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 | ADMINISTRATIVE DIRECTIVE |  
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TRANSMITTAL: 91 ADM-28

TO: Commissioners of  
 Social Services

DIVISION: Medical  
 Assistance

DATE: August 19, 1991

SUBJECT: Medical Assistance Applications at Hospitals and  
 Federally-Qualified Health Centers

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SUGGESTED DISTRIBUTION:	Medical Assistance Staff Income Maintenance Staff Fair Hearing Staff Staff Development Coordinators
CONTACT PERSON:	MA Eligibility County Representative 1-800-342-3715, ext. 3-7581 New York City Representative 212-417-4853
ATTACHMENTS:	Attachment I-Federally-Qualified Health Centers in New York State Attachment II-Provider Letter (Outreach) Attachment III-Completion Instructions for DSS-2921 at Outreach Sites Attachment IV-Memorandum of Understanding Attachment V-Confidentiality Agreement Attachment VI-Completion Instructions for DSS-2921 at Outreach Sites (Spanish) (All Attachments Available On-Line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 ADM-9		360-2.2(f)	P.L. 101-508		91 LCM-82
90 ADM-42		2.3			GIS91MA017
		2.4			GIS91MA016
		4.1			

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I. PURPOSE

This Directive advises social services districts of the Medical Assistance (MA) outreach provisions in the Omnibus Budget Reconciliation Act (OBRA) of 1990 (P.L. 101-508). States must provide for the receipt and initial processing of MA applications for pregnant women and certain children at sites other than those used to accept applications under Title IV-A programs. These sites are disproportionate share hospitals and Federally-Qualified Health Centers (FQHCs).

II. BACKGROUND

In order to simplify the MA application process and increase access to medical care, OBRA '90 requires that states receive and begin processing MA applications for pregnant women and children under the age of six at locations other than social services district offices as of July 1, 1991. The outreach sites at which pregnant women and the children must be able to apply for MA include disproportionate share hospitals and FQHCs. Locations other than these facilities may be used. The legislative intent is to facilitate greater access to medical care and services by having the MA application completed at the medical facility rather than at the social services district office. The social service district still makes the final eligibility decision.

Note: Recent State legislation (Chapter 472 of the Laws of 1991) will phase in MA coverage for children up to age 19 with family income up to 100 percent of federal poverty level. Households including these children also will be entitled to apply for MA at outreach sites. Further information concerning the new eligibles will be provided when districts must take additional action.

Disproportionate share hospitals are all those hospitals that participate in the bad debt and charity pool. These facilities are all general hospitals licensed under Article 28 of the Public Health Law and include all acute care hospitals in New York State except Veterans Administration hospitals.

FQHCs are facilities that receive grants under section 329, 330 or 340 of the Public Health Service Act. These facilities include community health centers, migrant health centers, and programs to provide health care to the homeless. FQHCs are also facilities which the Secretary of Health and Human Services determines meet the requirements to receive such a grant.

OBRA '90 mandates that the MA-Only application used for pregnant women and children at outreach sites be different from the one used to apply for Title IV-A benefits. Eligibility requirements are less complex for pregnant women and many children. The MA applications completed by outreach applicants must reflect these simpler requirements.

III. PROGRAM IMPLICATIONS

Districts must develop the ability to receive MA-Only applications, interview applicants, obtain documentation, and complete other standard initial eligibility requirements for pregnant women, children under the age of six and other household members who wish to apply for MA at all outreach sites, i.e., all hospitals and FQHCs. (See Attachment I, Federally-Qualified Health Centers in New York State.) Districts are encouraged to accept applications for households that do not include children under age six or pregnant women as well.

Outreach sites must accept applications from individuals regardless of whether that individual received care at the facility if another site that does not take Title IV-A applications is not easily accessible to that person. For example, a hospital that is an outreach site and is located 30 miles from the district office in a rural county should take an application from a pregnant woman who has not received services there. In contrast, a hospital located one mile from a district office with a separate MA office on a bus route in an urban county would not be required to take her application.

Districts will be granted exceptions to the requirement to provide outreach at disproportionate share hospitals and FQHCs when alternative sites are better able to reach the target population. For example, a PCAP or Child Health Plus (CHP) location may be in the vicinity of the hospital or FQHC and be as accessible but may provide the opportunity to reach more households including pregnant women and children. Districts may also use health care sites that serve pregnant women and children located in areas where there is no easy access to hospitals or FQHCs. Such a site may be proposed as an alternative to outreach at a disproportionate share hospital or FQHC if the district determines that it is a more appropriate location for reaching pregnant women and children.

Additionally, exceptions to the requirement to provide outreach at all disproportionate share hospitals and FQHCs may be granted when the medical facility is within a short distance of the district MA-Only office. To be granted an exception to the outreach

requirement, the medical facility must provide care to a minimal number of pregnant women and children. As a guideline, a minimal number requirement would be met when less than 15 percent of the facility's patients are low income i.e., MA eligible or uninsured, persons who are unable to pay for medical care. Also, the district MA-Only office must be at least as easily accessible as the medical facility. When such an exception is granted, the district must provide a method of receipt and initial processing of an application when unusual circumstances prevent the applicant from coming to the district office. For example, district staff should be available upon call as needed.

The Department has mailed a letter to all hospitals identified by the New York State Department of Health as disproportionate share hospitals and each of the FQHCs identified by the United States Public Health Service. The letter notifies the facility about the outreach program, tells them to expect contact from the district and describes the benefits they may derive by participating in the program. (See Attachment II)

The current application for Public Assistance, MA, Food Stamps, and Services (DSS-2921) will be used at outreach sites for households including pregnant women, and children under the age of six. However, these applicants will not have to complete all sections of the application. An instruction sheet telling the outreach applicant which sections they do not need to complete must accompany the application. Districts must ensure that outreach sites use the application and instructions (Attachment III) for households including pregnant women and children under the age of six.

Eligibility standards and requirements, including those for presumptive eligibility for pregnant women, are the same for applicants at outreach sites as they are for applicants at district offices.

Providers who are now certified as PCAP or qualified providers may continue to make MA presumptive eligibility determinations for pregnant women. As explained in this Directive, PCAP providers may, with additional training, complete eligibility interviews as outreach providers. This will diminish the need for the PCAPs to represent pregnant women at the district office for a face-to-face interview. PCAP providers that do not participate in outreach must continue to offer to represent pregnant women at the eligibility interview at the district office as required in 90 ADM-9.

#### IV. REQUIRED ACTION

Districts must provide for the initial intake and processing of MA-Only applications for pregnant women, and children under the age

of six and are to include any additional family members who want to apply at outreach sites. Details of these requirements follow:

A. Use of the Outreach Application

The DSS-2921 must be used for all MA-Only applications taken at outreach sites for all households including a pregnant woman or child(ren) under the age of six.

Districts must insure that applicants have the ability to apply for MA-Only at outreach sites. Individuals who wish to apply for other programs as well as MA must be referred to the social services district office to make applications for MA and other appropriate programs.

Applicants at outreach sites will not have to complete all sections of the application. Applicants will complete only the sections appropriate to their household according to the instructions that accompany the outreach application (Attachment III).

1. Applications for pregnant women and children under the age of six.

If applications include only these individuals, sections 2-3, 10-11 and 14-15 are not to be completed. The pregnant woman is not required to complete the questions on citizenship in section 7 for herself.

Because no resource test or comparison to the Public Assistance Standard of Need is required for these applicants, completion of the resources and shelter expense information is not needed. Sections concerning transfer and employment/training are also not appropriate to these applicants and are not required to be completed.

Since an outreach application is for MA-only, information required of applicants for food stamps and other programs is not needed.

There is no resource test for a child age one through five as long as family income does not exceed 133 percent of the federal poverty level. If a district determines that the family income of a child age one through five exceeds 133 percent of the federal poverty level, the district must contact the applicant and request information on resources. Additionally, the district must request shelter expense information since the PA Standard of Need may be higher than the MA level.

2. Applications for other household members in addition to pregnant women or children under the age of six.

When an outreach application includes individuals in addition to a pregnant woman and/or child(ren) younger

than six years of age, the applicant must complete all sections of the application except 2-3 and 15. The additional sections to be completed request information on resources, shelter expenses and transfer.

3. Applications for households that do not include pregnant women or children under the age of six.

Districts may opt to accept outreach applications from households that do not include pregnant women or children under age six. For example, applications by elderly or disabled individuals may be processed at outreach sites if required information can be collected at the medical facility.

These applicants must complete all sections of the application form except 2-3 and 15.

B. Application Intake and Initial Processing Requirements

Districts must facilitate the MA application process for households including pregnant women and children under the age of six. Districts must insure that the opportunity to apply at the outreach site is offered as appropriate to the frequency with which pregnant women and children use each facility. The Department encourages districts to maximize the amount of time during which applicants may apply and initial processing is available. No minimum hourly requirements for outreach are specified; the Department expects districts to work with providers to ensure that pregnant women and children have sufficient opportunity to apply for MA at all outreach locations.

Staff who fulfill the outreach function may be district staff or provider staff (salaried or volunteer) as described in Section C, Implementation Options. Districts must insure that:

1. applicants have assistance if needed to complete the application;
2. an interview is completed at the outreach site (if the interview is conducted by persons other than employees of the district, it substitutes for the district face-to-face interview);
3. supporting documentation is obtained whenever possible at the outreach site; and
4. the application and documentation are delivered to the district for eligibility determination, notification and final processing. Applications and documentation may be mailed to the district by the provider, not the applicant.

C. Implementation Options

Although districts must ensure that pregnant women and children are able to apply for MA at outreach sites, districts have flexibility in establishing procedures to meet these requirements.

1. Time available at the facility to accept applications -

Districts are responsible for developing a reasonable and appropriate schedule for taking applications at outreach facilities. In order to assess need, districts may use any information at their disposal including hospital administration estimates of the number of pregnant women and children receiving medical services at the facility. The Management and Administration Reporting System (MARS) Report 019, Provider Ranking List, may be used to estimate claims volume at the facility.

Districts must ensure that interested individuals know when and where they can apply at the facility. Districts and/or providers should post notices containing this information.

2. Staffing -

Trained staff must be present to interview applicants at the outreach sites. These staff may be district staff or trained provider staff if the facility and districts have an agreement under a Department approved implementation plan. The Department will assist in training providers when the district has requested assistance in accordance with GIS 91MA017. Districts and providers may prefer that provider staff perform these outreach requirements as provider staff may be able to take applications when needed while district staff may be available only during specified hours.

Staff options include:

- a. district staff salaried by the district on site at each outreach facility;
- b. district staff salaried partially or fully by the facility at each facility; or
- c. outreach facility staff salaried by the facility and trained by the district or Department at each facility. Use of the provider staff (salaried or volunteer) is permissible only under a Department approved implementation plan

including an agreement allowing an interview by provider staff to substitute for the district requirement to perform a face-to-face interview.

3. Regional Medical Facilities -

Some medical facilities provide services to residents of several districts. The Department recommends that districts work together to develop one set of procedures for facilities to use when the facility takes applications from residents of more than one district.

The district in which the facility is located has primary responsibility to insure that outreach is available to all pregnant women and children who want to apply at the site regardless of the district of residence. Neighboring districts whose residents regularly use the facility are encouraged to assist in providing outreach.

Districts may find that, for large facilities that draw patients from a wide geographic area, provider staff may be the most appropriate to take outreach applications. As described in Attachment II, providers frequently benefit from having staff available to accept applications on a frequent basis. Because districts may not be able to offer outreach as frequently as the provider would like, providers may prefer that their own staff take outreach applications.

When districts share responsibility for accepting applications at outreach sites, they must arrange for suitable and timely transmittal of applications and documentation between districts. Applications and documentation may be mailed to the district of financial responsibility when the use of a courier is not feasible. Eligibility determinations must be made within 30 days of the date the application is received by the district of financial responsibility.

4. Documentation requirements -

Applications taken at outreach sites are for MA-Only. The application process simpler than the usual process since only sections relevant to the applying household must be completed.

Documentation requirements for all A/Rs, regardless of where they apply, are revised as an additional effort to ease requirements.

For all A/Rs who claim to be at least 21 but not yet 65, a statement to verify date of birth is sufficient.

A statement that an applying couple are married may be considered sufficient to document their relationship. Their relationship to children must be documented through the children's birth certificates.

5. Receipt of documentation at outreach site -

OBRA '90 facilitates MA application by pregnant women and young children by giving them the opportunity to apply at the outreach sites. These applicants must not be required to routinely go to the district to complete the application process, including provision of documentation. In order to obtain necessary documentation, districts have the option to develop procedures for all or most documentation to be received at the outreach site.

If outreach staff forward applications with incomplete documentation to the district, they must notify the applicant of the documentation lacking and the date by which the documentation must be provided. Documentation may be mailed or hand-delivered to either the outreach site or the district office; districts must not require that the applicant bring the documentation to the district office.

D. Department Approved Plan

Each district must submit an implementation plan to the Department for approval. The district must develop its plan in accordance with the following:

1. If a district chooses to provide outreach at a location other than a disproportionate share hospital or FQHC, the district must explain why that site was chosen as an alternative or in addition to the mandated sites.
2. The district must specify the hours at which outreach staff are expected to be available at each site to accept applications and interview applicants. The Department must report to the federal Health Care Financing Administration (HCFA) its program of ensuring that the OBRA requirements are being implemented. If outreach staff are not available on a full time basis at each facility, districts must describe and justify part-time outreach schedules in the plan to be submitted to the Department. This information will be used in the Department's report to HCFA.
3. When the district plans to use only social services district staff to interview applicants, obtain

documentation and complete initial processing, the plan must include:

- a. The number and titles of district staff who will provide this function.
  - b. The name and phone number of a district contact person to whom providers, the Department or other interested parties may direct questions.
  - c. A description of any tasks provider staff have agreed to fulfill, such as to schedule appointments for applicants to meet with district staff at the facility.
4. When the district plans to use provider outreach staff to interview applicants, obtain documentation and complete initial processing, as a basis for allowing the provider rather than the district to perform a face-to-face interview, the plan must include:
- a. A Memorandum of Understanding (MOU) between the district and each outreach facility providing this function. A sample MOU is included as Attachment IV. Districts that choose to modify this MOU or substitute another must include a copy of their proposed MOU and explain procedures that vary from those in Attachment IV.
  - b. The name and phone number of a district contact person to whom providers, Department staff and other interested parties may direct questions.
  - c. A description of how and when training will be provided to outreach staff unless the district has requested that the Department assist in training providers.

The Department will review and approve plans or request modifications in order to assure that the plan will satisfy the Federal mandates. Districts should proceed to implement according to their plans until directed otherwise.

The district must submit an implementation plan by the effective date of this ADM to:

Ruth A. Bongiovanni, Acting Bureau Director  
Eligibility & Systems  
New York State Department of Social  
Services - Medical Assistance  
40 North Pearl St.  
Albany, NY 12243

E. Department Monitoring of Outreach

Department staff will monitor implementation of outreach as part of on-going communications with districts. After outreach has been operational for at least six months, the Department may contact districts and providers to solicit their comments concerning fulfillment of program goals, satisfaction with procedures used and recommendations for improvement.

F. Additional Information

1. Certified Provider/PCAP Participation

Certified providers and PCAP offices may be used as outreach locations for this program. When the district agrees to use these provider locations as outreach sites, the providers will need additional training in order to complete a full eligibility interview. Districts must describe outreach procedures to be used by these providers as well as the other providers in the plans that are submitted for Department approval.

Districts may find that providers are interested in becoming qualified providers to do presumptive eligibility applications for pregnant women. Such providers should be referred to:

Claire Malone  
Bureau of Primary Care  
New York State Department of  
Social Services - Medical Assistance  
40 North Pearl St.  
Albany, NY 12243

518-473-5875

2. District Cost Claiming

Those outreach site costs paid by the local social services district should be claimed as administrative expenditures of the Medical Assistance program on the Schedule D-4 Calculation of Medical Assistance Eligibility Determination/Authorizations/ Payments Cost Shares (DSS-2347-B2) of the RF-2A Claim Package.

3. Spanish Outreach Application Instructions

Outreach application completion instructions in Spanish are included as Attachment VI.

G. System Implications

None.

H. Effective Date

This Directive is effective August 15, 1991 retroactive to July 1, 1991.

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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 Svcs.  
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

Dear Provider:

In an effort to increase access to medical care, the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) requires that each state provide for the intake and initial processing of Medical Assistance (MA) applications for certain people at alternate locations including disproportionate share hospitals and Federally-Qualified Health Centers (FQHC). This outreach capability must be available for households including pregnant women and children under the age of six years. The New York State Department of Health has given us the name of your facility as meeting the definition of either a disproportionate share hospital or an FQHC.

The County Department of Social Services (DSS) in which your facility is located will be contacting you concerning this requirement. Other counties may also contact you if their residents routinely use your facility.

Many hospitals and clinics already have working relationships with DSS offices in which provider staff or provider-funded district staff accept MA applications at the facility. Medical facilities have often sought to have staff available to accept MA applications on a frequent basis because it is financially advantageous to the facility and convenient to the applicant. Letters from providers with such arrangements have noted various other benefits associated with initial processing of applications on-site. Some of the benefits noted are as follows:

- having applications on-site ensure that patients apply for MA and do so in a timely manner. This is particularly advantageous for patients with long inpatient stays;
- decisions and payments are quicker when delays associated with appointments are eliminated;
- applicants are less reluctant to apply at the facility; and
- discharge planning is facilitated when the hospital knows if the patient is eligible for MA.

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If you are interested in increasing the opportunity for your patients to apply for Medical Assistance, you should be prepared to discuss various options when the district in which your facility is located contacts you.

Your assistance and cooperation with district staff in increasing the availability of MA applications to pregnant women and children is appreciated.

Sincerely,

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

## ATTENTION!!

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IMPORTANT INFORMATION  
 FOR COMPLETING THE  
 MEDICAL ASSISTANCE  
 APPLICATION FORM

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The application form is numbered by section. The sections you need to fill out depend on who you are and who in your family is also applying.

\* If you and everyone you are applying for are:

1. Pregnant

or

2. A child under age 6,

you do not need to fill out the following sections of the application form at this time:

Page one - section 2 (emergency Food Stamps)  
 - section 3 (Food Stamps/other Services)

Page three - section 10 (information on resources)

Page four - section 11 (shelter expenses)  
 - section 14 (transfer of property)  
 - section 15 (employment/training issues)

If you are pregnant, you do not need to answer the questions on citizenship in section 7 for yourself. If our initial review indicates that family income of a child age 1 - 5 is above the allowable limit, we will request information about your resources and shelter expenses.

IF OTHER FAMILY MEMBERS ARE APPLYING and they are not pregnant or under age 6, you need to fill out all sections of the application except for sections 2, 3 and 15.

NOTE: IF YOU WISH TO APPLY FOR PUBLIC ASSISTANCE OR FOOD STAMPS, YOU MUST FILE AN APPLICATION AT YOUR COUNTY DEPARTMENT OF SOCIAL SERVICES. YOU WILL THEN BE REQUIRED TO COMPLETE OTHER SECTIONS OF THE APPLICATION FORM AS WELL.

## MEMORANDUM OF UNDERSTANDING

Memorandum of Understanding between \_\_\_\_\_ County Department of Social Services (DSS) and \_\_\_\_\_, (outreach provider) a hospital/Federally-Qualified Health Center that services \_\_\_\_\_ County residents through the Medical Assistance (MA) Outreach Program in which provider staff accept MA applications.

## A. The DSS agrees to:

1. Supply training by district or New York State staff to designated provider staff in interviewing techniques and the kinds of information or documents the applicant must provide to verify eligibility.
2. Provide training on the general eligibility requirements of the MA program.
3. Advise the provider staff of relevant 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, it may request that the provider 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 to establish reasonable procedures to accomplish the tasks described in this document.

## . 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) staff that will be performing eligibility interviews. All of the above individuals will participate in training held by the DSS.

2. Have designated person(s) interview applicants who are inpatients or outpatients at the outreach site. (Any other person(s) who request MA may also apply at this outreach site when the DSS acknowledges that access to the other application sites is limited.)
3. Obtain a signed DSS Release of Information from the applicant where applicable i.e., medical information needed for disability review determination.
4. Complete the interview guide (DSS-3570) and 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). All necessary documentation that is not submitted at the interview must be entered on the documentation requirements form (DSS-2642). Provide a copy of the DSS-2642 to the applicant, notify the applicant of any missing documentation and the due date for submission of documentation.
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 should be hand delivered to the DSS whenever possible.
8. Maintain a log that shows the applicant's name, date of interview and date on which the application was provided to DSS.
9. Keep confidential all information obtained while acting as an outreach provider to facilitate the filing of an MA application. The unauthorized release of information collected can result in termination of this agreement and potential legal action as defined by Section 136 of the Social Services Law. All persons who are designated to perform MA eligibility interviews must sign the confidentiality agreement provided by DSS.

Any outreach provider participating in this program who consistently fails to meet minimum performance standards as documented by the case error rate of that provider as determined by DSS may be ineligible to continue as an outreach provider. In such cases, procedures shall 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.

Any outreach provider participating in this program may withdraw from the program upon 60 days written notice to DSS. The DSS may terminate this program on 60 days written notice to the provider(s).

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Provider Representative

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\_\_\_\_\_County Department  
of Social Services

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Title

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Title

-----  
Date

-----  
Date



CONFIDENTIALITY AGREEMENT

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

¡ATENCIÓN!

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INFORMACION IMPORTANTE  
PARA COMPLETAR  
UN FORMULARIO DE SOLICITUD  
DE ASISTENCIA MEDICA

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El formulario de solicitud está numerado por sección. Las secciones que usted necesita completar dependen de quién usted es y quién en su familia también está solicitando.

\* Si usted o alguien para quien usted está solicitando está:

1. Embarazada

o

2. Es un niño(a) menor de seis años,

usted no necesita completar las secciones siguientes del formulario de solicitud en este momento:

Página uno - sección 2 (Cupones de Alimentos de Emergencia)  
- sección 3...(Cupones de Alimentos/otros Servicios)

Página tres - sección 10 (información sobre los recursos)

Página cuatro - sección 11 (gastos de vivienda)  
- sección 14 (transferencia de la propiedad)  
- sección 15 (temas de empleo/entrenamiento)

Si usted está embarazada, usted no necesita responder las preguntas correspondientes a usted sobre la ciudadanía en la sección 7. Si nuestra revisión inicial indica que el ingreso de la familia de un niño(a) de 1 a 5 años es superior al límite permisible, nosotros pediremos información acerca de sus recursos y de los gastos de vivienda.

SI OTROS MIEMBROS DE LA FAMILIA ESTAN SOLICITANDO y no están embarazadas son menores de 6 años de edad, usted necesita completar todas las secciones de la solicitud excepto las secciones 2, 3 y 15.

NOTA: SI USTED DESEA SOLICITAR ASISTENCIA PUBLICA O CUPONES DE ALIMENTOS, USTED DEBE PRESENTAR UNA SOLICITUD AL DEPARTAMENTO DE SERVICIOS SOCIALES DE SU CONDADO. ENTONCES SE LE REQUERIRA A USTED QUE TAMBIEN COMPLETE OTRAS SECCIONES DEL FORMULARIO DE SOLICITUD.