| Office of Administrative Hearings (OAH) Procedures Transmittal | Transmittal Number: | 06-15 |
|--|------------------------|--|
| Distribution: | Date: Page: | December 3, 2006 1 of 1 plus attachments (2) |
| ALB OAH Staff X UPS ALJs X Upstate LDSS X | Subject: | |
| SUP ALJs X | Revised Foo | od Stamp Issue Codes |
| NYC OAH Staff X NYC ALJs X NYC Agencies X | | |
| SUP ALJs X | | |

To continue with the revision of the Fair Hearing Information System (FHIS) codes undertaken to meet programmatic changes, make our codes more CNS compatible and provide a more effective working tool for Communications Intake Unit, legal, and other staff, the Food Stamp (FS) issue code revisions are now complete. These revisions were based upon the suggestions of a code work group with input solicited from all OAH Intake and ALJ staff and approved by Office of Administrative Hearing (OAH) Management.

Attached are the new FS codes which will go into effect December 2, 2006. Please familiarize yourself with the new coding and replace any paper lists with the new version. A list of the eliminated/combined codes is also provided for your reference. All necessary modifications have been made to the electronic version of the code list posted on the OAH website.

Beginning December 3, 2006, FHIS will no longer accept eliminated codes, and an edit will alert staff if an obsolete code is entered.

If there are any questions with respect to this transmittal, you may contact your supervisor or Louise Finkell at (518) 473-4969 or via email louise.finkell@otda.state.ny.us.

Mark Lacivita, Director of Administration Office of Administrative Hearings

Mark Jacinta

FOOD STAMP CODES

(Including NYS Nutrition Improvement Project - NYSNIP)

| | 400 | FAILURE TO PROCESS APPLICATION OR CHANGES IN CIRCUMSTANCES INCLUDING DELAYED ISSUANCE (failure to act) | | | |
|------|-----|--|---|---------------------|------------|
| | 401 | DENIAL OR FAILURE TO ACT ON EXPEDITED FS APPLICATION (If eligible, FS must be available within 5 calendar days) | | | |
| | 402 | | FAILURE TO REPORT FOR AND/OR COMPLETE RECERTIFICATION (non-aid to continue) | | |
| | 403 | FS TRANSITIONAL BENEF | FIT ALTER | ATIVE (FS TBA) | |
| | 404 | FS HOUSEHOLD COMPOS | FS HOUSEHOLD COMPOSITION (MIXED HOUSEHOLD) | | |
| | 405 | DISCONTINUANCE/REDU (see 454 for mass changes/COLA) | DISCONTINUANCE/REDUCTION/DENIAL BASED UPON EXCESS INCOME (see 454 for mass changes/COLA) | | |
| | 407 | DEDUCTIONS (Shalton shild one utilities find talanhana madical) | | | |
| | | (Shelter, childcare, utilities, fue | el, telephone, | nedical) | |
| | 412 | DISCONTINUANCE/DENIAL BASED ON RESOURCES, INCLUDING TRANSFER OF RESOURCES AND COUNTING LUMP SUM PAYMENTS | | | |
| | 415 | BUDGETARY COMPUTATION OR GENERAL INADEQUACY, INCLUDING RETROACTIVE BENEFITS | | | |
| | 416 | FAILURE TO COMPLY WI | FAILURE TO COMPLY WITH EMPLOYMENT RULES | | |
| | 418 | | DISTRICT OF RESPONSIBILITY, AND/OR MOVED OUT OF STATE (INCLUDING IDD OR CENTER OF RESPONSIBILITY - NPA vs PA) | | |
| | 421 | CLAIMS AGAINST RECIPI FOOD STAMPS (ACTION: (DEMAND LETTER FOR R OVERISSUANCE) | INAD) | |)F |
| CODE | | CRITERIA S | UB - CATE | GORY AGENCY | |
| 421 | | DEMAND LETTER FOR OVERISSUANCE. | NONE | NYC: NATP | |
| | | IN NYC ONLY, UNRELATED ISSUES MUST BE SCHEDULED SEPARATELY | | UPSTATE: LDSS | |
| | 100 | | | E FOOD GELLED | |
| | 422 | FAILURE TO VERIFY ANY ELIGIBILITY (NON-RECE | | | |
| | 425 | DISCONTINUANCE/REDUC NOTICE (See 400 for delayed | | IAL OF FOOD STAMPS | S- WITHOUT |
| | 426 | FLEEING FELON | | | |
| | 427 | LETTER REQUEST/SELF F | REQUEST I | ORM; ISSUE NOT SPEC | CIFIED |
| - | 428 | INELIGIBILITY OF A PERS (EX: Students, boarders, strike | | | ATUS |
| | 429 | AGENCY FAILURE TO HA REPLACE ID (ACTION: 1 | | ID TAKEN OR FAILUR | RE TO |

| ADMINISTRATIVE DISQUALIFICATION HEARINGS (FSDH) (ONLY FOR ADH USE) | | | |
|--|---|--|--|
| 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 | | |

| | 437 | ANY OTHER FOOD STAM | P ISSUE NOT IDE | ENTIFIED BY OT |
|------|-----|--|-----------------|----------------|
| | 438 | AGENCY ACTION BASED | ON FH DECISION | N, WITHDRAWAI |
| | 440 | FOOD STAMP REDUCTION | N DUE TO OVER | PAYMENT |
| CODE | | CRITERIA S | UB - CATEGORY | AGENCY |
| 440 | | FOOD STAMP REDUCTION DUE | NONE | NYC: NATP |
| | | TO OVERPAYMENT. | | UPSTATE: LDSS |
| | | IN NYC ONLY, UNRELATED ISSUES MUST BE SCHEDULED SEPARATELY | | |

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

| | DEC | JISTON (DAD). | | |
|----------------------|--|---|--------------------------|--------------|
| 441 | ADEQUACY OF BUDGET | TO REMAINING | HOUSEHOLD ME | MBERS |
| 442 | AMOUNT OF CLAIM | | | |
| 444 | ANY ACTION RE: ADH D BY OTHER CODE | DECISION NOT IDE | ENTIFIED | |
| 445 | FAILURE TO REINSTAT | E FS UPON IPV DI | SQUALIFICATION TO SECOND | N EXPIRATION |
| CODE | CRITERIA | SUB - CATEGORY | AGENCY | |
| 441, 442 444, 445 | BUDGETING AFTER DISQUALIFICATION STATEWIDE FOOD STAMP FRAUD DISQUALIFICATION | BAD NOTE: SUB-CAT FOR UPSTATE REQUEST ONLY | NYC: NBAD UPSTATE: LDSS | |

| 450 | REPLACEMENT OF DE | STROYED FOOD ITEM | MS |
|------|--|-----------------------|---|
| | | | |
| 451 | VOLUNTARY TERMINA | ATION OF EMPLOYM | ENT |
| 453 | INELIGIBILITY BASED | UPON ALIEN STATU | S |
| 454 | _ 0 0 _ 0 _ 1 _ 1 _ 1 _ 0 0 0 0 1 1 | BLIC ASSISTANCE O | ON DUE TO INCREASE IN R SUPPLEMENTAL SECURIT |
| 455 | FAILURE TO DETERMI | NE FS ELIGIBIITY UI | PON PA DENIAL/DISC |
| 456 | FAILURE TO REISSUE | ELECTRONIC FS BEN | EFITS/EBT ADJUSTMENTS |
| CODE | CRITERIA | SUB - CATEGORY | AGENCY |
| 456 | EBT ADJUSTMENT | NONE | NYC: NF/SEBT OR NO/SEBT |
| i | | | |
| | | | UPSTATE: LDSS/SEBT |
| 456 | FAILURE TO REISSUE ELECTRONIC FS BENEFITS | PAFS (as appropriate) | NYC: NF OR NO _ |

Effective December 2, 2006

Eliminated/Combined Codes

Code

406 - ELIMINATE, INCLUDE UNDER 405

Formerly: Income that should not be budgeted

411 - ELIMINATE, INCLUDE UNDER 412

Formerly: Transfer of resources to qualify for FS

417 - ELIMINATE, INCLUDE UNDER 415

Formerly: Retroactive benefits

419 - ELIMINATE - OBSOLETE

Formerly: Replacement of lost, stolen, destroyed or mutilated stamps

423 - ELIMINATE, USE 415

Formerly: FS pro-ration-first month of certification period/withholding next

439 - ELIMINATE

Formerly: Categorical eligibility for FS

457 - ELIMINATE, USE 404

Formerly: Failure to remove household member from FS budget

459 - ELIMINATE - OBSOLETE

Formerly: Food Assistance Program (program ended 9/30/05)

463 - ELIMINATE, USE 416

Formerly: Failure to comply with ABAWD Work Requirements

466 - ELIMINATE, USE 429 OR 456

Formerly: Any other reason related to EBT