


CITY OF NEW YORK
DEPARTMENT OF HOMELESS SERVICES
ADULT SERVICES

Procedure No. 02-423-1

SUBJECT: Shelter Clients Application for Medicaid	APPLICABLE TO: Adult Shelter Facilities	ISSUED: July 10, 2001
ADMINISTERED BY: Division of Adult Services		APPROVED BY:  Marcia Stevenson Deputy Commissioner

I. PURPOSE

This procedure provides guidelines and instructions to refer Department of Homeless Services (DHS) clients to the Human Resource Administration's (HRA) Riverview Center for Medicaid benefits.

II. APPLICABILITY

Applicable to Adult Services shelter social services staff, liaison staff at Riverview, Program Analysts, and Program Administrators.

III. DHS FORMS USED

423G	Medicaid Clearance Form-- Medicaid Only
423H	Referral to Riverview Center -- Medicaid Only
423I	Medicaid Daily Appointments Tracking Form
423EE	CASAC Outcome Referral -- Medicaid Only
423FF	Initial Appointments Reschedule Form -- Medicaid Only

IV. OTHER AGENCY FORMS

LDSS-2921 NYC Application for: Public Assistance-Medical Assistance-Food Stamps-Services
MAP- 2121H Home Visit Request

V. RELATED PROCEDURES

01-423 Shelter Applicants and Clients Public Assistance Benefits

VI. GUIDELINES

Medicaid assists people who cannot pay for all of their medical care. Shelter clients can obtain Medicaid only, without obtaining or applying for other types of public assistance, if they meet certain income, resource, age, disability, and other requirements. Shelter staff should inform all shelter clients of their right to apply for Medicaid. During the DHS shelter care continuum, shelters will encourage and assist clients currently not in receipt of Medicaid to apply for this benefit at HRA/Riverview Center.

Issued: July 10, 2001	Reissued:	Number: 423-1	Page: 2
-----------------------	-----------	---------------	---------

Shelters will refer clients who request Medicaid to Riverview Center, regardless of current income or work situation. Shelter clients who are currently in receipt of Public Assistance or Supplemental Security Income (SSI) have Medicaid provided automatically. If a shelter client wants to apply for public assistance (e.g., cash assistance) and Medicaid, refer to DHS Procedure 01-423.

DHS Liaison staff at Riverview Center is responsible for facilitating the flow of shelter clients seeking Medicaid, tracking Medicaid applications made by shelter clients, and providing technical support for shelter staff pertaining to Medicaid applications.

The HRA/Medical Assistance Program (MAP) staff at Riverview Center will screen and interview shelter clients for Medicaid. MAP will determine Medicaid eligibility for clients based on a completed application and personal documentation submitted during the interview at Riverview. Denials of Medicaid applications do not effect shelter eligibility for DHS clients.

MEDICAID APPLICATION PROCESS. The application process for Medicaid begins at the shelter. When a client expresses interest in obtaining Medicaid benefits, shelter staff will request the DHS Liaison staff at Riverview to conduct a case clearance on the Welfare Management System (WMS) in order to determine the client's Medicaid history. If the client never had Medicaid, lost his/her Benefits Identification Card or Medicaid benefit has expired, the DHS Liaison staff will schedule a Medicaid application appointment for the client with the MAP staff at Riverview. These clients will have to complete a Medicaid application prior to their appointment. If the WMS query finds an active Public Assistance, SSI or Medicaid-Only case, shelter staff will advise the client that s/he is already in receipt of Medicaid benefits.

Caseworkers and benefits coordinators are responsible for assisting clients to complete the Medicaid application (LDSS-2921 NYC), obtaining needed documentation (birth certificates, Social Security Card), and providing a letter of residency for each Medicaid applicant. Clients must have or obtain all necessary documentation for an application to be successfully processed.

The DHS Liaison will schedule appointments for applicants with the MAP staff five business days in advance. The MAP staff can interview five applicants daily, four business days each week. If further documentation is required, the MAP staff will schedule follow-up appointment with applicants. Individuals finger imaged by DHS must also be finger imaged for Medicaid.

Certified Alcohol and Substance Abuse Counselors (CASAC) at Riverview will screen Medicaid applicants for possible substance abuse on the day of their interview with the MAP staff. CASAC will determine the treatment needs of applicants assessed as having substance abuse issues.

The Medical Assistance Program may deny Medicaid because the applicant's income or resources exceed standards of need. MAP may also deny Medicaid applications or close the cases of clients who do not cooperate with the application process, such as non-compliance with the requirement to be assessed by CASAC or for failure to comply with a CASAC referral to substance abuse treatment.

Clients will receive their Benefits Identification Cards in the mail at their shelter within thirty days of application. Clients are responsible for reporting address changes directly to MAP.

Requests for Medicaid from mentally or physically disabled shelter clients is done through submittal of the Home Visit Request (Form 2121H). Shelter staff must contact the DHS Liaison staff at Riverview to utilize this process. MAP workers will then visit the clients at their shelters to complete the application process.

Issued: July 10, 2001	Reissued:	Number: 423-1	Page: 3
-----------------------	-----------	---------------	---------

Acutely ill or injured shelter clients must make emergency requests for Medicaid at a hospital.

Should a client need Medicaid as soon as possible for a non-emergency situation (e.g., prescription lapsed for verified medical condition), shelter staff must obtain a case clearance and make a referral to the DHS Liaison, who, in turn, will schedule an appointment with the MAP Liaison. MAP reviews priority requests for Medicaid from DHS clients applying at Riverview on a case-by-case basis. If entitled, HRA/Riverview will issue a Temporary Medicaid Card to the client.

If a client withdraws a Medicaid application because he or she decides to apply for cash assistance, which includes Medicaid, the DHS Liaison staff will screen the client on WMS. If cleared to apply, staff will give the client a referral to return to Riverview on the next available business day to apply for cash assistance.

VII. INSTRUCTIONS

A. CASEWORKER or BENEFITS COORDINATOR/ DHS Shelter

- ① As part of casework interview process, queries client on current income, benefits and resources. Discusses client's right to Medicaid. Describes how Medicaid can help the client. Explains to the client what he or she needs to apply for Medicaid.
- ② If client wishes to apply for Medicaid, enters name, H.A. Number, Social Security Number, date of birth on Medicaid Clearance Form (423G) and faxes to DHS Liaison at Riverview.
- ③ Upon receipt of client's clearance back from DHS Liaison, assists client to fill out Application for: Public Assistance-Medical Assistance-Food Stamps-Services (LDSS-2921 NYC). Assists client to acquire personal documents, if necessary.
- ④ Fills out Referral to Riverview Center - Medicaid Only (423H).
 - ✓ If checks "Temporary Medicaid Card" box, enters reason for the request.
 - ✓ Explains to client that submission of referral form signed by the client grants consent to MAP to verify the information made by the client on the application. Copy to client.

Clients must sign both the DSS-2921 application form in the box at the bottom right hand corner of Page 8 and the 423H referral form.
- ⑤ Faxes Referral to Riverview Center-Medicaid Only (423H) to DHS Liaison at Riverview. It is important to fax the 423H so that the DHS can schedule the appointment for the client with the MAP Liaison and MAP can initiate the Medicaid application process.
- ⑥ Upon notification of client's appointment from the DHS Liaison at Riverview, enters date/time of appointment on 423H and gives to client. Provides client with letter of residency and one-way carfare (Riverview issues return fare).
- ⑦ To make a homebound request, fills out and checks "Homebound Medicaid Application Request" Box on Referral to Riverview Center-Medicaid Only (423H) and faxes to DHS Liaison at Riverview.

Issued: July 10, 2001	Reissued:	Number: 423-1	Page: 4
-----------------------	-----------	---------------	---------

- ⑧ If the client missed his or her initial Medicaid appointment at Riverview, the DHS Liaison will fax the Initial Appointments Reschedule Form (423F) to the shelter. Upon receipt, fills out and gives Referral to Riverview Center - Medicaid Only (423H) to client for signature. Worker co-signs. Original to client. Copy to file.
- ⑨ If CASAC determines that the client referred to them by the MAP Liaison needs substance abuse services and is not currently enrolled in treatment program, DHS Liaison at Riverview will fax the CASAC Outcome Referral (423E) to the shelter. This form is not required for clients already enrolled in treatment programs.
 - ✓ The assigned caseworker or benefits coordinator completes 423E and returns the form by fax to the DHS Liaison immediately after placement.
 - ✓ If the client refuses placement, advises client that MAP may deny or close his/her Medicaid benefits and notes refusal on Form 423E.
- ⑩ If MAP sends the Benefits Identification Card to shelter address at which the client no longer resides, mails card to the DHS Liaison at Riverview Center.

B. DHS LIAISON / Riverview Center

1. Upon receipt of Medicaid Clearance Form (423G) from shelter, checks name(s) on WMS to determine benefits history, if any. Enters whether client is cleared to apply for Medicaid (Y/N) and faxes 423G back to shelter.
 2. Upon receipt of Referral to Riverview Center - Medicaid Only (423H) faxed from shelter, schedules appointments five business days (M-F) in advance. Notifies shelter caseworker or benefits coordinator of the appointment date/time.
 3. Enters appointments, case names, H.A. Numbers, Social Security Numbers and dates of birth on Medicaid Daily Appointments Tracking Form (423I) and submits with attached referral forms (423H) to MAP Liaison.
 4. Upon receipt of 423H with checked "Homebound Medicaid Application" Box, fills out and submits Home Visit Request (MAP-2121H) to Medical Assistance Program, 330 West 34th Street, New York, NY 10001.
 5. Fills in names of "no shows" for initial Medicaid appointments on Initial Appointments Reschedule Form (423F) and faxes to client's current shelter.
 6. If CASAC requires treatment for client not already in a substance abuse program: Faxes CASAC Outcome Referral (423E) to assigned caseworker or benefits coordinator at client's current shelter. Upon return of Form 423E completed by shelter, gives copy to CASAC. Copy to file.
 7. If a shelter returns a Benefits Identification Card, attempts to find client's current address and mails card to that address. If whereabouts not known, returns card to MAP.
 8. Enters case outcomes from MAP Liaison's daily logs, forms, and WMS into DHS database for tracking purposes. Reconciles any case omissions or discrepancies with MAP Liaison.
-

MEDICAID ONLY

To: Riverview Center

From: _____
Shelter Shelter Liaison Shelter Telephone Shelter Fax

Re: MEDICAID CLEARANCE FORM

Please check the following clients for Medicaid benefits clearance:

					DHS Riverview Staff Use Only	
Name	H.A. No.	Social Security No.	Date of Birth		Cleared for Medicaid- If Yes, Date/Time of Appointment	Comments
1.						
2.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

DHS Liaison Signature

Date

MEDICAID ONLY
REFERRAL TO RIVERVIEW CENTER

CLIENT'S NAME	LAST	FIRST	MI
SOCIAL SECURITY NUMBER	DATE OF BIRTH	H.A. No.	

AN APPOINTMENT HAS BEEN MADE FOR YOU TO:

- | | |
|--|--|
| <input type="checkbox"/> APPLY FOR MEDICAID
<input type="checkbox"/> HOMEBOUND MEDICAID APPLICATION REQUEST - PHYSICALLY DISABLED/MENTALLY ILL
<input type="checkbox"/> TEMPORARY MEDICAID CARD- REASON: | <input type="checkbox"/> REPLACE LOST MEDICAID CARD
<input type="checkbox"/> OTHER: |
|--|--|

REPORT TO:	RIVERVIEW CENTER 1951 Park Avenue (Between East 131st and East 132nd Streets)
DATE:	
TIME:	
REPORT TO:	APPLICATION ASSESSMENT UNIT RECEPTIONIST - 1 st Floor
DIRECTIONS:	<ul style="list-style-type: none">• 4,5,6 Lexington Line Train to 125th Street Station. Walk uptown six blocks on Lexington Avenue. Turn left on 131st Street and proceed one block west to Riverview Center on the right.• M-35, M-60, M-100 or BX-15 Bus to 125th and Lexington Avenue. Follow above instructions.• 2,3 IRT Train to 125th Street Station. Walk east four avenues to Lexington Avenue. Follow above instructions.

MEDICAID APPLICANTS

PLEASE KEEP ALL APPOINTMENTS, SUBMIT ALL DOCUMENTATION REQUESTED, AND COMPLY WITH MEDICAID REQUIREMENTS, INCLUDING THE EFFORTS OF THE AGENCY TO DETERMINE YOUR ELIGIBILITY FOR MEDICAID, TO COMPLETE AND PROCESS YOUR MEDICAID APPLICATION.

TO EXPEDITE THE VERIFICATION OF YOUR IDENTITY REQUIRED TO PROCESS YOUR APPLICATION, PLEASE BRING DOCUMENTS TO VERIFY YOUR IDENTITY, INCLUDING , BUT NOT LIMITED TO:

- | | |
|------------------------------|-----------------------|
| ⇒ OFFICIAL BIRTH CERTIFICATE | ⇒ DRIVERS LICENSE |
| ⇒ SOCIAL SECURITY CARD | ⇒ LETTER FROM SHELTER |

IF YOU CANNOT KEEP THE APPOINTMENT, CALL YOUR DHS CASEWORKER AT: () - .

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU:

- > HAVE RECEIVED NOTIFICATION OF YOUR APPOINTMENT AT RIVERVIEW CENTER.
- > ARE REQUESTING TO APPLY FOR MEDICAID BENEFITS ONLY.
- > UNDERSTAND ALL THE REQUIREMENTS AS OUTLINED ABOVE.

I HAVE COMPLETED AND SIGNED A MEDICAID APPLICATION. I UNDERSTAND THAT PROCESSING OF MY APPLICATION WILL BEGIN IMMEDIATELY.

Signature of Client: _____ Date: _____

Caseworker:	Shelter:	Telephone No.:
-------------	----------	----------------

are referring the following Medicaid applicants to Riverview Center on:

Tim	Name	H.A. No.	Social Security No.	Date of Birth	Shelter	Comments	OUTCOMES
1.						Application Complete? Y N Documentation Complete? Y N	1.
2.						Application Complete? Y N Documentation Complete? Y N	2.
3.						Application Complete? Y N Documentation Complete? Y N	3.
4.						Application Complete? Y N Documentation Complete? Y N	4.
5.						Application Complete? Y N Documentation Complete? Y N	5.
						DHS Liaison Signature	MAP Liaison Signature



DEPARTMENT OF HOMELESS SERVICES

Riverview Center

1951 Park Avenue
New York, New York

10037-2916

212-690-6430

212-690-9373

Fax: 690-9279

MEDICAID ONLY

CASAC Outcome Referral

Date: ____/____/____

Mr./Ms. _____, H.A. No. _____
an applicant for Medicaid benefits at Riverview Center, has been assessed by
CASAC. CASAC has determined that the client is in need of a substance abuse
program.

Please place the client into an appropriate treatment program and fax the outcome of
your placement to the DHS Liaison Staff at Riverview Center.

DHS Liaison

For Shelter Staff: Fax to DHS Liaison Staff at Riverview Center immediately after placement.

Mr./Ms. _____, H.A. No. _____
has been referred to the following DHS shelter for treatment:

Name of Shelter Referred to

Date

Shelter Social Service Staff Signature



DEPARTMENT OF HOMELESS SERVICES

Riverview Center
1951 Park Avenue
New York, New York
10037-2916

212-690-64
212-690-90
Fax: 690-92

MEDICAID ONLY

INITIAL APPOINTMENTS RESCHEDULE FORM

Date:

To:

DHS Facility

From: _____, 212 - 690 - _____.

Re: Names of Medicaid Applicants Who Were "No Shows" for initial Appointment at
HRA/Riverview Center

Following applicant(s) did not keep their initial Riverview Center appointment. Please refer the applicant(s), with Referral to Riverview Center, at the date and time in the "Rescheduled Appointments" Column. If an applicant cannot keep the rescheduled appointment, contact the DHS Liaison to arrange a date and/or time convenient to the applicant.

				DHS Staff Riverview Use Only
Name	H.A. No.	Social Security No.	Date of Birth	Rescheduled Appointment Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
10.				

Office of Financial Management

Fax: (212) 361-7394/7378

Steve Pock
Assistant Commissioner

(212) 361-7384/5
SPOCK@dhs.nyc.gov

FAMILIES

Barbara Rosenberg
Director

(212) 361-7389
BROSENBE@dhs.nyc.gov

Celeste Kyles
Senior Budget Analyst

(212) 361-7412
CKYLES@dhs.nyc.gov

Sybil Allen
Budget Analyst

(212) 361-7413
SALLEN@dhs.nyc.gov

Carmen Rivera
Budget Analyst

(212) 361-7395
CRIVERA@dhs.nyc.gov

ADULTS

Lula Urquhart
Director

(212) 361-7387
LURQUHAR@dhs.nyc.gov

Bernice McCallum
Senior Budget Analyst

(212) 361-7431
BMCCALLU@dhs.nyc.gov

Erlinda Duque
Budget Analyst

(212) 361-7397
EDUQUE@dhs.nyc.gov

Marjorie Falby
Budget Analyst

(212) 361-7411
MFALBY@dhs.nyc.gov

Jannette Frazier
Budget Analyst

(212) 361-7414
JFRAZIER@dhs.nyc.gov