

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Judith Arnold, Director  
Division of Eligibility and Marketplace Integration

**SUBJECT:** Address Confidentiality Program (ACP) for Victims of Domestic Violence

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Support Unit  
Upstate (518) 474-8887 NYC (212) 417-4500

The purpose of this General Information System (GIS) message is to advise local departments of social services (LDSS) of the Address Confidentiality Program (ACP) for victims of domestic violence and its implications for the Medicaid program. The introduction of the ACP does not preclude the LDSS from using an established process to safeguard an individual's address.

In response to the statewide need for a confidential address for victims of domestic violence, Chapter 502 of the Laws of 2011 established the ACP. The ACP is a substitute address program administered by the New York State Department of State (DOS) to allow victims of domestic violence, who meet certain prescribed certification requirements, to designate the Secretary of State as their agent for receiving their mail. An adult person, a parent or legal guardian acting on behalf of a minor or a legal guardian acting on behalf of an incapacitated person may apply to the Department of State for participation in the program. Other adult members of the victim's household may also apply to participate in the ACP if necessary to ensure the safety of the primary ACP participant.

The ACP provides victims the ability to have their whereabouts remain anonymous by providing a substitute address for them to use in lieu of their actual addresses. The address will be a Post Office Box that the DOS maintains. The ACP further requires State and local agencies to accept a program participant's use of a Post Office Box address designated by the DOS as a substitute residence, work, school and/or postal mailing address, unless a waiver is obtained from the DOS.

When individuals are accepted into the ACP, they are given an identification card that identifies them as ACP program participants. Effective immediately, local districts and New York State (NYS) designated agencies must accept the substitute address and include it in the case record for Medicaid applicants and recipients who are participating in the ACP. In addition, the participant is allowed to attest to their county of residence, for purposes of determining the fiscally responsible social services district.

There must be no notation of any actual address for residence, work or school in the Medicaid case record for the period of time for which the individual is participating in the ACP program. However, there may be a notation that the individual is an ACP program participant.

Upstate WMS system edits have been lifted to allow the ACP PO Box in the residency field. NYC WMS edits will not allow the ACP PO Box in the residency field. Therefore, HRA is instructed to enter HRA's address in the residency field (180 Water St. 24<sup>th</sup> FL., New York, NY, 10038) and the ACP PO Box in the mailing address.

If a person who is not participating in the ACP applies for Medicaid, and expresses an unwillingness to provide their actual address due to domestic violence concerns, the district and/or NYS designated agency must inform the applicant of the existence of the ACP and provide the applicant/recipient with the following information:

ACP Mailing Address: P.O. Box 1110  
Albany, NY  
12201-1110

ACP Local Phone Number: (518) 474-7306 - General Information

ACP Toll-Free Phone Number: 1-855-350-4595 - General Information

ACP Website Address - General Information/ACP Application: [www.DOS.NY.gov/acp](http://www.DOS.NY.gov/acp)

Please direct any questions to your Local District Support Liaison.