_____ -----+ | Transmittal Office of Administrative Hearings (OAH) Number: 94-14 +-----| Procedures Transmittal | Subject: NYC Certified Home Health Agency Requests + +-----! |Distribution: ALB OAH Staff +-+ UPS ALJs/ +-+ Upstate LDSS +-+| Date: February 15, 1994 +X+ SUP ALJs +-+ +-+ NYC OAH Staff +-+ NYC ALJs/ +-+ NYC Agencies +-+| +X+ SUP ALJs +X+ +X+ | +------

Requests pertaining to notices of intent generated by any NYC Certified Home Health Agency (CHHA) should be coded as follows:

Agency: NOHC/NYS Category: MA Subcategory: SP23 Issue: 246 Action: INAD/RED/DISC Other: Name/Address/Phone Number of the CHHA

When available, it is important to manually put the name, address and phone number of the CHHA recorded on the upper left-hand box of the CHHA notice in the "Other" field of the electronic DSS-1891 (see attached notice).

These requests may be identified by <u>Burland et al. vs. Dowling et al.</u> language at bottom of the notice, as well. This Department has been ordered to provide hearings for these cases which were previously not hearable. While these cases are not the responsibility of the Office of Home Care, but rather the CHHA will prepare and represent on these cases, the SP23 subcategory will ensure that the cases are scheduled at 109 E. 16th Street.

NYC reviewers should mail the white copy of the DSS-1891 to the CHHA agency listed in the "Other" field before forwarding to Albany.

Any questions can be directed to Sue Fiehl at (518) 473-4779 or via e-mail 90j029.