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Informational Letter

Section 1

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To:	Local District Commissioners
Issuing Division/Office:	Temporary Assistance
Date:	Revision Date: July 6, 2004/Original Release: March 23, 2004
Subject:	Documentation Requirements Reminder
Suggested Distribution:	Temporary Assistance Directors Medicaid Directors TOP Coordinators Staff Development Coordinators
Contact Person(s):	Temporary Assistance Policy Questions: Central Team at (518) 474-9344 Medicaid Local District Support Unit Upstate (518) 474-8216 Medicaid NYC (212) 268-6855
Attachments:	None
Attachment Available On – Line:	<input type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
03MM/ADM2 01MM/ADM6 93 ADM-29 85ADM-38		351.5 351.6		TA Source Book Chapter 5 Section D	

Section 2

I. Purpose

The purpose of this release is to remind districts of their responsibilities regarding proper documentation procedures.

II. Background

Recent reviews of TANF eligibility determinations by the Office of State Comptroller (OSC) found that at times, districts fail to properly document all elements of an applicant's/recipient's eligibility for assistance.

III. Program Implications

Temporary Assistance:

Local district staff are reminded of three important aspects of documentation:

- Districts must fully document an applicant's/recipient's eligibility for assistance. The LDSS-2642 "Documentation Requirements" form must be used by staff to assist in the documentation process. Districts must also accept alternate sources of documentation when the more commonly available sources are unavailable to the applicant/recipient.
- Districts that use electronic case folders must ensure that the entire case record is scanned, maintained and available for retrieval. If a district is starting to use electronic case folders and will contract for limited scanning of existing material, (for example, material up to one year old), the unscanned material must be maintained and be available for audits and other necessary reviews. The scanned material must include permanent documentation.
- Districts that scan documents must make sure that they are legible.

Districts are also reminded that:

- Temporary Assistance supervisors must do 100% case review (unless they have an approved case supervisory review plan as per 99 ADM-4).
- When the A/R establishes that he/she has made reasonable efforts to obtain information or verification from a third party that refuses to provide the information, the district must assist the A/R in getting the information or verification from the third party or another source. When the third party imposes a charge for providing the verification, the district must pay the fee.

Medicaid:

Generally, applications for Medicaid, Family Health Plus, Child Health Plus A or the Family Planning Benefit Program are made on the DOH-4220: "Access NY Health Care" application. The DOH-4220 includes a documentation checklist. A documentation checklist is also included in the mail-in renewal packet. When an application is made on the LDSS-2921 or a recertification on the LDSS-3174 for health care only, districts may use the LDSS-2649: "Documentation Requirements" or an approved local equivalent.

When determining eligibility for Medicaid, Family Health Plus, Child Health Plus A or the Family Planning Benefit Program, previously documented information on the Welfare Management System (WMS) which is not subject to change should not be re-documented. Further, many adult applicants for Family Health Plus have children in receipt of Child Health Plus A. When an applicant/recipient has a child in receipt of Child Health Plus A, where possible, the district should use the documents that were obtained to establish the child's eligibility, and should not require the parent to resubmit documentation of the items not subject to change. Documentation of income is not required if the child's eligibility was established within three (3) months of the parent's application date.

Persons applying for Family Health Plus (FHPlus), who are income eligible for Medicaid, may attest that their resources are above the Medicaid level. However, any income generated by a resource (e.g., interest) must be documented. FHPlus applicants/recipients are only required to document their resources if they are spending down to the Medicaid level. When an applicant/recipient establishes that s/he has made reasonable efforts to obtain information or verification from a third party that refuses to provide the information, the district should assist the applicant/recipient in obtaining the information or verification from the third party or source. An Administrative Directive (ADM) will be issued later this year advising districts that Medicaid applicants/recipients may attest to their resources unless they are seeking Medicaid coverage of long-term care services. Until this ADM is issued, Medicaid applicants/recipients subject to a resource test must continue to provide documentation of resources.

As noted for Temporary Assistance cases, the entire case record is available in either electronic or hard copy.

Issued By _____
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