Access to Home for Medicaid Disbursement Requirements

Revised June 2015

The following instructions must be used by all Local Program Administrators (LPA's) administering the New York State Access to Home for Medicaid Program received from the Housing Trust Fund Corporation (HTFC). Access to Home for Medicaid program recipients must follow these instructions to report on project activity and to receive disbursements of funds. LPA's should also refer to their NYS Access to Home for Medicaid Agreement and direct all questions to the Project Manager, Vicki Sharp. Ms. Sharp may be reached at (518) 474-2057 or Victoria.Sharp@nyshcr.org.

Project Set Up

A Project Set up Form (Access to Home for Medicaid Form-01) must be submitted for each project **before** the LPA commences work on the unit and before any request for disbursement is submitted to the Housing Trust Fund Corporation (HTFC). The Project Set up Forms must only be submitted after the LPA has received a written executed agreement with the property owner to do the specific work identified.

The data gathered from the Set up Forms allows HTFC to monitor the program status and to report to the Legislature on program accomplishments. The LPA's are responsible for submitting accurate project set up forms. These forms are located on our website at:

- http://nyshcr.org/Forms/AccessToHome-Medicaid

Electronic Transfer of Funds

Funds will be transferred directly into the LPA's designated account through an Automated Clearing House procedure. The Designation of Depository must be submitted to the HTFC, with original signatures. These forms are available on the HCR website at:

- http://nyshcr.org/Forms/ocdhm_directdeposit.pdf

Disbursement Requests and Project Detail Sheets

LPAs may draw funds by submitting an Access to Home for Medicaid Disbursement Request Form (Form Access to Home for Medicaid Form-02), directly to the Access to Home for Medicaid Program Manager. Disbursements should be numbered consecutively beginning with the SHARS ID number (i.e. 20110000-01, 2011000-02). If you have any questions regarding this process, please contact the Access to Home for Medicaid Program Manager.

Recipients must send original signed copies of each disbursement request to:

New York State Access to Home for Medicaid Program
Office of Community Renewal
The Hampton Plaza, Room 403S
38-40 State Street
Albany, New York 12207

The Disbursement Request Form may be scanned and/or emailed for review. However, the payment will not be processed until the Disbursement Request Form is submitted with an original signature to the Access to Home for Medicaid Program Manager. All disbursement requests must include the following information/documentation:

- A Project Detail Sheet (Access to Home for Medicaid Form-03);
- Photos of the before and after for the project. Please email photos for a better resolution, a JPEG format is preferred; and
- Supporting documentation for all project expenses affiliated with the request for disbursement. Please include receipts/invoices for activities related to the project request and filing fees associated with the Property Maintenance Declaration form.

When signing the Disbursement Request Form, the LPA is certifying that the work was done satisfactorily and is in accordance with applicable program rules and local laws. Funds may only be requested for costs that have been incurred.

The Disbursement Request Form must be signed by the Project Signatory. An "Authorized Signatory Form" must be submitted to the HTFC, with original signatures, when submitting your Access to Home for Medicaid Program Agreement and at any time an employee is added as a signatory. This form can be found at: http://www.nyshcr.org/Programs/AccessToHome-Medicaid/.

Project Completion

To indicate that the project is complete, check "final" on the Disbursement Request Form. The Project Detail Sheet should indicate $0 in the "Balance Remaining" field.