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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 91 LCM-82

Date: May 6, 1991

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Medical Assistance (MA) Applications at Disproportionate Share
Hospitals and Federally-Qualified Health Centers

ATTACHMENTS: Attachment I - List of Federally-Qualified Health Centers
in New York State
Attachment II - Memorandum of Understanding
Attachment III - Confidentiality Agreement
(All Attachments available on-line)

The purpose of this letter is to alert social services districts of upcoming requirements and responsibilities associated with mandatory outreach activities. The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) requires that households including pregnant women and/or children be able to apply for MA at certain medical facilities. These households must also be able to complete initial processing requirements including the interview required by New York State, at these facilities. The intent of the legislation is to facilitate greater access to medical care and services by allowing the applicant for MA to complete the application at the medical facility rather than at the district office. OBRA '90 requires that this outreach effort be implemented by July 1, 1991.

The medical facilities to serve as outreach sites are all disproportionate share hospitals and Federally-qualified health centers (FQHCs). In New York State, disproportionate share hospitals are virtually all Article 28 facilities. Additionally, at this time, there are 38 FQHCs. Some FQHCs have multiple primary care sites at which outreach must be provided. A list of FQHCs is included as Attachment I.

The most significant requirement is that applicants must have the opportunity to apply and complete initial processing (application, interview and submission of documentation) at least three hours a day on three days a week at the outreach sites. These applicants can not be required to go to the DSS office for an eligibility interview.

A second requirement is that districts must submit an implementation plan to the Department by June 1, 1991. The plan must include the number of staff that will be designated to take outreach applications, the days and hours staff will be available at each site and a description of case processing, including any tasks that provider staff will perform.

The most significant implementation option concerns staffing. Trained staff must be available at each outreach site. These staff may be district staff or trained provider staff when the district and facility have reached an agreement under a Department-approved implementation plan. When provider staff fulfill the outreach requirements, the plan to be submitted by June 1, 1991 must include a Memorandum of Understanding (MOU) between the facility and district, a confidentiality agreement signed by provider staff involved, a description of training of outreach staff, procedures to transport cases to the district and processing procedures once cases are received at the district. It is important to note that applications may not be mailed from the facility to the district. A sample MOU and confidentiality agreement are included as Attachments II and III.

We expect that the current common application form (DSS-2921) will be utilized at outreach sites. However, applicants will not have to complete all sections of the application. The sections applicants will have to complete will depend upon who in the household is applying. For example, resource information is not required of pregnant women and children through age five. A one-page instruction sheet will accompany the application and will explain the sections that must be completed by outreach applicants.

The Department has met with staff of the Hospital Association of New York State (HANYs) to solicit their support and cooperation in this outreach endeavor. A letter will be sent by the Department to all providers where outreach must be provided. The letter will explain the minimum staffing requirements and urge them to begin working with the social service districts offices so that we will be able to meet these new federal requirements.

The ADM will provide many additional details. If you have questions about the OBRA '90 requirements or implementation procedures before the ADM is released, please phone Sharon Burgess or Wendy Butz at 1-800-342-3715, extension 3-5532 or 3-6111, respectively.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

FEDERALLY-QUALIFIED HEALTH CENTERS IN NEW YORK STATE

Anthony L. Jordan Health Center
82 Holland St. - P.O. Box 876
Rochester, NY 14603

Bronx Ambul. Care Network, Inc.
2021 Grand Concourse - Suite 602
Bronx, NY 10453

Comprehensive Family Care Center
1175 Morris Park Ave.
Bronx, NY 10461

Montefiore Family Health Center
358 East 193rd Street
Bronx, NY 10458

Dr. Martin Luther King Jr. Health Ctr.
3674 Third Ave.
Bronx, NY 10456

Bronx - Lebanon Ambul. Care Network
1650 Grand Concourse, Milstein 9C
Bronx, NY 10457

Montefiore Comp. Health Care Ctr.
230 East 162nd Street
Bronx, NY 10451

Boriken Neighborhood Health Center
(East Harlem Council for Human Services, Inc.)
2253 Third Avenue - 3rd Floor
New York, NY 10035

BRC Human Services Corp. The Bowery
191 Chrystie Street
New York, NY 10002

Brooklyn Plaza Medical Center
650 Fulton Street 2nd Floor
Brooklyn, NY 11217

Carver Community Health Center, Inc.
602-608 Craig Street
Schenectady, NY 12307

Chinatown Health Clinic
89 Baxter Street
New York, NY 10013

Covenant House Under 21
460 West 41st Street
New York, NY 12307

Family Health Ctr. Orange & Ulster Co.
P.O. Box 391 - 70 Dubois Street
Newburgh, NY 12550

Family Health Network of Cent. New York
(Cortland Co. Rural Health Ctr.)
35 Main Street
Cortland, NY 13045

Geneva B. Scruggs Comm. Health Care Center
567 Kensington Avenue
Buffalo, NY 14214

Greenburgh Neighborhood Health Center
(Westchester Co. Department of Health)
330 Tarrytown Road
White Plains, NY 10607

Hudson Headwaters Health Network
Health Center Plaza
Warrensburg, NY 12885 (multiple sites)

Joseph P. Addabbo Family Health Center
67-10 Rockaway Beach Blvd.
Queens, Arverne, NY 11692

LBJ Health Complex, Inc.
276 Nostrand Avenue
Brooklyn, NY 11205

Morris Heights Health Center, Inc.
85 West Burnside Avenue
Bronx, NY 10453

Mt. Vernon Neighborhood Health Center
107 West Fourth Street
Mt. Vernon, NY 10550

Nena Comp. Health Service Center
279 East Third Street
New York, NY 10009

North Jefferson Health Systems, Inc.
Main Street - P.O. Box 290
La Fargeville, NY 13656

Northern Oswego County Health Svs.
P.O. Box 7 - 7580 Delano Street
Pulaski, NY 13142

Northern Buffalo Comm. Health Care
155 Lawn Avenue
Buffalo, NY 14207

NY Children's Hlth. Pro. Montefiore Med.
317 East 64th Street
New York, NY 10021

Oak Orchard Community Health Ctr.
80 West Ave.
Brockport, NY 14420 (multiple sites)

ODA Primary Care Health Center
14-16 Heyward Street
New York, NY 11211

Ossining Open Door Health Center
165 Main Street
Ossining, NY 10562

Peekskill Area Health Center
1037 Main Street
Peekskill, NY 10566 (multiple sites)

Rochester Primary Care Network
259 Monroe Avenue - Level B
Rochester, NY 14607

Genesee Health Service
220 Alexander St. - Suite 701
Rochester, NY 14607

Northeast Medical Group
905 Culver Rd.
Rochester, NY 14609

Community Health Network
758 South Ave.
Rochester, NY 14620

Settlement Health & Medical Svcs, Inc.
314 East 104th Street
New York, NY 10029

Sodus Health Center
P.O. Box A - Middle Road
Sodus, NY 14551

Soundview Health Center
731 White Plains Rd.
Bronx, NY 10473

St. Vincent's Hospital - Community
153 West 11th Street
New York, NY 10011

Sunset Park Family Health Center
(Lutheran Medical Center)
150- 55th Street
Brooklyn, NY 11220

Syracuse Community Health Center, Inc.
819 South Salina St.
Syracuse, NY 13202

United Hospital Fund - Homeless Health
55 Fifth Ave.
New York, NY 10003

Westchester Partnership for the Homeless
280 Dobbs Ferry Road - Suite 209
White Plains, NY 10607

Westside Health Services, Inc.
480 Genesee Street
Rochester, NY 14611

Whitney M. Young Jr. Health Ctr.
Lark & Arbor Drives
Albany, NY 12207

William F. Ryan Comm. Health Ctr.
110 West 97th Street
New York, NY 10025

MEMORANDUM OF UNDERSTANDING

Memorandum of Understanding between _____ County Department of Social Services and _____, a hospital/Federally qualified health center (outreach provider) servicing _____ County residents through the Medical Assistance (MA) Outreach program in which provider staff accept MA applications.

- A. The _____ County Department of Social Services (DSS) agrees to:
1. Provide training to designated provider staff in interviewing techniques and the kinds of information or documents the applicant must provide to show eligibility.
 2. Provide training on the general eligibility requirements of the MA program.
 3. Advise the provider staff of appropriate changes in MA regulations and procedures in a timely manner.
 4. Supply all necessary MA forms and provide instructions for completing the forms as necessary.
 5. Follow up on applications after submission by the outreach provider. If the DSS needs additional documentation/verification, they may request the provider to get the information if the applicant is receiving inpatient care.
 6. Notify applicants of MA eligibility decisions and forward a copy of the notice to the outreach provider.
 7. Provide the outreach provider with the name(s) of a contact person and a phone number at DSS.
 8. Cooperate with the outreach provider in establishing reasonable procedures to accomplish tasks described.
- B. For the purpose of this program, the outreach provider will:
1. Designate an interviewer(s) and notify DSS in writing of the name(s), title(s) and qualifications of that person(s) and names of any backup(s) or replacement(s) who will be performing eligibility interviews. All interviewers will participate in training held by the Department of Social Services.

ATTACHMENT II
(CON'T.)

2. Have designated person(s) interview applicants who are in-patients, out-patients or any person(s) who may request MA without having received any care or services from the medical facility.
3. Obtain a signed Release of Information from the applicant where applicable i.e., medical information needed for disability review determination.
4. Complete the interview guide (DSS-3570). Complete all referral forms as necessary. The last page of the guide must contain a case narrative.
5. Conduct a face-to-face interview with the applicant or the applicant's representative and obtain as much documentation as possible of all statements on the application form (DSS-2921-M). All necessary documentation that is not submitted at the interview should be entered on the documentation requirements form (DSS-2642). Provide a copy of the DSS-2642 to the applicant.
6. Refer any applicant who wants to apply for any other social services program to the DSS office.
7. Provide the original application, interview guide and DSS-2642 along with a photocopy of all documentation required, to DSS using the agreed upon procedures. Information may not be mailed to the DSS.
8. Maintain a log showing applicant's name, date of interview and date on which the application was provided to DSS.
9. Keep confidential all information obtained while acting to facilitate the filing of an MA application. Unauthorized release of information collected can result in termination of this agreement. All persons designated to perform MA eligibility interviews are required to sign the confidentiality agreement provided by DSS.

Any outreach provider participating in this program that consistently fails to meet minimum performance standards as documented by the case error rate of that provider as determined by either the DSS or New York State Department of Social Services may be ineligible to continue to have provider staff accept applications. In such cases, procedures will be developed to allow _____DSS staff to accept applications at the outreach site. Periodic case reviews will be done to determine satisfactory levels of performance.

ATTACHMENT II
(CON'T.)

Any outreach provider participating in this program may withdraw from the program upon 60-days written notice to DSS. The DSS may also stop participating in this program with 60-days written notice to the provider.

Provider Representative

_____County Department
of Social Services

Title

Title

Date

Date

CONFIDENTIALITY AGREEMENT

I, _____, (title)_____ at (provider name) _____ have been designated to take Medical Assistance (MA) applications. I understand that all communications and information received by me in the course of conducting a MA eligibility interview is confidential and may not be disclosed by me to unauthorized personnel or used for any purpose other than determining eligibility for MA benefits.

I understand that any violation of these provisions is unlawful and may subject me to loss of my status as a designated interviewer as well as any other penalties prescribed by law.

Signature

Print Full Name

Date

Witness