



NEW

020 CHILD CARE ALLOWANCE - NOT SUPPORTIVE SERVICES  
 061 ALLEGATION OF PLACEMENT IN WRONG CATEGORY OF ASSISTANCE  
 062 CHANGE FROM CASH ASSISTANCE TO NON-CASH ASSISTANCE - NOT 2 YEAR LIMIT  
 064 5 YEAR LIMIT - FAMILY ASSISTANCE  
 065 2 YEAR LIMIT - CASH SNA  
 115 DOMESTIC VIOLENCE WAIVER  
 116 FLEEING FELON  
 117 MINOR PARENT LIVING ARRANGEMENT  
 118 TEEN PARENT EDUCATION PARTICIPATION  
 119 PARENTAL FAILURE TO NOTIFY DSS OF MINORS ABSENCE  
 149 FAILURE TO COOPERATE WITH DRUG/ALCOHOL SCREENING/ASSESSMENT  
 179 REOPEN FOR GOOD CAUSE/NO NOTICE HEARING - ADH  
 201 185% GROSS INCOME LIMIT  
 203 100% POVERTY LEVEL  
 211 MANAGED LONG TERM CARE  
 229 DENIAL, REDUCTION, DISCONTINUANCE OF A SERVICE UNDER MANDATORY MANAGED CARE  
 230 DISENROLLED FROM MANDATORY MANAGED CARE - MANDATORY EXCLUSION  
 231 REENROLLED IN MA, PUT BACK IN PREVIOUS MANDATORY MANAGED CARE PLAN  
 232 APPROVAL/DENIAL OF REQUEST NOT TO JOIN MANDATORY MANAGED CARE PLAN  
 233 ENROLLED IN MANDATORY MANAGED CARE PLAN CHOSEN BY DISTRICT SINCE CLIENT DID NOT PICK PLAN  
 234 APPROVAL/DENIAL OF REQUEST TO DISENROLL FROM MANDATORY MANAGED CARE HEALTH PLAN FOR GOOD CAUSE  
 235 APPROVAL/DENIAL OF A MANDATORY MANAGED CARE PLAN'S REQUEST TO DROP CLIENT AS A MEMBER OF PLAN (by district or DOH)  
 236 DENIAL OF ENROLLMENT IN A MANDATORY MANAGED CARE PLAN  
 237 ENROLLED IN SAME MANDATORY MANAGED CARE PLAN AS OTHER MEMBERS OF CASE  
 238 CHANGE TO GUARANTEE COVERAGE UNDER MANDATORY MANAGED CARE  
 239 END OF MANDATORY MANAGED CARE GUARANTEE COVERAGE PERIOD  
 436 IPV DISQUALIFICATION: REOPEN FOR GOOD CAUSE/NO NOTICE HEARING

NEW LANGUAGE

021 BUDGETING EARNED INCOME  
 024 EARNED INCOME DISREGARD  
 026 BUDGETING OF COLLEGE GRANTS AND LOANS  
 027 BUDGETING CONTRIBUTIONS FROM OTHERS  
 032 100% OF POVERTY LEVEL  
 038 INCOME ISSUES RELATED TO QUARTERLY REPORT  
 041 ALLOWANCE FOR REPAIR/REPLACEMENT OF REAL PROPERTY/EQUIPMENT  
 060 ELIGIBILITY OF CHILD FOR FAMILY ASSISTANCE  
 154 FAILURE TO ALLOW SNA APPL TO APPLY 45 DAYS PRIOR TO SANCTION END  
 156 FAILURE TO ALLOW FA APPL TO APPLY 30 DAYS PRIOR TO SANCTION END  
 207 EXCESS MONTHLY INCOME  
 210 MANNER OF UTILIZATION OF SURPLUS INCOME  
 268 IPRO - DENIAL FOR DRUGS AND ELECTIVE SURGERY  
 405 DISCONTINUANCE/REDUCTION/DENIAL BASED UPON EXCESS INCOME  
 412 DISCONTINUANCE/DENIAL BASED UPON RESOURCES  
 425 DISCONTINUANCE/REDUCTION/DENIAL OF FOOD STAMPS - NO NOTICE INCLUDING DELAYED ISSUANCE  
 454 FOOD STAMP DISCONTINUANCE/REDUCTION DUE TO INCREASE IN SS, PA, SSI

GENERAL CHANGES:

All references to HR have been changed to SNA and all references to ADC have been changed to FA.

Any questions can be directed to your supervisor or to Lisa Hauth at (518) 474-2453 or via e-mail 89A110.

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Mark Lacivita, Director of Administration  
Office of Administrative Hearings

Attachment

PUBLIC ASSISTANCE CODESKEY FOR CODES:

SC - Sub-category used, check Desk Reference attached.  
Be sure to read criteria.

SC\* - No sub-category used but check Desk Reference for  
Agency Field and scheduling restrictions.

<u>SUBCAT:</u>	<u>NEEDS:</u>	<u>CORRESPONDING CODES:</u>
001	FAILURE TO INCLUDE NEEDS OF PERSONS IN THE HOUSEHOLD (Other than sanction of a household member) ie: Part-time presence in household (child weekends)	200, 404
002	AMOUNT PROVIDED FOR BASIC NEEDS (Other than pro-rating)	
004	SHELTER ALLOWANCE (Including rent enhancement and first month's rent) ( Also, see 049)	
006	RECURRING FUEL OR UTILITY ALLOWANCE (All other fuel issues listed separately)	
007	NEEDS OF PERSON NOT LIVING IN OWN HOME (Example: room and board, persons in facilities) (Failure to receive personal needs allowance in facility)	
008	ANY ISSUE INVOLVING NEEDS NOT IDENTIFIED BY OTHER CODE	
009	COOPERATIVE BUDGETING (Pro-rating need)	
SC*	013 REPAYMENT OF INTERIM ASSISTANCE PENDING SSI	
	014 HOUSEHOLD MEMBER LEFT HOME; REDUCE OR ELIMINATE NEEDS (Including temporary absence from household; household member in hospital)	200, 404
	015 FAILURE TO REMOVE HOUSEHOLD MEMBER FROM PA BUDGET	289, 457

<u>SUBCAT:</u>	<u>INCOME:</u>	<u>CORRESPONDING CODES</u>
	020 CHILD CARE ALLOWANCE-NOT SUPPORTIVE SERVICES (PA Recipients Only)	
		207, 405
SC	021 BUDGETING EARNED INCOME (Income sufficient to meet needs)	
	022 DEDUCTIONS OF WORK EXPENSES IE: \$90.00 deduction	
	023 UNEARNED INCOME (UIB, SSA, SSI, Child Support, Etc.)	207, 405
	024 EARNED INCOME DISREGARD (42%)	
	025 FILING UNIT - INCLUDING THREE GENERATIONAL HOUSEHOLDS (Blood relative in household must apply)	200, 404
	026 BUDGETING OF COLLEGE GRANTS AND LOANS	
	027 BUDGETING CONTRIBUTIONS FROM OTHERS (Including persons in the home, outside the home)	205, 415
	030 ANY OTHER ISSUE RELATING TO INCOME NOT IDENTIFIED BY OTHER CODE	
	031 185% GROSS INCOME LIMIT	207, 405
	032 100% OF POVERTY LEVEL	
	034 DEEMING OF SPONSOR'S INCOME AND RESOURCES TO AN ALIEN	205, 453
	035 PROSPECTIVE BUDGETING OF LUMP-SUM PAYMENT (Example: lottery winnings, lawsuit settlement)	206, 412
	038 INCOME ISSUE RELATED TO QUARTERLY REPORT (Including loss of deductions, late submission of quarterly report)	

<u>SUBCAT</u>	<u>SPECIAL NEEDS:</u>	<u>CORRESPONDING CODES</u>
	040 RESTAURANT ALLOWANCE	
	041 ALLOWANCE FOR REPAIR/REPLACEMENT OF REAL PROPERTY/ EQUIPMENT (Example: new roof, furnace, refrigerator, etc.)	
	042 ALLOWANCE FOR MOVING EXPENSES/BROKERS FEES	
	043 SECURITY ARRANGEMENT/DEPOSIT (Payments made under security agreement)	
	044 STORAGE OF POSSESSIONS	
	045 ALLOWANCE TO PURCHASE OR REPLACE) FURNITURE/PERSONAL POSSESSIONS (Example: furnishings, equipment supplies, clothing)	
	049 SHELTER ALLOWANCE PRIOR TO CASE OPENING (See 122 also)	
	050 ADVANCE SHELTER ALLOWANCE TO PREVENT EVICTION/FORECLOSURE (SEE ALSO CODE 653)	
	051 NON-WORK RELATED SPECIAL PAYMENT NOT IDENTIFIED BY OTHER CODE (Example: food voucher, travel reimbursement)	
	053 FAILURE TO PROVIDE PREGNANCY ALLOWANCE	208
	054 DENIAL/INAD-ADVANCE ALLOWANCE-PREVENT SHUTOFF/RESTORE UTILITY (SEE ALSO CODE 673)	
SC*	055 BURIAL CLAIMS	

SUBCATCATEGORICAL FACTORS:Page B-4  
CORRESPONDING  
CODES

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060	ELIGIBILITY OF CHILD FOR FAMILY ASSISTANCE	207, 404
061	ALLEGATION OF PLACEMENT IN WRONG CATEGORY OF ASSISTANCE	
062	CHANGE FROM CASH ASSISTANCE TO NON CASH ASSISTANCE NOT 2 YEAR LIMIT	
063	APPROPRIATE CATEGORY OF ASSISTANCE NOT IDENTIFIED BY OTHER CODE	207, 439
064	5 YEAR LIMIT - FAMILY ASSISTANCE	
065	2 YEAR LIMIT - CASH SNA	

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RESOURCES:

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070	AVAILABILITY OF AN AUTOMOBILE AS A RESOURCE	206, 412
071	AVAILABILITY OF PARENTAL HOME AS A RESOURCE FOR CHILD UNDER 21	223, 404
073	EXCESS RESOURCES (Examples: tax refunds, realty, bank accounts, personal property, life insurance, etc.)	206, 412
074	POTENTIAL RESOURCE (Example: applying for SSI, tax refund)	216, 422
075	FAILURE TO EXECUTE BOND AND MORTGAGE ON REAL PROPERTY (Lien)	216, 422

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<u>SUBCAT</u>	<u>MANNER OF PAYMENT:</u>	<u>CORRESPONDING CODES</u>
	090 RESTRICTED MANNER OF PROVIDING SHELTER GRANT (Action is reduction if just started, otherwise Inadequacy) (Example: voucher, two party rent check)	
	092 WHO SHOULD BE PAYEE OF THE GRANT	200, 404
SC	093 FAILURE TO RECEIVE GRANT OR REDUCTION W/C NOTICE OR EXPLANATION	254,425
	094 ANY OTHER MANNER OF PAYMNT ISSUE NOT IDENTIFIED BY OTHER CODE (Example: EBICS Inad, EBICS in message field)	
	095 RESTRICTED MANNER OF PROVIDING FUEL/UTILITY GRANT (Action is reduction if just started, otherwise Inadequacy)	

RECOUPMENTS:

	100 RECOVERY FOR DUPLICATED CHECK	
	101 RECOVERY OF RENT ADVANCE, SECURITY DEPOSIT	
	102 RECOVERY OF OVERPAYMENT CAUSED BY CONCEALMENT (Fraud)	
	103 RECOVERY OF OVERPAYMENT - NON FRAUD	440
	104 RATE OF RECOUPMENT INCLUDING UNDUE HARDSHIP	
	105 RECOVERY OF UTILITY OR FUEL ADVANCE	
	106 RECOUPMENT OF FAIR HEARING AID-CONTINUING BENEFITS (See 146)	
	107 RECOVERY OF EXCESS FUEL/UTILITY USAGE	
	108 OVER RECOUPMENT	



<u>SUBCAT</u>	<u>MISCELLANEOUS ISSUES:</u>	<u>CORRESPONDING CODES</u>
	115 DOMESTIC VIOLENCE WAIVER	
	116 FLEEING FELON	
	117 MINOR PARENT LIVING ARRANGEMENT	
	118 TEEN PARENT EDUCATION PARTICIPATION	
	119 PARENTAL FAILURE TO NOTIFY DSS OF MINORS ABSENCE	
	120 FAILURE TO VERIFY HOUSEHOLD COMPOSITION (Example: presence or absence of a person of opposite sex in the household; man in the house)	200, 404
	121 REMOVAL OF PERSON FROM GRANT OR DENIAL FOR IV-D VIOLATIONS (Establishment of paternity, child support)	216, 422
	122 EFFECTIVE DATES OF COVERAGE FOR HOUSEHOLD OR MEMBER THEREOF (Period prior to case opening, see 049 for shelter)	240, 417
	123 EFFECTIVE DATES OF CHANGES IN ENTITLEMENT	240, 400
SC	124 74-H HEARING (Ulster and Oneida County, Correspondence use only)	
SC	125 DISTRICT OF RESPONSIBILITY (Including inter-jurisdictional disputes - IDD)	271, 418
	126 FAILURE TO RETURN REQUESTED ELIGIBILITY DOCUMENTATION/QUESTIONNAIRE (Not including recertification)	216, 422
	127 ANY LIVING ARRANGEMENT WHERE THE PERSON IS NOT ELIGIBLE FOR PA (Jail)	219, 428
	128 GENERAL INADEQUACY OF GRANT, INCLUDING RETROACTIVE BENEFITS (See 158, 159 for former recipients)	252, 415 Retro: 417

<u>SUBCAT</u>	<u>MISCELLANEOUS ISSUES:</u>	<u>CORRESPONDING CODES</u>
129	FAILURE TO KEEP APPOINTMENT WITH SPECIAL INVESTIGATION UNIT (FEDS, EVR)	216, 422
130	MOVE FROM DISTRICT OR NO CLOSING LETTER ISSUED FOR NEW DISTRICT	271, 418
131	FAILURE OF AGENCY TO ACT ON APPLICATION IN A TIMELY MANNER (SNA: 45 days; FA: 30 days)	221, 400
132	DENIAL OF PREDETERMINATION GRANT OR PREINVESTIGATION GRANT (Immediate needs)	
133	FAILURE TO APPEAR FOR OR COMPLETE RECERTIFICATION (Food Stamps always non-aid for Recert)	Appearance: 220 Documents: 225 402
134	WHEREABOUTS ARE UNKNOWN OR LOSS OF CONTACT	216, 422
135	REPLACEMENT OF LOST OR STOLEN CHECK	419
138	FAILURE TO RETURN OR COMPLETE QUARTERLY REPORT	248, 448
141	LETTER REQUEST/SELF-REQUEST FORM; ISSUE NOT SPECIFIED	288, 427
142	YOU REQUESTED YOUR CASE CLOSED OR YOU WITHDREW YOUR APPLICATION	219, 437
145	ANY MISCELLANEOUS PA ISSUE NOT IDENTIFIED BY OTHER CODE	277, 437
146	AGENCY ACTION BASED ON FH DECISION, WITHDRAWAL, OR DEFAULT	278, 438
148	FAILURE TO PROVIDE TRAVEL/CHILD CARE REIMBURSEMENT TO ATTEND FH	
149	FAILURE TO COOPERATE WITH DRUG/ALCOHOL SCREENING/ASSESSMENT	216, 422
150	FAILURE TO PARTICIPATE IN REQUIRED DRUG/ALCOHOL REHABILITATION	216, 422
152	DENIAL/DISCONTINUANCE OF PA DUE TO INELIGIBLE ALIEN STATUS	282, 453
153	TRANSFER OF PROPERTY TO QUALIFY FOR PA	213, 411

<u>SUBCAT:</u>	<u>MISCELLANEOUS ISSUES:</u>	<u>CORRESPONDING CODES:</u>
154	FAILURE TO ALLOW SNA APPL TO APPLY 45 DAYS PRIOR TO SANCTION END	281, 416
156	FAILURE TO ALLOW FA APPL TO APPLY 30 DAYS PRIOR TO SANCTION END	281, 416
157	FAILURE TO REPLACE ELECTRONICALLY ISSUED PA BENEFIT-EBICS/EPFT	456
159	UNDERPAYMENTS TO FORMER RECIPIENTS (Example: while on PA, NIMO not paid - case underbudgeted)	417
160	DENIAL OF PA - NO NOTICE OR REASON	290, 425
161	LIMITATION OF GRANT FOR PERSONS MOVING INTO NYS	
162	AGENCY ACTION DUE TO FINGER IMAGING (CLIENT REQUESTED) (Denial of PA/MA/FS for failing to submit to finger imaging, denial of PA/MA/FS due to establishment of a match, discontinuance of PA/MA/FS for failing to submit to finger imaging)	
163	FAILURE TO ISSUE BENEFIT/ID CARD	295
164	FAILURE TO AGREE TO REPAY OVERPAYMENT OF ASSISTANCE AND/OR ASSIGN FUTURE WAGES (SNA ONLY) (Action: Deny)	
165	LEARNFARE	

<u>SUBCAT</u>	<u>ADMINISTRATIVE DISQUALIFICATION HEARINGS (PADH):</u>	<u>CORRESPONDING CODES</u>
	179 REOPEN FOR GOOD CAUSE/NO NOTICE HEARING-ADH	
	180 INTENTIONAL PROGRAM VIOLATION DISQUAL.- DUPLICATE ASSISTANCE	
	181 INTENTIONAL PROGRAM VIOLATION DISQUAL.-UNDECLARED INCOME	
	182 INTENTIONAL PROGRAM VIOLATION DISQUAL.-UNDECLARED RESOURCES	
	183 INTENTIONAL PROGRAM VIOLATION DISQUAL.-FALSE APPLICATION INFO.	
	184 INTENTIONAL PRGRM VIOLATION DISQUAL.-UNREPORTED HH COMP CHANGES	
	185 INTENTIONAL PROGRAM VIOLATION DISQUAL.-GENERAL	
	<u>DISQUALIFICATION AS A RESULT OF ADMINISTRATIVE HEARING DECISION (BAD):</u>	
SC	186 ADEQUACY OF BUDGET TO REMAINING HOUSEHOLD MEMBERS	
SC	187 AMOUNT OF CLAIM	
SC	188 ADMINISTRATIVE HEARING DECISION (BAD) NOT COVERED BY OTHER CODE	
SC	189 FAILURE TO REINSTATE BENEFITS UPON IPV DISQUALIFICATION	
	<u>CHILD SUPPORT UNIT HEARINGS</u>	
	NYC : NCSU	UPSTATE : LDSS
	SUB-CAT : NONE	CSU
	190 CSU - INCORRECT PERSON	
	191 CSU - INCORRECT AMOUNT	
	192 CSU - FINANCIALLY EXEMPT	
	193 CSU - NO UNDERLYING COURT ORDER	
	194 CSU - OTHER	

MEDICAL ASSISTANCE CODESELIGIBILITY:SUBCAT


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200	MEDICAL ASSISTANCE HH COMPOSITION-EXCEPT ASSUMPTION OF SUPPORT
201	185% GROSS INCOME TEST
SC202	DISABILITY DISPUTES (Age 21-65, ineligible - client claiming disability)
203	100% POVERTY LEVEL
204	BUDGET QUESTIONS INVOLVING CHILDREN WITH EXCESS INCOME (Legally responsible household members)
205	PERSON SUPPORTED IN WHOLE/PART BY OTHERS OR ASSUMPT. OF SUPPORT (Non-legally responsible relative)
206	EXCESS RESOURCES
207	EXCESS MONTHLY INCOME (No spenddown - see 227 for spenddown)
208	MEDICAL ASSISTANCE ELIGIBILITY FOR UNBORN CHILD
210	MANNER OF UTILIZATION OF SURPLUS INCOME (Failure to allow credit for specified expense) (Incurred vs. paid bills)
211	MANAGED LONG TERM CARE
213	TRANSFER OF PROPERTY TO QUALIFY FOR MEDICAL ASSISTANCE
214	ENTRY INTO STATE TO RECEIVE MEDICAL ASSISTANCE OR MEDICAL CARE
215	CHRONIC CARE BUDGETTING (Nursing Home situations)
216	FAILURE TO VERIFY ANY FACTOR RELATING TO ELIGIBILITY (non-recert)

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SUBCATELIGIBILITY:


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	219	ANY ELIGIBILITY QUESTIONS NOT IDENTIFIED BY OTHER MA CODE
SC	220	RECERTIFICATION - FAILURE TO APPEAR (See 225 for documents)
	221	FAILURE OF AGENCY TO ACT ON MEDICAL ASSISTANCE APPLICATION
	223	PARENTAL OR SPOUSAL REFUSAL TO SUPPORT PERSON IN THEIR OWN HOME
	224	DENIAL OF EMERGENCY MEDICAL SERVICES
SC	225	RECERTIFICATION - FAILURE TO PROVIDE DOCUMENTS (See 220 failure to appear)
	226	DISABILITY DECISION NOT MADE WITHIN 60 DAYS
	227	SURPLUS INCOME COMPUTATION (Spendedown)
	228	LIQUIDATION OF PROPERTY FOR INSTITUTIONALIZED PERSONS (non-exempt homestead) (Example: Notice of Intent to impose lien on real property)
	229	DENIAL, REDUCTION, DISCONTINUANCE OF A SERVICE UNDER MANDATORY MANAGED CARE
	230	DISENROLLED FROM MANDATORY MANAGED CARE - MANDATORY EXCLUSION
	231	REENROLLED IN MA, PUT BACK IN PREVIOUS MANDATORY MANAGED CARE PLAN
	232	APPROVAL/DENIAL OF REQUEST NOT TO JOIN MANDATORY MANAGED CARE PLAN
	233	ENROLLED IN MANDATORY MANAGED CARE PLAN CHOSEN BY DISTRICT SINCE CLIENT DID NOT PICK PLAN
	234	APPROVAL/DENIAL OF REQUEST TO DISENROLL FROM MANDATORY MANAGED CARE HEALTH PLAN FOR GOOD CAUSE

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SUBCAT

ELIGIBILITY

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| 235 | APPROVAL/DENIAL OF A MANDATORY MANAGED CARE PLAN'S REQUEST TO DROP CLIENT AS A MEMBER OF PLAN<br>(by district or DOH) |
| 236 | DENIAL OF ENROLLMENT IN A MANDATORY MANAGED CARE PLAN   |
| 237 | ENROLLED IN SAME MANDATORY MANAGED CARE PLAN AS OTHER MEMBERS OF CASE   |
| 238 | CHANGE TO GUARANTEE COVERAGE UNDER MANDATORY MANAGED CARE   |
| 239 | END OF MANDATORY MANAGED CARE GUARANTEE COVERAGE PERIOD   |
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COVERAGE AND PAYMENT:

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- |        |     |  |
|--------|-----|--|
|        | 240 | EFFECTIVE DATE OF COVERAGE OR CHANGE IN ENTITLEMENT<br>(Too late to process)                           |
| SC     | 241 | LICENSED PRACTICAL NURSE (LPN) AND/OR REGISTERED NURSE (RN)<br>(OHSM) NOTE: For Upstate Add NYS5       |
| SC     | 242 | COVERAGE FOR OUT-OF-STATE SERVICES<br>(OHSM - prior approval for non-emergency)                        |
| SC     | 243 | DENTAL WORK<br>(OHSM)  |
| SC     | 244 | PHYSICAL THERAPY OR OTHER REHABILITATIVE SERVICES<br>(OHSM)  |
| SC,SC* | 245 | MEDICAL TRANSPORTATION<br>(MEDICAL TRANSPORTATION REIMBURSEMENT TO ATTEND DRUG REHABILITATION PROGRAM) |
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SUBCATCOVERAGE AND PAYMENTCORRESPONDING  
CODES


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SC	246	PERSONAL CARE/HOME CARE SERVICES/HOUSEKEEPING SERVICES NOTE: FOR ALL UPSTATE HEARINGS USING CODE 246 ADD NYS5 AS 2ND AGENCY
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SC	247	PAYMENT FOR SPECIFIC ITEM OF MEDICAL CARE-DURABLE MEDICAL EQUIP (OHSM - other than those listed in 240-246)
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	248	FAILURE TO RETURN QUARTERLY REPORT
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	249	RATE OF PAYMENT FOR ANY ITEM OF CARE
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	251	REIMBURSEMENT TO PERSONS OR AGENCIES OTHER THAN THE VENDOR
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	252	ISSUE RELATING TO COVERAGE/PAYMENT NOT IDENTIFIED BY OTHR CODE (Example: Hospital bill older than 3 months, expensive hospital care)
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	253	REIMBURSEMENT TO PERSONS RESULTING FROM COURT ACTIONS (KRIEGER) ADD AS OTHER: TOM GRESTINI, DOH-EMPIRE STATE PLAZA CORNING TOWER, RM. 1245, ALBANY NY 12237
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	254	MEDICAL ASSISTANCE CARD INVALID WITHOUT NOTICE OR EXPLANATION
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SC	255	UTILIZATION THRESHOLD ISSUES (Note: Warning letter that client is approaching limit NOT hearable; letter indicating client has reached threshold but no exemption requested NOT hearable)
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	256	INCOME/RESOURCES OF INSTITUTIONALIZED SPOUSES (spousal impoverishment)
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	257	PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR)
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SC*	258	TRANSITIONAL MEDICAL ASSISTANCE WHEN LIFE CASE IS CLOSED FOR EMPLOYMENT REASONS, CLIENT AUTOMATICALLY IS COVERED BY TRANSITIONAL MEDICAID FOR SIX (6) MONTHS. CLIENT MAY BE ELIGIBLE FOR ADDITIONAL SIX (6) MONTHS.

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SUBCATMISCELLANEOUS:CORRESPONDING  
CODES


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SC*	260	CERTIFIED HOME HEALTH AIDE-MEDICAL ASSESSMENT (NOT BURLAND) (ACTION TO DENY, DISCONTINUE OR REDUCE CHHA DUE TO MEDICAL ASSESSMENT- NO HOSPITALIZATION)
SC*	261	ACTION ON CHHA AS A RESULT OF MEDICAL ASSESSMENT DUE TO HOSPITALIZATION (BURLAND V. DOWLING)
SC*	262	ACTION ON CHHA AS A RESULT OF FISCAL ASSESSMENT (DENIAL, DISCONTINUANCE, REDUCTION OF CHHA HOURS AS A RESULT OF FISCAL ASSESSMENT)
SC	268	IPRO-DENIAL FOR DRUGS AND ELECTIVE SURGERY (DENIAL NOTICE ORIGINATES FROM IPRO. OHSM CONTRACTS WITH IPRO TO REVIEW REQUESTS FOR PRIOR APPROVAL FOR PSYCHOTIC DISORDER DRUGS AS WELL AS HOSPITAL ADMISSIONS FOR ELECTIVE SURGERY SUCH AS COSMETIC SURGERY, TUBAL LIGATIONS/REVERSALS)
SC	269	PRIOR AUTHORIZATION-ORTHOPEDIC FOOTWEAR, VAPORIZORS ETC. (REQUESTS FOR CERTAIN MEDICALLY RELATED ITEMS MUST BE <u>PRIOR AUTHORIZED</u> BY NYSDOH-MA. ITEMS INCLUDE ORTHOPEDIC FOOTWEAR, SNEAKERS, SURGICAL STOCKINGS, VAPORIZORS, ETC. THE NOTICE DENYING PRIOR AUTHORIZATION IS SENT BY NYSDOH-MA)
SC*	270	CARE AT HOME WAIVER PROGRAMS - 1, 2, & 5
SC	271	DISTRICT OR STATE OF FISCAL RESPONSIBILITY (IDD)
	272	UTILIZATION REVIEW AND OTHER LEVEL OF CARE QUESTIONS (Other than refusal to authorize Home Health Care or Personal Care)
	273	MEDICAL FACILITY PLACEMENT CONTRARY TO APPELLANT/FAMILY CHOICE
SC*	276	RESTRICTIONS ON USE OF THE MEDICAL ASSISTANCE CARD
	277	ANY MEDICAL ASSISTANCE ISSUE NOT IDENTIFIED BY OTHER CODE
	278	AGENCY ACTION BASED ON FH DECISION, WITHDRAWAL OR DEFAULT
SC	279	AVAILABILITY OF THIRD PARTY HEALTH INSURANCE (Example: Blue Cross/Medicare)

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SUBCAT

MISCELLANEOUS

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	280	DISCONTINUANCE/DENIAL OF MA DUE TO ACTIVE PA CASE
	281	DISCONTINUANCE OF MA BASED ON PA EMPLOYMENT VIOLATION
	282	DENIAL/DISCONTINUANCE OF MA DUE TO INELIGIBLE ALIEN STATUS
	283	DENIAL/DISCONTINUANCE OF MA DUE TO AVAILABILITY OF TRUST FUND (Medicaid Qualifying Trust)
	284	MEDICARE BUY-IN
	285	PREGNANT MINOR
	286	FAILURE TO DETERMINE MA ELIGIBILITY UPON PA DENIAL/DISC
SC*	287	CLUSTER CARE (Referred to as "Shared-Aide" - upstate)
	288	LETTER REQUEST/SELF-REQUEST FORM; ISSUE NOT SPECIFIED
	289	FAILURE TO REMOVE HOUSEHOLD MEMBER FROM MA BUDGET
	290	DENIAL OF MA - NO NOTICE OR REASON
SC*	291	PERSONAL EMERGENCY RESPONSE SERVICES (PERS) (This is an electronic calling device used for emergency situations. Also referred to as Lifeline, not to be confused with NY Telephone Lifeline Service) (See Bullet Statement next page)
SC*	292	REDUCTION IN HOMECARE HOURS AS A RESULT OF PERS (Also referred to as Lifeline, not to be confused with NY Telephone Lifeline Services) (See Bullet Statement next page)
SC*	293	HOME & COMMUNITY BASED SERVICES WAIVER TRAUMATIC BRAIN INJURIES (HCBS/TBI WAIVER Action: Disc/Deny
SC*	294	HOME & COMMUNITY BASED SERVICES WAIVER- DEVELOPMENTAL DISABILITIES - CARE AT HOME 3 & 4 (HCBS/DD WAIVER Action: Disc/Deny
	295	FAILURE TO ISSUE BENEFIT/ID CARD
SC*	296	HOME & COMMUNITY BASED SERVICES WAIVER EMOTIONALLY DISTURBED CHILDREN Action:Disc/Deny

BULLET STATEMENT  
PERSONAL EMERGENCY RESPONSE SERVICES (PERS)

When taking a request involving the provision of PERS. or a reduction in Homecare hours as a result of the installation of PERS, the following questions should be asked in order to determine the appropriate coding.

FOR NYC PURPOSES

PERS can be authorized through the Office of Home Care Usually on behalf of a CASA office) or a Certified Home Health Agency (CHHA). There is a need to distinguish which is the Authorizing agency in order for proper notification prior to the hearing. If the action is a reduction in Personal Care as a result of PERS installation, indicate CASA office in comments. If the action is a reduction in certified home health aide hours a a result of PERS installation, indicate CHHA name/address in comments (if available).

Issues relating to the authorization of PERS are hearable regardless of which is the authorizing agency (CHHA or CASA).

Ask the following questions and note answers to these questions in the comment section of the 1891:

1. What office is referenced at top of notice?  
(CASA Office Number or CHHA number)  
(If CASA office: indicate CASA #, address and phone number)  
(If CHHA: indicate CHHA site#, CHHA name and CHHA address and phone number).
2. What is the Title of the Notice?
  - A. "Notice of Decision to authorize, reauthorize, deny or discontinue personal emergency response services (PERS)."
  - B. "Notice of Decision to change HomeCare Services."
  - C. "Notice of Decision to change Certified Home Health Aide Hours."
3. Why do you want a fair hearing?

\*\*\* NOTE: REFER TO DESK REFERENCE FOR PROPER CODING \*\*\*

Rev. 3/24/98

SERVICES CODESBullet Statement for Fostercare Services:

When taking a request concerning fostercare or fostercare payment issues, there is important identifying information which must be obtained to allow NYC HRA Child Welfare Agency the capability to obtain the proper case record and prepare for the hearing. Therefore, for all cases identified by the agency NDAR, issue code 313 (non-relative caretaker) or 315 (related caretaker--KFC subcategory), it will be helpful to ask the following questions and note the information in the Comment Section of the DSS-1891:

Requests being made by the fosterparents:

- (1) What is the specific reason for the hearing request?
- (2) What is the natural mother's name?
- (3) If the fosterparent is related to the child, what is the relationship between fosterparent and child? (If there is such a relationship, KFC must be utilized as a subcategory).
- (4) What is the child's (children's) name?  
What is the child's (children's) date of birth?  
What is the sex of the child (children)?
- (5) Which children are currently in the appellant's home? (Indicate "current household member" or "no longer in household" next to each child listed.).
- (6) What is the CWA case number?
- (7) What is the name of the agency by which the fosterparent is supervised?
- (8) What is the name and telephone number of the CWA caseworker?  
-or-  
What is the name and telephone number of the caseworker provided by the voluntary agency?

Requests being made by birth parents which do not involve fostercare payments:

(i.e. requests for transportation for visitation or other support services for birth parents, such as counseling, changes in visitation, or other supportive services to the child, parent, or guardian in voluntary placement situations).

- (1) What agency provides services: NOHC or NCWA?
- (2) What is the CWA case number? (Enter in case # field beginning with letter "S").
- (3) Who is the CWA case manager? (List name and telephone # in comments).
- (4) What is the child's (children's) name?  
What is the child's (children's) date of birth?  
What is the sex of the child (children)?
- (5) What is the name and telephone number of the CWA caseworker?  
-or-  
What is the name and telephone number of the voluntary agency caseworker provided by the voluntary agency?.

<u>SUBCAT</u>	<u>SERVICE CODES</u>	<u>CORRESPONDING CODES</u>
	300	THE PROCESSING/OR FAILURE TO PROCESS APPLICATION FOR SERVICES
	301	EFFECTIVE DATE OF COVERAGE
SC	302	FINANCIAL ELIGIBILITY OR AMOUNT OF FEES (Day Care)
SC	303	DAYCARE FOR EDUCATIONAL PURPOSES
SC*	304	DAYCARE, HOMEMAKER, FOSTERCARE-TEMP. ABSENCE CARETAKER RELATIVE (Example: temporary homemaker placement in family situation when primary caretaker is unable to provide care (i.e. mother in hospital))
SC	305	DAYCARE - NON PAYMENT TO A SPECIFIC PROVIDER
SC	306	ANY DAYCARE ISSUE NOT IDENTIFIED BY OTHER CODE
	307	HOMEMAKER OR HOUSEKEEPING/CHORE SERVICES
SC*	308	VOLUNTARY FOSTER CARE PLACEMENT SERVICES (FOR NATURAL PARENTS) (Example: Visitation rights, transportation)
	309	ANY SERVICES ISSUE NOT IDENTIFIED BY OTHER CODE
SC*	310	PROTECTIVE SERVICES FOR ADULTS (Ex: Homemaker, Housekeeper, Day Care)
SC*	311	PROTECTIVE SERVICES FOR CHILDREN (Ex: Homemaker, Housekeeper, Day Care)
SC*	312	PREVENTIVE SERVICES FOR CHILDREN Services provided to a family as an alternative to Foster care placement, including housing subsidies
SC*	313	FOSTER CARE (See "bullet statement" previous page) Regular, Special, and Exceptional Rates of Foster Care payments.
SC*	314	TRANSITIONAL CHILD CARE (Former recipient - up to 1 year)
SC	315	KINSHIP FOSTER CARE (See "bullet statement" previous page) Regular, Special, and Exceptional Rates of Foster Care payments.
	316	BOARDER BABIES SPECIAL NEEDS

FOOD STAMP CODESSUBCATGENERAL ISSUES:

	400	PROCESSING OF APPLICATION/ACTIONS BASED UPON CHANGES IN CIRCUM.
	401	EXPEDITED SERVICE (FS must be available within 5 Cal. days)
	402	FAILURE TO REPORT FOR AND/OR COMPLETE RECERTIFICATION (Food stamps non-aid when recert)
	404	FS HOUSEHOLD COMPOSITION/CHANGES; MIXED HH; PARENTS OR SIBLINGS
	405	DISCONTINUANCE/REDUCTION/DENIAL BASED UPON EXCESS INCOME (See 454 for mass changes/COLA)
	406	INCOME THAT SHOULD NOT BE BUDGETED (Ex: lump sum payments, Hotel/Motel allowances & educational)
	407	DEDUCTIONS (Earned income, Shelter, childcare, utilities, fuel, telephone, media)
	411	TRANSFER OF RESOURCES TO QUALIFY FOR FOOD STAMPS
	412	DISCONTINUANCE/DENIAL BASED ON RESOURCES
	415	CORRECTNESS OF BUDGETARY COMPUTATION OR GENERAL INADEQUACY
	416	FAILURE TO COMPLY WITH EMPLOYMENT RULES (UPSTATE: USE <u>DOL</u> SUB-CATEGORY)
	417	RETROACTIVE BENEFITS
	418	DISTRICT OF RESPONSIBILITY, AND/OR MOVED OUT OF STATE (IDD; Including center of responsibility - NPA vs PA)
	419	REPLACEMENT OF LOST, STOLEN, DESTROYED OR MUTILATED FOOD STAMPS
SC*	421	CLAIMS AGAINST RECIPIENTS FOR OVER-ISSUANCES OF FOOD STAMPS (INAD) (Demand letter)

\* Note: A subcategory of DOL is used for ALL Upstate cases involving  
Issue Codes 416 and 451.

<u>SUBCAT</u>	<u>GENERAL ISSUES:</u>	<u>CORRESPONDING CODES</u>
	422 FAILURE TO VERIFY ANY ASPECT OF FOOD STAMP ELIGIBILITY (Non-recert)	
	423 FS PRO-RATION-FIRST MONTH OF CERTIFICATION PERIOD/WITHHOLDING NEXT	
	425 DISCONTINUANCE/REDUCTION/DENIAL OF FOOD STAMPS- NO NOTICE INCLUDING DELAYED ISSUANCE	
	427 LETTER REQUEST/SELF REQUEST FORM; ISSUE NOT SPECIFIED	
	428 INELIGIBILITY OF A PERSON OR GROUP BECAUSE OF STATUS (Ex: student, boarders, strikers, jail, etc.)	
	429 FAILURE TO HAVE PHOTO ID TAKEN OR FAILURE TO REPLACE ID (INAD)	
430 - 436	ADMINISTRATIVE DISQUALIFICATION HEARINGS (SEE BELOW)	
	437 ANY OTHER FOOD STAMP ISSUE NOT IDENTIFIED BY OTHER CODE	
	438 AGENCY ACTION BASED ON FH DECISION, WITHDRAWAL, OR DEFAULT	
	439 CATEGORICAL ELIGIBILITY FOR FOOD STAMPS	
SC*	440 FOOD STAMP REDUCTION DUE TO OVERPAYMENT	
	448 FAILURE TO RETURN QUARTERLY REPORT	
	450 REPLACEMENT OF DESTROYED FOOD ITEMS	
	451 VOLUNTARY TERMINATION OF EMPLOYMENT (UPSTATE: USE <u>DOL</u> SUB-CATEGORY)	
	453 INELIGIBILITY BASED UPON ALIEN STATUS	
	454 FOOD STAMP DISCONTINUANCE/REDUCTION DUE TO INCREASE IN SS,PA,SSI (COLA - Mass change)	
	455 FAILURE TO DETERMINE FS ELIGIBILITY UPON PA DENIAL/DISC	

SUBCAT

GENERAL ISSUES:

- 
- 456 FAILURE TO REPLACE ELECTRONICALLY ISSUED FS  
BENEFIT-EBICS/EPFT
- 
- 457 FAILURE TO REMOVE HOUSEHOLD MEMBER FROM FS BUDGET
- 
- 459 FOOD ASSISTANCE PROGRAM - REDUCTION OR INELIGIBILITY
- 

ADMINISTRATIVE DISQUALIFICATION HEARINGS (FSDH):

- 
- 430 IPV DISQUALIFICATION: DUPLICATE BENEFITS
- 
- 431 IPV DISQUALIFICATION: UNDECLARED INCOME
- 
- 432 IPV DISQUALIFICATION: UNDECLARED RESOURCES
- 
- 433 IPV DISQUALIFICATION: FALSE INFORMATION ON  
APPLICATION
- 
- 434 IPV DISQUALIFICATION: UNREPORTED CHANGES IN HH  
COMPOSITION
- 
- 435 IPV DISQUALIFICATION: INTENTIONAL PROGRAM  
VIOLATION-GENERAL
- 
- 436 IPV DISQUALIFICATION: REOPEN FOR GOOD CAUSE/  
NO NOTICE HEARING
- 

DISQUALIFICATION AS A RESULT OF ADMINISTRATIVE HEARING  
DECISION (BAD):

- 
- SC, SC\* 441 ADEQUACY OF BUDGET TO REMAINING HOUSEHOLD  
MEMBERS
- 
- SC, SC\* 442 AMOUNT OF CLAIM
- 
- SC, SC\* 444 ANY ACTION RE: ADH DECISION (BAD) NOT IDENTIFIED  
BY OTHER CODE
- 
- SC, SC\* 445 FAILURE TO REINSTATE FS UPON IPV DISQUALIFICATION  
EXPIRATION
-



EMERGENCY ASSISTANCE CODESSUBCAT


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	650	FOOD
	651	CLOTHING
	652	MEDICAL NEEDS
SC*	653	EVICTION/DISPOSSESS/FORECLOSURE (Failure to provide one shot deal to prevent eviction)
SC*	654	FAILURE TO PROVIDE REFERRAL TO HOTEL/MOTEL (Denial of eligibility for emergency housing)
SC*	655	ADEQUACY OF HOTEL/MOTEL PLACEMENT (Applicant/Recipient challenging appropriateness/suitability of emergency housing placement)
	656	ADEQUACY OF, OR FAILURE TO PROVIDE, HOTEL/MOTEL ALLOWANCE
	657	AMOUNT OF CLIENT CONTRIBUTION TOWARD COST OF EMERGENCY HOUSING
SC*	658	DISCONTINUANCE OF HOTEL/MOTEL ALLOWANCE (Challenging DISC of allowance for non cooperation or transfer to TIER II)
SC*	659	FAILURE TO PROVIDE EMERGENCY HOUSING REFERRAL (Denial of eligibility for Emergency Housing)
SC*	660	FAILURE TO ACCEPT OFFER OF PERMANENT HOUSING (Sanction of recipient in Emergency Housing for non-cooperation)
SC*	661	ADEQUACY OF EMERGENCY SHELTER PLACEMENT-OTHER THAN HOTEL/MOTEL
SC*	662	DENIAL/DISCONTINUANCE OF EMERGENCY SHELTER (Denial of eligibility for Emergency Housing)
SC*	663	INVOLUNTARY MOVE FROM TIER II TO I EMERGENCY HOUSING PLACEMENT (Challenge to shelter transfer)
SC*	664	INVOLUNTARY DISCHARGE FROM TIER I EMERGENCY HOUSING PLACEMENT (Challenge to involuntary shelter discharge)
SC*	665	LENGTH OF STAY IN TIER I PLACEMENT (Max 21 days w/exceptions)

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NOTE: FOR NYC EMERGENCY HOUSING/HOMELESS ISSUES, THE DEPARTMENT OF HOMELESS SERVICES (AGENCY NDHS) MAY BE INVOLVED. PLEASE REFER TO DESK REFERENCE PAGES 13 & 14

SUBCAT

	666	SPECIAL NEEDS ALLOWANCES FOR TIER I AND TIER II RESIDENT
	667	ANY OTHER HOMELESS-RELATED ISSUE NOT IDENTIFIED BY OTHER CODE
	668	REPAIR OF ESSENTIAL HOUSEHOLD EQUIPMENT OR REPAIRS TO HOME
	669	FURNITURE ALLOWANCE (Including establishment of a home)
	670	SECURITY DEPOSIT
	671	MOVING EXPENSES
	672	STORAGE FEES
	673	UTILITY SHUT-OFF OR HEATING FUEL EMERGENCY
	674	REPLACEMENT OF LOST OR STOLEN CASH
	675	GENERAL EMERGENCY ISSUE - NOT COVERED BY CODE
	676	EMERGENCY SNA
	677	REPAYMENT OF EMERGENCY ASSISTANCE FOR NON-PA RECIPIENTS
	678	PREVENTIVE SERVICES - EMERGENCY SHELTER
SC	679	SHELTER TIER II - INVOLUNTARY DISCHARGE Client must first <u>request</u> and <u>participate</u> in a hearing, held by the facility or by the Social Services district in which the facility is located. (358 3.1 (h)) No right to Aid Continuing (368-3.6(e)).
	680	DRUG TREATMENT FOR HOMELESS
	681	FAILURE TO PROVIDE EMERGENCY SHELTER ALLOW FOR AIDS/HIV PERSONS
	682	REPLACEMENT LOST, STOLEN, UNRECEIVED SSI CHECK (EAA)
SC*	683	FAILURE TO PROVIDE RESIDENT SERVICES WHILE IN TIER I OR II (Ex: Health Services, assessment services, information and referral services, child care, assistance in locating permanent housing)

NOTE: FOR NYC EMERGENCY HOUSING/HOMELESS ISSUES, THE DEPARTMENT OF HOMELESS SERVICES (AGENCY NDHS) MAY BE INVOLVED. PLEASE REFER TO DESK REFERENCE PAGES 13 & 14.

SUBCAT

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0684 FAILURE OF AGENCY TO ALLOW RECIPIENT/APPLICANT TO  
APPLY FOR EA  
-----

0685 DENIAL RENT ARREARS ON BASIS RENT EXCEEDS SHELTER  
MAX (JIGGETS)

QUESTIONS TO ASK FOR UPSTATE EA TELEPHONE REQUESTS:

NOTE: ENTER INFORMATION ON COMMENT SCREEN

1. What did client request from the Agency?  
(EHR, EAA, EAF, ONE SHOT DEAL for utility disconnect, eviction, etc.)
2. What is the reason given for the agency denial?
3. What was the date of the agency denial? Was it written or verbal?
4. The name of the LDSS worker and address of office where client applied.
5. Other relevant information  
(ie. shut off date, eviction date, homeless status)

EMPLOYMENT VIOLATION CODES

<u>SUBCAT</u>			<u>MA</u>	<u>FS</u>
			281	416
SC	700	WORK RULES EXEMPT.- MEDICAL REASON/RESTRICTION ON EMPLOYABILITY (limitation of employment training)		
SC	701	SEEKING EXEMPTION FROM WORK RULES - OTHER		
SC*	702	VOLUNTARY TERMINATION OF EMPLOYMENT/REDUCTION EARNING CAPACITY (90 day sanction)	281	451
SC	703	FAILURE TO ACCEPT REFERRAL TO OR OFFER OF EMPLOYMENT	281	416
SC	705	FAILURE TO COMPLY WITH OR ACCEPT REFERRAL TO WORK RELIEF-FA/SNA CWEP, PWP, FA/SNA, TEAP, Pride in Work (PIW)	281	416
SC	706	FAILURE COMPLY WITH VOCATIONAL/EDUCATIONAL/JOB SKILLS REQUIRE (Ex: attending high school, GED, Remedial Education, English language)	281	416
SC	707	AGENCY FAILURE CONDUCT INITIAL JOBS ASSESS./EMPLOYABILITY PLAN (FA/SNA)	281	416
SC	709	ANY GENERAL EMPLOYMENT ISSUES NOT COVERED BY CODE	281	416
SC*	710	FAILURE TO REPORT FOR MEDICAL EVAL./SUBMIT MEDICAL REPORT	281	416
SC	711	EXEMPTION FROM WORK RULES - TRANSPORTATION HARDSHIP		
SC	712	EXEMPTION FROM WORK RULES - CHILDCARE/NEEDED IN HOME		
SC	713	EXEMPTION FROM WORK RULES-OCCUPATIONAL TRAINING/SCHOOLING PLAN Denial of participation in training/school		
SC	714	FAILURE TO COMPLY WITH AGENCY EMPLOYMENT SERVICES OFFICE	281	416

FOR ALL UPSTATE EMPLOYMENT ISSUES YOU MUST USE DOL AS A SUB-CATEGORY

Rev. 3/24/98

SUBCATEMPLOYMENT VIOLATION CODES

SC	716	FA/SNA JOB SEARCH (Example: mandatory employer contacts) Failure to provide evidence of actively seeking employment.	281	416
SC	717	ON-THE-JOB WORKING CONDITIONS		
SC	718	WORKERS' COMPENSATION COVERAGE		
SC	719	WAGE RATES USED IN CALCULATING HOURS OF		PARTICIPATION
SC	720	JOB READINESS TRAINING (Example: FA/SNA JOB Club, JOB skills, JTPA, life skills training)	281	416
SC*	721	NYC BEGIN - NOTICE TO REDUCE (BEGIN EMPLOYMENT GAIN INDEPENDENCE NOW) (FA cases w/children under 5 only, ALL SANCTION CODES)	281	416
SC*	722	NYC BEGIN - CONTESTING EMPLOYABILITY (BEGIN EMPLOYMENT GAIN INDEPENDENCE NOW) (FA cases w/children under 5 only)		
SC*	723	NYC BEGIN - DISAPPROVAL OF TRAINING (BEGIN EMPLOYMENT GAIN INDEPENDENCE NOW) (FA cases w/children under 5 only)		
SC*	724	NYC BEGIN - INSUFFICIENT TRAINING-RELATED EXPENSES AND/OR DISCONTINUANCE (BEGIN EMPLOYMENT GAIN INDEPENDENCE NOW) (FA cases w/children under 5 only)		
SC	725	CONTESTING LENGTH OF EMPLOYMENT SANCTION	281	416
SC	726	FAILURE OF AGENCY TO PROVIDE OR MAKE REFERRAL TO SUPPORTIVE SERVICES (Example: childcare, transportation, lunch, clothing, tuition, books, supplies)		
SC	727	DISCONTINUANCE OF SUPPORTIVE SERVICES Regulations 358.6 no AC rights		Note: Per

FOR ALL UPSTATE EMPLOYMENT ISSUES YOU MUST USE DOL AS A SUB-CATEGORY

Rev. 3/24/98

HEAP ISSUE CODESSUBCAT

- 851 DENIAL OF HEAP
- 
- 852 FAILURE TO PROCESS HEAP APPLICATION
- 
- 853 ADEQUACY OF HEAP AWARD
- 
- 854 ANY GENERAL HEAP ISSUES NOT IDENTIFIED BY CODE  
(Ex: non-receipt of benefit)
- 
- 855 DENIAL OF EMERGENCY HEAP
- 
- 856 ADEQUACY OF EMERGENCY HEAP
- 
- 857 MANNER OF HEAP PAYMENT  
(Example: Payment sent directly to vendor as opposed  
to directly to applicant)
- 
- 858 UNAVAILABILITY OF HEAP FUNDS
- 
- 859 DENIAL-TENANTS IN GOVERNMENT SUBSIDIZED HOUSING
- 

CRITERIACOMMUNITY DEVELOPMENT AGENCY

GENERAL INFORMATION # (212) 442-6000  
 NYC, NON PA, UNDER 60 YRS. OLD OR  
 CODE A SSI NOT IN RECEIPT OF FS

DEPARTMENT FOR THE AGING

GENERAL INFORMATION # (212) 442-1322  
 NYC, OVER 60 YRS. OLD  
 NON PA; NON-SSI CODE A

INCOME SUPPORT CENTERS

NYC PA CLIENTS WHO AUTOMATICALLY  
 RECEIVE HEAP IF ELIGIBLE

NON PA FS CENTERS

NON PA FS RECIPIENTS WHO  
 AUTOMATICALLY RECEIVE HEAP  
 IF ELIGIBLE (INCLUDING CODE A-SSI) BUT CLIENT IS ON PA,

UPSTATE

ALL UPSTATE HEAP  
 INCLUDING CODE A SSI

AGENCY

NCDA  
 ENTER CONTROL #  
 AND BATCH # ON  
 COMMENT SCREEN

NDFA  
 ENTER BATCH # ON  
 COMMENT SCREEN

CENTER # OR NIM

NON PA FS CENTER #  
 OR NFS. IF NOTICE IS  
 FROM NPA FS CENTER

SET UP AGAINST PA & NON  
 PA FS

LDSS

SPECIAL SERIES ISSUE CODESSUBCAT

	900	HOME HEARING (NOTE: THIS CODE IS ADDED BY HOMEBOUND HEARING UNIT AT TIME OF SCHEDULING)
	913	CLAUDIO v. DOWLING (TRACKS FOSTERCARE CASES WHERE APP. WAS DENIED STANDING)
	949	TEMPORARY HOUSING FOR THE HOMELESS PURSUANT TO 352.35
	950	(CNS) CLIENT NOTICE SYSTEM - BASED ACTION (ACTION: INAD)
	951	REMOVAL OF PUBLIC HOUSING ADDITIONAL RENT ALLOWANCE (NYC)
SC	956	PHARMACY COPAYMENT 1995
SC	957	MEDICAID COPAYMENT
	977	DEALLAUME-ZECHES: HEAP DEDUCTED FROM HEATING FUEL ALLOWANCE (CATEGORY ADC OR HR ACTION: INAD)
	994	MCPMAHON V. DOWLING (DISABLED ADULT CHILDREN (DAC) MA REIMBURSEMENT ISSUE) AGENCY: LDSS OR NMAP CATEGORY: MA SUBCATEGORY: NONE ACTION: INAD
	995	GREENSTEIN V. DOWLING NYC ONLY - REIMBURSEMENT FOR OUT-OF-POCKET EXPENDITURES INCURRED BY MEDICAL ASSISTANCE RECIPIENTS FOR COVERED SERVICES AS A RESULT OF AGENCY ERROR. AGENCY: NMAP CATEGORY: MA ACTION: DENY OR
INAD		
SC	996	PODIATRY - CHAPTER 41
	997	VARSHAVSKY LITIGATION HOMEBOUND APPELLANTS WHO SEND A REPRESENTATIVE TO A REGULAR FAIR HEARING INSTEAD OF HAVING A TELEPHONE HEARING. (AGENCY: NYS6)
	998	TELEPHONE HEARING FOR NON-HOMEBOUND APPELLANTS
	999	HOME HEARING REQUESTED (AGENCY: NYS6)