



George E. Pataki  
Governor

NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

Brian J. Wing  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	03 INF 9
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Program Support & Quality Improvement
<b>Date:</b>	February 24, 2003
<b>Subject:</b>	Revision of Client Information Books
<b>Suggested Distribution:</b>	Temporary Assistance Directors Food Stamp Directors Medical Assistance Directors Services Coordinators CAP Coordinators Staff Development Coordinators Child Support Enforcement Coordinators Employment Coordinators Forms Coordinators
<b>Contact Person(s):</b>	OTDA (PA and FS): Your agency representatives at 1-800- 343-8859 For PA - ext. 4-9344 For FS - ext. 3-1469 DOH: (Medicaid) Upstate Local District Support Unit representative at: 518-474-8216 Downstate Local District Support Unit representative at: 212-268-6855 Services (OCFS) Bureau of Technical Services representative at 1-800-342-3727 DOL - Your Technical Advisor Forms Printing and Distribution: at 1-800-343-8859 ext. 4-9522
<b>Attachments:</b>	Attachment 1 - DSS-4148A (11/02) Attachment 2 - DSS-4148B (11/02) Attachment 3 - DSS-4148C (11/02)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other	Manual Ref.	Misc. Ref.
--------------------	--------------------	-------------	------------------------	-------------	------------

			<b>Legal Ref.</b>		
93 ADM-89 2 ADM-26 91 ADM-44 91 ADM-40 91 ADM-37 91 ADM-29 91 ADM-22 90 ADM-42 90 ADM-41 90 ADM-27 90 ADM-9 89 ADM-45 89 ADM-6 86 ADM-13 86 ADM-7 85 ADM-45 85 ADM-8 76 ADM-9 01 INF-16 97 INF-17 93 INF-26 92 INF-12 91 INF-60 91 INF-12 89 INF-55 88 INF-83 88 INF-39 87 INF-37 87 INF-30 86 INF- 35		387.2	CFR 273.2 (b) & (c)	PASB MARG	95 LCM-87 95 LCM-68 90 LCM-45 90 LCM-30 GIS 94-MA /MA/004/005GIS 89-IM/DC017

## Section 2

### I. Purpose

The purpose of this INF is to introduce the following revised client information books:

**DSS-4148A:** What You Should Know About Your Rights and Responsibilities  
(When Applying For or Receiving Social Services)

**DSS-4148B:** What You Should Know About Social Services Programs

**DSS-4148C:** What You Should Know If You Have an Emergency

### II. Background

Local Districts must continue to distribute the LDSS-4148A, LDSS-4148B and LDSS-4148C as outlined in releases, 93 INF-26, 91 INF-60 and 90 ADM 41.

### III. Program Implications

The following is a description of the changes that were made to these information books.

## Changes for Book 1 - LDSS-4148A

### Table of Contents

**Page 1**, Added a “**Faith Based Service Provider**” Section # 14 in the “Your Rights” section.

### Your Rights

**Page 3**, In section 1, "Application Rights", under bullet number 7, “Have an interview -For Medical Assistance”, added “/Family Health Plus/Family Planning Benefit Program” to the parentheses, after "Child Health Plus A".

**Page 3**. In section 1, Seventh bullet, Added the following additional “Food Stamp Right” language regarding “having an interview”.

--For Food Stamp benefits, you have the right to request that the in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during SSD office hours. The in-office interview will be waived, at your request, if all the adult members of your household are elderly or disabled with no earned income. The agency may waive the in-office interview in favor of a telephone interview or scheduled home visit. In-person interviews may be scheduled in advance at any mutually acceptable location including a household’s residence.

**Page 3**, In section 1, the second “Note” - *changed to*:

**Note:** If you are applying for Temporary Assistance, and you tell us today that you have an emergency, we must interview you today about your emergency. We must also tell you in writing today about our decision on your emergency. If you are applying for Food Stamp Benefits, and you are eligible for expedited processing, that interview and the notice of our decision will be no later than five calendar days after the day you filed your application.

**Page 3**, In section 1, sixth bullet from the bottom – “district” *was changed to* “agency”.

**Page 3**, In section 1, sixth bullet from the bottom – Added a second sentence that reads:

Hearing or speech impaired applicants/recipients may consider utilizing TTY/TTD relay systems to gain access to services.

**Page 3**, In section 1, fourth bullet from the bottom – Added “**Food Stamp Benefits**” after “Family Assistance”.

**Page 4**, In section 2, Added DOL to list of agencies regarding prohibition on discrimination and personal privacy rights requirements.

**Page 4**, In section 2, the second address – *changed the address for FS discrimination complaints to*:

**USDA  
Director, Office of Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410  
(Voice and TDD: (202) 720-5964)**

**Page 7**, in section 5, 1<sup>st</sup> paragraph, *changed* “New York State Office of Temporary and Disability Assistance” to “support collections unit”.

**Page 7**, In section 5, 2<sup>nd</sup> Paragraph, *changed* “may call: 1-800-342-3009 and press”3” for child support, or you may write the Office of Administrative Fair Hearings. The address appears on page 9 of this book.” *Changed* to “ must contact the support collection unit in your local department of social services to correct your case.”

**Page 7**, In section 5, *added* a new first bullet that discusses “pressure to withdraw” as a reason to ask for a Fair Hearing.

**Page 7**, In section 5, the 4th bullet under, Some Reasons You Might Ask For A Fair Hearing: “You believe...Services”, *added* Child Care or Home...”

**Page 7**, In section 5, in the 6<sup>th</sup> bullet of “Some Reasons Why You Might Ask For A Fair Hearing” *added* “or to participate in an employment activity” after “able to work”.

**Page 7**, In section 5, in the 12<sup>th</sup> bullet of “Some Reasons You Might Ask For A Fair Hearing: “You are...Food Stamp Benefits, Services” *added* “or Child Care...”

**Page 7**, In section 5, in the 18<sup>th</sup> bullet of “Some Reasons You Might Ask For A Fair Hearing: “You are...Food Stamp Benefits”, *added* “or Child Care...”.

**Page 7**, In section 5, the last 3 Medical Assistance related bullets under “Some Reasons You Might Ask For A Fair Hearing: You are...Food Stamp Benefits”, were *deleted*.

**Page 7**, In section 5, Under “**TIME LIMITS TO ASK FOR A FAIR HEARING**”, *added* Services or Child Care”.

**Page 8**, In section 5, *added* “Child Care” to the second sentence.

**Page 8**, In section 5, under the sub-section "How To Ask For A Fair Hearing", in the third paragraph beginning “However, if you do get "aid continuing"...” *added* “Medical Assistance” after “Food Stamp Benefits”.

**Page 9**, In section 6, under “Employment Rights”, the last sentence of second paragraph was changed to read:

“If you are assigned to an employment or training program provided by a religious organization, you have the right to receive services of similar value from a different provider.”

**Page 10**, In section 6, under “Employment Rights, For Temporary Assistance, *added* a new first paragraph on this page about “work activity assignment”. The new paragraph reads:

If your local department of social services assigns you to a work activity assignment and you do not do what you are required to do, you may be offered the opportunity to request a conciliation conference. A conciliation conference is a meeting with staff from your local department of social services to explain why you did not participate. If the local social services department decides you had good cause for not participating when you were required to, you may not be sanctioned. If you do not agree with your local social services district that you did not have good cause for not participating, or if you do not request a conciliation conference when you are offered one, and your local social services district sanctions you, you may also request a fair hearing to tell an Administrative Law Judge why you did not participate.

**Page 10**, In section 6, under “Employment Rights for Food Stamp Benefits” in the last paragraph *replaced* “up to \$25 each month” with “help paying for”.

**Page 11**, In section 9, in the “Rights Regarding Child Care” section, *moved* the 1st paragraph to the 3rd paragraph position, and *added* a sub-heading before it titled “For Temporary Assistance Recipients”.

**Page 14**, in section 3, under “Responsibility To Provide Proof” two new notes were *added* after "Social Security Numbers",

**NOTE: *For Medical Assistance Program***, if we ask you for your social security number, you must provide us with the number. If we cannot verify your number with the Social Security Administration, you will have to provide proof of your social security number.

**NOTE: *For Services Program***, some Services, such as foster care, child protective, child preventive, and counseling, are funded by a variety of funding sources, many of which require that a Social Security Number be provided. While applicants for some Services are not required to provide a Social Security Number, these Services may be unavailable to you if you do not furnish a Social Security Number. We are therefore requesting a Social Security Number of all applicants for these Services, in order to help them get all the benefits for which they may qualify.

**Page 15**, In section 3, of the first NOTE, the second sentence beginning "Citizenship or Alien Status . . ." was *deleted* from this note relating to Food Stamp Benefits, and the information was *placed* into a separate “Medical Assistance NOTE”. The “NOTE” reads:

**NOTE: *For Medical Assistance Program***, If you are pregnant and applying only for Medical Assistance, you do not have to tell us about your citizenship or alien status. If you are an undocumented alien applying for the Medical Assistance coverage because of an emergency medical condition, you do not have to tell us about your citizenship or alien status. (See Medical Assistance section of Book 2, LDSS-4148B for more information on citizenship or alien status.)

**Page 15**, In section 3, in the first bullet, "Whether you are Drug/Alcohol Dependent", after “This does not apply to many Medical Assistance applicants”, *added* the phrase "nor does it apply to Family Health Plus or to the Family Planning Benefit Program."

**Page 16**, In section 3, *added* a bullet for “Job Search” that reads

- **Job Search**                      **Completion of job applications or the Job Search Handbook.**

**Page 16**, In section 3, the last paragraph, "If you are applying for Medical Assistance only" has been revised to read

If you are applying for **Medical Assistance only** and are seeking coverage of long term care services, you may have to provide proof of your resources. It will depend on your eligibility category. Usually, pregnant women and children up to the age of nineteen do not have to provide proof of their resources. If you are not seeking coverage of long term care services, you will be allowed to attest to the amount of your resources rather than provide proof. When you apply for or renew your Medicaid eligibility, you will be told if you must provide proof of your resources. If you appear eligible for Family Health Plus, you will not have to provide proof of resources.

**Page 16**, In section 4, *added* the following sentence to the end of the paragraph:

This requirement does not apply to Family Health Plus or to the Family Planning Benefit Program.

**Pages 16 and 17**, In section 5, the following “six month reporter” bullets were *added* to list the changes that must be reported:

- Changes in any source of income for anyone in your household
- Changes in your total household earned income, when it goes up or down by more than \$100 a month
- Changes in your total household unearned income, when it goes up or down by more than \$25 a month, if received from a public source (such as Social Security Benefits, Unemployment Insurance Benefits (UIB), etc.)

- Changes in your total household unearned income, when it goes up or down by more than \$100 a month, if received from a private source (such as Child Support Payments, Private Disability Insurance Payments, etc.)
- Changes of \$100 or more in court-ordered child support paid to a child outside of the Food Stamp Household
- Changes in the number of people in your household
- Your new address, if you move
- Your new rent or mortgage costs, if you move
- A new or different car, or other vehicle.
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution, if the total cash and savings of all household members now amounts to \$2000 or more (\$3000 or more if one household member is disabled or 60 years old or older).

**Page 17**, In section 5, *inserted* as a stand-alone after the paragraph that begins with, "There could also be legal action...". The new paragraph reads:

If you are receiving Food Stamp Benefits and are subject to work requirements for Able Bodied Adults Without Dependents (ABAWDs) you must report when your monthly participation in employment or other work activities falls below 80 hours.

**Page 17**, In section 5, in the 6<sup>th</sup> Paragraph, *changed* the first sentence to:

Unless you are a six-month reporter for Food Stamp Benefits, the following are examples of the types of changes you must report right away.

**Page 17**, In section 5, the 9<sup>th</sup> bullet was *changed* to read

- An adult in the home goes into the hospital, gets sick or has a condition which affects his/her being able to work, participate in an employment activity, or to take care of children in the household.

**Page 18**, In section 5, just above Section 6, *added* the following:

If you are receiving Food Stamp Benefits and you receive a non-recurring lump sum, it will be counted as a resource starting in the month it was received and shall not be counted as income.

**Page 19**, In section 6, the second and third paragraphs were *changed* to read:

If you have forgotten your Personal Identification Number (PIN) you may call Customer Service at 1-888-328-6399 to select a new PIN. You may also select a new PIN in person at your local department of social services office, or you can ask your worker to have your current PIN mailed to you by the EBT contractor.

You will also need to show your CBIC card to access Medical Assistance services. To access Family Health Plus services, use the card sent to you by the health plan that you have chosen.

**Page 19**, Section 7 was *changed* to read

## **RESPONSIBILITY TO ACCESS YOUR FOOD STAMP BENEFITS**

**If you are receiving Food Stamp Benefits with Electronic Benefit transfer (EBT):**

If you are approved to get Food Stamp Benefits, your benefits will be (Transferred) issued into your Food Stamp Benefits Electronic Account on the same date each month. If you do not use your Food Stamp Benefits Electronic Account for 270 days, your Food Stamp Benefits will be removed from the Electronic Account (expunged). Food Stamp Benefits available 270 days or more that have been expunged from the Electronic Account cannot be replaced.

**Page 19**, In section 8, the “Food Stamp Benefits” section was *changed* to:

**Food Stamp Benefits**

If you get more Food Stamp Benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp Benefits remaining in your account, or you may pay cash.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any expunged Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp Benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

**Pages 19:** In section 8, the following was *added* below “for Food Stamp Benefits”

**For Child Care Benefits:**

If you get more Child Care benefits than you should, you must pay them back.

If your case is active, your parent share of child costs may be increased or your amount of child care benefits may be reduced until the amount you owe is paid back. If your case is closed, you must still repay the amount you owe.

**Page 21**, In section 9, in number 11, *added* “who is not head of household” after “old”.

**Page 21**, In section 9, under “Additional Requirements for ABAWDs”, of number 3; *added* “food stamp” before “household”

**Page 21**, In section 9, under “Additional Requirements for ABAWDs”, *added* a new number 4, “unable to work for at least 80 hours per month due to a physical or mental limitation”.

**Page 21** In section 9, of the “ABAWDs” section, *added*, after the last hyphen, a stand-alone paragraph that reads:

***If you want to continue to receive Food Stamp Benefits beyond the three-month limit, your social services district must make a qualifying work or training opportunity available to you. Contact your worker to discuss what work or training opportunities are available.***

**Page 21**, In section 9, of the “ABAWDs” section, in the second paragraph below the hyphens, *added* “or demonstrate that you will do so within 30 days following your application for Food Stamp Benefits at the end of the first sentence”.

**Pages 21 and 22**, In section 10, *deleted* the (unnumbered) first paragraph and the first line of the (unnumbered) 3<sup>rd</sup> paragraph. and after the remaining first paragraph (formerly the 2<sup>nd</sup> unnumbered paragraph) add the following:

You must pay promptly any family share of the cost of child care services.

## **For Temporary Assistance Recipients**

If you need child care in order to participate in work activities and are unable to find a child care provider, you must:

Let your worker know what you have done...

[etc., continuing the rest of the 6 numbered items in the former 3<sup>rd</sup> unnumbered paragraph]

**Page 24**, in section 13, the second sentence was *changed* to read,

The following Medical Assistance applicants and recipients must meet these alcohol and substance abuse requirements: a person who is between 21 and 65 years of age and not pregnant, certified blind, or certified disabled; a husband or boyfriend of a pregnant woman with no other children in the household; a stepparent with no children of his/her own in the household when the birth parent is also in the household; a single individual; or a childless couple.

**Page 24**, In section 14, in the second paragraph's first sentence, the second Medical Assistance" was *changed* to "Medicaid Managed Care.

**Page 24**, In section 14, under the third paragraph, *added* a new second sentence that reads:

Even if you join a Medicaid Managed Care health plan, you will still use your CBIC card for some services such as pharmacy.

**Page 25**, In section 14, *changed* the last paragraph of this section to read:

The first time you abuse Medical Assistance, you will be assigned to one Medical Assistance provider for two years. If the abuse happens a second time, you will be restricted for a new 3-year period. If you abuse Medical Assistance again, you will be restricted for six years.

**Page 25**, In section 15, at the end of third paragraph, *added* this sentence:

As one of these requirements, if you are asked to provide certain papers or proof, you should do so within ten days, or your benefits may be reduced or stopped.



**Changes To Book 2 - LDSS-4148B**

**LDSS-4148B: “Program Questions and Answers”**

**Page 2**, In the answer to “Can I Get Help To Get A Job?”; *added* a new last bullet:

- Transportation and other employment related expenses that are necessary for you to participate in assigned activities.

**Page 6**, *Replaced* the wording for this question and answer with the following:

**Q.** Is There a Limit On How Long I Can Get Temporary Assistance?

**A.** There are two time limits on Temporary Assistance in New York State.

1. **State sixty-month time limit** – In New York State this time limit includes the following Temporary Assistance Programs:

- Cash benefits received since December 1996 under the Aid-to-Dependent Children, Family Assistance, Safety Net Assistance, the Child Assistance Program and the Refugee Cash Assistance
- Temporary Assistance benefits from other states under the federal Temporary Assistance for Needy Families (TANF) Program
- Non-cash Safety Net benefits received by families in which the adult is required to participate in substance abuse treatment programs

2. **Twenty-four month cash-Safety Net time limit** – This time limit includes all cash Safety Net Assistance payments received since August 1997

**NOTE:** TANF assistance received in other states may include time periods before December 1996.

**NOTE:** If you are HIV positive or have an incapacity that prevents you from working, you may be exempt from time limits.

**NOTE:** Temporary Assistance time limits do not affect your Food Stamp or Medicaid benefits.

**Page 7**, In the answer to “What is Medical Assistance (MA)?”, *added* two more bullets that read:

- Family Health Plus provides health care coverage for persons age 19 through age 64 who do not have other health insurance and have incomes too high to qualify for Medical Assistance or Child Health Plus A. There are income guidelines that must be met. Many of the rules for Medical Assistance also apply to Family Health Plus, but not all (see page 13).
- Family Planning Benefit Program provides family planning services, certain health education and related medical care to people of child bearing age who have income below certain levels (see page 8).”

**Page 7**, In the answer to “How Do I Apply for Medical Assistance?”, *changed* the last paragraph to read:

There are enrollment facilitators throughout New York State who can assist you with applying for Medical Assistance. For the name of the organization nearest you, call 1-800-698-4543 or 1-877-934-7587.

**Page 8**, In the answer to “How Can Medical Help Me?”, under “Medical Assistance may help you pay for:”, *added* this bullet:

- Home health care

**Page 8**, In the answer to “How Can Medical Help Me?”, under “Medical Assistance may also help pay for...”, *changed* the “Home health care (usually), including private duty nursing.” bullet to”

- Private duty nursing.

**Page 8**, In the answer to “How Can Medical Help Me?”, under “Medical Assistance may also help pay for...”, *changed* the program name to the "Long Term Home Health Care Program", with a corresponding acronym of "LTHHCP"

**Page 8**, In the answer to “How Can Medical Help Me?”, In the Child/Teen Health Program section, in the first bullet, second line, *inserted* the words "to receive" between "teens" and "preventive".

**Page 8-9**, after the description of the "Child/Teen Health Program", *added* the following new sub-section Q & A:

**Q. Can Medical Assistance Help Me Get Family Planning Services?**

**A. Yes. The Family Planning Benefit Program (FPBP)** provides Medical Assistance coverage for family planning services to eligible men and women based on their income. If you are eligible for Medical Assistance or Family Health Plus, family planning services are included. If you were denied or terminated from Medical Assistance and/or Family Health Plus, you may be eligible for the Family Planning Benefit Program because the income level is higher and there is no resource limit.

If you are eligible, you will have access to family planning services from all Medical Assistance enrolled family planning providers. These services include: male and female sterilization, comprehensive reproductive health history and physical/gynecological examinations, pregnancy testing and counseling, all FDA approved birth control methods, devices, and supplies and preconception counseling.

Local county health departments, publicly supported family planning clinics, and Prenatal Care Assistance Program providers (family planning providers) will assist you in completing the application and obtaining required documentation. Eligibility for the Family Planning Benefit Program will continue for 24 months unless eligibility circumstances change. For more information about this program, call or visit your local department of social services in the county where you live and ask for an application. You may be able to apply at a family planning provider’s office. To find out where a participating family planning provider is in your area, you may call 1-800-541-2831

- See the description of Family Health Plus at the end of the Medical Assistance section of this booklet.

**Page 9**, In the answer to “How does Medical Assistance Work?” *added* the following as the last sentence:

Persons enrolled in Family Health Plus will receive a card from the health plan that they selected.

**Page 10**, In the answer to “Do I Pay Any Money For My Medical Care?”, *added* to the “NOTE” on co-payments:

There are no co-payments for Family Health Plus services.

**Page 10**, In the third question, “Why Join a Medicaid Managed Program?” *changed*”

Medicaid Managed Care Program to Medicaid Managed Care Health Plan.

**Page 10**, In the third question, “Why Join a Medicaid Managed Program?”, *added* this sentence to the end of the paragraph:

Under Family Health Plus, all services are received from the managed care plan that you select.

**Page 10**, In the third answer of “Why Join a Medicaid Managed Program?”, *changed* the first paragraph of the Answer to read: In some counties, you must join a managed care health plan to receive most of your Medical Assistance health care services. Call your local department of social services to find out if you can join or must join a Medicaid Managed Care health plan. Most Medicaid Managed Care health plans offer more providers to choose from than regular Medical Assistance. You get to choose your own Primary Care Provider (PCP), which means you don't need to use the emergency room for medical care that is not life threatening. Your Primary Care Provider will give you a referral when you need to see a specialist. You can call your Primary Care Provider or a health plan phone number 24 hours a day if you think you need medical care.

**Page 11**, The sentence at the top of the page concerning “Child Health Plus B” *was* moved. It currently follows the answer to the question on page 11, “Are There Higher Income and Resource Limits For Pregnant Women And Children?”.

**Page 11**, In the first answer of the question, “Can Medical Assistant Pay For Medical Care I get Outside Of NYS?” after the bullets, *added*:

If you are a member of a Medicaid Managed Care health plan, call the health plan member services number on the back of your card to find out how to get services if you are going out of state.

**Page 11**, *changed* the answer to “Can Medical Assistance Pay My Medicare Premiums?”. The answer *now reads*:

A. Yes, under certain conditions, Medical Assistance may pay for Medicare premiums, coinsurance and deductibles.

**Page 11**, In the answer to “What are Home and Community Based Waiver Programs?”, *added* this bullet:

- Long Term Home Health Care Program.

**Page 12**, In the answer to “If I Sell, Give Away Or Transfer Any Money...?”, all references to "blind or "disabled" were *changed* to "certified blind" or "certified disabled".

**Page 12**, In the answer to “If I Sell, Give Away Or Transfer Any Money...?”, in the third bullet of the first set of bullets, *inserted* “your” between “to” and “husband” and *changed* “Age” to “age”. In the fourth bullet, "nursing home facility" was *changed* to “nursing home”.

**Page 12**, *Changed* the last question to “Will a Claim Be Made Against My Estate When I Die?”

**Page 13**, Revised the first question and answer to “Can I get Medical Assistance if I am not a citizen of the United States?” and *replaced* it with the following language found in GIS 02 MA/016.

**Q. Can I Get Medical Assistance If I Am Not A Citizen Of the United States?**

**A.** If you are pregnant, you do not have to tell us about your citizenship or alien status. Otherwise, if you are not a citizen of the United States, you must document that you are an alien in one of the immigration categories below in order to be eligible for Medical Assistance:

1. a United States (U.S.) non-citizen national, or

2. an American Indian born in Canada with at least 50 per centum of blood of the American Indian race under section 289 of the Immigration and Nationality Act (INA), or
3. a member of an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S. C. 450b(e)), or
4. an alien admitted to the United States as a refugee under Section 207 of the Immigration and Nationality Act; or
5. an alien granted asylum under Section 208 of the Immigration and Nationality Act; or
6. an alien whose deportation has been withheld under Sections 241(b)(3) or 243(h) of the Immigration and Nationality Act; or
7. an alien admitted to the United States as a Cuban and Haitian entrant; or
8. an alien admitted as an Amerasian immigrant; or
9. an alien admitted as a Hmong or Highland Laotian, including the spouse and dependent children, or
10. an alien who is on active duty in the U.S. armed forces or, an honorably discharged veteran, their spouse and dependent children, and the unremarried surviving spouse and unmarried dependent children of an active duty member or veteran who has died, or
11. an alien who has been admitted as a lawful permanent resident: or
12. an alien who has been paroled into the United States under Section 212(d)(5) of the Immigration and Nationality Act, for a period of at least one year; or
13. an alien who has been granted conditional entry under Section 203(a)(7) of the Immigration and Nationality Act; or
14. an alien who has been battered or subject to extreme cruelty in the United States by a family member and who meets certain other requirements, or
15. an alien who has been subjected to a Severe Form of Trafficking in Persons under the Victims of Trafficking and Violence Protection Act of 2000, or
16. an alien not listed above who is considered to be permanently residing in the United States Under Color of Law (PRUCOL), including:
  - a. an alien paroled into the United States for less than one year;
  - b. an alien residing in the United States pursuant to an Order of Supervision;
  - c. an alien residing in the United States pursuant to an indefinite stay of deportation;
  - d. an alien residing in the United States pursuant to an indefinite voluntary departure;
  - e. an alien on whose behalf an immediate relative's petition has been approved and their families covered by the petition;
  - f. an alien who has filed an application for adjustment of status that Immigration and Naturalization Service (INS) has accepted as properly filed or has granted;
  - g. an alien granted stays of deportation;
  - h. an alien granted voluntary departure;
  - i. an alien granted deferred action status;
  - j. an alien who has entered and continuously resided in the United States before January 1, 1972;
  - k. an alien granted suspension of deportation; or
  - l. an alien living in the United States with the knowledge and permission or acquiescence of the INS and whose departure the INS does not contemplate enforcing. (Examples include, but are not limited to: permanent non-immigrants, pursuant to P.L.99-239, applicants for deferred action or voluntary departure status, and aliens granted extended voluntary departure for a specified time due to conditions in their home countries.)

If you are an alien who is not in any of the immigration categories listed above you may be able to get help with your medical care if you are pregnant or you need medical care because of an emergency medical condition.

**Page 13**, under the last question to “Are there limits on the number of times I can receive certain medical services through the Medical Assistance Program?”, *changed* the service type “Physician” to “Physician and/or Clinic”.

**Page 14**, under “Managed Care Programs”, *added* the following as the last sentence of the paragraph:

If you are enrolled in Family Health Plus, you are not subject to Utilization Thresholds, but there may be limits on some services.

**Page 15**, added a new question and answer to the top of the page:

**Q. Are there any program requirements that may limit what drugs I may get?**

- A. A Medical Assistance law requires that New York State Medical Assistance recipients get generic drugs in place of brand name drugs. The law requires doctors to prescribe the generic version of a drug, unless they get special approval for a brand name drug.

**Page 15**, *added* the following new questions and answers that describe the “Family Health Plus Program”:

**Family Health Plus**

**Q. What is Family Health Plus?**

A. Family Health Plus is a public health insurance program for adults age 19 through 64 who do not have health insurance — either on their own or through their employers — but have incomes too high to qualify for Medical Assistance. You must be a resident of New York State, and be a United States citizen, or an alien who falls into one of the immigration categories listed earlier. Health care is provided through managed care plans in your area.

**Q. How can I apply?**

A. When you apply for Medical Assistance, either at a local department of social services or with an enrollment facilitator, your eligibility for Family Health Plus will automatically be determined. (See previous section, “How Do I Apply for Medical Assistance?”)

**Q. What benefits can I get?**

A. Family Health Plus covers many of the services that Medical Assistance covers. The services that Family Health Plus does not cover, include: nursing home care, long term home health care, personal care and non-emergency transportation. Some services have limits. Some Family Health Plus managed care plans offer dental services; others do not.

**Q. How is health care provided?**

A. Health care in the Family Health Plus program is provided through managed care plans. You must select a participating health plan when you apply. When you choose a health plan, you use the providers and hospitals that are in that plan. You will get your own health plan card so you can get services from the plan.

**Q. How do I choose a health plan?**

A. In choosing a health plan, you should think about the doctors you want, the services you and your family need, and the health plans available to you. Make sure the doctor you want to see is in the health plan you choose. After you join a plan, you must use the hospitals, clinics and doctors that work with that plan.

**Q. How much does it cost?**

A. There is no cost to join Family Health Plus, and no co-payments or deductibles once you are enrolled.

**Q. Can Family Health Plus Help With Past Medical Bills?**

A. No. Unlike Medical Assistance, Family Health Plus cannot pay for any care you get before your enrollment in your Family Health Plus plan."

**Page 16:** Clarified the information in the answer to "How long can I get child support services?" The answer now reads:

A. Unlike Temporary Assistance which is time limited, the child support program can continue to collect for children until each is 21 years of age.

**Page 17,** after the second Q & A - added the following:

**Q. Can I apply for Food Stamp Benefits if I have reached the Temporary Assistance Time Limits?**

A. Yes. The diversionary requirements and time limits of cash assistance programs do not apply to the Food Stamp Program.

**Page 18,** In the last Q &A, "Can I Get Food Stamp Benefits If I Am Not A Citizen Of The United States?", the answer was *changed* to:

Many non-citizens are qualified aliens who are eligible for Food Stamp Benefits. Even if you are eligible for Food Stamp Benefit, you may receive Food Stamp Benefits for your children if they are eligible. Food Stamp Benefits do not affect your citizenship application or immigration and naturalization  
.....

**Page 20,** In the answer to the question "What Services can I get?", *used* "maltreated" instead of "neglected."

**Page 20,** In the first bullet in the answer to the question "What Services can I get?", "Emergency Housing" was *changed* to "Emergency care".

**Page 21,** In the third line of item 3, "problems of abuse" was *changed* to, "problems of violence or the threat of violence".

**Page 25,** In the answer to the question, "Do I have to use my benefits all at once?", *changed* the last sentence of the answer to read:

Food Stamp benefits that are 270 days old or older will be removed from the account (expunged) and cannot be reissued.

**Page 26,** the second paragraph of the answer to the question "What should be done if I think the account balance on the last receipt is wrong?" was *changed* to:

Any differences between the account record and your receipts should be reported to a Customer Service representative at **1-888-328-6399** so that a claim may be investigated. With regard to Food Stamp account claims, your claim will be investigated and resolved within 10 business days from the date you filed the claim with Customer Service".

**Page 26**, In the question, “How can I find the location of ATM’s and retailer Point of Sale (POS) devices that do not surcharge to withdraw cash?”, the answer *was changed to*:

- A. This information is also available from your local department of social services office, or through the Internet at <http://www.otda.state.ny.us/ebt/zips>.

**Page 26**, *Added 2 new Q’s & A’s*:

**Q. Can the State make an adjustment to my cash and/or Food Stamp accounts?**

A. If, as a result of an error in the benefits issuance process your account is unjustly enriched with a benefit to which you are not entitled, the State may adjust your account to correct the situation.

**Q. Can I continue to access my account(s) after my case is closed?**

A. Yes, your card will remain active and you will be able to access your account(s) as long as there are benefits remaining in the account(s).

## Changes to Book 3 - DSS 4148C

**Page 1,** In the to the question “What is an Emergency?”- *replaced* the last two bolded paragraphs with the following (in order to be consistent with the LDSS-4148A, Page 3)

If you are applying for Temporary Assistance, and you tell us today that you have an emergency, we must interview you today about your emergency. We must also tell you in writing today about our decision on your emergency. If you are applying for Food Stamp Benefits, and you are eligible for expedited processing, that interview and the notice of our decision will be no later than five calendar days after the day you filed your application.

If you have little or no food, or not enough money to buy food, you should apply for Food Stamp Benefits.

**Page 3:** In the first bullet in the answer to the question “What If I Need Emergency Services?”, *changed* “neglected.” to “maltreated”.

**Page 3: Page 3:** In the third bullet in the answer to the question “What If I Need Emergency Services?”, *ended* the sentence with “problems of violence or the threat of violence.”

### **IV. Forms Implications**

The 06/02 versions of the three client information books must be destroyed upon receipt of the revised 11/02 versions of LDSS-4148A, LDSS-4148B and LDSS-4148C.

The NYC and Upstate districts will automatically receive supplies of the three, 11/02, versions of the Client Information Books in March. Spanish versions of these books will follow. When the Spanish books are available, only NYC will automatically receive supplies. Other districts must order Spanish versions using the procedure described below.

Future requests for printed copies of the 11/02 versions of LDSS-4148A, LDSS-4148B and LDSS-4148C or the Spanish versions LDSS-4148A-SP, LDSS-4148B-SP and LDSS-4148C-SP should be submitted on OTDA-876 (Rev.6/98): Request For Forms or Publications” form, and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, extension 4-9522.

### **V. Other Information**

Because these booklets provide current program and policy information as well as mandated legal information, comments on the format and content of these booklets are welcomed. Comments received will be pended and considered at the next printing of these booklets. Comments may be forwarded to:



John Paolucci, Assistant Division Director  
Division of Program Support and Quality Improvement –12A  
40 North Pearl Street  
Albany, New York 12243  
(518) 474-1683  
[john.paolucci@dfa.state.ny.us](mailto:john.paolucci@dfa.state.ny.us)

**Issued By:**

**Name:** Mary Meister  
**Title:** Deputy Commissioner  
**Division/Office:** Division of Program Support & Quality Improvement