendor prints a copy of the assignment letter, including the date the individual must report to the education program, address and travel directions, and contact information, and provides it to the individual (*WeCARE Assignment Information Summary #W519K*, attachment #11).

Education programs must provide bi-weekly attendance reports to the WeCARE vendor who inputs this information into the WeCARE timekeeping system.

Any changes in education assignments are explained in the case record and are reflected in the CSP and EP, as applicable. The education assignment process is followed as described above.

Skills Training

The vendor may assign an individual to a skills training program. Skills training may be paid using HRA's Individualized Training Accounts (ITA) or non-HRA resources identified by the vendor. Classroom-based skills training should be in occupational areas that can readily absorb new hires and meet HRA requirements (see Approved Education and Training Programs below). On-the-job training should be with an employer that agrees to hire the individual upon completion of the training period, if the individual has performed satisfactorily during the training. HRA reserves the right to review all training requests before the vendor makes the assignment.

It is recommended that the vendor identify appropriate skills training programs for the individual within one week of completing the DVE. When training is required, it is preferable that it begin as

quickly as feasible after completion of the DVE/IPE (if possible within one [1] month). Until the individual starts the training program, the vendor assigns the individual to other appropriate work activities. The vendor enters code **172T** and indicates in the assignment screen of NYCWAY the number of hours the individual will be engaged in skills training and the site at which the individual will receive instruction. The vendor prints a copy of the assignment letter, including the date the individual must report to the skills training program, address and travel directions, and contact information, and provides it to the individual (*WeCARE Assignment Information Summary #W519K*, attachment #11).

Skills training programs must provide bi-weekly attendance reports to the WeCARE vendor who inputs this information into the WeCARE timekeeping system.

HRA Approved Education and Training Programs

Education and/or training may be an approved work activity when the education or training program has been approved by HRA. Such programs appear on a list of approved programs that is available on HRA's Internet home page under Welfare to Work, Approved Training Programs.

HRA has established a process for an educational or training program that has not yet been approved, to be evaluated and added as appropriate. If an individual expresses a preference for a program that is not approved and the program is otherwise consistent with the individual's IPE, the vendor works with the individual and the education/training provider to become an approved program within a reasonable time frame.

Job Preparation and Job Search

The vendor's job preparation and job search component is a formalized program that provides individuals with structured activities to increase their likelihood of obtaining and retaining employment. The specific activities provided to an individual are delineated in his or her IPE. These structured activities include, but are not limited to:

- Employment preparation
- Resume development
- Interviewing skills
- Developing reasonable accommodation plans
- Job search activities
- Job clubs
- Job coaching
- Job shadowing
- Life skills training
- Orientation to the legal rights of people with disabilities
- Assistance with obtaining appropriate rehabilitative devices or technology

The vendor enters code **172N** and indicates the number of hours the individual will be assigned to job preparation activities. The vendor prints a copy of the assignment letter, including the date the individual must report to the job preparation and job search program, address and travel directions, and contact information, and provides it to the individual (*WeCARE Assignment Information Summary #W519K*, attachment #11).

Job Placement/Employment

The vendor's job development and placement efforts are of paramount importance. The vendor tailors their job development and placement strategies to meet the individual's specific employment goal(s). In addition to their own efforts, the vendor may collaborate with other non-HRA funded job placement programs that specialize in certain occupations or in working with certain segments of the disabled population. The vendor may also refer individuals to specific HRA employment services including wage subsidy programs and Business Link.

It is recommended that the vendor maintain an ongoing record of all job referrals made by the vendor for the individual including available feedback from the potential employer and/or the individual.

The vendor may place an individual in unsubsidized or subsidized employment. If an individual becomes employed, the vendor:

- Obtains documentation verifying employment from the employer, individual, or an employment clearinghouse;
- Completes HRA's FIA3A form in NYCWAY;
- Enters a **169J** code (Job Placement) in NYCWAY.

Retention Services

The WeCARE vendor provides retention services to an employed individual for a minimum period of one hundred and eighty (180) days after the date he or she begins a job. Retention services include, but are not limited to, the following:

- Assisting the individual and employer in implementing any reasonable accommodation plans;
- Helping the individual obtain benefits to support employment, including Earned Income Tax Credit, Food Stamps, Childcare, transitional Medicaid, Medicaid Plan-of-Self Support;
- Engaging the individual in employment-related support groups;
- Meeting with the individual to identify issues that may negatively impact retention and assisting him or her in resolving or minimizing them;
- Meeting with the individual's employer, as appropriate, to identify any issues that negatively impact on retention, and assisting the employer in resolving or minimizing them;
- Assisting the individual in identifying and obtaining the skills training and education necessary to enhance his or her future functional capacity;
- Assisting the individual in conducting appropriate job search activities;

- Providing information about opportunities to upgrade employment.

Job Loss and Job Replacement

If an individual loses their job and their PA case is open, and it is within the twelve (12) month VRS time frame, the WeCARE vendor assigns the individual to the appropriate VRS activities. The vendor also works with the individual and the Job Center to ensure that the PA case is rebudgeted. The vendor determines why the individual lost their job and provides services to the individual to address problem areas. The vendor continues to focus on helping the individual obtain and retain a new job.

If an individual loses their job during the 180-day retention period, and their PA case has closed, the vendor determines the reason for the job loss and, as appropriate, refers the individual for another job. If it is not likely that the individual will obtain employment within a reasonable time period, the vendor works with the individual to apply for all appropriate benefits.

C. WeCARE FEDERAL DISABILITY ASSISTANCE PROGRAM

If WeCARE determines that an individual is unable to work because of a medical and/or mental health condition(s), and is potentially eligible for federal disability benefits, the vendor ascertains if the individual has an existing application on file with the Social Security Administration (SSA).

If there is a current application with SSA, the vendor updates it within five (5) business days of entering the functional capacity outcome of the BPS (**968S/168S**). The update includes providing additional documentation supplied by the vendor and listing the WeCARE's case manager's name and telephone number on the application as a contact person. When WeCARE obtains additional information from treatment sources, WeCARE updates the individual's application with five (5) business days after obtaining the additional information.

If there is not an existing application with SSA, the vendor submits a pre-application within five (5) business days of entering the functional capacity outcome of the BPS (**968S/168S**) and the application for federal disability benefits (SSI/SSDI) within twenty (20) business days. The vendor completes an online medical report, #I3368 PRO, Internet Adult Disability and Work History Report that provides a filing date that the vendor prints and places in the case record. The vendor also submits appropriate supporting documentation from the WeCARE vendor and/or treatment sources. The vendor lists the WeCARE case manager's name and telephone number on the application as a contact person. The vendor maintains proof of filing and enters code **168S** in NYCWAY. The application and supporting documentation are placed in the case record.

The vendor continues to work with the individual after the application to SSA is submitted or updated, providing case management as necessary to ensure compliance at all levels of the application/ appeals process. The vendor provides health education on a variety of health and wellness topics including information about the individual's disability(s). The vendor provides services to minimize or eliminate as many of the individual's barriers to health as possible. As necessary, the vendor assists the individual in complying with treatment and facilitates access to care.

If the individual's application for federal disability benefits is denied, the vendor works with the individual to file subsequent appeals within time frames defined by SSA and/or works collaboratively with HRA's Disability Appeals Unit.

Collaboration between WeCARE and HRA's Disability Appeals Unit

HRA's Disability Appeals Unit (DAU) has expertise filing appeals for PA recipients whose applications for federal disability benefits are denied. The DAU works with the WeCARE vendor and the individual to appeal SSA's decision.

The DAU:

- Designates a WeCARE vendor liaison to assist the vendor with questions concerning federal disability benefits;
- Identifies on a weekly basis, individuals enrolled in WeCARE whose applications were denied by SSA the prior week;
- Schedules an appointment for these individuals to determine if an appeal of the denial is warranted;
- Notifies the WeCARE vendor of the individual's choice for appeal representation.

If An Appeal is Warranted

The DAU offers the individual one of the following representation options; the individual can:

- Select Legal Services as the Authorized Representative (AR);

The WeCARE vendor assists the individual in working with Legal Services, as needed.

- Represent themselves in the appeals process;

The DAU assists the individual with obtaining and completing the necessary documentation required to appeal the decision but does not accompany the individual to the appeal hearing. The WeCARE vendor works with DAU and the individual as needed.

- Choose DAU as the AR.

The DAU, in collaboration with WeCARE, assists the individual with obtaining and completing the necessary documentation required to appeal the decision and accompanies him or her to the appeal hearing.

The individual signs the *Appointment of Authorized Representative* form (SSA #1692). DAU notifies WeCARE and the vendor monitors the appeal process. DAU receives regular updates from SSA and notifies the vendor when an SSA appeal decision is rendered.

If the individual is noncompliant with the requirements of the SSA appeals process, DAU contacts the WeCARE liaison to request outreach. If the individual fails to comply within WeCARE's eleven-day outreach period, infraction codes are posted in NYCWAY. If the individual complies after outreach, the WeCARE liaison notifies DAU.

If An Appeal Is Not Warranted

The DAU liaison contacts the WeCARE liaison to re-evaluate the individual's functional capacity and refers him or her to an appropriate WeCARE activity(s).

D. WeCARE CASE MANAGEMENT SERVICES

WeCARE case management helps individuals to access and benefit from services tailored to meet their needs. WeCARE case management services include:

Engagement

The case manager establishes and maintains ongoing contact with individuals enrolled in WeCARE. The frequency of contact is provided as clinically necessary.

Outreach

The vendor makes reasonable outreach efforts, on a progressively escalating basis, to engage or to re-engage individuals in WeCARE services, including the following, as case-appropriate:

- Face-to-face meetings with the individual at WeCARE program sites, his or her home, workplace, at the office of a treatment provider, at a training site, at a WEP site, and at other appropriate locations.
- Other contacts as required to engage or re-engage the individual in WeCARE services, including telephone calls, communication via mail, and collateral contacts with the individual's family members and/or significant others.

Facilitation

The vendor works with the individual to promote attendance at all scheduled appointments, providing reasonable accommodations necessitated by the individual's functional limitations, including providing an escort, as appropriate.

Monitoring of CSP Compliance

The vendor regularly monitors and evaluates the individual's progress toward maximal levels of function and self-sufficiency by:

- Engaging the individual in completing the service plan;
- Facilitating the individual's compliance with program requirements;
- Establishing and maintaining productive relationships between the individual and collateral service providers, including treatment providers;
- Advocating on the individual's behalf with collateral service providers, as needed and meeting with the providers;
- Providing service linkages to appropriate supportive services, through referrals to community-based providers;

- Facilitating the individual's involvement in support and self-help groups, if clinically indicated;
- Providing outreach and intervention, in order to re-engage the individual in services, treatment, training, education, and work;
- Assisting the individual in preparing all necessary applications for services;
- Assisting the individual with money management;
- Monitoring the individual's compliance with medication;
- Assisting family members and/or significant others, as case-appropriate, in addressing the issues affecting the individual's ability to achieve maximum functioning and self-sufficiency.

Case Management of Individuals Mandated to Substance Abuse Treatment

Some individuals referred to WeCARE will have been mandated into SA treatment by HRA. Some are receiving case management (CM) services from one of the following SA CM vendors: University Behavioral Associates, NADAP Project ACE, the Visiting Nurse Service of New York, CASA Family Works (see Section I.B.) These individuals are identified on the WeCARE Referral Page.

The WeCARE vendor provides appropriate WeCARE services for individuals with substance abuse disorders, i.e., Assessment, Wellness, Vocational Rehabilitation (except for those who are exempt due to SA) or Federal Disability services. The vendor monitors their progress in SA treatment through HRA's Substance Abuse Tracking and Reporting System (STARS).

If individuals are receiving case management services from an HRA SA CM program, the vendor collaborates and shares information with the SA CM vendor, but does not duplicate the provision of case management services.

If the individual is not receiving case management services from one of the SA CM vendors, the WeCARE vendor provides CM services, as needed.

Crisis Intervention

The vendor provides crisis intervention services to individuals, as case appropriate, including:

- Closely monitoring the individual, in order to identify any early warning signs of crisis and/or relapse, and conducting timely crisis/relapse interventions, in cooperation with collateral service providers.
- Maintaining ongoing, 24/7 availability in order to intervene in crises, and assist the individual in obtaining emergency services, when necessary.

**IV. RE-REFERRALS FOR A
BIOPSYCHOSOCIAL ASSESSMENT**

IV. RE-REFERRALS FOR A BIOPSYCHOSOCIAL ASSESSMENT

Re-referrals for a BPS assessment may be made to WeCARE from either a Job Center or from within WeCARE as follows:

- A PA applicant or recipient, for whom WeCARE had completed a BPS assessment, but who is not currently receiving WeCARE services, may again report not being able to participate in a work activity due to a medical and/or mental health condition(s) and thus is referred to WeCARE.
- An individual currently serviced by WeCARE may report either a new or worsened medical and/or mental health condition(s) that affects their ability to participate in WeCARE activities.

In both these instances, the vendor identifies if the individual has completed a BPS assessment within the last twelve (12) months. If so, the vendor reviews the WeCARE case record, discusses with the individual whether and how his/her current medical and/or mental health situation has changed, and reviews medical documentation and/or contacts their treating physician(s) for additional information. Based on the above, the WeCARE vendor determines if the individual has a new and acute medical condition.

New and Acute Medical Condition

A new and acute medical or mental health condition for WeCARE participants is one that:

- was not identified during the biopsychosocial assessment, and
- is currently active, and
- may affect functional capacity

If there was history, signs/symptoms, physical exam, mental status exam, and/or laboratory or other test findings from the initial BPS assessment suggesting a medical/mental health condition that was not addressed or diagnosed, it is not considered a new and acute medical/mental health condition.

If an individual has a new and acute medical or mental health condition, the vendor enters **168C** in NYCWAY generating a referral for a medical appointment, *Medical Provider Appointment* letter (W538C) attachment 18.

Existing Medical Condition (not new and acute)

If the individual does not have a new and acute medical or mental health condition(s), the vendor determines if the individual's presenting condition(s) affects their current functioning and may require a change to their functional capacity outcome. In making this decision, the vendor may conduct a medical or mental health evaluation(s), as appropriate.

The vendor makes a functional capacity outcome determination (see II.F), which may be the same or different from the prior functional capacity outcome. The vendor indicates the functional outcome by entering the appropriate NYCWAY code (see II.C.1) and enters a comment indicating that the condition is not new and acute and the date of the previous BPS assessment.

For individuals being re-referred to WeCARE from the Job Center, the vendor follows the process described above in Section II. F (*Re-referrals for HRA/WeCARE Activities Based on Functional Outcome*)

For individuals currently being served by WeCARE, whose functional capacity outcome remains the same, the individual continues in their current WeCARE activity. If there is a change in functional outcome, the vendor follows the referral process described in Section II. F. (*Re-referrals for HRA/WeCARE Activities Based on Functional Outcome*).

V. SPECIAL CIRCUMSTANCES

V. SPECIAL CIRCUMSTANCES

1. Domestic Violence

At any phase of WeCARE participation, if an individual discloses domestic violence (DV), is suspected of being a victim of DV, or screens positive for DV, the vendor offers a voluntary referral to an HRA Domestic Violence Liaison (DVL). The vendor discusses the advantages of a DV referral with the individual and describes what to expect at the interview. If the individual accepts a referral, the vendor:

- Enters “Y” for DV in the EP barrier field;
- Enters “Y” to indicate that a referral is requested.

Action Code **991S** (applicants) or Action Code **191A** (participants) will auto post in NYCWAY, generating a *Special Assessment Referral Letter (form W103D-* attachment # 13). Depending on the individual’s Job Center, the vendor schedules DV appointments differently.

- When an individual’s PA case is in a WeCARE Hub Center, the vendor calls the DVL at the hub location, or the Domestic Violence Unit (DVU) that covers the hub, to schedule an appointment;
- When an individual’s PA case is not in a WeCARE Hub Center, the vendor calls the DVL at the individual’s Job Center to schedule an appointment.

Once an appointment with a DVL has been scheduled, the vendor:

- Enters a return appointment to WeCARE **96WC/16WC** in NYCWAY and a manual seven day FAD from the Special Assessment appointment date;
- Completes the information on the W-103D referral letter, gives it to the individual, and places a copy in the case record;
- Places a completed DV screen, if it was administered, in a sealed envelope and gives it to the individual to bring to the Special Assessment appointment.

The vendor checks NYCWAY to learn the Special Assessment outcome. The outcomes are:

- **No Waiver**
 - DVL indicates by entering Action Code **131N** in NYCWAY.
 - DVL advises the individual to keep his or her return WeCARE appointment.
- **Full Employment Waiver**
 - DVL enters Action Code **131A** (participants) or **931A** (applicants) in NYCWAY.
 - Individual is reassessed by DVL in 90 days.
- **Partial Employment Waiver**
 - DVL enters Action Code **131B** (participants) or **931B** (applicants) in NYCWAY.

- **Borough(s) of Exclusion**

- The DVL indicates which borough(s) must be avoided by entering a comment in NYCWAY.
- If the individual is assigned to a vendor site that is not in a safe borough, the vendor reassigns the individual to another location in a safe borough of that region.

If all safe boroughs are located within another Region, the DVL or DVU contacts the WeCARE Manager from the individual's current region, who deassigns him or her from that region, and reassigns him or her to the Safe WeCARE region.

As applicable, the vendor reflects DV issues or actions in the individual's record.

2. Age Exemptions

Individuals in WeCARE turning sixty (60) years old are exempt from work activities. These individuals are required to participate in all WeCARE services except VRS.

3. Pediatric Referrals

The WeCARE vendor encourages all individuals who are parents of children under 21 years old to enroll in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. The EPSDT program ensures children and adolescents access to comprehensive preventive services necessary for health, growth and development. Periodic examinations or screenings delivered according to a set schedule through infancy, early childhood, late childhood and adolescence assure that health problems are diagnosed and treated early, before they become more complex.

The vendor assists the individual, with a child less than 21 years of age, to establish an on-going relationship with a pediatrician or a child health treatment program or clinic, and helps him or her adhere to a program of well-child pediatric visits. The vendor includes these services in the individual's CSP. It is recommended that the vendor maintain, and regularly update, a case list of all pediatric referrals and their outcomes.

4. Needed-at-Home

An individual may provide information or documentation that he or she is a caregiver of an incapacitated family member who resides in the same household. Classified as "Needed at Home," the individual is exempt from work activities and is not required to participate in WeCARE's VRS.

The vendor discusses with the individual possibilities for obtaining alternate care for the family member so she or he can benefit from WeCARE's services. If the individual agrees, the vendor works with him or her to arrange the appropriate care. If the individual chooses to maintain his or her needed at home status, he or she is not required to participate in vocational rehabilitation activities.

**VI. OUTREACH/COMPLIANCE
ISSUES**

VI. OUTREACH/COMPLIANCE ISSUES

Individuals referred to, or being serviced by WeCARE, may need assistance to successfully participate in WeCARE services. To provide this assistance, the vendor uses a range of case management interventions described in Section III.D.

Outreach

One key component of case management is outreach, which may serve an essential role in helping individuals comply with WeCARE requirements.

If an individual fails to appear for any appointment or fails to participate in any component of WeCARE, the vendor conducts escalating outreach activities to engage or to re-engage the individual in WeCARE services. Outreach efforts may determine if the individual requires additional accommodations, supports, or other services to successfully participate in WeCARE.

The vendor enters codes in the Timekeeping System or NYCWAY (**168D** for failure to comply and **168O** for failure to report), indicating that outreach has been initiated. The vendor has six (6) business days to conduct escalating outreach efforts for applicants and eleven (11) business days for recipients. Escalating outreach consists of telephone calls, a letter, and finally for recipients, a home visit, when possible and indicated. Outreach efforts should be documented.

If the individual reports to his or her appointment or complies with WeCARE program requirements, the outreach is successful and the vendor posts code **168G** in NYCWAY or the Timekeeping System. If the outreach is unsuccessful, the system autoposts the appropriate infraction codes.

The vendor reviews the NYCWAY or Timekeeping roster information to ensure that outreach is initiated for each individual who fails to report or comply with WeCARE appointments/services. The appropriate outreach code must be entered within two (2) business days of the non-compliance.

Conference/Conciliation/Mandatory Dispute Resolution

If the vendor's outreach is unsuccessful and the non-compliance is not resolved, the individual has the opportunity for conciliation, Mandatory Dispute Resolution (MDR) and/or a conference with HRA. These are conducted at the individual's Job Center. Therefore, it is essential that all WeCARE documentation be available in the WeCARE viewer.

If the non-compliance is resolved by HRA, action code **810** is entered in NYCWAY, which indicates that good cause has been granted. The HRA worker returns the individual to the WeCARE vendor by entering code **16FH** generating a WeCARE Mandatory Return Appointment (W533H, attachment #15) who assigns the individual to their appropriate activity.

If the non-compliance is not resolved by HRA, the individual may request a Fair Hearing.

Fair Hearing (FH)

In addition to fair hearings about non-compliance, the individual may request a hearing on employability. As previously described, when the BPS assessment determines that an individual is employable, he or she must be given a *Notification of Work Rights and Right to Consent (NOWR)*. The individual has ten (10) days to request a fair hearing contesting the determination that they are employable. If the individual requests such a hearing within the ten (10) day time frame, he or she

cannot be required to participate in any work activities until there is a fair hearing decision made by a New York State Administrative Law Judge.

The WeCARE vendor must expeditiously provide all documents requested for fair hearing purposes.

Fair hearing staff enter NYCWAY code **16FH** for individuals determined to have good cause for their infractions. The WeCARE vendor consults the associated worklist, WCREf, to identify these individuals and refer them back to the WeCARE activity they were engaged in prior to the infraction.

VII. CONFIDENTIALITY AND CONSENTS

VII. CONFIDENTIALITY AND CONSENT

The WeCARE vendor respects the individual's right to have confidential information shared only with their written permission and recognizes the individual's right to withdraw their consent at any time. Individuals are asked to complete consents to obtain, and to release, information for each of the programs, services, agencies with which (or to whom) the WeCARE vendor needs to share or obtain information. The WeCARE vendor discusses and explains the purpose of each consent the individual is asked to sign. Refusal to sign consents is discussed with the individual with regard to the usefulness of the information and the assurance that WeCARE will not redisclose the information without the individual's written consent.

The WeCARE vendors, and their subcontractors, must adhere to all applicable federal, state, and city confidentiality laws, regulations, policies and procedures including, but not limited to, the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Health Law Article 27-F, and the federal confidentiality Regulation on Drug and Alcohol Patient Records (42-CFR Part 2.) Information about an individual's public assistance, medical and mental health, alcoholism and substance abuse, and HIV/AIDS cannot be disclosed or redisclosed without obtaining the individual's informed consent in writing.

VIII. ATTACHMENTS

VIII. ATTACHMENTS

1. *WeCARE brochure**
2. *Physician's Functional Assessment Form (form W538)*
3. *WeCARE- Referral for a Mandatory Comprehensive Medical Assessment (Medical Provider Appointment) letter (form W538C)**
4. *Notice to Report to Center letter (form M3g)*
5. *WeCARE- Referral for a Mandatory Medical Assessment Outcome (Medical Provider Appointment) letter (form W538C)*
6. *WeCARE- Referral for a Mandatory Specialty Medical Assessment (Medical Provider Appointment) letter (form W538C)*.*
7. *WeCARE – Referral for Mandatory Substance Abuse Assessment (WeCARE nonmedical Referral for Mandatory Services) letter (form 533G)**
8. *Qualifications for Client Services (HASA Services)*
9. *Authorization of Release of Confidential HIV Related Information (form W899T)*
10. *Notification of Work Requirement and Right to Contest (NOWR) (W574YY)*
11. *WeCARE Assignment Information Summary (form #W519K)**
12. *WeCARE Referral for a Wellness/Rehabilitation Plan (Medical Provider Appointment) letter (538C)*
13. *Referral for Special Assessment Letter (form W103D)**
14. *Consent for Disclosure of Medical and Alcoholism and Substance Abuse Treatment Records (form M76N)**
15. *WeCARE Mandatory Return Appointment letter (W533H)**
16. *Mandatory Return Appointment to the Job Center After WeCARE Assessment letter (W519M)**
17. *Consent for Release of Possible Confidential HIV* -Related Information (M76M)**
18. *WeCARE Referral for New and Acute Medical Condition Assessment (Medical Provider Appointment) letter (W538C)*
19. *Action Codes Associated with WeCARE (Attachment A)*

* Attachments with an asterisk* are in English/Spanish.

Wellness, Comprehensive Assessment, Rehabilitation And Employment (WeCARE)

Our Mission

WeCARE is organized to provide services for you whatever your level of ability. WeCARE is a program designed to help you reach your potential. Our biggest concern is your well-being and we want to help you reach your goals. Customized services make WeCARE unique.

What to Expect at WeCARE

We will assess your medical conditions and get you the services you need to help you reach your potential. WeCARE connects you to a range of services from medical referrals to job training and placement based on your interests and abilities.

The City of New York
Human Resources Administration



The Steps

1. First, you will receive an assessment to identify medical or other issues that may affect your ability to participate in work-related activities.
 2. We will develop with you a customized plan based on the results of the assessment to meet your needs.
 3. Depending on your plan, you may:
 - Obtain treatment to improve your health conditions and progress toward wellness.
 - Be given specialized employment services including providing a work setting that accommodates your limitations.
 - Receive assistance in applying for disability benefits for which you may be eligible.
 4. To help you be successful, we will work with you to monitor your progress.
 5. Once you get a job, we will make sure you get the supports you need to keep it, while continuing to help you reach your potential.

Services Available

WeCARE has many available services to help you succeed. Some of these are:

- Linkage to medical care
- Case management
- Assistance with legal problems
- Help with family problems and childcare
- Improving English language skills
- Job skills training
- Education
- Specialized work activities
- Resume preparation
- Job placement services
- Retention Services
- Assistance with applying for Disability Benefits (such as SSI, SSDI)

HOW CAN WeCARE HELP?

WeCARE is designed to customize services for you. For example...

"I have a hard time working outside because of my asthma. During the summer months, I can't work at all."

"When I went to WeCARE, they sent me to a doctor who examined me and gave me tests. They helped me understand and control my condition. My asthma was out of control; I was having frequent attacks and changing medications. The WeCARE doctors put me on a Wellness Plan to get me back to better health. I didn't really have a regular doctor, so they helped to connect me with one. They even made the first appointment. After three months seeing the new doctor, my asthma is under control. I feel more relaxed knowing that when I am ready, the WeCARE program will help me to get work in a setting that I can manage."

"Sometimes I feel upset for no reason and find it hard to do my everyday activities. A doctor already diagnosed me with depression but I still need more help."

"When I went to WeCARE, they took the time to discuss my medical history and my personal concerns. The doctor who examined me thought it best for me to see a psychiatrist. The WeCARE doctor even called my doctor. Now I am taking medication that is helping me feel better. I have also been sent to a special work program at WeCARE to help me find out what kind of job I can handle. My future doesn't seem hopeless anymore."

CONTACT INFORMATION

Manhattan, Bronx, and Staten Island:

CALL FECS HEALTH AND HUMAN SERVICES SYSTEM AT

(Manhattan and Staten Island)
(212) 366-8100

(Bronx)

(718) 741-7100

Brooklyn and Queens:

CALL ARBOR EDUCATION AND TRAINING AT

(718) 643-1575

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Human Resources Administration



Michael R. Bloomberg
Mayor

Verna Eggleston
Administrator/Commissioner

WeCARE

**Wellness, Comprehensive
Assessment, Rehabilitation
And Employment
(WeCARE)**

ABOUT YOU

The City of New York
Human Resources Administration

Attachment 1



OUR MISSION

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Human Resources Administration



Michael R. Bloomberg
Mayor

Verna Eggleston
Administrator/Commissioner

WeCARE

Wellness, Comprehensive
Assessment, Rehabilitation
And Employment
(WeCARE)

ABOUT YOU

The City of New York
Human Resources Administration

Attachment 1



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- Job placement services
- Retention Services
- Assistance with applying for Disability Benefits (such as SSI, SSDI)

¿COMO WeCARE LE PUEDE AYUDAR?

WeCARE se ha elaborado para proveer servicios según sus necesidades. Por ejemplo...

"Me resulta difícil trabajar fuera debido a problemas de asma. En los meses de verano, no puedo trabajar para nada".

"Cuando me presenté a la cita con WeCARE, me enviaron a un médico quien me sometió a un examen y a pruebas. Ellos me ayudaron a entender y controlar mi problema de salud. Mi asma estaba descontrolada; padecía de ataques frecuentes que requerían cambios de medicamentos. Los médicos de WeCARE me integraron a un Plan de Bienestar para ayudarme a recuperar la salud. En realidad, nunca tuve un médico fijo, por lo cual ellos me asignaron uno y hasta me programaron mi primera cita. Después de tres meses de consultas con el médico asignado, mi asma se ha controlado. Ahora me siento más tranquilo(a) al saber que cuando esté preparado, el programa WeCARE me ayudará a conseguir empleo en un ambiente al que me pueda adaptar".

"A veces me siento disgustado sin razón alguna y me resulta difícil llevar a cabo mis labores diarias. Un médico me dio un diagnóstico de depresión pero aún necesito más ayuda".

"Cuando me presente a la cita con WeCARE, ellos se tomaron el tiempo para repasar mi historial médico y tratar acerca de mis preocupaciones personales. El médico que me examinó consideró que me convenía ver un psiquiatra y hasta llamó a mi médico principal. Ahora estoy tomando medicamentos que están mejorando mi estado. Además, se me ha enviado a un programa especial de trabajo en WeCARE para ayudarme a determinar el tipo de trabajo que puedo desempeñar. Pensar en mi futuro ya no es desalentador".

INFORMACION DE CONTACTO

Manhattan, Bronx y Staten Island:

LLAME AL SISTEMA DE RECURSOS HUMANOS Y SALUD FECS AL

(Manhattan y Staten Island)
(212) 366-8100

(Bronx)

(718) 741-7100

Brooklyn y Queens:

LLAME A CAPACITACIÓN Y EDUCACION DE ARBOR AL

(718) 643-1575

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Michael R. Bloomberg
Alcalde

Verna Eggleston
Administradora/Comisionada

WeCARE

Bienestar, Evaluación Completa,
Rehabilitación y Empleo –
Wellness, Comprehensive
Assessment, Rehabilitation
and Employment

NOS PREOCUPAMOS POR USTED

la Administración de Recursos Humanos
de La Ciudad de Nueva York



NUESTRA MISION

El programa WeCARE está estructurado para proveerle servicios sin importar su nivel de aptitud. WeCARE es un programa elaborado para ayudarle a llegar a su máximo desarrollo personal. Lo que más nos importa es su bienestar y por eso le queremos ayudar a lograr sus metas. WeCARE es un programa excepcional, ya que sus servicios están adaptados a necesidades especiales.

QUE PUEDE ESPERAR DEL PROGRAMA WeCARE

Evaluaremos sus problemas de salud y le proporcionaremos los servicios que usted necesita para llegar a su máximo desarrollo personal. WeCARE le conecta con toda una gama de servicios desde envíos médicos a capacitación y colocación de empleo dependiendo de sus intereses y aptitudes.

LOS PASOS

- 1** Usted será evaluado para identificar problemas de salud u otras condiciones que puedan afectar su habilidad de participar en actividades relacionadas con el trabajo.
- 2** De acuerdo a una evaluación completa, elaboraremos con usted un plan individual para cumplir con sus necesidades.
- 3** De acuerdo a su plan, usted podrá:
 - Obtener tratamiento para mejorar su condición de salud y para llegar al bienestar;
 - Recibir servicios especiales de empleo a incluir un ambiente de trabajo adaptado a sus limitaciones;
 - Recibir ayuda para solicitar beneficios para incapacitados si es usted elegible.
- 4** Para ayudarle a alcanzar sus metas, trabajaremos con usted para asegurarnos de su progreso.
- 5** Cuando ya tenga empleo, nos aseguraremos que reciba el apoyo necesario para mantener su trabajo y al mismo tiempo le seguiremos ayudando a alcanzar su máximo desarrollo personal.

SERVICIOS DISPONIBLES

WeCARE tiene disponibles muchos servicios para ayudarle a alcanzar sus metas.

Estos incluyen:

- Conexión a tratamiento médico
- Seguimiento de casos
- Recomendaciones para ayuda con problemas legales
- Ayuda con sus problemas familiares y de cuidado infantil
- Mejoría de su habilidad con el idioma inglés
- Capacitación para aptitudes de empleo
- Educación
- Actividades de trabajo especiales
- Elaboración de hoja de vida (résumé)
- Servicios de colocación de empleo
- Servicios de retención de trabajo
- Ayuda para solicitar Beneficios para Incapacitados (como SSI y SSDI)



Physician's Functional Assessment Form

To assist the New York City Human Resources Administration to determine your patient's functional capacity and ability to participate in work-related activities, please complete and sign this report and/or provide copies of any medical reports and/or progress notes that would be relevant to making this determination. Use the reverse and/or attach extra sheet(s) if necessary.

Patient's Name: _____

Date: _____

Social Security Number: _____

Age: _____

Male

Female

I. Current Diagnoses	Date of Onset

II. Relevant Clinical Findings (which may include physical exam, mental status exam, labs, EKG, X-rays, or other specialty exams):

III. Clinical Course (including type of treatment and response, medication(s), dose and frequency, and prognosis):

SAMPLE

IV. Functional Capacity: How do your patient's diagnoses and symptoms affect his/her physical and/or emotional capacity to participate in work-related activities? What type of work can your patient perform? What type of work should be avoided? Please select from the categories listed below and provide additional comments, as needed.

- No functional limitations.**
- Employable with functional limitations.** What are the functional limitations, what type of workplace accommodations are recommended, and what type of work can your patient perform?
- Temporarily unemployable.** Please specify time frame in which you expect your patient will be able to participate in work-related activities with or without limitations.
- Unable to work for at least 12 months** (may be eligible for long-term disability benefits).
- Cannot determine; more information is needed. Specify:**

Physician Name (please print): _____

Physician Signature: _____ License Number: _____

Address: _____ Tel. Number: _____ Date: _____

Attachment 3



The CITY of NEW YORK
Human Resources Administration
Family Independence Administration

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

Medical Provider Appointment

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

You must report to WeCARE for a **comprehensive medical assessment** to evaluate your capacity to participate in HRA required activities. You will be given a separate appointment to discuss the results of this appointment.

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

Travel Directions:

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

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

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

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

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

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

Attachment 3



The **CITY** of **NEW YORK**
Human Resources Administration
Family Independence Administration

Fecha: _____
Nombre de Caso: _____
Número del Caso: _____
Tipo de Caso: _____
Centro: _____
Código de Acción: _____

Cita con el Proveedor Médico

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

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

Indicaciones de Viaje:

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

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

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

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

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

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



Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone Number: _____
Center: _____
Infra Date: _____
Action Code: _____

Notice to Report to Center

Dear Applicant/Participant:

Please report to:

Appointment Date: _____ Day: _____ Time: _____ Phone: _____

Location:

Location Name _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip Code _____

To discuss: _____

Please bring this letter and the following documents when you report:

If you are unable to keep this appointment, please call _____ prior to the appointment time indicated above for another appointment.

This is a mandatory eligibility appointment.

Failure to keep this appointment or contact us may make you ineligible for public assistance or may reduce your public assistance benefits for a specific period of time.

Worker's Signature _____

Date _____

Caseload _____

Section _____

Attachment 5



The CITY of NEW YORK
Human Resources Administration
Family Independence Administration

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

Medical Provider Appointment

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

You must report to WeCARE for the results of your **medical assessment**. If required, WeCARE will work with you to develop a plan to help you reach your highest possible level of health and self-sufficiency.

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

Travel Directions:

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

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

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

Attachment 6



The CITY of NEW YORK
Human Resources Administration
Family Independence Administration

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

Medical Provider Appointment

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

	<p>You must report to WeCARE for a specialty medical assessment to better assess your medical condition(s) and how it affects your ability to participate in HRA-required activities.</p>	
--	--	--

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

Travel Directions:

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

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

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

Attachment 7

Form W-533G (page 1) LLF
2/16/05



The CITY of NEW YORK
Human Resources Administration
Family Independence Administration

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

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

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

You must report to WeCARE for a **Substance Abuse Assessment**. The goal of the assessment is to identify any substance abuse problems that interfere with HRA-required activities and to refer you for services, if necessary.

Appointment Date: _____ Time: _____ Telephone: _____

Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory eligibility appointment. You must report for the appointment with the WeCARE provider indicated on this form. Please report to this appointment on time or you may not be seen. Failure to keep this appointment or contact us prior to your scheduled appointment time may result in the reduction or closing of your public assistance case.

Attachment 8

New York City Human Resources Administration
HIV/AIDS Services Administration
RPM 2002

Rev. 03/02

QUALIFICATIONS FOR CLIENT SERVICES THE DIVISION OF HIV/AIDS SERVICES

GENERAL INFORMATION FOR APPLICANTS AND REFERRING AGENCIES

WHAT IS HASA?

The Human Resources Administration's HIV/AIDS Services Administration (HASA) provides specialized services to individuals and families living with AIDS or advanced HIV illness. Eligible persons receive assessment and information and referral services and assistance in applying for benefits and services. These services include, but are not limited to, emergency, transitional, and permanent housing; home care and homemaking; financial and medical supports; family case management; monitoring and reassessment; and referral to community based services. HASA services and referrals are voluntary. Individuals and families may accept or reject them.

WHO IS ELIGIBLE?

HASA eligibility is based solely upon an applicant's medical condition. To establish eligibility, an applicant must document that s/he has at any time been diagnosed with clinical symptomatic HIV illness or with AIDS as defined by the Centers for Disease Control and Prevention (CDC) or the New York State AIDS Institute. Accepted forms of documentation include:

- ◇ A *HASA Intake Referral Form* - received from a hospital
- ◇ A *Physician Letterhead* - complete with diagnosis, physician's signature and registration number
- ◇ A *DOH 2794, NYS Department of Health HIV Uninsured Care Programs (ADAP Application)*, signed by a physician
- ◇ An *M-11Q, Medical Request for Home Care*, signed by a physician
- ◇ A *Comprehensive Medical Summary (CMS)* - received from NYS Department of Correction (for prison release's)

The medical criteria by which acceptance for HASA services is determined follows:

I. CDC-Defined AIDS

1. Candidiasis of bronchi, trachea or lung
2. Candidiasis, esophageal
3. Carcinoma of the cervix: invasive
4. CD4 count < 200/mm³ or less than 14% of total lymphocytes
5. Coccidioidomycosis, disseminated or extrapulmonary
6. Cryptococcosis, extrapulmonary
7. Cryptosporidiosis, chronic intestinal (>1 month's duration)
8. Cytomegalovirus disease (other than liver, spleen, or nodes)
9. Cytomegalovirus retinitis
10. Encephalopathy, HIV-related
11. Herpes simplex: chronic ulcer(s) of >1 month's duration;
12. Bronchitis, pneumonitis, esophagitis
13. Histoplasmosis, disseminated or extrapulmonary
14. Isosporiasis, chronic intestinal >1 month's duration
15. Kaposi's Sarcoma
16. Lymphoma, Burkitt's type (or equivalent term)
17. Lymphoma, immunoblastic (or equivalent term)
18. Lymphoma, CNS primary
19. Mycobacterium avium complex, disseminated or extrapulmonary

- HIV nephropathy
- j. Neurological
 - HIV neuropathy
 - HIV myopathy
 - Aseptic meningitis
- k. Constitutional
 - Chronic persistent fever of unknown etiology
 - Chronic persistent weight loss: >10% baseline weight
- l. Cardiologic
 - HIV cardiomyopathy
- m. Gynecologic
 - Cervical dysplasia or neoplasia
 - Chronic vaginal candidiasis
 - Pelvic inflammatory disease
- n. Neoplastic
 - Anal neoplasia
 - Hodgkin's disease
- o. Ophthalmologic
 - Acute retinal necrosis
- p. Syphilis
 - Secondary syphilis
 - Tertiary syphilis

Authorization for Release of Confidential HIV Related Information

Confidential HIV Related information is any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, except for certain people, confidential HIV related information can only be given to persons you allow to have it by signing a release. You can ask for a list of people who can be given confidential HIV related information without a release form.

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time.

If you experience discrimination because of release of HIV related information, you may contact the New York State Division on Human Rights at (212) 961-8400 or the New York City Commission on Human Rights at (212) 306-7500. These agencies are responsible for protecting your rights.

Name of person whose HIV related information will be released:
Name and address of person signing this form (if other than above):
Relation to person whose HIV information will be released:
Name and address of person who will be given HIV related information:
Reason for release of HIV related information:
Time during which release is authorized:

My questions about this form have been answered. I know that I do not have to allow release of HIV related information, and can change my mind at any time.

Date

Signature

Notice to Recipient of Confidential HIV Related Information: This information has been disclosed to you from confidential records which are protected by state laws, including Public Health Law §2780 et seq. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by law. Any unauthorized or further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure.

{NYS Public Health Law. Article 27-F- §27825,(a)}



Date: _____

Name (and C/O name if present) and Address:			Unit Name:
			Worker Name:
			Worker Telephone Number:
			General Telephone Number for Questions or Help:
Case Number:	CIN:	Caseload:	Agency/FH&C Conference Number:

Fold Here

Notification of Work Requirement and Right to Contest

Fold Here

This notice is to inform you that the Agency has determined that you are required to, or must continue to, participate in work activities as of the date above.

A. You are required to participate in work activities because you are NOT exempt.**To be exempt you must be:**

- A person who is 60 years of age or older
- A full-time caretaker relative of children under 13 weeks of age
- Ill or injured to the extent that you are unable to engage in work activities for up to three months as documented by medical evidence
- Incapacitated or disabled
- Needed in the home full-time due to the illness or incapacity of another household member
- A person attending an HRA-approved full-time secondary, vocational or technical school/training program
- A person under 16 years of age
- A woman who is 8 or more months pregnant
- A person whom we have found to be unable to work because you require intensive treatment in an alcohol or substance abuse program

B. Your Duties as a Person Required to Work:

As a person required to participate in work activities, you must meet one or more of the following requirements as assigned by this Agency. The purpose of these requirements is to assist you in finding and keeping a job, so that you will no longer be in need of public assistance.

- You must accept referral to, and take part in, the Work Experience Program (WEP) when appropriate.
- You must accept referral to, or offer of, any employment in which you are able to engage.
- You must accept referral to, or enrollment in, appropriate programs of educational, vocational, job search or other employment-related training programs if necessary for improving your ability to secure employment.
- You must participate in the development of a child care plan when necessary.
- You must notify this Agency if your participation in any employment activity changes.
- You must participate in mandated alcohol or substance abuse treatment as a work activity if, based on a comprehensive alcoholism and substance abuse assessment, you require alcoholism or substance abuse treatment to ensure that you can continue to work.

C. You have work limitations on the type of work you can do.

- You will receive a separate notice explaining your limitations; or
- You will be assigned to a specialized Work Experience Program (WEP); or
- You will be assigned to a specialized employment project to further assess your ability to work and determine what specialized services/activities/accommodations you require to help you become employed.

D. You have the right to contest a work assignment on the grounds of disability.

If you think that your work assignment is inconsistent with your medical limitations, you must report to the work assignment and learn what the assignment is. If you still believe that the work assignment is medically inappropriate, you should utilize the available mechanisms to try to work out any disagreements, including consulting with your Supervisor at the work site, and advising him/her of your concerns. If your Supervisor is unable to resolve the matter to your satisfaction, then you have the right to a conference. If you are still dissatisfied, you are entitled to request a Fair Hearing.

You may refuse to perform the work, without loss of benefits, while pursuing your grievance through each stage of the process from complaining to your Supervisor to obtaining a Fair Hearing decision. During the time it takes for the Fair Hearing on your work assignment to be decided, you will continue to receive your public assistance benefits unchanged, even if you refuse to perform the work.

If you do not comply with the requirements assigned to you, without good cause, you may be disqualified from receiving public assistance and food stamps for a period of up to six (6) months and until you are willing to comply.

The above decision(s) is/are based on Social Services Law 12 NYCRR § 1300.2 through § 1300.13.

PARTICIPANT'S STATEMENT:

I have read and reviewed with my Worker the above "Notification of Work Requirement and Right to Contest".

Participant's Signature/Date

JOS/Worker's Signature/Date

Conference and Fair Hearing Information

Right to a Conference

You have the right to contest an employability determination.

If you have any questions about the determination that you are required to participate in work activities, you may have a conference to review this action. You may request a conference by visiting the Family Independence Administration at the address indicated on the front of this notice or by calling the FH&C number also listed on the front of this notice. ***This is for the purpose of requesting a conference only, not to request a Fair Hearing.*** The right to a conference is separate from the right to a Fair Hearing, and does not affect your right to a Fair Hearing, which is described below.

STATE FAIR HEARING

Deadline for Request: If you request a Fair Hearing **WITHIN 10 DAYS OF THE DATE OF THIS NOTICE** to challenge the determination that you are not disabled or work limited, you will not have to comply with the employment-related requirements as outlined above. Even if those requirements were assigned to you before you requested a Fair Hearing, you are not required to comply unless and until a Fair Hearing decision is issued, finding you able to participate in the work activities. **If you do not request a Fair Hearing within the required 10 days, you will lose your right to a Fair Hearing concerning our employability determination.**

Right to a Fair Hearing:

If you believe that the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, by fax or in person:

- (1) **TELEPHONE:** Call (212) 417-6550. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of both pages of this notice, with the "I want a Fair Hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201. (Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of both pages of this notice, with the "I want a Fair Hearing" section completed, to: (518) 473-6735.
- (4) **WALK-IN:** Bring a copy of both pages of this notice, with the "I want a Fair Hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either 14 Boerum Place, Brooklyn or 330 West 34th Street, 3rd floor, Manhattan.

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

Signature of Participant: _____ Date: _____

Print Name: _____ Case Number: _____

Address: _____ Telephone Number: _____
Street Apt. No. City State Zip Code

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

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

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call or write to us, we will send you free copies of other specific documents from your file that you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, fax (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three (3) working days of when you ask for them. If you make your request less than five (5) working days before your hearing, your document copies will be given to you within three (3) working days of your request or at your hearing, whichever is earlier.



Notice Date: _____
Case Number: _____
Case Name: _____
Center: _____
FH&C Tel. Number: _____
Action Code: _____

WeCARE Assignment Information Summary

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

The number of hours you are required to work every two weeks is _____.

You have been scheduled for an orientation on the date and at the location listed below. Please bring your HRA photo ID card when you report to the appointment.

Appointment Date: _____ Time: _____ Telephone: _____

Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Travel Directions:

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

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

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

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

If you disagree with the determination that you are able to work, you may ask for a conference or a Fair Hearing, or both. Please see the Conference and Fair Hearing Information section of this notice for more information.

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

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

1. You may discuss any issues you have about the appropriateness of the assignment with the WeCARE vendor who gives you the assignment or the supervisor at the work site.
2. If you have not resolved the issue at your WeCARE vendor, you can also make an appointment to discuss your objections at a conference at your Hub/Center location.
3. If you are not able to resolve your issues at the Hub location conference, you may request a Fair Hearing. (Please see the Conference and Fair Hearing Information section of this notice for more information.)

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

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

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

You may refuse to work at an assignment on the basis that it is inconsistent with your medical condition. However, if it is determined at a Fair Hearing that there is no basis for your claim that you are unable to engage in the assigned work activities, and that you intentionally misrepresented your medical condition, your benefits will be reduced as a sanction.

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

When can you be absent from your assignment?

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

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

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

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

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

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

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

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

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

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION SECTION OF THIS
NOTICE ON HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

- (1) **TELEPHONE:** Call (800) 342-3334. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed to: (518) 473-6735.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either:
14 Boerum Place, Brooklyn or **330 West 34th Street, 3rd floor, Manhattan.**
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

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

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

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

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefit(s): If our decision affects your benefit(s) and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefit(s) to the level that they were at before this notice, until a Fair Hearing decision is issued.

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

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

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for work activity assignment issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

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

Print Name: _____ Case Number: _____

Address: _____ Telephone Number: _____
Street Apt. City State Zip Code

Signature: _____ Date: _____



Fecha del Aviso: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Tel. de FH&C: _____
Código de Acción: _____

Sumario de Datos Respecto a su Asignación de WeCARE

Usted ha sido asignado a la siguiente actividad de trabajo del programa WeCARE: _____
Nombre del Programa

El número de horas que se le requiere trabajar cada dos semanas es: _____.

Se le ha programado una orientación para la fecha y en el lugar citado más abajo. Favor de traer su tarjeta de identificación de la HRA cuando se presente a su cita.

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

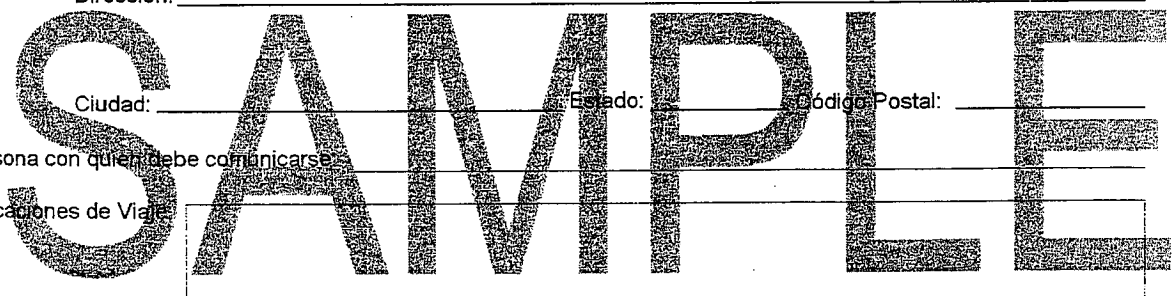
Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Persona con quien debe comunicarse: _____

Indicaciones de Viaje: _____



Esta es una cita de participación obligatoria. Su participación en este programa es obligatoria, a menos que reciba otra asignación, consiga empleo, o la HRA determine que usted ya no es apto para trabajar, o esté exento por una razón como las que siguen:

- Usted ha cumplido los 60 años de edad.
- Usted se encuentra en los últimos 30 días de embarazo.
- Si usted, como padre o madre sin pareja, cuida a un niño menor de 13 semanas de edad.
- La HRA ha determinado que se le necesita en el hogar para cuidar a un miembro del hogar que esté enfermo o incapacitado.

Para poder recibir sus beneficios, debe trabajar el número de horas asignadas en su local de trabajo a menos que tenga motivo justificado para no trabajar. Si usted no cumple el número de horas asignadas de trabajo sin motivo justificado, sus beneficios serán reducidos o terminados.

Este aviso le indica qué hacer si usted estima que no debe trabajar y que debe recibir otra asignación por algún problema de salud, o no puede acudir al trabajo por alguna otra razón.

Si usted está en desacuerdo con la decisión respecto a su aptitud para trabajar, puede solicitar una conferencia o Audiencia Imparcial, o ambas. Para más información, favor de leer la sección de Conferencias y Audiencia Imparcial del presente.

¿Qué debe usted hacer si desea que se cambie su asignación de trabajo?

Usted ya ha sido considerada una persona con impedimentos para trabajar según un informe del médico general titulado y autorizado por la HRA. Su asignación se basa en su capacidad de desenvolvimiento como lo indica su Plan Personal de Empleo (Individual Plan of Employment – IPE). Le hemos informado a su supervisor del local de trabajo sobre sus impedimentos, y dentro de lo posible, hemos hecho el máximo esfuerzo para atender sus necesidades. Usted aún podrá oponerse a la asignación WeCARE si estima que su impedimento de salud no le permite desarrollar dicha asignación. Usted podrá cuestionar la asignación de una de las siguientes maneras:

1. Puede platicar con el supervisor del local del trabajo o con el proveedor de servicios WeCARE que le proveerá su asignación sobre cualquier problema que pueda tener respecto a si su asignación es adecuada o no.
2. Si usted no ha solucionado el problema con el proveedor WeCARE, puede solicitar una cita para tratar sobre dicho problema mediante una conferencia en el local del Centro.
3. Si no puede solucionar sus problemas en la conferencia del local, puede como solicitar una Audiencia Imparcial. (Para más detalle, favor de leer la sección de Información de Conferencias y Audiencias Imparciales de este aviso).

¿Qué puede hacer si su estado de salud cambia de manera que afecte su capacidad para trabajar?

Platicar sobre cualquier problema relacionado con su estado de salud con su supervisor del local de empleo, y proporcionar documentación en el papel con membrete de su médico con el nombre, fecha, diagnóstico y pronóstico al igual que constancia de las actividades de trabajo que su afección médica le impide llevar a cabo y el porqué de ello. Esta documentación debe ser original y actual, no se aceptarán fotocopias.

WeCARE podría cambiar su asignación a otra basándose en la afección médica, tal como indicada por la documentación proporcionada por usted. La agencia también podría enviarle a una evaluación médica.

Usted puede negarse a trabajar en su asignación valiéndose de que la misma es incompatible con su afección médica. Sin embargo, si se determina en la Audiencia Imparcial que su reclamo respecto a su incapacidad de participar en las actividades de trabajo asignadas carece de fundamento, y que usted intencionadamente falsificó su afección médica, sus beneficios serán reducidos o terminados.

Siga las instrucciones indicadas en la sección más abajo: **¿Qué tal si recibo un Aviso de la Intención de discontinuar beneficios?** Si recibe un Aviso de la Intención a raíz de un cambio en su afección médica del cual la agencia aún no haya sido informada.

¿Cuánto puede faltar a su asignación?

Usted no tiene que presentarse a su asignación durante días feriados observados por la agencia asignada a usted durante sus días de observancia religiosa (deben ser documentados), o cuando tenga "motivo justificado" para estar ausente.

¿Qué constituye "motivo justificado" para faltar a uno o varios días de trabajo?

"Motivo justificado" abarca toda circunstancia ajena a su voluntad, lo que incluye, pero no se limita a, enfermedad, emergencia familiar, servicio de jurado en la corte, cita en una oficina de la HRA, cierre de escuelas, problemas con el cuidado infantil y con el pago del mismo, y problemas de transporte. "Motivo justificado" también abarca entrevistas de trabajo, trabajos temporales o a tiempo parcial (part time).

¿Qué puede hacer usted si no puede venir a trabajar o si va a llegar tarde?

Debe notificar a su supervisor por teléfono antes de su hora programada para empezar a trabajar tan pronto sepa que se tardará en llegar o que va a faltar al trabajo. De no hacerlo, puede perder beneficios. Cuando regrese a su trabajo, proporcione documentación que pueda obtener sin dificultad que explique el motivo de la tardanza o ausencia.

¿Qué tal si se ausenta o tarda en llegar sin motivo justificado, o no notifica a su supervisor de que va a estar ausente o llegar tarde, o no proporciona la documentación?

Si usted se ausentó o llegó tarde sin presentar motivo justificado, recibirá un aviso de incumplimiento con su asignación de trabajo. También podría recibir un aviso por no haberle notificado a su supervisor o no haber proporcionado documentación. Usted tendrá derecho a una conferencia, conciliación y/o una Audiencia Imparcial dentro del plazo indicado en el aviso.

¿Qué tal si recibo un Aviso de la Intención de discontinuar beneficios?

Si recibe un aviso de la Intención de discontinuar beneficios por usted no haber cumplido su asignación de trabajo, usted tiene derecho a una Audiencia Imparcial. Sus beneficios continuarán, en lo que se emita la decisión de la Audiencia Imparcial, siempre que usted solicite la Audiencia Imparcial dentro del plazo indicado en el Aviso de la Intención.

**USTED TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES
DE ESTE AVISO SOBRE CÓMO APELAR CONTRA ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) que aparece en la **primera página** de este aviso, o escríbanos a la dirección que también aparece en la **primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si sólo solicita una conferencia, sus beneficios no se mantendrán sin cambios durante su apelación. Para mantener sus beneficios sin cambios debe solicitar una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su(s) Beneficio(s).)

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) **POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)

(2) **POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Favor de guardar una copia para usted.)

(3) **POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) **EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a cualquiera de las siguientes direcciones:
14 Boerum Place, Brooklyn o 330 West 34th Street, 3rd floor, Manhattan.

(5) **POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a <http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de obogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar como revisar su archivo, llámenos al (718) 722-5012, por facsímil al (718) 722-5018 o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Generalmente, éstas se le enviarán dentro de tres días laborales a partir de la fecha en que las pida. Si solicita las copias menos de cinco días laborales antes de la fecha en que se celebrará su audiencia, se le podrían entregar el día de la audiencia.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Si nuestra decisión afecta su(s) beneficio(s) y usted solicita una Audiencia Imparcial dentro de diez (10) días de la fecha del presente aviso, restituiremos su(s) beneficio(s) al nivel en que se hallaban antes del presente aviso, hasta que se emita una decisión por parte de la Audiencia Imparcial.

Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la decisión. Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso, marque la casilla a continuación:

No deseo que mis beneficios continúen sin cambios hasta que la decisión de la Audiencia Imparcial sea emitida.

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de asignaciones de actividades de trabajo.

Si no logra comunicarse con la New York State Office of Temporary and Disability Assistance (Oficina del Estado de Nueva York de Asistencia Temporal y para Incapacitados) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la agencia es errónea porque:

Nombre en Letra de Molde: _____ Número de Caso: _____

Dirección: _____ Número de Teléfono: _____
Calle Apto. Ciudad Estado Código Postal

Firma: _____ Fecha: _____

Attachment 12



The CITY of NEW YORK
Human Resources Administration
Family Independence Administration

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

Medical Provider Appointment

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

WeCARE has determined that you are temporarily unable to work. You are being referred for a Wellness/Rehabilitation Plan, which will be developed with you, to improve/stabilize your medical/mental health condition(s).

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

Travel Directions: _____

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

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

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



Fecha: _____
Nombre de Caso: _____
Número del Caso: _____
Tipo de Caso: _____
Centro: _____
Código de Acción: _____

Cita con el Proveedor Médico

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

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

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

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

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

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

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

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

Form W-103D (face)
8/19/03



The **CITY** of **NEW YORK**
Human Resources Administration
Family Independence Administration

Special Assessment Letter

Date: _____

Applicant's/Participant's Name: _____

Case Number: _____

You have been scheduled for a Special Assessment:

Location: _____

Location Name

Location Address

City

State

Zip Code

Date: _____ Day: _____ Time: _____ AM PM

This is a non-mandatory appointment. No adverse action will be taken against your case if you do not keep this appointment. However, should you need to reschedule this appointment, or if you have any questions, please call: _____
(Telephone Number)

The person you are scheduled to meet with is _____
(Interviewer)

After the Special Assessment appointment you are scheduled to return to this Job Center on:

Date: _____ Day: _____ Time: _____ AM PM

Carta de Evaluación Especial

Fecha: _____

Nombre del Participante/Solicitante: _____

Número del Caso: _____

Le hemos programado una cita para una Evaluación Especial:

Lugar: _____

Nombre del Lugar

Dirección del Lugar

Ciudad

Estado

Código Postal

Fecha: _____ Día: _____ Hora: _____ AM PM

Esta cita no es obligatoria. No se tomará ninguna medida desfavorable en su contra siempre que se presente a la cita. Sin embargo, si necesitara volver a programar esta cita, o si tuviera preguntas favor de llamar al: _____

(Número de Teléfono)

La persona con quien se le ha asignado encontrarse es: _____

(Entrevistador)

Se espera que usted se presente de vuelta al Centro de Empleo después de acudir a la cita de evaluación especial de la siguiente manera:

Fecha: _____ Día: _____ Hora: _____ AM PM



Consent for Disclosure of Medical and Alcoholism and Substance Abuse Treatment Records

Many individuals applying for and receiving public assistance (PA) have limitations that make it difficult to become self-sufficient. These may include medical, mental health or alcohol or substance abuse problems. The Human Resources Administration's (HRA) WeCARE Program has services to help individuals with these problems, including treatment and other services, as necessary, to assist them in attaining their highest possible level of health and self-sufficiency.

You are being referred to WeCARE because you have informed HRA that you have medical limitations to employment. To provide you with the services that you may need, it is important for WeCARE to be aware of any current or past conditions that may limit your employability. By signing this consent, you are giving HRA permission to disclose or re-disclose any possible medical and/or alcohol or substance abuse information that may be in your current or past public assistance records.

Federal law and regulations protect the confidentiality of your alcohol and substance abuse treatment records. In general, the treatment program or health care provider to which you were referred, are now attending or attended in the past may not, without your written consent, disclose to anyone outside that program information identifying you as an individual with an alcohol or substance abuse problem, or any information regarding your treatment. In addition, any entity to which you previously allowed your treatment program to disclose this information to may not, without your written consent, re-disclose this information to anyone outside that entity.

If you sign this consent form, you are authorizing HRA to disclose or re-disclose information to the WeCARE Federation of Employment and Guidance Service (WeCARE FECS) or WeCARE Arbor Education and Training (WeCARE ARBOR) vendor that may identify you as an individual with an alcohol or substance abuse problem and any information regarding your substance abuse treatment that is contained in your public assistance records.

Sign AFTER you read and understand the consent you are giving.
You may ask questions about anything you do not understand.

I, _____ (name), authorize HRA to disclose or re-disclose to WeCARE
FECS or WeCARE ARBOR (referred to herein as the "WeCARE vendor") information contained in my public
(circle one)
assistance records that may identify me as an individual with an alcohol or substance abuse problem and any
information regarding my treatment. I understand that this authorization is voluntary.

I authorize HRA to release information in my case record concerning medical diagnosis and history, and alcoholism
and substance abuse treatment information that are required to assist the WeCARE vendor in assessing my
condition and determining my functional capacity.

I understand that this consent does not authorize the disclosure or redisclosure of confidential HIV-related
information. In addition, I understand that HRA may disclose or redisclose other information that is contained in my
public assistance records, including medical information, to the WeCARE vendor.

I understand that this consent does not authorize HRA or the WeCARE vendor to redisclose the information released pursuant to this consent to any other organization or individual without my written consent.

I also understand that I may revoke my consent at any time, except to the extent that HRA or the WeCARE vendor has already taken action in reliance on my consent. If not previously revoked, this consent will terminate when I am no longer receiving services from the WeCARE program.

Signature of Participant or Participant's Authorized Representative

Date

Printed Name of Participant's Authorized Representative

Relationship to Participant

This information has been disclosed to HRA and the WeCARE vendor from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit HRA and the WeCARE vendor from redisclosing this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Consentimiento para Divulgar Expedientes Médicos y de Tratamiento por Abuso de Sustancias y Alcoholismo

Muchas personas que están solicitando y recibiendo asistencia pública tienen limitaciones que les impide lograr la autosuficiencia. Estas limitaciones pueden deberse a problemas de salud física o mental, abuso de sustancias o alcoholismo. De acuerdo con las necesidades de la persona, el programa WeCARE de la Administración de Recursos Humanos (Human Resources Administration – HRA) ofrece servicios de apoyo a quienes padezcan de estos problemas, entre los cuales se incluyen tratamientos que le ayudarán a recuperar su máximo nivel de bienestar y autosuficiencia.

Se le está remitiendo a WeCARE debido a que usted le informó a la HRA sobre sus limitaciones médicas respecto a trabajo. Para proveerle los servicios que usted necesita, es preciso que WeCARE esté al tanto de cualquier afección médica actual o pasada que pueda limitar su capacidad para trabajar. Al firmar este consentimiento usted autoriza a la HRA a divulgar o retransmitir cualquier información que posiblemente se refiere a la salud y abuso de sustancias o alcohol y al igual que toda información respecto al tratamiento de abuso de sustancias que provenga de sus expedientes de asistencia pública.

Las leyes y reglas federales protegen la confidencialidad de sus expedientes de abuso de sustancias y alcohol. Por lo general, el programa de tratamiento o proveedor de atención de salud al cual usted ha sido remitido, al que asiste en la actualidad o asistió en el pasado, no puede sin su consentimiento por escrito divulgar a personas no vinculadas al programa o proveedor, información que revele su participación en un tratamiento o su problema de abuso de sustancias o alcohol. Además, cualquier organización a la cual usted haya autorizado que su programa de tratamiento divulgue esta información, no podrá, sin su consentimiento escrito, retransmitir dicha información a personas que no estén vinculadas a la organización.

Al firmar este acuerdo, usted autoriza que la HRA divulgue o retransmita información a la Federación de Empleo y Servicios de Asesoría Laboral (Federation Employment and Guidance Services – FECS) de WeCARE o al proveedor de servicios de Capacitación o de Educación (WeCARE ARBOR) que revele su problema de abuso de sustancias y alcohol, así mismo como toda información sobre su participación en tratamiento de abuso de sustancias que provenga de sus expedientes de asistencia pública.

Firme DESPUÉS de leer y entender el consentimiento que usted concede.
Puede hacer preguntas sobre cualquier punto que no entienda.

Yo, _____ (nombre), autorizo a la HRA a divulgar o retransmitir a FECS o a WeCARE ARBOR (en lo sucesivo denominado proveedor de servicios WeCARE^(elija una opción)) información incluida en los archivos de asistencia pública que revele mi problema de abuso de sustancias y alcohol u otra información respecto a mi tratamiento. Entiendo que esta autorización es voluntaria.

Autorizo a la HRA a divulgar información del expediente de mi caso respecto a la diagnosis y el historial médico, y al alcoholismo y tratamiento de abuso de sustancias necesarias para ayudar al proveedor de servicios de WeCARE a evaluar mi afección y determinar mi capacidad de desenvolvimiento.

Entiendo que este consentimiento no autoriza la divulgación o retransmisión de información confidencial sobre el VIH. Además, entiendo que la HRA puede divulgar o retransmitir otros datos que figure en mis archivos de asistencia pública, incluyendo información médica al proveedor de servicios de WeCARE.

Entiendo que este acuerdo no autoriza a la HRA o al proveedor de servicios de WeCARE a retransmitir la información ya divulgada, conforme a este consentimiento, a otra organización o particular sin mi consentimiento por escrito.

Además, entiendo que puedo revocar mi consentimiento cuando así lo desee, excepto en la medida en que la HRA o el proveedor de servicios de WeCARE haya actuado conforme a mi consentimiento. Si este consentimiento no es revocado con anterioridad quedará sin vigencia una vez que yo deje de recibir los servicios del programa WeCARE.

Firma del Participante o de su Representante Autorizado

Fecha

Nombre del Participante o de su Representante Autorizado en letra de molde

Relación al Participante

Los expedientes de donde se obtuvo esta información están protegidos por reglas federales de confidencialidad (42 CFR Part 2) para ser divulgada a la HRA y a los proveedores FEGS/ARBOR. Las reglas federales prohíben que la HRA y los proveedores FEGS/ARBOR retransmitan esta información a menos que una retransmisión sea explícitamente permitida por consentimiento escrito de la persona a quien se refiere, o por lo contrario lo permita la ley 42 Part 2. Una autorización general para la divulgación de datos médicos u otra información NO es suficiente para servir este propósito. Las reglas Federales limitan el uso de esta información solo en situaciones de investigación penal o procesamiento de cualquier paciente drogadicto o alcohólico.



Date: _____
Case Number: _____
Case Name: _____
Action Code: _____

WeCARE Mandatory Return Appointment

You must report to the WeCARE appointment indicated below:

Appointment Date: _____ Time: _____

Location:

Location Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Travel Directions:

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

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



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Código de Acción: _____

Envío a Cita Obligatoria de Regreso de WeCARE

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

Fecha de la Cita: _____ Hora: _____

Local: _____
Nombre del Local

Línea de Dirección 1

Línea de Dirección 2

Ciudad Estado Código Postal

Indicaciones de Viaje:

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

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



Date: _____
Case Number: _____
Case Name: _____
Action Code: _____

Mandatory Return Appointment to the Job Center after WeCARE Assessment

At this time your medical assessment will not be completed by your scheduled Job Center return appointment. We therefore have rescheduled your Job Center return appointment as indicated below, which you must keep in the event WeCARE determines that you are fully employable.

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____

City: _____ State: _____ Zip: _____

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



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Código de Acción: _____

**Cita de Regreso Obligatoria al Centro de Trabajo
después de la Evaluación de WeCARE**

Actualmente su evaluación médica no se llevará a cabo durante su cita de regreso al Centro de Trabajo ya programada. Por eso le hemos reprogramado su cita de regreso al Centro de Trabajo. Vea los detalles más abajo. Usted tiene que presentarse a esta cita, aún si WeCARE determina que usted es completamente apto para trabajar.

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

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



Consent for the Release of Possible Confidential HIV*-Related Information

Many individuals applying for and receiving public assistance (PA) have limitations that make it difficult to become self-sufficient. These may include HIV-related problems. The New York City Human Resources Administration (HRA) WeCARE Program has services to help individuals with these problems, including receiving treatment and other services, as necessary, to assist them in attaining their highest possible level of health and self-sufficiency.

You are being referred to WeCARE because you have informed HRA that you have medical limitations to employment. To provide you with the services that you may need, it is important for WeCARE to be aware of any current or past conditions that may limit your employability. By signing this consent, you are giving HRA permission to disclose or redisclose any possible HIV-related information that may be in your current or past public assistance records.

Under New York State Law, except for certain people, confidential HIV-related information can only be given to persons you allow to have it by signing a release. You can ask for a list of people who can be given confidential HIV-related information without a release form.

Confidential HIV-related information is any information indicating that a person had an HIV-related test, has HIV infection, HIV-related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

If you sign this form, you are consenting to the release by HRA of any possible confidential HIV-related information that may be contained in your public assistance records to the WeCARE Program's Federation of Employment and Guidance Service (WeCARE FECS) or Arbor Education and Training (WeCARE ARBOR) vendor (referred to herein as the "WeCARE vendor"). As part of WeCARE's comprehensive assessment, the WeCARE vendor must identify all your medical and mental health barriers to health, wellness and self-sufficiency. This information will be included in a comprehensive service plan that will assist you in stabilizing or resolving these barriers.

The WeCARE vendors will NOT redisclose any possible confidential HIV-related information to anyone else, unless you consent to such redisclosure in writing. This consent will terminate when you are no longer receiving services from the WeCARE program.

Your refusal to sign this consent will NOT affect your eligibility for Public Assistance and/or Medical Assistance.

Sign AFTER you read and understand the consent you are giving.
You may ask questions about anything you do not understand.

I, _____ (participant's name), authorize HRA to disclose or re-disclose to the WeCARE FECS or WeCARE ARBOR vendor any HIV-related information that may be contained in my public assistance records. I authorize HRA to disclose or re-disclose other information that is contained in my public assistance records, including medical information, to the WeCARE vendor.

I understand that information released pursuant to this consent will not be redisclosed to any organization or individual except the WeCARE vendor.

I understand that I may revoke my consent at any time, except to the extent that HRA or the WeCARE vendor has already taken action in reliance upon my consent. If not previously revoked, this consent will terminate when I no longer am receiving services from the WeCARE vendor.

I authorize HRA to release information in my case record concerning medical diagnosis and history that are required to assist the WeCARE vendor in assessing my condition and determining my functional capacity.

I understand that this consent does not authorize the disclosure or redisclosure of confidential substance abuse information.

Signature of Participant or Participant's Authorized Representative

Date

Printed Name of Participant's Authorized Representative

Relationship to the Participant

HIV/AIDS-specific information: For questions/complaints regarding HIV/AIDS discrimination, call the New York State Division of Human Rights at (518) 474-2705 or the New York City Commission on Human Rights at (212) 306-7450.

This information has been disclosed to the New York City Human Resources Administration (HRA) and the WeCARE vendor from confidential records protected by state law. State law prohibits HRA and its WeCARE vendor from making any further disclosures of this information without specific written consent of the person to whom it pertains or as otherwise permitted by law. Any unauthorized further disclosure of confidential HIV information is in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.

* Human Immunodeficiency Virus that causes AIDS



Consentimiento para la Divulgación de Datos Relativos al VIH* Posiblemente Confidenciales

Muchas de las personas que solicitan y reciben asistencia pública (PA) padecen de impedimentos que reducen su posibilidad de ser autosuficientes, incluyendo los problemas relativos al VIH. Pero por fortuna, la Administración de Recursos Humanos de la Ciudad de Nueva York (City of New York Human Resources Administration – HRA) cuenta con el Programa WeCARE que tiene servicios disponibles para ayudar a personas con este tipo de problemas. Dichos servicios incluyen el tratamiento, según sea necesario, para ayudar a los beneficiarios a lograr su máximo nivel de salud y autosuficiencia.

Se le ha enviado a WeCARE según la información que usted ha provisto a la HRA sobre sus limitaciones médicas respecto al empleo. Para poder brindarle los servicios que usted pueda necesitar, es importante que WeCARE esté al corriente de cualquier afección actual o pasada que pudiera limitar su empleabilidad. Al firmar el presente consentimiento, usted dá su permiso a la HRA para que divulgue o retransmita cualquier dato posiblemente confidencial y relativo al VIH, que pueda encontrarse en su expediente actual o pasado de asistencia pública.

Conforme a la Ley del Estado de Nueva York, salvo respecto a ciertas personas, los datos relativos al VIH sólo se pueden revelar a las personas a quienes usted autorice al firmar un consentimiento de divulgación. Usted puede pedir una lista de las personas que pueden recibir datos confidenciales relativos al VIH sin necesidad de un consentimiento de divulgación.

Se consideran datos confidenciales relativos al VIH, todos aquellos que indiquen que alguien se haya sometido a un examen del VIH, haya contraído una infección de VIH o padezca de afecciones relacionadas al VIH o SIDA, o cualquier información que pudiera indicar que determinada persona haya sido posiblemente expuesta al VIH.

Al firmar el presente formulario, usted autoriza la divulgación de cualquier posible dato confidencial relativo al VIH que pudiera figurar en su expediente de asistencia pública en la HRA al proveedor de servicio del Programa de WeCARE Federación de Empleo y Servicios de Asesoría (WeCARE FECS) o Educación y Capacitación de ARBOR (WeCARE ARBOR) (en lo sucesivo denominados "proveedor de servicios de WeCARE"). Como parte de la evaluación completa del Programa WeCARE, dicho programa junto al proveedor de servicios de WeCARE deben identificar todos los obstáculos de salud física y mental que le impiden a usted alcanzar un nivel adecuado de bienestar y autosuficiencia. Ésta información se incluirá como parte de un plan de servicio integrado que le ayudará a lograr una estabilización o resolución de los obstáculos en su camino.

Los proveedores de servicios WeCARE NO retransmitirán ningún dato posiblemente confidencial relativo al VIH a ninguna otra persona, a menos que usted dé su consentimiento por escrito para que sea retransmitido. Este consentimiento quedará sin vigencia cuando usted deje de recibir servicios del programa WeCARE.

Si negarse usted a firmar el presente consentimiento, NO afectará su derecho a Asistencia Pública y/o Asistencia Médica.

Firme sólo DESPUÉS DE haber leído y entendido el presente consentimiento autorizado.
No dude en hacer preguntas respecto a cualquier detalle que no entienda perfectamente.

Yo, _____ (nombre del participante), autorizo a la HRA a divulgar o retransmitir a WeCARE FECS or WeCARE ARBOR cualquier dato relativo al VIH que puede figurar en mi expediente de asistencia pública. Autorizo a la HRA a divulgar o retransmitir otro tipo de datos que figuren en mi expediente de asistencia pública, incluidos aquellos datos médicos al proveedor WeCARE.

Entiendo que toda información divulgada conforme al presente consentimiento no será retransmitida a ninguna organización o particular, salvo al proveedor de servicios de WeCARE.

Entiendo que tengo derecho a revocar este consentimiento en cualquier momento, salvo en la medida que la HRA, Programa WeCARE y/o sus proveedores de servicios ya hayan actuado basándose en mi consentimiento.

Autorizo a la HRA a divulgar datos del expediente de mi caso concernientes a diagnosis e historial médico que sean necesarios para que el proveedor de servicios de WeCARE pueda evaluar mi estado de salud y determinar mi capacidad de desenvolvimiento.

Entiendo que este consentimiento no autoriza la divulgación o retransmisión de datos confidenciales relativos a la drogodependencia.

Firma del Participante o de su Representante Autorizado

Fecha

Nombre y Apellido en letra de molde del Representante Autorizado del Participante Relación con el Participante

Información específica de VIH/SIDA: Para preguntas/quejas respecto a discriminación a raíz de VIH/SIDA, llame a la Departamento de Derechos Humanos del Estado de Nueva York (New York State Division of Human Rights) al (518) 474-2705 o a la Comisión de Derechos Humanos de la Ciudad de Nueva York (New York City Commission on Human Rights) al (212) 306-7450.

Estos datos fueron obtenidos de los expedientes confidenciales protegidos por la ley del Estado de Nueva York y han sido divulgados a la Administración de Recursos Humanos del Estado de Nueva York (HRA) y al proveedor de servicios de WeCARE. Las leyes estatales le prohíben a la HRA y a su proveedor de servicios de WeCARE el divulgar ninguna parte adicional de esta información sin el consentimiento explícito y por escrito por parte de la persona implicada, o por lo demás conforme a la ley. Toda divulgación adicional no autorizada de datos confidenciales relativos al VIH, que contravenga la ley del estado de Nueva York, puede resultar en una multa o encarcelamiento, o ambos. Una autorización general para divulgar datos médicos o de otra índole NO es fundamento suficiente para divulgaciones ulteriores.

* Virus de Inmunodeficiencia Humana causante del SIDA



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

Medical Provider Appointment

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

You must report to WeCARE for an assessment to evaluate your new and acute medical condition and reassess your capacity to participate in HRA-required activities.

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

Travel Directions: _____

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

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

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

Attachment A Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
Initial Referral to WeCARE	BPS initiated.	968W	168W	
SASC Referral to WeCARE	BPS initiated.	968U	168U	Individual from SASC requiring a medical assessment.
SA CM Referral to WeCARE	BPS initiated.	968I	168I	SA case management vendor referral to WeCARE.
New and acute medical condition	Vendor will enter action codes to indicate the need for a medical for a new and acute condition.	NA	168C	
Fair hearing returns applicant to WeCARE		NA	16FH	Fair hearing resolves issue.
WeCARE completion of the BPS	Vendor enters action codes to indicate completion of BPS.	969B	169B	
WeCARE Referral to CASAC	Vendor refers individual non SA identified to WeCARE CASAC.	968F	168F	
WeCARE return from CASAC		96WC	16WC	CASAC refers individual back to WeCARE vendor.
BPS II completed		969T	169T	Specialty exam completed.
WeCARE return appointment for BPS outcome/CSP	Vendor meets with individual to discuss BPS outcome and CSP.	969R	169R	
Applicant return appointment to Job Center		968R	N/A	Applicant is fully employable and keeps return appointment to JC.
Consent for disclosure signed		16WS	16WS	
Consent for disclosure declined		16WD	16WD	Vendor will not have access to NYCWAY for these individuals.
WeCARE DVE initiated	Vendor initiates Diagnostic Vocational Evaluation (DVE).	969D	169D	
WeCARE Wellness Plan extended		NA	169G	

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
WeCARE appointment to file application for Federal Disability Benefits	Vendor helps individual complete application for SSI/SSDI.	968H	168H	
WeCARE Disability benefits application initiated	Vendor initiates application for SSI/SSDI.	969S	169S	SSI/SSDI application filed.
WeCARE Vocational Rehabilitation Services (VRS) initiated	Vendor initiates VRS.	NA	169E	
WeCARE CSP has been completed	Vendor will enter action codes to indicate completion of the CSP.	969C	169C	Vendor will schedule the next appropriate step based on the CSP.
Wellness/Rehabilitation Plan is initiated	Vendor will enter action codes to indicate that a Wellness/Rehabilitation Plan is initiated.	969W	169W	
WeCARE Referral for special assessment	Refer for a Special Assessment via the EP. Action Codes will post in NYCWAY.	991S	191A	
WeCARE Referral to the Job Center	Vendor will refer individual for appointment slot at Job Center.	986J	168J	To return applicant to Job Center if the BPS assessment is completed before scheduled return appt.
WeCARE Speciality exam appointment	Vendor will enter action codes to indicate a speciality exam appointment.	969A	169A	
WeCARE Speciality exam complete (BPS II)	Vendor will enter action codes in NYCWAY to indicate the speciality exam is complete.	969T	169T	
WeCARE initial appointment cancelled		968X	168X	FIA Worker will use these codes to cancel the Initial WeCARE appointment.
WeCARE initial appointment rescheduled	Vendor or FIA worker can reschedule the initial appointment.	968W	168W	
WeCARE outreach cancelled		968Y	168Y	Outreach initiated in error.

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
WeCARE outreach successful		168G	168G	Action Code will stop infraction from being posted in NYCWAY.
Referral for Wellness/Rehabilitation	Vendor enters action codes to indicate a referral for a Wellness/Rehabilitation Plan.	968B	168B	
Wellness/Rehabilitation Plan is initiated	Vendor enters action codes to indicate initiation of the Wellness/Rehabilitation Plan.	969W	169W	
Wellness/Rehabilitation Plan is completed	Vendor enters action codes to indicate the Wellness/Rehabilitation Plan is complete.	969V	169V	
SSI/SSDI application is initiated	Vendor enters action codes to indicate SSI/SSDI application initiated.	969S	169S	
WeCARE referral to SASC for CASAC	Vendor enters action codes for WeCARE enrolled participant to be assessed by CASAC at SASC.	915G	193G	
Referral for Vocational Rehabilitation Services (VRS)	Vendor enters action codes to indicate a referral for VRS.	968V	168V	
Failure to Report (FTR) to initial WeCARE appointment (BPS phase I)	System-generated	469B	468B	If outreach is not successful by expiration of the FAD, the FTR code will autopost.
Failure to Comply (FTC) with initial WeCARE appointment (BPS phase I)	System-generated	469K	468K	If outreach is not successful by expiration of the FAD, the FTC code will autopost.
FTR to the disability assessment/appeal process	System-generated	469D	468D	If outreach is not successful by expiration of the FAD, the FTR code will autopost.
FTC with the disability assessment/appeal process	System-generated	469E	468E	If outreach is not successful by expiration of the FAD, the FTC code will autopost.

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
Outreach efforts to contact applicants/participants who FTR/FTC with WeCARE appointment	Vendor enters action codes to initiate outreach efforts.	1680 (FTR) 168D (FTC)	1680 (FTR) 168D (FTC)	Outreach can be a telephone call, letter or home visit by the case manager, as appropriate.
FTC with VRS appointment	System-generated	968V	468V	If outreach is not successful, infraction code will autopost in NYCWAY to begin sanctions process.
FTR to Vocational Rehabilitation Services	System-generated	968U	468U	If outreach is not successful by expiration of FAD, code will post in NYCWAY to begin sanctions process.
FTR to specialty exam appointment	System-generated	469S	468S	If outreach is not successful by expiration of FAD, infraction code will autopost in NYCWAY.
FTC with WeCARE specialty medical exam (BPS phase II)	System-generated	469H	468H	If outreach is not successful by expiration of FAD, infraction code will autopost in NYCWAY.
FTR to Wellness/Rehabilitation Plan	System-generated	469W	468W	If outreach is not successful, infraction code will autopost.
Assigned to WeCARE WEP		469C	468C	If outreach is not successful, infraction code will autopost.
Assigned to WeCARE job search		NA	172P	
Assigned to WeCARE job training		NA	172N	
Assigned to WeCARE Education		NA	172T	
WeCARE Assignment termination		NA	172E	
		NA	172X	

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
Wellness Plan extension cancelled		NA	16XX	
WeCARE job placement		169J	169J	
WeCARE Return to Job Center	The vendor will reschedule the return appt. to the JC, as appropriate	968J	NA	If the WeCARE assessment is not complete by expiration of FAD.

WeCARE VENDOR GUIDELINES