



Fiscal & Administrative Solutions

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Dear CR or IRA Provider:

The January to June 2010 semi-annual personal needs/clothing allowance payment of \$125.00 paid to voluntary agencies serving individuals living in Community Residences (CR) or Individualized Residential Alternatives (IRA) will be generated soon. Your review and response to the enclosed attachments are required for payment generation. **In order to receive the automated payment, you must return the information in the enclosed pre-addressed envelope no later than March 5, 2010 (postage must be added before mailing).**

ATTACHMENT A: PERSONAL NEEDS/CLOTHING ALLOWANCE ELIGIBILITY WORKSHEET

This worksheet must be completed for every eligible individual and retained in the individuals' files at your agency. **DO NOT return this form to OMRDD.** Enclosed are detailed instructions for completing this worksheet.

ATTACHMENT B: PAYMENT VERIFICATION FORM

This form provides OMRDD with verification of the data on the Preliminary Payment Report. Please correct your agency information, if necessary, provide the contact information and select the appropriate verification statement. **This form must be received by OMRDD no later than March 5, 2010 for individuals to be paid via the automated payment run.**

ATTACHMENT C: PAYMENT CORRECTION FORM

This form is used to correct payment data for residents who have a payment amount other than \$125.00 as calculated using ATTACHMENT A: PERSONAL NEEDS/CLOTHING ALLOWANCE ELIGIBILITY WORKSHEET. Please note that the corrected amount cannot be greater than \$125.00.

ATTACHMENT D: PRELIMINARY PAYMENT REPORT

This report identifies individuals currently enrolled in your CR and/or IRA program(s) according to OMRDD's Tracking and Billing System (TABS). Please review this report for completeness and accuracy.

- If a resident is **not** on your report, **do not** add his or her name to the list. You **must** contact your DDSO or Region 2 Service Delivery and Integrated Solutions, formerly NYCRO, to process a DDP-1 to add the person(s) to the appropriate program in TABS.
- Any DDP-1 processed in TABS prior to the final automated run, will result in individual(s) being included in the automated payment run at full payment.
- If DDP-1s are not processed timely, you will need to submit a completed Standard Voucher (AC92) to receive payment for individual(s) not reflected on your final printout. Automated payments will only be generated for individuals in TABS.

Standard Vouchers for the January – June 2010 semi-annual personal needs/clothing allowance payment received prior to March 5, 2010 will be returned as you should confirm payment is not received via the automated payment before submitting a voucher claim.

- If you are unsure of the eligibility of an individual, identify the individual and place a \$0 payment amount on ATTACHMENT C: PAYMENT CORRECTION FORM. Do not delay responding to the entire list because you are unsure of an individual's eligibility. At a later date, when eligibility is determined, you can submit a completed Standard Voucher (AC92) for payment.
- Your agency will receive a printout of the final payment run which will show the individuals for whom a payment was processed.

When your review is complete, please return **ATTACHMENT B: PAYMENT VERIFICATION FORM**, and if appropriate, **ATTACHMENT C: PAYMENT CORRECTION FORM**, to the address listed below. A pre-addressed envelope has also been enclosed for convenience purposes (postage must be added before mailing). **Please note that you must return the form(s) no later than March 5, 2010 in order to receive the automated payment.**

OMRDD
Bureau of Central Operations
Payment Processing Unit – 5th Floor
44 Holland Avenue
Albany, New York 12229

If changes in individuals residing in your CRs or IRAs occur after the automated final payment run, you must submit a completed Standard Voucher (AC92) for payment for any new individuals. The voucher must contain the individual's name and TABS ID and be mailed to the above address. The Standard Voucher (AC92) may be found on the OMRDD website at www.omr.state.ny.us. Once you are on the website, click on **News & Publications, Forms** and then **Central Operations - Payment Processing Unit Billing Forms and Instructions**. The link for the Standard Voucher (AC92) can be found near the bottom of the page.

If you have questions, or need assistance completing the forms, please call 518-402-4333 and ask for CLOTHING ALLOWANCE ASSISTANCE. Thank you for your immediate attention.

Sincerely,



Karla J. Smith
Director of Central Operations

Attachments

cc: Provider Associations

Mr. Moran	Ms. Gentile
Mr. Whitehead	Mr. Kiyonaga
Mr. O'Loughlin	Mr. Engel
Ms. Wright	Ms. Adams

ATTACHMENT A
PERSONAL NEEDS / CLOTHING ALLOWANCE ELIGIBILITY WORKSHEET

RESIDENT NAME: _____

1. Is the client receiving SSI ? <i>If yes, enter \$125.00 on line 26</i> <i>If no, continue to line 2</i>	1. <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is the client enrolled in Medicaid? <i>If yes, enter \$125.00 on line 26</i> <i>If no, continue to line 3</i>	2. <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ENTERED "YES" TO QUESTION 1 OR 2 – STOP HERE - SIGN AND DATE THIS FORM. PLACE IN RESIDENT'S FILES. IF YOU ANSWERED "NO" CONTINUE TO LINE 3	
3. Total assets from all sources	3. \$
4. Current Medicaid asset limit	4. \$ 13,800
5. Subtract line 4 from line 3 (<i>enter 0 if difference is negative</i>) <i>If line 5 is greater than \$125.00 enter 0 on line 26</i> <i>If line 5 is less than \$125.00, enter amount on line 22 and complete Lines 6 thru 26</i>	5. \$
6. Total unearned income	6. \$
7. Unearned income disregard	7. \$ 20.00
8. Subtract line 7 from line 6 (net unearned income)	8. \$
9. Total Gross wages	9. \$
10. Unearned income disregard if not used in line 7 (\$20.00)	10. \$
11. Work related exemption	11. \$ 65.00
12. Subtract lines 10 and 11 from line 9 (<i>enter 0 if difference is negative</i>)	12. \$
13. Enter half of line 12 (net wages)	13. \$
14. Add line 8 to line 13 (total net income)	14. \$
15. Personal incidental allowance	15. \$
16. Subtract line 15 from line 14 (adjusted net income)	16. \$
17. Current provider payment	17. \$
18. Subtract line 17 from line 16 (excess income) <i>(enter 0 if difference is negative)</i>	18. \$
19. Health insurance premiums paid by client	19. \$
20. Subtract line 19 from line 18 (adjusted excess income)	20. \$
21. Full semi-annual allowance amount	21. \$ 125.00
22. Enter amount from line 5 (excess assets)	22. \$
23. Subtract line 22 from line 21 <i>(payment remaining after deduction for excess assets)</i>	23. \$
24. Enter six time the amount on line 20 (excess income)	24. \$
25. Subtract line 24 from line 23 and enter amount on line 26 <i>(enter 0 if difference is negative)</i>	
26. Payment amount for which resident is eligible	26. \$

REVIEWER'S SIGNATURE

DATE REVIEWED

INSTRUCTIONS FOR COMPLETING ATTACHMENT A PERSONAL NEEDS / CLOTHING ALLOWANCE ELIGIBILITY WORKSHEET

The Personal Needs / Clothing Allowance Eligibility Worksheet should be reviewed by your Agency prior to each six-month payment. The Worksheet should be updated, as necessary, to reflect any changes in a person's eligibility for the payment. *Once you have reviewed / updated the Worksheet, a copy must be placed in the resident's files.*

To complete the Worksheet you must:

- Enter the name of the resident for whom the worksheet will be completed
- *Determine the allowance eligibility amount for the resident:*
 - ✓ Residents who receive SSI and/or are enrolled in Medicaid are eligible for the full \$125.00 semi-annual payment. Complete line 1 and/or 2 of the Worksheet. If you answered, "Yes" to questions 1 and/or 2, you can stop there. The Worksheet is complete. You must sign, date the Worksheet and retain a copy for the resident's files.
 - ✓ For non-SSI / non-Medicaid eligible residents you must complete the entire Worksheet to determine the level of payment due to a resident. Note that some residents will be ineligible for any payment because they have "excess assets or income".
- *Purpose of payment:*
 - ✓ Section 41.36n of the Mental Hygiene Law provides for payment of up to \$125.00 semi-annually to operators of community residential facilities (i.e. IRAs and CRs) for one or more of the following needs of consumers residing in such facilities:
 - Replacement of necessary clothing
 - Personal requirements and incidental needs
 - Recreational and cultural activities
- *Accounting Requirements:*
 - ✓ According to Part 686 of NYCRR, your agency's financial records must:
 - Account for these funds separately, and
 - Document that all expenditures of these funds are for one of the resident needs specified above.
 - ✓ **These records must be available at all times for audit purposes. Funds remaining in a resident's account at the time of transfer to another CR or IRA site MUST be forwarded to the persons' new residence.**

Once you have completed the Worksheet, the person completing the Worksheet must sign, date and put a copy in the resident's file. All data are subject to audit by OMRDD.

If you have any questions regarding this Worksheet you may call 518-402-4333.