

# ACCESS NYC

American Public Human  
Services Association –  
IT Solutions Management

*Recent Trends in Service  
Quality and Service Delivery*

Joe Fleischman

August 2007

# The Case for ACCESS NYC

*ACCESS NYC will consider the needs of residents, CBOs, and Agencies to achieve client-centered and streamlined health and human service delivery in New York City.*



Resident

## ACCESS NYC

Improved Client Access and Customer Service



Enhanced Service Delivery



Better Outcomes



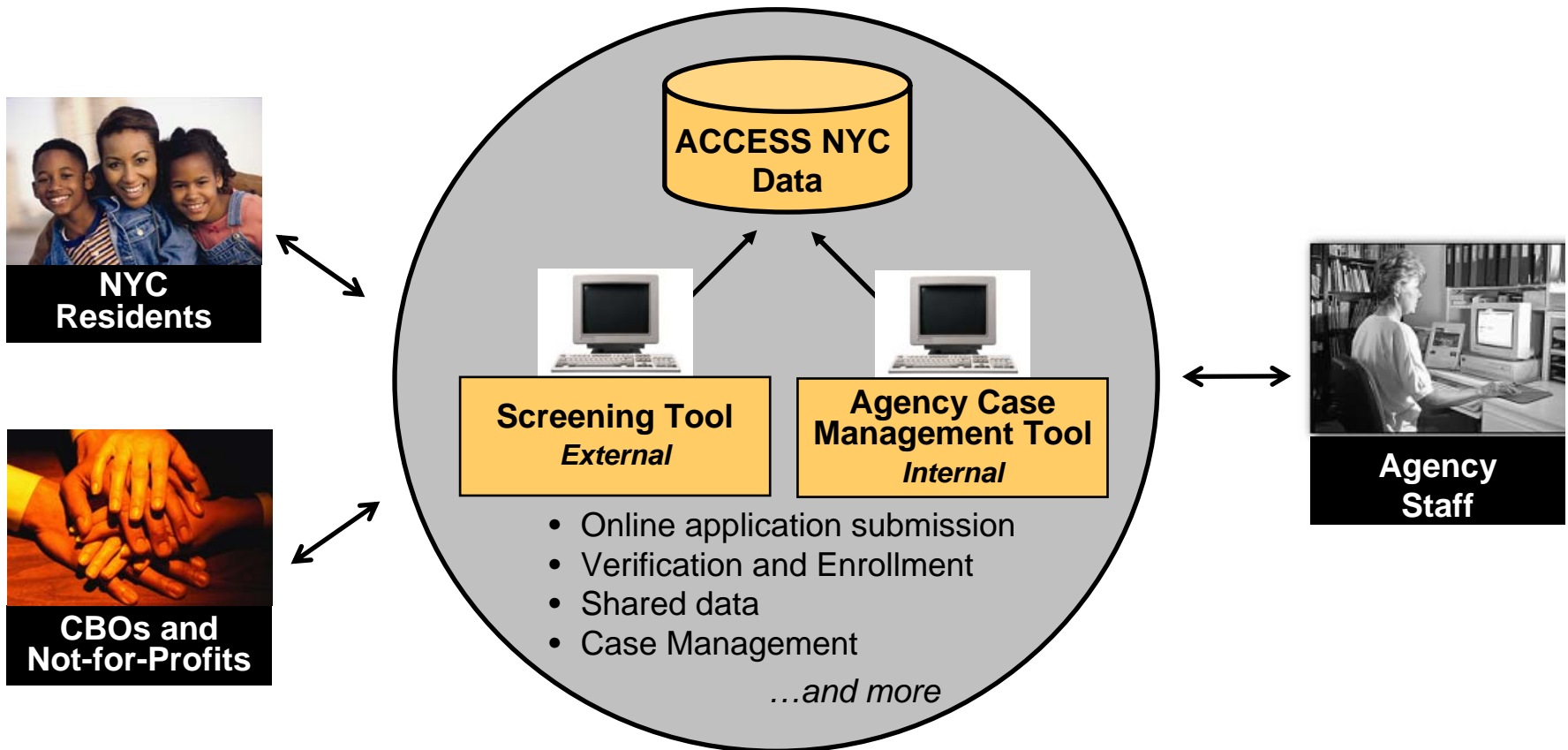
Agency

CBO



# A Vision for ACCESS NYC

*Each decision regarding the present ACCESS NYC approach or technology is made within the context of the future vision of a single, coordinated, enterprise solution.*



# Screening – The First Component

The ACCESS NYC screening tool is currently online at [www.nyc.gov/accessnyc](http://www.nyc.gov/accessnyc) and provides a unified source of information regarding 28 benefit programs in 7 languages.

ACCESS NYC - Microsoft Internet Explorer provided by Human Resources Administration

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Address [www.nyc.gov/accessnyc](http://www.nyc.gov/accessnyc) Go

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Welcome - Bienvenido - 歡迎 - أهلا وسهلا - Вуенвени - 환영합니다 - Добро пожаловать

[View ACCESS NYC in English](#)

[Ver ACCESS NYC en español](#)

[查看中文版ACCESS NYC](#)

[عرض ACCESS NYC باللغة العربية](#)

[Egzamine ACCESS NYC an Kreyòl Ayisyen](#)

[ACCESS NYC 보기\(한국어\)](#)

[Работать с системой ACCESS NYC на русском языке](#)

2007 CBC Award

2007 Best of New York Award

- ✓ Potential eligibility
- ✓ Pre-populated applications
- ✓ Application instructions
- ✓ Documentation required
- ✓ Office locations and maps

# Step 1: Initial Eligibility (5 min)

*In Step 1, users choose a language and answer 10 simple questions to determine their high-level eligibility for multiple benefit programs.*

## ACCESS NYC Step 1 Questions

## Step 1 (approximately 5 minutes)

ACCESS NYC will estimate which programs the household may be eligible for based on the answers to the following questions.

All items with an asterisk (\*) are required

How many total people live in the <u>household</u> ? *	<input type="text" value="4"/>
How much is the <u>gross income</u> for the <u>household</u> ? (Ex. 1000.00) *	<input type="text" value="2500"/>
How frequently is this <u>gross income</u> received? *	<input type="text" value="Monthly"/>
Is the <u>primary residence</u> owned or rented? *	<input type="text" value="Rent"/>
Is anyone in the <u>household</u> age 60 or older? *	<input type="text" value="YES"/>
Is anyone in the <u>household</u> disabled or blind? *	<input type="text" value="NO"/>
Is anyone in the <u>household</u> pregnant? *	<input type="text" value="NO"/>
Is anyone in the <u>household</u> a veteran? *	<input type="text" value="NO"/>
Is anyone in the <u>household</u> unemployed? *	<input type="text" value="YES"/>

Check the boxes if there are children in the household that are in the following age groups:

- Less than 1 year old
- 1 - 2 years old
- 3 - 4 years old
- 5 years old
- 6 - 12 years old
- 13 - 18 years old
- 19 - 21 years old
- 22 - 24 years old

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**Results**

**End of Step 1** [Exit](#) [Previous](#) [Next](#)

The household may be eligible for the programs listed below. There is also a separate list of programs that require more information to make a determination. Additional information about each program can be viewed by clicking on the program name or contacting the Agency.

Check the boxes next to the program names for which you would like a more detailed screening and click 'Continue to Step 2.'

[Print this page](#)

[Get information about the documents you may need to bring to apply for the programs](#)

[Search for office locations for the programs](#)

[View and print forms to apply for the programs](#)

[Continue to Step 2](#)

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**End of Step 1** [Exit](#) [Previous](#) [Next](#)

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**Screen for All Programs**

**Programs for which ACCESS NYC determined the household may be eligible:**

- [Child and Dependent Care Tax Credit](#)
- [Child Care](#)
- [Child Tax Credit](#)
- [Earned Income Tax Credit \(EITC\)](#)

# Step 2: Detailed Eligibility (20 min)

*In Step 2, users answer more detailed questions about the household and ACCESS NYC runs another rule set for potential eligibility of specific household members.*

**ACCESS NYC**  Log Off |  Contact Us |  Help

**Household Members**

**Step 2**

Enter information about any household members that you wish to be included in the ACCESS NYC process. Multiple members can be added.

**Add Household Member**

All items with an asterisk (\*) are required

Enter first name: \*

Middle initial:  Last name:

Select gender: \*

Enter date of birth (mm/dd/yyyy): \*

What is the relationship to the head of household? \*

**Save Member to List**

**Household Member List**

Name	Gender	Date of Birth	Head of Household	Disabled	Blind	Pregnant	Student
BOBBY JONES	Male	06/19/2001	NO	NO	NO	NO	YES
MARY JONES	Female	01/01/1962	YES	NO	NO	NO	NO
TREVOR JONES	Male	06/17/1987	NO	NO	NO	NO	NO

**ACCESS NYC**  Log Off |  Contact Us |  Help [Go to NYC.gov](#)

**ACCESS NYC Results**

**End of Step 2** [Return to Home page](#) [4 Previous](#)

You have now completed Step 2 of ACCESS NYC.

- The household may be eligible for the programs listed below. There is also a separate list of programs that require more information to make a determination.
- Additional information for each program can be viewed by clicking on the program name or contacting the Agency.
- This is not a guarantee of eligibility. If you are interested in applying for these programs, you should contact the Agencies directly to apply.

[Print this page](#)

Click 'Return to Home page' to return to the User Home page for more options.

**Programs for which ACCESS NYC determined the household may be eligible:**

Program	Name
<a href="#">Child Care</a>	BOBBY JONES
<a href="#">Child Health Plus B without family contribution</a>	BOBBY JONES
<a href="#">Child Tax Credit</a>	Household Members with a Dependent Child
<a href="#">Earned Income Tax Credit (EITC)</a>	MARY JONES
<a href="#">Healthy NY</a>	BOBBY JONES, MARY JONES
<a href="#">Home Energy Assistance Program (HEAP)</a>	All Household Members
<a href="#">Medicaid Access Income/Medicaid</a>	SUZIE JONES, TREVOR JONES, BOBBY JONES, MARY JONES
<a href="#">Out-of-School Time (OST)</a>	BOBBY JONES
<a href="#">School Meals - Reduced Price</a>	BOBBY JONES
<a href="#">Section 8 Housing Assistance</a>	All Household Members
<a href="#">Summer Meals</a>	BOBBY JONES

**Programs for which ACCESS NYC cannot make a determination:**

Program
<a href="#">Child and Dependent Care Tax Credit</a>
<a href="#">Child Health Plus A/Medicaid</a>
<a href="#">Disability Rent Increase Exemption (DRIE)</a>
<a href="#">Disabled Homeowners' Exemption (DHE)</a>
<a href="#">Family Health Plus/Medicaid</a>
<a href="#">Food Stamp</a>

# Step 3: Take Action (10 min)

*In Step 3, users take action based on the results of their screening.*

Form List

Click on the links below to view and then print the forms.  
**NOTE: Some of the application(s) require additional information**

If you need help completing these application(s), please contact the [Age](#)

**Health Insurance Programs**

- Public Health Insurance Application [View and print](#) NOTE: This applicati
- Public Health Insurance Application Instructions [View and print](#)

The forms will be opened in Adobe Reader.  
 If you do not have Adobe Reader, click the link to download: [Adobe Rea](#)



ACCESS NYC  
ACCESS NYC ID: maryjones

## ACCESS NY HEALTH CARE

Child Health Plus / Family Health Plus / Medicaid / PCAP / WIC

PLEASE READ the entire application and INSTRUCTIONS before you fill it out.  
 Print clearly in blue or black ink. If you need more room for any section, attach the Additional Information page.  
 An incomplete application cannot be processed and will result in a delay of coverage.

**Section A Contact Information** Please tell us who you are and how to contact you.

First Name	MARY	Middle Initial		Last Name	JONES
Please give us a number where you can be reached if we need to contact you for more information:	Phone # ( 718 ) 555-5555	Another Phone #		Primary Language Spoken	
HOME ADDRESS of the persons applying for health insurance	Street 1800 MCGRAW AVENUE			Apt# 1A	
	City BRONX	State NY	Zip Code 10462	County Bronx	
MAILING ADDRESS of Contact Person, if different	Street			Apt#	
	City	State	Zip Code	County	

**Section B Household Information** List the head of household on line 1. List the names of the persons applying for or already receiving Child Health Plus, Family Health Plus, Medicaid, or PCAP. You must also list the name of any parent, step-parent or spouse of an applying person who lives in the household, even if the person is not applying. You may list other members of your household at your option (for example, a dependent child under the age of 21). Listing the other household members may allow us to give you a higher eligibility level.

Name First, Middle Initial, Last	Date of Birth	Sex F/M	Is this person pregnant?	Is this person a parent of any applying child?	Relationship to Head of Household	Does this person want health insurance? (Yes or No)	APPLICANTS ONLY	
							Social Security Number (if available) Not Needed for pregnant women	Race/Ethnic Group (See Codes)
1 MARY JONES Maiden Name, if any:	1/1/1962	<input checked="" type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HEAD OF HOUSEHOLD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2 SUZIE JONES Maiden Name,	6/14/1935	<input checked="" type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Parent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

4. Determine documents required

Child Care	INCOME: Veteran income source one document
Child Care	INCOME: Wage source of each document

# Outreach

*The ACCESS NYC Outreach campaign thus far has focused on building partnerships with Agencies and Community Organizations before the market launch later this year.*

- ☑ Word of Mouth
- ☑ Mayoral Announcements
- ☑ ACCESS NYC Newsletter
- ☑ Agency Bulletins and Publications
- ☑ Presentations to Partner Organizations
  - Non-Profits and CBOs
  - Human Service Agencies
- ☑ Links from Partner Websites
- Soon!** Full-scale Marketing Campaign

**Coming Soon – A new look for ACCESS NYC**



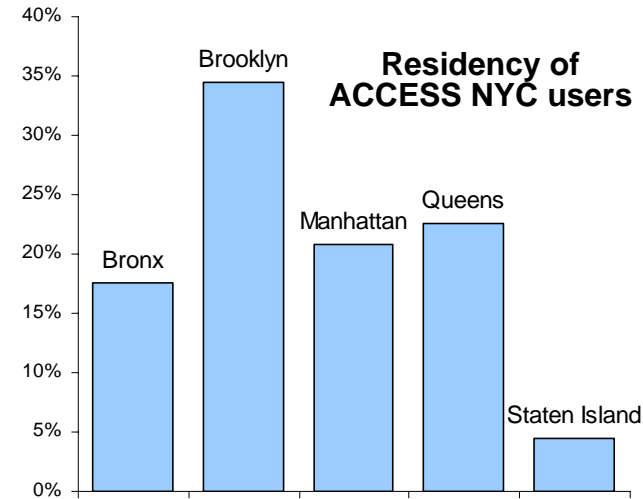
# ACCESS NYC Statistics

*ACCESS NYC statistics are already offering valuable insight regarding those residents seeking health and human services in New York City.*

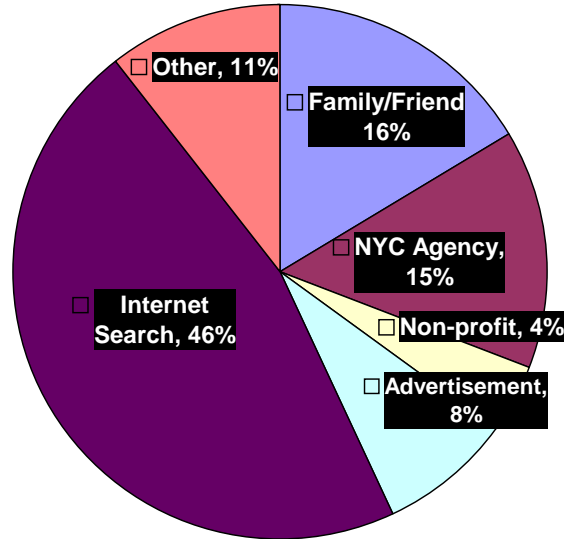
**Top 5 Programs for which ACCESS NYC determined users are eligible:**

1	Healthy NY
2	Child Tax Credit
3	Medicaid (w/o family contribution)
4	Section 8 Housing Assistance
5	Food Stamps

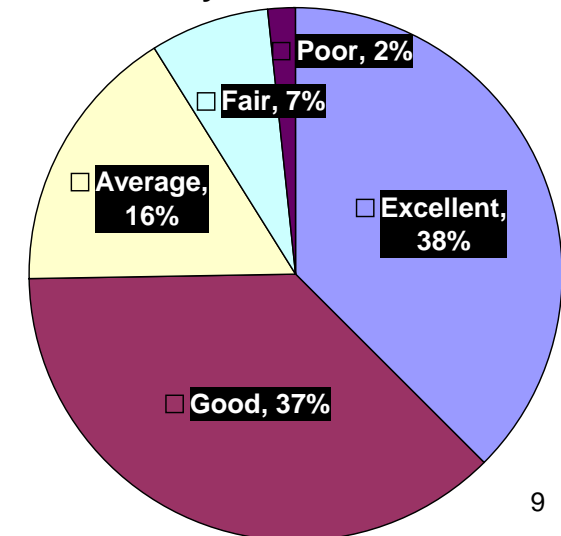
- ✓ 100,000+ visits after 10 months
- ✓ Average 350 visits per day
- ✓ 95% use the tool in English
- ✓ 70% have children under 24
- ✓ 8% have a pregnant member
- ✓ \$36,000 median household income
- ✓ 15,000+ application forms have been downloaded
- ✓ Food Stamps is the most frequently downloaded form
- ✓ Average user spends 11 minutes in ACCESS NYC



**How did you hear about ACCESS NYC?**



**How would you rate ACCESS NYC?**



# Lessons Learned

*The first few phases of the project have offered lessons regarding best practices in large-scale, cross-organizational implementations.*

## Technical

- ✓ **Multi-Language system and Translations**
- ✓ **Flexible design**
- ✓ **Balance business needs with correct sequencing of projects**

## Organizational

- ✓ **Governance and Collaboration between Business and Technology experts**
- ✓ **Agency Liaisons and procedure for updates**
- ✓ **Common understanding (terms, level of screening, etc.)**

# Questions



**For additional ACCESS Questions or Requests**  
*... or to sign up for the ACCESS NYC Newsletter, please contact:*

Email: [ACCESSNYChelp@doitt.nyc.gov](mailto:ACCESSNYChelp@doitt.nyc.gov)