



Office of Temporary and Disability Assistance

ANDREW M. CUOMO
Governor

MICHAEL P. HEIN
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

Administrative Directive Memorandum

Section 1

Transmittal:	20-ADM-02
To:	Social Services District Commissioners
Issuing Division/Office:	Employment and Income Support Programs
Date:	January 8, 2020
Subject:	District/Community Partnership to Support Individuals Diagnosed with Acquired Immune Deficiency (AIDS) or Human Immunodeficiency Virus (HIV)
Suggested Distribution:	Temporary Assistance Directors SNAP Directors Employment Coordinators WMS Coordinators Fair Hearing Staff Medicaid Staff
Contact Person(s):	Temporary Assistance Bureau: (518) 474-9344 SNAP Bureau: (518) 473-1469
Attachments:	Attachment A - District Partnership Agreement Attachment B - Quarterly Report for District Partnership
Attachment Available Online:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
18-ADM-05 90 ADM--8 09-ADM-03 99 LCM-20 14-LCM-15		18 NYCRR 352.3(k)	SSL § 131-a (15) Chapter 53 of the Laws of 2019 Public Health Law § 2782		GIS 17 TA/DC006

Section 2

I. Summary

This Administrative Directive (ADM) advises social services districts (districts) outside of New York City (NYC), that opt into the 30% income contribution and/or the Fair Market Rent (FMR) for Emergency Shelter Allowance (ESA) provisions for applicants/recipients (A/R) of Temporary Assistance (TA), that they may enter into a partnership with Medicaid Managed Care Organizations

(MMCO), performing provider systems, and/or other third-party payors (partners) to provide financial support to A/R's who have been medically diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) as defined by the AIDS Institute of the New York State Department of Health and who are homeless or facing homelessness. Providing financial support to this vulnerable population will assist with long-term housing stability. Studies show that stable housing can facilitate improved health outcomes and reduce Medicaid costs.

New York State (NYS) will initially match, dollar for dollar up to \$1 million per district, the costs of the 30% income contribution plan and/or the FMR for ESA plan and services for districts whose partnerships have been approved. Districts who propose a partnership are responsible to contract with a not-for-profit to provide services, including case management. The agreement between the district and the not-for-profit must be included with the district's partnership submission.

If Medicaid/Health Care savings are realized once the NYS matching funds are exhausted, the partner will need to assume the entire cost of funding the district's on-going 30% income contribution and/or FMR for ESA plan and the costs associated with providing services through the district's agreement with the not-for-profit for participating and eligible TA recipients. The partner will remain financially responsible to fund the 30% income contribution and/or FMR for ESA plan for cases enrolled through this partnership so long as the A/R meets TA eligibility requirements. If cost savings are not realized, Districts are reimbursed for costs associated with the policy options based on the category of assistance. The current reimbursement rate for Family Assistance (FA) is 100% Federal reimbursement, and Safety Net Assistance (SNA) is reimbursed at 29% State reimbursement.

II. Purpose

The purpose of this ADM is to provide guidance to districts who wish to submit a 30% income contribution and/or the FMR for ESA plan and establish a partnership that will continue to pay the costs of the plan if a Medicaid/Health Care savings is realized. Providing long term housing stability and lessening the clients rent burden through continued financial support is expected to result in improved health outcomes for this vulnerable population. Districts approved for a partnership may be awarded funding to provide dollar for dollar matching funds with their partner while determining if a cost savings is realized. To participate, districts must establish a partnership and submit a 30% income contribution and/or FMR for ESA plan to the Office of Temporary and Disability Assistance (OTDA) for approval. In addition, the district must contract with a not-for-profit to provide services.

Information on how a district can opt into the 30% income contribution and/or FMR for ESA provisions, eligibility requirements, plan submission, budgeting methodology, manual notices and required reporting to OTDA, can be found in: [18-ADM-05: "30 Percent Income Contribution for Individuals Diagnosed with Acquired Immune Deficiency \(AIDS\) or Human Immunodeficiency Virus \(HIV\) and Changes to Maximum Amounts Allowed for Emergency Shelter Allowances \(ESA\)"](#).

III. Background

Districts have the option to submit a plan to limit contributions required of A/Rs of TA, who have been medically diagnosed with AIDS/HIV and who have earned and/or unearned income, to apply no more than 30% of their monthly gross earned and/or unearned income towards their actual monthly shelter costs. Districts can also submit a plan to provide A/Rs medically diagnosed as having AIDS/HIV, with an ESA up to a district's current FMR. Both provisions require districts to submit a plan and receive approval from OTDA and DOB, prior to implementation.

Chapter 53 of the Laws of 2019 included language allowing districts and their partner(s) to initially share financing of the district's approved 30% income contribution and/or FMR for ESA plan and

associated case management costs. The partner(s) will be required to match, dollar for dollar, the district's payments from State reimbursement, which will finance the remaining balance of the shelter payments above the contribution amount assigned to the household. Once the matching funds have been exhausted, and if Medicaid/Health Care savings are realized, the partner(s) will assume funding the entire balance of the district's approved 30% income contribution and/or FMR for ESA plan and for the case management costs.

Any agreement between the district and partner(s), must include a Memorandum of Understanding (MOU)/contract that documents the responsibility of the partner(s) to fully assume funding the 30% income contribution and/or FMR for ESA plan indefinitely as well as, how a Medicaid/Health Care savings will be tracked and determined.

Districts are not mandated to opt into the 30% income contribution plan, the FMR for ESA plan and/or a partnership.

State funding for the District Partnership Program is limited to a total of \$5 million that will be used to support the costs of the 30% income contribution and/or FMR for ESA plan where a district enters into a partnership. Districts may be awarded up to \$1 million, if a District Partnership Plan is approved. The partner(s) will be responsible to match the State's contribution, dollar for dollar.

IV. Program Implications

Districts choosing to participate in the 30% income contribution and/or FMR for ESA plan, may enter into a partnership. If Medicaid/Health Care Savings are realized, the partner will assume funding the on-going 30% income contribution and/or the FMR for ESA plan. In addition, the partner will take over full responsibility for the funding of services to the participating TA recipients once state funding is exhausted. Districts with OTDA approved partnership agreements may be awarded up to \$1 million each.

Districts may continue to submit plans, to participate in a 30% income contribution and/or FMR for ESA plan, as stated in [18-ADM-05](#), without a partnership. Districts are prohibited from adopting either a 30% income contribution and/or FMR for ESA plan without OTDA and DOB approval.

State appropriation language provides districts with the option to provide an ESA to an A/R who is medically diagnosed as having AIDS/HIV, with a shelter allowance maximum up to the district's current FMR. If a district does not provide an ESA to an A/R who is medically diagnosed as having AIDS/HIV, 18 NYCRR 352.3(k) requires districts to provide an ESA of up to \$480 for the first household member medically diagnosed as having AIDS/HIV and \$330 for each additional household member not to exceed the cost of shelter. (SSL 131-a (15))

V. Required Action

A. Plan Submission/Approval

To submit a District Partnership Plan for approval, a district must first have either an OTDA and DOB approved 30% income contribution plan and/or FMR for ESA plan in place. Districts who do not have a 30% income contribution plan and/or FMR for ESA approved plan in place should refer to 18-ADM-05 on how to submit a plan for OTDA and DOB approval.

Districts who have not submitted a 30% income contribution and/or FMR for ESA plan can do so while submitting a District Partnership Plan. A district may receive approval of their 30% income

contribution and/or FMR for ESA plan, consistent with [18-ADM-05](#). As a result, the district would solely be responsible to fund their approved plan.

If a District Partnership Plan does not realize the anticipated savings, the district's 30% income contribution plan and/or FMR for ESA Plan and services would remain in place.

Districts with an OTDA and DOB approved plan for a 30% income contribution and/or FMR for ESA plan, who wish to opt into a partnership, must secure an MOU between the district and the partner(s) establishing the terms of the agreement. Once an MOU is secured, districts must complete Attachment A: "District Partnership Agreement" and submit the District Partnership Agreement, MOU and a contract with a not-for-profit to provide services, to OTDA and receive OTDA and DOB approval prior to implementation.

Districts should send these documents to:

Office of Temporary and Disability Assistance
Employment and Income Support Programs
Temporary Assistance Bureau
40 North Pearl Street, Floor 11C
Albany, NY 12243

Districts are prohibited from implementing any plan prior to receiving approval from OTDA and DOB.

B. Required Reporting to EISP

As is required for all districts who have opted into the 30% income contribution and/or the FMR for ESA plan, districts with a partnership are required to provide OTDA with data as directed in [18-ADM-05](#) using Attachment B: "Quarterly Report for District Partnership." This spreadsheet must be submitted within 30 days after the completion of a quarter. For example, the data for the quarter January – March must be submitted by April 30th. Partners must submit to OTDA, through the partner district, a listing of the costs associated with each case and whether there has been a savings realized. The list should also document the overall costs and whether there was a cumulative savings realized.

The Quarterly Report for District Partnership can be sent by email to the TA Bureau mailbox at: otda.sm.cees.tabureau@otda.ny.gov.

VI. Systems Implications

Information regarding system operations and case tracking will be made available to districts who opt into and are approved for a partnership.

VII. Supplemental Nutrition Assistance Program (SNAP) Implications

Shelter supplements, including those issued through an approved 30% income contribution and/or FMR for ESA plan are exempt as SNAP income.

VIII. Other

The 30% income contribution and FMR for ESA provisions as described in this directive and enter into a partnership, are for Rest of State (ROS) districts only.

IX. Effective Date

This policy is effective immediately. Districts that opt to utilize the 30% income contribution and/or FMR for ESA plan and establish a partnership must submit a District Partnership Plan by February 1, 2020 and receive approval from OTDA and DOB prior to implementing any of the provisions set forth in their district's plan. Plans submitted after February 1, 2020 will be considered on a case-by-case basis and as funding is available.

Issued By

Name:	Jeffrey Gaskell
Title:	Deputy Commissioner
Division/Office:	Employment and Income Support Programs/Office of Temporary and Disability Assistance