

State of New York

Office of Temporary and Disability Assistance

MEMORANDUM
DSS-524E

TO: Joan Adams

DATE: June 26, 2008

FROM: Mark Lacivita

SUBJECT: FOIL #08-¹⁷⁰~~150~~, Doyle

ML

Attached are the available OAH materials requested in the above referenced FOIL.

ML:dh

Cc: Russell Hanks

FAIR HEARING INFORMATION SYSTEM
PUBLIC ASSISTANCE CODES

<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) ACTION:INAD	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	
013 REPAYMENT OF INTERIM ASSISTANCE PENDING SSI	

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
013	- INTERIM ASSISTANCE - CATEGORY : SNA - ACTION: INAD - AID STATUS: NA	NONE	NYC:NEVR/NIAR UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS NYC FH HELD AT 14 Boerum Pl

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	200, 404

INCOME

CORRESPONDING

CODES

020	CHILD CARE ALLOWANCE-NOT SUPPORTIVE SERVICES (PA Recipients Only)	
021	BUDGETING EARNED INCOME (Income sufficient to meet needs)	207, 405
022	DEDUCTIONS OF WORK EXPENSES IE: \$90.00 deduction	
023	UNEARNED INCOME (UIB, SSA, SSI, Child Support, Etc.)	207, 405
024	EARNED INCOME DISREGARD (50%, effective 6/1/08)	
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)	207, 415
030	ANY OTHER ISSUE RELATING TO INCOME NOT IDENTIFIED BY OTHER CODE	
031	185% GROSS INCOME LIMIT	201, 405
032	100% OF POVERTY LEVEL	
034	DEEMING OF SPONSOR'S INCOME AND RESOURCES TO AN ALIEN	207, 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)	

SPECIAL NEEDS:CORRESPONDING CODES

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 ACTION:INAD
054	DENIAL / INAD-ADVANCE ALLOWANCE-PREVENT SHUTOFF / RESTORE UTILITY (SEE ALSO CODE 673)
055	BURIAL CLAIMS

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
055	<ul style="list-style-type: none"> - BURIAL CLAIMS - CATEGORY: SNA - ACTION: INAD - <i>NOTE DECEASED PERSONS NAME IN MESSAGE FIELD</i> 	NONE	NYC: N100 UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS NYC FH HELD AT 14 Boerum Pl

CATEGORICAL FACTORS:

**CORRESPONDING
CODES**

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	219, 437
064	5 YEAR LIMIT - FAMILY ASSISTANCE	
065	2 YEAR LIMIT - CASH SNA	
066	CHANGE IN BUDGET OR MANNER OF PAYMENT - 60 MO TIME LIMIT	

RESOURCES:

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

MANNER OF PAYMENT**CORRESPONDING
CODES**

090	RESTRICTED MANNER OF PROVIDING SHELTER GRANT (Action is reduction if just started, otherwise Inadequacy) (Example: voucher, two- party rent check)	
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092	WHO SHOULD BE PAYEE OF THE GRANT	200, 404
093	FAILURE TO RECEIVE GRANT OR REDUCTION W/O NOTICE OR EXPLANATION	254, 425
094	ANY OTHER MANNER OF PAYMENT ISSUE NOT IDENTIFIED BY OTHER CODE (EBICS, EPFT/EBT)	
095	RESTRICTED MANNER OF PROVIDING FUEL/UTILITY GRANT (Action is reduction if just started, otherwise Inadequacy)	

<u>CODE</u>	<u>RECOUPMENTS</u>	<u>CORRESPONDING CODES</u>
100	RECOVERY FOR DUPLICATED CHECK (Add RTI # from CNS to Comments)	
101	RECOVERY OF RENT ADVANCE, SECURITY DEPOSIT (Add RTI # from CNS to Comments)	
102	RECOVERY OF OVERPAYMENT CAUSED BY CONCEALMENT (Fraud) (Add RTI # from CNS to comments)	
103	RECOVERY OF OVERPAYMENT - NON FRAUD (Add RTI # from CNS to Comments)	
104	RATE OF RECOUPMENT INCLUDING UNDUE HARDSHIP ACTION: INAD/REDU	
105	RECOVERY OF UTILITY OR FUEL ADVANCE (Add RTI # from CNS to Comments)	
106	RECOUPMENT OF FAIR HEARING AID-CONTINUING BENEFITS (SEE 146) (Add RTI # from CNS to Comments)	
107	RECOVERY OF EXCESS FUEL/UTILITY USAGE (Add RTI # from CNS to Comments)	
108	OVER RECOUPMENT ACTION: INAD	

CODE	CRITERIA	SUB - CATEGORY	AGENCY
100, 101, 102, 103, 105, 106, 107	Notice from Office of Revenue and Investigations and/or Division of Accounts Receivable. 180 Water Street, NY, NY Comments should include: "Underlying issue for review is overpayment to former recipient."	NONE	NBFI/ISC # NO SCHEDULING RESTRICTIONS

MISCELLANEOUS ISSUES:

CORRESPONDING
CODES

115	DOMESTIC VIOLENCE WAIVER AGENCY: ISC#/NODV	
116	FLEEING FELON <u>NOTE:</u> NYC REQUESTS: FIRST AGENCY IS WHO NOTICE CAME FROM I.E. NBF1 OR NCMU	426
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, 415
123	EFFECTIVE DATES OF CHANGES IN ENTITLEMENT	240, 400
124	74-H HEARING (Ulster County, correspondence use only)	

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
124	<ul style="list-style-type: none"> - CORRESPONDENCE USE ONLY - FOR <u>ULSTER</u> COUNTY - REFER TO INTRANET UNDER - RESOURCES AND PROCEDURES - FOR SPECIFIC CODING AND - OTHER ADDRESS 	74 - H	LDSS	NO SCHEDULING RESTRICTIONS

MISCELLANEOUS ISSUES:

**CORRESPONDING
CODES**

125 DISTRICT OF RESPONSIBILITY
(Including Inter-Jurisdictional disputes - IDD) **271, 418**

NYC—FOR CONCURRENT BENEFITS ADD NBF1 AS 1st AGENCY

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
125	<ul style="list-style-type: none"> - CORRESPONDENCE USE ONLY IF A LDSS IS REQUESTING FH VS. ANOTHER LDSS. AGENCY FIELD IS LDSS WHICH REQUEST IS AGAINST. HEARING LOCATION IS LDSS THAT MAKES REQUEST - IF LDSS REQUEST AGAINST NYCHRA. HEARING LOCATION IS LDSS WHO REQUESTED HEARING. - CATEGORY: FA OR SNA - ACTION: INAD 	IDD	UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS
125	JURISDICTIONAL DISPUTES INVOLVING NYC AND AN UPSTATE DISTRICT: REQUESTED BY CLIENT/ REP	NONE	MULTIPLE SCENARIOS CHECK WITH SUPERVISORS	

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**

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
<u>MISCELLANEOUS ISSUES:</u>		<u>CORRESPONDING CODES</u>
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)	225, 402
134	WHEREABOUTS ARE UNKNOWN OR LOSS OF CONTACT	216, 422
135	REPLACEMENT OF LOST OR STOLEN CHECK OR CASH	456
138	FAILURE TO RETURN OR COMPLETE PERIODIC REPORT	448
139	DISCONTINUANCE FOR FAILURE TO REPORT TO MANDATORY DISPUTE RESOLUTION (FOR INFORMATION ONLY-ISSUE CODE ENTERED BY H.O. ONLY)	
140	DOE V DOAR LITIGATION RELATED ISSUES	
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	219, 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 (NYC- DENIALS FROM ISC; DISC FROM NOES)	216
152	DENIAL/DISCONTINUANCE OF PA DUE TO INELIGIBLE ALIEN STATUS	282, 453
153	TRANSFER OF PROPERTY TO QUALIFY FOR PA	213, 412

154	FAILURE TO ALLOW SNA APPL. TO APPLY 45 DAYS PRIOR TO SANCTION END	416
156	FAILURE TO ALLOW FA APPL TO APPLY 30 DAYS PRIOR TO SANCTION END	416

MISCELLANEOUS ISSUES:**CORRESPONDING CODES:**

157	FAILURE TO REPLACE ELECTRONICALLY ISSUED PA BENEFIT-EBICS/EPFT/EBT	456
159	UNDERPAYMENTS TO FORMER RECIPIENTS (Example: while on PA, NIMO not paid - case under-budgeted)	415
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 for failing to submit to finger imaging, denial of PA due to establishment of a match, discontinuance of PA for failing to submit to finger imaging)	263, 462
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	
166	ANY OTHER REASON RELATED TO EBT	

ADMINISTRATIVE DISQUALIFICATION HEARINGS (PADH):
(Codes 179-185 FOR ADH STAFF USE ONLY)

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 PROGRAM VIOLATION DISQUAL.-UNREPORTED HH COMP CHANGES

185 INTENTIONAL PROGRAM VIOLATION DISQUAL.-GENERAL

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

186 ADEQUACY OF BUDGET TO REMAINING HOUSEHOLD MEMBERS

187 AMOUNT OF CLAIM

188 ADMINISTRATIVE HEARING DECISION (BAD) NOT COVERED BY OTHER CODE

189 FAILURE TO REINSTATE BENEFITS UPON IPV DISQUALIFICATION

CODE	CRITERIA	SUB - CATEGORY	AGENCY
186, 187, 188, 189	-BUDGETING AFTER DISQUALIFICATION -STATEWIDE PUBLIC ASSISTANCE FRAUD DISQUALIFICATION	BAD <i>NOTE: SUB-CAT FOR UPSTATE REQUEST ONLY</i>	NYC: NBAD UPSTATE: LDSS
			NO SCHEDULING RESTRICTIONS NYC FH HELD AT 14 Boerum Pl.

CHILD SUPPORT UNIT HEARINGS

NYC: NCSU UPSTATE: LDSS
SUB-CAT: NONE CSU

190 CSU - INCORRECT PERSON

191 CSU - INCORRECT AMOUNT

192 CSU - FINANCIALLY EXEMT

193 CSU - NO UNDERLYING COURT ORDER

194 CSU - OTHER

MEDICAL ASSISTANCE/FAMILY HEALTH PLUS CODES

(AKA PUBLIC HEALTH INSURANCE)

200	MEDICAL ASSISTANCE HH COMPOSITION
201	185% OF GROSS INCOME TEST/ 100% POVERTY LEVEL
202	DISABILITY DISPUTES/DELAY IN DISABILITY DETERMINATION (Age 21-65, ineligible - client claims disability)
206	EXCESS RESOURCES
207	EXCESS MONTHLY INCOME INCLUDING PERSON SUPPORTED IN WHOLE/PART BY OTHERS OR ASSUMPTION OF SUPPORT (No spenddown - see 227 for spenddown)
209	DISC/REDU/DENIAL OF MA DUE TO INELIGIBILITY FOR SSI
210	MANNER OF UTILIZATION OF SURPLUS INCOME (Failure to allow credit for specified expense) (Incurred vs. Paid Bills)
211	MANAGED LONG TERM CARE (AC through certification period only) NYC – HOLD subcategory UPSTATE-“N” scheduling status
212	DISASTER MA OR FS
213	TRANSFER OF PROPERTY TO QUALIFY FOR MEDICAL ASSISTANCE
214	ENTRY INTO STATE TO RECEIVE MEDICAL ASSISTANCE OR MEDICAL CARE
215	CHRONIC CARE BUDGETING: DISC/REDU/INAD (Nursing Home Situations; NAMI Budgeting)
216	FAILURE TO VERIFY ANY FACTOR RELATING TO ELIGIBILITY (non-recertification)
217	MEDICAID CANCER TREATMENT PROGRAM (formerly known as Breast, Cervical, Colorectal & Prostate Cancer Program) (Agency: LDSS/BCCP or NMAP/BCCP) If medical transportation issue, refer to coding for 245
218	FAMILY PLANNING BENEFIT PROGRAM (FPBP)
219	ANY MEDICAL ASSISTANCE ISSUE NOT IDENTIFIED BY OTHER CODE
221	FAILURE OF AGENCY TO ACT ON MEDICAL ASSISTANCE APPLICATION
223	PARENTAL OR SPOUSAL REFUSAL TO SUPPORT PERSON IN THEIR OWN HOME

225 RECERTIFICATION/RENEWAL – FAILURE TO APPEAR/FAILURE TO PROVIDE DOCUMENTS

225	- FOR NYC REQUESTS ONLY - USE SUB – CATEGORY WHEN MA RECERTIFICATION	MAR	NMAP
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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)

MANAGED CARE*

*Note: Issue code is indicated on second page of client's notice.

229	DENIAL, REDUCTION, DISCONTINUANCE OF A SERVICE UNDER MANAGED CARE NYC - HOLD subcategory UPSTATE-"N" scheduling status
230	DISENROLLED FROM MANAGED CARE - EXCLUSION
231	REENROLLED IN MA, PUT BACK IN PREVIOUS MANAGED CARE PLAN
232	APPROVAL/DENIAL OF REQUEST NOT TO JOIN MANAGED CARE PLAN OR TO DISENROLL FROM PLAN DUE TO EXEMPTION OR EXCLUSION
233	DENIAL OF REQUEST TO TRANSFER MANAGED CARE PLAN
234	APPROVAL/DENIAL OF REQUEST TO DISENROLL FROM MANAGED CARE HEALTH PLAN FOR GOOD CAUSE
235	APPROVAL/DENIAL OF A MANAGED CARE PLAN'S REQUEST TO DROP CLIENT AS A MEMBER OF PLAN (by District or DOH)
236	DENIAL OF ENROLLMENT IN A MANAGED CARE PLAN
237	ENROLLED IN SAME MANAGED CARE PLAN AS OTHER MEMBERS OF CASE
238	CHANGE TO GUARANTEE COVERAGE UNDER MANAGED CARE
239	END OF MANAGED CARE GUARANTEE COVERAGE PERIOD

UPSTATE ENROLLMENT:
AGENCY:LDSS

NYC ENROLLMENT:
AGENCY:NHMO/NMAP

UPSTATE CLINICAL:
AGENCY: LDSS/APPROP. HMO

NYC CLINICAL:
AGENCY: NMAP/APPROP. HMO

240 EFFECTIVE DATE OF COVERAGE OR CHANGE IN ENTITLEMENT
(including too late to process)

DOH-PRIOR APPROVALS (241-244 & 247)

241 LICENSED PRACTICAL NURSE (LPN) AND/OR REGISTERED NURSE (RN)
For Broome, Chemung, Erie, Oneida, Schenectady, Tompkins, Westchester Counties,
schedule against LDSS.
If managed care, see coding for 229.

242 COVERAGE FOR OUT-OF-STATE SERVICES

243 DENTAL WORK
If managed care (example Dorai, GHI or Healthplex), see coding for 229.

244 PHYSICAL THERAPY OR OTHER REHABILITATIVE SERVICES
If managed care, see coding for 229.

CODE	CRITERIA	SUB - CATEGORY	AGENCY
241,242, 243,244, 247	- STATEWIDE - DOH Prior Approvals ENTER PRIOR APPROVAL # IN COMMENTS	OHSM	NYC: NMAP / HSM1 UPSTATE: LDSS/HSM1

245 MEDICAL TRANSPORTATION

(For NYC reimbursement to attend drug rehabilitation programs, see below. For all other medical transportation issues, use LDSS or NMAP without subcategory)

(NOTE: Statewide – reimbursement to attend drug rehabilitation programs is a Fee for Service MA issue, NOT a Managed Care issue.)

CODE	CRITERIA	SUB - CATEGORY		AGENCY
245	FOR NYC REQUESTS: TRANSPORTATION REIMBURSEMENT TO ATTEND DRUG REHABILITATION PROGRAMS CATEGORY: MA ACTION: INAD NO OTHER ISSUES CAN BE ADDED	TRAN		NMAP

CODE	CRITERIA	SUB - CATEGORY		AGENCY
245	Other NYC medical transportation issues			NMAP
	All Upstate medical transportation issues			LDSS

246 PERSONAL CARE/HOME CARE SERVICES/HOUSEKEEPING SERVICES/Lombardi (LTHHC)

(NOTE: FOR ALL UPSTATE HEARINGS USING CODE 246 ADD NYS5 AS 2ND AGENCY) (For NYC: Enter CASA # in Comments, if applicable.)

- X If managed care, see coding for 229
- XX If longterm managed care, see coding for 211

CODE	CRITERIA	SUB - CATEGORY	AGENCY
246	- NYC PERSONAL CARE ISSUES ONLY - EX. HOURS RECEIVED, REDUCTION OF HOURS OR DAYS, CHANGE IN SHIFTS	NONE	NOHC
246	- NYC PERSONAL CARE ISSUES ONLY WHERE THERE ARE 2 ISSUES (1 MA & 1 PERSONAL CARE) THAT ARE NON COLLATERALLY RELATED. EX: CONTESTING NUMBER OF PERSONAL CARE HOURS AND AMOUNT OF SURPLUS.	NONE	NOHC / NMAP
246	- NYC PERSONAL CARE ISSUES WHERE ACTION BEING TAKEN ON PERSONAL CARE IS A RESULT OF MA ELIGIBILITY DETERMINATION. EX: FAILURE TO SUBMIT DOCUMENTATION TO DETERMINE MA ELIGIBILITY, THEREFORE PERSONAL CARE SERVICES ARE DENIED.	NONE	NMAP / NOHC
246	- SUFFOLK COUNTY PERSONAL CARE / HOME ATTENDANT ISSUES. - CATEGORY : MA	SPH (restricts scheduling for a Tues, Wed or Thurs.)	SUFF/NYS5

247 PAYMENT FOR SPECIFIC ITEM OF MEDICAL CARE
 (Including Durable Medical Equipment or issues not covered by other codes)
 (Prior Approval/Prior Authorization - other than those listed in 241-244)
 If managed care, see coding for 229.

CODE	CRITERIA	SUB - CATEGORY	AGENCY
247	<ul style="list-style-type: none"> - STATEWIDE - DOH prior approval ENTER PRIOR APPROVAL # IN COMMENTS	OHSM	NYC: NMAP / HSMI UPSTATE: LDSS/HSMI

250 MEDICAID PAY-IN PROGRAM

251 REIMBURSEMENT TO PERSONS OR AGENCIES OTHER THAN THE VENDOR

252 ISSUE RELATING TO COVERAGE/PAYMENT NOT IDENTIFIED BY OTHER CODE
 (Example: Hospital bill older than 3 months, expensive hospital care, co-payment (SP-29), Medicare Part D)

253 REIMBURSEMENT TO PERSONS RESULTING FROM COURT ACTIONS
 (example: KRIEGER)
 ADD AS OTHER: TOM GRESTINI, DOH-EMPIRE STATE PLAZA
 CORNING TOWER, RM. 1245, ALBANY NY 12237 518-473-5892

254 MEDICAL ASSISTANCE CARD INVALID WITHOUT NOTICE OR EXPLANATION

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)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
255	<ul style="list-style-type: none"> - STATEWIDE - UTILIZATION THRESHOLD - DENIAL OF AN EXEMPTION OR INCREASE - CATEGORY: MA - ACTION: INAD 	NONE	NYC: NMAP/NYS3 UPSTATE: LDSS/NYS3

256 INCOME/RESOURCES OF INSTITUTIONALIZED SPOUSE
 (spousal impoverishment)

257 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
257	- SPECIFY ISSUE IN COMMENT SECTION	NONE	NYC: NMAP/OMRI UPSTATE: LDSS/OMRI

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.

CODE	CRITERIA	SUB - CATEGORY	AGENCY
258	-TRANSITIONAL MEDICAL ASSISTANCE -CATEGORY: FA OR SNA	NONE	NYC: NTBU UPSTATE: LDSS

260 CERTIFIED HOME HEALTH AIDE

CODE	CRITERIA	SUB - CAT.	AGENCY
260	CERTIFIED HOME HEALTH AIDE	NONE	NYC: NOHC UPSTATE: LDSS/NYS5 OTHER: NAME, ADDRESS AND TELEPHONE NUMBER OF CERTIFIED HOME HEALTH AGENCY (IF AVAILABLE) IF ONLY PARTIAL INFORMATION IS AVAILABLE INCLUDE IN COMMENTS
260	- SUFFOLK COUNTY CERTIFIED HOME HEALTH AIDE ISSUES. CATEGORY: MA	SPH	SUFF/NYS5 FOR SUFFOLK (SPH will restrict scheduling for Tues, Wed, or Thurs.)

263 AGENCY ACTION DUE TO FINGER IMAGING

264 MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES

268 DENIAL OF MEDICAL ASSISTANCE COVERAGE THROUGH IPRO REVIEW
 (Island Peer Review Organization)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
268	IPRO CATEGORY: MA ACTION: INAD AID STATUS: NA	OHSM	NYC: NMAP/IPRO <hr/> UPSTATE: LDSS/IPRO

270 CARE AT HOME WAIVER PROGRAMS - 1, 2 & 5

CODE	CRITERIA	SUB - CATEGORY	AGENCY
270	- STATEWIDE - CARE AT HOME WAIVER PROGRAM 1, 2 & 5	NONE	NYC: NMAP <hr/> UPSTATE: LDSS

271 DISTRICT OR STATE OF FISCAL RESPONSIBILITY
 (IDD)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
271	JURISDICTIONAL DISPUTES INVOLVING MULTIPLE DISTRICTS: REQUESTED BY CLIENT/REP	NONE	MULTIPLE SCENARIOS: CHECK WITH SUPERVISOR
271	- CORRESPONDENCE USE ONLY - IF A LDSS IS REQUESTING FH VS. ANOTHER LDSS, AGENCY FIELD IS LDSS WHICH REQUEST IS AGAINST. HEARING LOCATION IS LDSS THAT MADE REQUEST. - IF LDSS REQUEST IS AGAINST NYC MEDICAID, HEARING LOCATION IS LDSS WHO REQUESTED HEARING. CATEGORY: MA ACTION: INAD	IDD (correspondence Use only) IDD	UPSTATE: LDSS NYC: NMAP

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**

274 DENIAL OF FAMILY HEALTH PLUS (FHP), FAILURE TO PICK A PLAN
Category: FHP

275 FAMILY HEALTH PLUS (FHP) DISCONTINUANCE OR DENIAL DUE TO
HAVING EQUIVALENT HEALTH INSURANCE
Category: FHP

276 RESTRICTIONS ON USE OF THE MEDICAL ASSISTANCE CARD

CODE	CRITERIA	SUB - CATEGORY	AGENCY
276	-RESTRICTED MEDICAID CARD CATEGORY: MA ACTION: REDU//NAD FOR NYC: UNRELATED ISSUES, SCHEDULE SEPARATELY	NONE	NYC: NRMA UPSTATE: LDSS

278 AGENCY ACTION BASED ON FH DECISION, WITHDRAWAL OR DEFAULT

279 AVAILABILITY OF THIRD PARTY HEALTH INSURANCE
(Example: Blue Cross/Medicare)

280 DISCONTINUANCE/DENIAL OF MA DUE TO ACTIVE PA OR MA CASE

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 PART B PREMIUM PAYMENT PROGRAM
(Also known as Medicare Savings Program – MSP, including SLIMBI or QMBI)

286 FAILURE TO DETERMINE MA ELIGIBILITY UPON PA DENIAL/DISC

288 LETTER REQUEST/SELF-REQUEST FORM; ISSUE NOT SPECIFIED

290 DENIAL OF MA - NO NOTICE OR REASON

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)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
291	AUTHORIZATION, DENIAL, DISC OF PERSONAL EMERGENCY RESPONSE SERVICES (PERS)	NONE	NYC: NOHC
		NONE	UPSTATE: LDSS/NYS5

**293 HOME & COMMUNITY BASED SERVICES WAIVER
TRAUMATIC BRAIN INJURIES
(TBI WAIVER)**

(See 294 & 296 for other waiver programs)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
293	DISCONTINUANCE OR DENIAL OF PARTICIPATION IN THE HOME & COMMUNITY BASED SERVICES WAIVER FOR INDIVIDUALS WITH TRAUMATIC BRAIN INJURIES CATEGORY: MA ACTION: DISC/DENY	NYC-HOLD	NYC: NMAP / DOH1
		UPSTATE: NONE	UPSTATE: LDSS/DOH1

**294 HOME & COMMUNITY BASED SERVICES WAIVER-DEVELOPMENTAL
DISABILITIES - CARE AT HOME 3, 4 & 6**
(see 293 & 296 for other waiver programs)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
294	DISCONTINUANCE OR DENIAL OF PARTICIPATION IN THE HOME & COMMUNITY BASED SERVICES WAIVER FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES CATEGORY: MA ACTION: DISC / DENY	NYC-HOLD	NYC: NMAP/OMR1
		UPSTATE- HOLD	UPSTATE: LDSS / OMR1

295 FAILURE TO ISSUE BENEFIT / ID CARD

**296 HOME & COMMUNITY BASED SERVICES WAIVER
EMOTIONALLY DISTURBED CHILDREN**
(see 293 & 294 for other waiver programs)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
296	DISCONTINUANCE OR DENIAL OF PARTICIPATION IN THE HOME & COMMUNITY BASED SERVICES WAIVER FOR INDIVIDUALS WHO ARE EMOTIONALLY DISTURBED CATEGORY: MA ACTION: DISC/DENY	NYC-HOLD <hr/> UPSTATE: NONE	NYC: NMAP/OMHI <hr/> UPSTATE: LDSS/OMHI

"Eliminated-Combined MA Codes"

SERVICES CODES

300	THE PROCESSING/OR FAILURE TO PROCESS APPLICATION FOR SERVICES
301	EFFECTIVE DATE OF COVERAGE
302	FINANCIAL ELIGIBILITY OR AMOUNT OF FEES (Day Care)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
302	<ul style="list-style-type: none"> - MUST LIST NAMES AND AGES OF CHILDREN - LIST NAME & ADDRESS OF DAYCARE CENTER. - CATEGORY: FA (NYC) SERV (UPSTATE) 	NONE	NDAY (ACD Cases) UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS HELD AT 14 Boerum Pl

303	DAYCARE FOR EDUCATIONAL PURPOSES
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CODE	CRITERIA	SUB - CATEGORY	AGENCY	
303	<ul style="list-style-type: none"> - MUST LIST NAMES AND AGES OF CHILDREN - LIST NAME & ADDRESS OF DAYCARE CENTER. - CATEGORY: FA (NYC) SERV (UPSTATE) 	NONE	NDAY (ACD Cases) UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS HELD AT 14 Boerum Pl

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)
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CODE	CRITERIA	SUB - CATEGORY	AGENCY	
304	<ul style="list-style-type: none"> - TEMPORARY HOMEMAKER PLACEMENT IN FAMILY SITUATION WHEN PRIMARY CARETAKER IS UNABLE TO PROVIDE CARE. EX.: MOTHER IN HOSPITAL CATEGORY: SERV	NONE	NYC: NCWA UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS NYC FH HELD AT 14 Boerum Pl

REV. 10/26/00

305	DAYCARE - NON PAYMENT TO A SPECIFIC PROVIDER
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CODE	CRITERIA	SUB - CATEGORY	AGENCY	
305	<ul style="list-style-type: none"> - MUST LIST NAMES AND AGES OF CHILDREN - LIST NAME & ADDRESS OF DAYCARE CENTER. CATEGORY: FA (NYC) SERV (UPSTATE)	NONE	NDAY (ACD Cases) UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS HELD AT 14 Boerum Pl

306 ANY DAYCARE ISSUE NOT IDENTIFIED BY OTHER CODE

CODE	CRITERIA	SUB - CAT	AGENCY	
306	<ul style="list-style-type: none"> - MUST LIST NAMES AND AGES OF CHILDREN - LIST NAME & ADDRESS OF DAYCARE CENTER. CATEGORY: FA (NYC) SERV (UPSTATE)	NONE	NDAY (ACD Cases) UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS HELD AT 14 Boerum Pl

308 VOLUNTARY FOSTER CARE PLACEMENT SERVICES
(FOR NATURAL PARENTS)
(Example: visitation rights, transportation)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
308	<ul style="list-style-type: none"> - VOLUNTARY FOSTER CARE PLACEMENT SERVICES FOR NATURAL PARENTS. EX.: VISITATION RIGHTS, TRANSPORTATION. CATEGORY: SERV	NONE	NYC: NDAR UPSTATE: LDSS	NO RESTRICTIONS NYC FH HELD: AT 14 Boerum Pl.

309 ANY SERVICES ISSUE NOT IDENTIFIED BY OTHER CODE

310 PROTECTIVE SERVICES FOR ADULTS
(Ex: Homemaker, Housekeeper, Day Care)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
310	<ul style="list-style-type: none"> - STATEWIDE PROTECTIVE SERVICES FOR ADULTS CATEGORY: SERV	NONE	NYC: NPSA UPSTATE: LDSS	NO RESTRICTIONS

311 PROTECTIVE SERVICES FOR CHILDREN

(Ex: Homemaker, Housekeeper, Day Care)

CODE	CRITERIA	SUB - CAT	AGENCY	
311	STATEWIDE EDUCATIONAL, MEDICAL CHILD CARE ISSUES CATEGORY:SERV	NONE	NYC: NCWA UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS NYC FH HELD AT 14 Boerum Pl.

312 PREVENTIVE SERVICES FOR CHILDREN
Services provided to a family as an alternative to Foster-care placement, including housing subsidies

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
312	PREVENTIVE SERVICES FOR CHILDREN HOUSING SUBSIDY / FOSTERCARE RELATED CATEGORY: SERV	NONE	NYC: NDAR UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS NYC FH HELD AT 14 Boerum Pl

313 FOSTER CARE
Regular, Special, and Exceptional rate Foster Care payments, including discharge grant for foster children that have aged out of the system.

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
313	SEE "BULLET STATEMENT" FOR QUESTIONS TO ASK CATEGORY: SERV	NONE	NYC: NDAR UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS NYC FH HELD AT 14 Boerum Pl

Bullet Statement for Foster-care Services:

When taking a request concerning foster-care or foster-care payment issues, there is important identifying information which must be obtained to allow NYC Administration for Children's Services 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 egorv*), it will be helpful to ask the following questions and note the information on the comment screen (PFREQ4):

Requests being made by the foster-parents:

- (1) What is the specific reason for the hearing request?
 - a. What is the time period for which benefits are being requested?

- (2) What is the natural mother's name?
- (3) If the foster-parent is related to the child, what is the relationship between foster-parent and child? (If there is such a relationship, KFC must be utilized as a category).
- (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 listed.).
- (6) What is the CWA case number?
- (7) What is the name of the agency by which the foster-parent 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 foster-care payments:

(i.e. request 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?
- (5) What is the child's (children's) date of birth?
What is the sex of the child (children)?
- (6) 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?

FOR NYC Foster Children living outside the city limits:

NYC Foster Care case, foster parent living upstate (except Nass or Suff Co) or out of state:

**If speaking to the requester, staff must get phone number as these will be scheduled as phone hearings.

Agency: NDAR

Category: Serv

Issue: 313 or 315

Secondary issue: Inad 998

Scheduling status: M (no phone number) or T (phone number available)

Hearing type: H1 (M) or H2 (T)

GIVE PRINTOUT TO CORRESPONDENCE SUPERVISOR.

NYC Foster Care case, foster parent living in Nass or Suff Co.:

Schedule same as for those living in NYC, unless there would be a hardship, then schedule phone hearing as above.

314 TRANSITIONAL CHILD CARE
(Former recipient - up to 1 year)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
314	- TRANSITIONAL CHILD CARE CATEGORY: FA	NONE	NYC: NTBU UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Place

315 KINSHIP FOSTER CARE
(See "bullet statement" previous page)
Regular, Special, and Exceptional rate Foster Care payments.

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
315	- KINSHIP FOSTER CARE STATEWIDE CATEGORY: SERV	KFC	NYC: NDAR UPSTATE: LDSS	NO SCHEDULING RESTRICTIONS NYC FH HELD AT 14 Boerum Pl.

316 BOARDER BABIES SPECIAL NEEDS

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 BENEFIT ALTERNATIVE (FS TBA)		
404	FS HOUSEHOLD COMPOSITION (MIXED HOUSEHOLD)		
405	DISCONTINUANCE/REDUCTION/DENIAL BASED UPON EXCESS INCOME (see 454 for mass changes/COLA)		
407	DEDUCTIONS (Shelter, childcare, utilities, fuel, telephone, medical)		
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 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 RECIPIENTS FOR OVERISSUANCE OF FOOD STAMPS (ACTION: INAD) (DEMAND LETTER FOR REPAYMENT) OR (COMPROMISE OF OVERISSUANCE)		
421	DEMAND LETTER FOR OVERISSUANCE. IN NYC ONLY, UNRELATED ISSUES MUST BE SCHEDULED SEPARATELY	NONE	NYC: NATP UPSTATE: LDSS
422	FAILURE TO VERIFY ANY ASPECT OF FOOD STAMP ELIGIBILITY (NON-RECERTIFICATION)		
425	DISCONTINUANCE/REDUCTION/DENIAL OF FOOD STAMPS- WITHOUT NOTICE (See 400 for delayed issuance)		
426	FLEEING FELON		
427	LETTER REQUEST/SELF REQUEST FORM; ISSUE NOT SPECIFIED		
428	INELIGIBILITY OF A PERSON OR GROUP BECAUSE OF STATUS (EX: Students, boarders, strikers, jail, etc.) For alien status see 453		
429	AGENCY FAILURE TO HAVE PHOTO ID TAKEN OR FAILURE TO REPLACE ID (ACTION: INAD)		

**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 STAMP ISSUE NOT IDENTIFIED BY OTHER CODE

438 AGENCY ACTION BASED ON FH DECISION, WITHDRAWAL, OR DEFAULT

440 FOOD STAMP REDUCTION DUE TO OVERPAYMENT

CODE	CRITERIA	SUB - CATEGORY	AGENCY
440	FOOD STAMP REDUCTION DUE TO OVERPAYMENT. IN NYC ONLY. UNRELATED ISSUES MUST BE SCHEDULED SEPARATELY	NONE	NYC: NATP UPSTATE: LDSS

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

441 ADEQUACY OF BUDGET TO REMAINING HOUSEHOLD MEMBERS

442 AMOUNT OF CLAIM

444 ANY ACTION RE: ADH DECISION NOT IDENTIFIED BY OTHER CODE

445 FAILURE TO REINSTATE FS UPON IPV DISQUALIFICATION EXPIRATION

CODE	CRITERIA	SUB - CATEGORY	AGENCY
441, 442 444, 445	<ul style="list-style-type: none"> - BUDGETING AFTER DISQUALIFICATION STATEWIDE - FOOD STAMP FRAUD DISQUALIFICATION 	<p align="center">BAD</p> <p><i>NOTE: SUB-CAT FOR UPSTATE REQUEST ONLY</i></p>	NYC: NBAD UPSTATE: LDSS

448	FAILURE TO RETURN AND/OR COMPLETE PERIODIC REPORT
450	REPLACEMENT OF DESTROYED FOOD ITEMS
451	VOLUNTARY TERMINATION OF EMPLOYMENT
453	INELIGIBILITY BASED UPON ALIEN STATUS
454	FOOD STAMP DISCONTINUANCE/REDUCTION DUE TO INCREASE IN SOCIAL SECURITY, PUBLIC ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI) (COLA - Mass change)
455	FAILURE TO DETERMINE FS ELIGIBIITY UPON PA DENIAL/DISC
456	FAILURE TO REISSUE ELECTRONIC FS BENEFITS/EBT ADJUSTMENTS

CODE	CRITERIA	SUB - CATEGORY	AGENCY
456	EBT ADJUSTMENT	NONE	NYC: NF __/SEBT OR NO __/SEBT UPSTATE: LDSS/SEBT
456	FAILURE TO REISSUE ELECTRONIC FS BENEFITS	PAFS (as appropriate)	NYC: NF __ OR NO __ UPSTATE: LDSS

462 ACTION DUE TO FINGER IMAGING

Effective December 2, 2006

"Eliminated-Combined FS Codes"

EMERGENCY ASSISTANCE CODES

651 CLOTHING

653 FAILURE TO PROVIDE ALLOWANCE TO PREVENT EVICTION/
DISPOSSESS/FORECLOSURE
(Failure to provide one shot deal to prevent eviction)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
653	FAILURE TO PROVIDE ONE SHOT DEAL TO PREVENT EVICTION/ DISPOSSESS/ FORECLOSURE CATEGORY: EA ACTION: DENY/INAD	NONE	NYC: ISC# UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Pl.

654 DENIAL OF EMERGENCY HOUSING REFERRAL (HOTEL/MOTEL/SHELTER) OTHER THAN FOR FAILURE TO UTILIZE HOUSING RESOURCES
(Denial of eligibility for emergency housing)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
654	DENIAL OF ELIGIBILITY FOR EMERGENCY HOUSING CATEGORY: EA ACTION: DENY	NONE	NYC: NDHS UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Pl.

655 ADEQUACY OF EMERGENCY HOUSING PLACEMENT
(Applicant/Recipient challenging appropriateness/suitability of emergency housing placement)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
655	APPLICANT/RECIPIENT CHALLENGING THE APPROPRIATENESS OF EMERGENCY HOUSING PLACEMENT CATEGORY: EA ACTION: INAD	NONE	NYC: NDHS UPSTATE: LDSS	NYC HELD AT 14 Boerum Pl.

656 ADEQUACY OF, OR FAILURE TO PROVIDE, HOTEL/MOTEL ALLOWANCE

NOTE:FOR EMERGENCYHOUSING/HOMELESS ISSUES, THE DEPARTMENT OF HOMELESS SERVICES (AGENCY NDHS) MAY BE INVOLVED.

OFFICE OF ADMINISTRATIVE HEARINGS

657 AMOUNT OF CLIENT CONTRIBUTION TOWARD COST OF EMERGENCY HOUSING

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
657	AMOUNT OF CLIENT CONTRIBUTION TOWARD COST OF EMERGENCY HOUSING NYC CATEGORY: EA ACTION: REDU/INAD UPSTATE CATEGORY: FA/SNA ACTION: REDU/INAD	NONE NONE	NYC: ISC # UPSTATE: LDSS (SCHEDULING STATUS "N")	NYC FH HELD AT 14 Boerum Pl.

660 DISCONTINUANCE OF EMERGENCY SHELTER PLACEMENT DUE TO FAILURE TO ACCEPT OFFER OF PERMANENT HOUSING OR FAILURE TO COOPERATE IN FINDING PERMANENT HOUSING

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
660	RECIPIENTS RESIDING IN EMERGENCY HOUSING (SHELTERS) SANCTIONED FOR NOT FINDING PERMANENT HOUSING/NON COOPERATION CATEGORY: EA ACTION: DISC	NONE	NYC: NDHS UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Pl.

662 DISCONTINUANCE OF EMERGENCY SHELTER PLACEMENT (other than refusal of offer of permanent housing) (see 654 for denials)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
662	DISCONTINUANCE OF EMERGENCY SHELTER PLACEMENT CATEGORY: EA ACTION: DISC	NONE	NYC: NDHS UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Pl.

NOTE: FOR EMERGENCY HOUSING/HOMELESS ISSUES, THE DEPARTMENT OF HOMELESS SERVICES (AGENCY NDHS) MAY BE INVOLVED.

OFFICE OF ADMINISTRATIVE HEARINGS

666 SPECIAL SERVICES FOR SHELTER RESIDENTS
 (Ex. To assist in finding permanent housing; bus service for children to attend school)

CODE	CRITERIA	SUB - CATEGORY	AGENCY	
666	SPECIAL SERVICES FOR SHELTER RESIDENTS CATEGORY: EA ACTION: INAD	NONE	NYC: NDHS UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Pl.

668 REPAIR OF ESSENTIAL HOUSEHOLD EQUIPMENT OR REPAIRS TO HOME

669 FURNITURE ALLOWANCE
 (Including establishment of a home)

670 SECURITY DEPOSIT AND/OR FIRST MONTH'S RENT
 (BROKER FEES)

671 MOVING EXPENSES

672 STORAGE FEES

673 UTILITY SHUT-OFF OR HEATING FUEL EMERGENCY

675 GENERAL EMERGENCY ISSUE - NOT COVERED BY OTHER CODE

676 EMERGENCY SNA OTHER THAN SHELTER, FUEL

677 FAILURE TO PROVIDE EMERGENCY ASSISTANCE DUE TO FAILURE TO SIGN REPAYMENT AGREEMENT OR FAILURE TO REPAY

679 SHELTER TIER II - INVOLUNTARY DISCHARGE
 Client must first request and participate 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 (358-3.6(e)).

CODE	CRITERIA	SUB - CAT.	AGENCY	
679	- NYC ONLY - CHALLENGES TO INVOLUNTARY SHELTER DISCHARGES - UPSTATE - SHELTER TIER II-INVOLUNTARY DISCHARGE CATEGORY: EA ACTION: INAD	NONE SHLT NOTE "SUB- CAT" FOR UPSTATE REQUEST ONLY	NYC: NDHS UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Pl. UPSTATE: LDSS

681 FAILURE TO PROVIDE EMERGENCY SHELTER ALLOWANCE FOR AIDS/HIV PERSONS

NOTE: FOR EMERGENCY HOUSING/HOMELESS ISSUES, THE DEPARTMENT OF HOMELESS SERVICES (AGENCY NDHS) MAY BE INVOLVED.

OFFICE OF ADMINISTRATIVE HEARINGS

682	REPLACEMENT OF LOST OR STOLEN SSI CHECK OR CASH (EAA)
684	FAILURE OF AGENCY TO ALLOW RECIPIENT/APPLICANT TO APPLY FOR EMERGENCY ASSISTANCE
*686	SHELTER SUPPLEMENT PROGRAMS (Ex. NYC programs-Housing Stability Plus: Family Eviction Prevention Supplement) (FEPS)

CODE	CRITERIA	SUB - CATEGORY		AGENCY
686	FAMILY EVICTION PREVENTION SUPPLEMENT (FEPS)	NONE	NYC: NIM/FEPS	NYC FH HELD AT 14 Boerum Pl. On EA Calendar
686	1. HOUSING STABILITY PLUS (FTA, Denial) And Work Advantage Program (WAP) 2. HSP (Emergency) and WAP Category EA 3. HSP (non-Emergency) and WAP Category FA/SNA	NONE	NYC: NDHS	On DHS Calendar
		NONE	NYC: ISC#	On EA Calendar
		NONE	NYC: ISC#	On Regular Calendar
686	Category: FA/SNA		Upstate: LDSS	Prioritize scheduling depending on situation

*687	DENIAL OF EMERGENCY SHELTER-FAILED TO UTILIZE HOUSING RESOURCES (Ex. Other housing is available)
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CODE	CRITERIA	SUB - CATEGORY		AGENCY
687	- DENIAL OF EMERGENCY SHELTER-FAILED TO UTILIZE HOUSING RESOURCES CATEGORY: EA ACTION: DENY	NONE	NYC: NDHS UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Pl.

*688	FAILURE TO COMPLY WITH INDEPENDENT LIVING PLAN (For NYC Cases: schedule at least 7 calendar days from processed date. Notice of first ILP Violation: use reduction action.)
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CODE	CRITERIA	SUB - CATEGORY		AGENCY
688	- FAILURE TO COMPLY WITH INDEPENDENT LIVING PLAN CATEGORY: EA ACTION: DISC/REDU	NONE	NYC: NDHS UPSTATE: LDSS	NYC FH HELD AT 14 Boerum Pl.

*** DENOTES NEW CODE**

NOTE:FOR EMERGENCYHOUSING/HOMELESS ISSUES, THE DEPARTMENT OF HOMELESS SERVICES (AGENCY NDHS) MAY BE INVOLVED.

QUESTIONS TO ASK FOR UPSTATE EA TELEPHONE REQUESTS:

NOTE: ENTER INFORMATION ON COMMENT SCREEN

1. What did client request from the Agency?
(EA, EAA, EHR, 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)

Eliminated - EA Combined Codes.doc

EMPLOYMENT VIOLATION CODES

CODE

700	-	EMPLOYABILITY EXEMPTION / RESTRICTION – MEDICAL	
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701	-	EMPLOYABILITY EXEMPTION / RESTRICTION – OTHER (e.g., transportation hardship, childcare, needed in-home, occupational training) -Will now include former codes: 701, 711, 712, 713	
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702	-	VOLUNTARY TERMINATION OF EMPLOYMENT/ REDUCTION EARNING CAPACITY (90-day sanction)	451
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704	-	TRAINING ADEQUACY OR DISAPPROVAL	
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705	-	FAILURE TO COMPLY WITH EMPLOYMENT REQUIREMENTS -Will now include former codes 705, 706, 709, 714, 716, and 720, 721	416
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707	-	AGENCY FAILURE CONDUCT INITIAL JOBS ASSESS. /EMPLOYABILITY PLAN (FA/SNA)	416
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717	-	ON-THE-JOB WORKING CONDITIONS (i.e., App. Disagrees w/work assignment)	
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719	-	HOURS OF PARTICIPATION IN WORK ASSIGNMENT	
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725	-	CONTESTING LENGTH OF EMPLOYMENT SANCTION	416
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726	-	SUPPORTIVE SERVICES (FAILURE TO PROVIDE, MAKE REFERRAL TO, OR DISCONTINUE) -Combines former 724, 726, 727 Childcare issues are subject to a/c. Other supportive services not subject to a/c	
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764	-	FAILURE TO ACCEPT REFERRAL OR OFFER OF EMPLOYMENT 60-MO TIME LIMIT	
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Eliminated - Combined Codes

HEAP ISSUE CODES

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

CODE	CRITERIA	SUB - CAT.	AGENCY
Any	Category: HEAP Action: Inad Deny	None	NYC: NCDA Upstate: LDSS

HEAP Information 1-800-342-3009

NYC Dept for Aging 1-212-442-1322
over 60, non-PA, non-SSI Code A

SPECIAL SERIES ISSUE CODES

900	HOME HEARING (NOTE: THIS CODE IS ADDED BY HOMEBOUND HEARING UNIT AT TIME OF SCHEDULING)
910	4/20/98 FS/FAP REBUDGET (ACTION: INAD)
913	CLAUDIO v. DOWLING (TRACKS FOSTERCARE CASES WHERE APP. WAS DENIED STANDING)
920	REOPEN FH - CLAIM FAILURE HRA TO IMPLEMENT MDR AGREEMENT
930	PROOF OF MAILING/NON-RECEIPT HRA MAILING, RAISED BY APP (MEACHEM) • NO LONGER REQUIRED PER OAH TRANSMITTAL 07-14
940	AUTOMATIC FAIR HEARING REQUEST (VARSHAVSKY)
949	TEMPORARY HOUSING FOR THE HOMELESS PURSUANT TO 352.35
950	(CNS) CLIENT NOTICE SYSTEM - BASED ACTION <i>NOTE: FOR INFORMATIONAL PURPOSES ONLY; THIS CODE IS NO LONGER ENTERED</i>
951	REMOVAL OF PUBLIC HOUSING ADDITIONAL RENT ALLOWANCE (NYC)
955	MANAGED CARE - REMOVAL OF PHARMACY COVERAGE
956	PHARMACY COPAYMENT 1995
957	MEDICAID COPAYMENT (Limited to 1993 notices only)

CODE	CRITERIA	SUB - CAT.	AGENCY
957	-STATEWIDE MEDICAID COPAYMENT ACTION: REDUCTION	SP-29	CLIENT ON MA ONLY; CATEGORY: MA NYC: NMAP UPSTATE: LDSS CLIENT ON PA: CATEGORY: FA/SNA NYC: ISC# UPSTATE: LDSS IF NOT SURE IF CLIENT IS MA ONLY OR ON PA: CATEGORY: FA NYC: NIM/NMAP UPSTATE: LDSS
			NONE

977	DEALLAUME-ZECHES: HEAP DEDUCTED FROM HEATING FUEL ALLOWANCE (CATEGORY: FA OR SNA ACTION: INAD)
994	MCMAHON V. DOWLING (DISABLED ADULT CHILDREN (DAC) MA REIMBURSEMENT ISSUE) <i>AGENCY: LDSS OR NMAP - CATEGORY: MA - SUB-CAT: -NONE</i> <i>ACTION: DENY OR INAD</i>
995	GREENSTEIN V. DOWLING STATEWIDE - REIMBURSEMENT FOR OUT-OF-POCKET EXPENDITURES INCURRED BY MEDICAL ASSISTANCE RECIPIENTS FOR COVERED SERVICES AS A RESULT OF AGENCY ERROR. <i>AGENCY: LDSS OR NMAP - CATEGORY: MA - SUB-CAT: NONE</i> <i>ACTION: DENY OR INAD</i>
996	PODIATRY - CHAPTER 41

CODE	CRITERIA	SUB - CAT.	AGENCY	AGENCY
996	- STATEWIDE - PODIATRY ISSUES CATEGORY: MA	SP-28	NYC: NMAP UPSTATE: LDSS	NONE

997	VARSHAVSKY LITIGATION HOMEBOUND APPELLANTS WHO SEND A REPRESENTATIVE TO A REGULAR FAIR HEARING INSTEAD OF HAVING A TELEPHONE HEARING. (AGENCY: NYS6) See box below 999.
998	TELEPHONE HEARING FOR NON-HOMEBOUND APPELLANTS ACTION:INAD
999	HOME HEARING REQUESTED (AGENCY: NYS6) See box below.

CODE	CRITERIA	SUB - CAT.	AGENCY	AGENCY
997, 999	Varshavsky—Class action regarding homebound Appellants who request a hearing and are unable To travel to the hearing site. 1. Are you able to travel to a hearing site? If not. 2. Can a relative/friend/representative go to the hearing site and represent you? (NYS6/997). If so, authorization will Be needed. If not. 3. Would you be able to participate in a Telephone hearing? (NYS6/999. Schedule status: M or T, as appropriate)	As Appropriate	As Appropriate	NONE

REQUEST SOURCE:

AL (Albany Letter)
AF (Albany Fax)
AE (Albany Email)
AT (Albany Telephone)
AW (Albany Walk-in)

NL (NYC Letter)
NF (NYC Fax)
NT (NYC Telephone)
NW (NYC Walk-in)

Address Types:

The Appellant receives the OAH -4420, the OAH 457, any FHIS generated letters, the decision, any Compliance related letters.

S = For client who is also on same case. Receives: OAH-4420, OAH-457, decision.

R = Representative/Advocate for FH process. Receives: OAH-4420, OAH-457, any FHIS generated letters, decision.

M = Mailing Address – Mails OAH 4420, OAH 457, etc. to client at a different address than one listed on first page. Nothing mailed to Appellant's address.

O, P, Q, H = OAH -4420, OAH -457, decision.

C = Representative is entered on F5 Screen to enable System to send Compliance Letter to Representative. C Representative can be the same or different from original R. Receives FHIS generated letters when Compliance codes are entered.

AGENCY ACRONYMS FOR FHIS.xls

Agency Cd	Agency Nm
ALBA	ALBANY
ALLE	ALLEGANY
BCBS	BLUE CROSS
BCCP	MA CANCER PROGRAM
BCHI	BUFFALO COM HLTH
BHP	BRONX HEALTH PLAN
BLHP	BROADLAWN HLT NY
BROO	BROOME
CATH	NYS CATHLIC HELTH
CATT	CATTARAUGUS
CAYU	CAYUGA
CCI	CENTER CARE INC
CCM	COMPREHENSIV CARE
CDPH	CAP DISTRICT PLAN
CHAU	CHAUTAUQUA
CHEM	CHEMUNG
CHEN	CHENANGO
CHP	COM. HEALTH PLAN
CLIN	CLINTON
COCP	CO-OP CARE PL NY
COLU	COLUMBIA
COMM	COMM CHOICE PLAN
COMP	COMPRE CARE
CORT	CORTLAND
CPLL	CARE PLUS LLC
CPPI	COMUNITY PRM PLUS
DELA	DELAWARE
DOH1	DEPT. OF HEALTH
DOH2	DEPT OF HEALTH - no longer in use 8/07
DUTC	DUTCHESS
ECI	ELANT CHOICE NY
EHPI	EXCELS HELTH PLAN
ERIE	ERIE
ESC	EDDIE SENIOR CARE
ESSE	ESSEX
FEPS	FAMILY EVIC NY
FRAN	FRANKLIN
FULT	FULTON
GENE	GENESEE
GHI	GHI HMO
GHPI	GENESIS HELTHPLAN
GREE	GREENE
HAMI	HAMILTON

AGENCY ACRONYMS FOR FHIS.xls

HERK	HERKIMER
HFI	HOMEFIRST INC NY
HFPI	HEALTH FIRST
HIP	HEALTH INSRC PLAN
HNYI	HEALTH NOW NEW YRK
HPI	HEALTH PLUS INC
HSM1	REGION 1
HSM2	REGION 2
HSM3	REGION 3
HSM4	REGION 4
HSM5	REGION 5
HSM6	REGION 6
HSM7	REGION 7
HSM8	REGION 8
HUM	HUM HEALTH CARE
ICS	IND CARE SYS NY
IHAI	IND HEALTH ASSOC
ILS	IND LIVING CENTER
ILSC	IL OF CENTRAL NY
IPRO	ISLAND PEER REVIE
IUFH	INST. FOR FAMILY
JEFF	JEFFERSON
JGB	GUILDNET NY
LEWI	LEWIS
LIVI	LIVINGSTON
MADI	MADISON
MEDD	MEDICARE PT D NY
MHI	MANAGED HELTH INC
MHS	MANAGD HELTH CARE
MONR	MONROE
MONT	MONTGOMERY
MPHP	METRO PLUS HEALTH
MVP	EALTHCARE NY
N013	WAVERLY E.E.C.
N017	FAM SERV CALL CTR
N019	YORKVILLE
N023	EAST END
N024	AMSTERDAM
N026	ST. NICHOLAS
N028	HAMILTON
N032	TOP
N035	DYCKMAN
N037	RIVERVIEW
N038	RIDER

AGENCY ACRONYMS FOR FHIS.xls

N039	PRIDE 2000
N040	MELROSE
N041	TREMONT
N043	KINGSBRIDGE
N044	FORDHAM
N045	CONCOURSE
N046	CROTONA
N047	SOUNDVIEW E.E.C.
N048	BERGEN
N049	REFUGEE/IMMIGRANT
N051	QUEENSBORO E.E.C.
N052	TREATMENT MONITOR
N053	QUEENS
N054	JAMAICA
N061	WE CARE PROGRAM
N062	VETERANS SERV CTR
N063	CONEY ISLAND
N064	DEKALB
N066	BUSHWICK
N067	LINDEN
N068	PROSPECT
N070	BAY RIDGE
N071	NEVINS
N072	LIVINGSTON
N073	BROWNSVILLE
N078	EUCLID
N079	ROCKAWAY
N080	SEAPORT
N084	SENIOR WORKS CTR
N085	GREENWOOD
N090	NYA NEW AMERICANS
N091	CHURCH MERCHANTS
N093	INTRNTIONL RESCUE
N094	AFRICAN SRVCE COM
N095	CATHOLIC CHARITY
N096	INTERFAITH SRVICE
N099	RICHMOND
N100	BURIAL CLAIMS UNI
NAQC	AUDIT & QUALITY
NASS	NASSAU
NATP	AUTHORIZED TO PAY
NBAD	BUDGET AFTER IPV
NBEG	BEGIN PROGRAM
NBFI	FISCAL INTEGRITY

AGENCY ACRONYMS FOR FHIS.xls

NBFO	BFO
NCAP	CHILD ASSISTANCE
NCCP	NYC CLUSTER CARE
NCDA	COMMUNITY DEV AGY
NCMU	COMPUTER MATCH
NCSU	CHILD SUPPORT
NCWA	CHILD WELFARE AGY
NDAR	DIV AUDIT RESPNSE
NDAS	DIV AIDS SERVICES
NDAY	NYC DAYCARE
NDFA	DEPT FOR AGING
NDHS	HOMELESS SERVICES
NEVR	ELIG.VERIF.REVIEW
NF02	EAST END NPA OFF
NF11	UNION SQUARE
NF12	COVELLO
NF13	WASHINGTON HEIGHT
NF14	ST. NICHOLAS
NF15	SSI CENTER
NF19	UNION SQ. NIGHT
NF20	FORT GREENE
NF21	WILLIAMSBURG
NF22	CONEY ISLAND
NF23	BORO HALL
NF24	GREENWOOD
NF25	MIDWOOD
NF26	NO. BKLYN
NF27	NEW UTRECHT
NF28	BRIGHTON
NF29	GREENWOOD NIGHT
NF31	CONCOURSE FS
NF32	TOP
NF33	TREMONT
NF38	RIDER FS FS NY
NF39	KINGSBRIDGE NIGHT
NF40	MELROSE FS NY
NF41	JAMAICA
NF42	ROCKAWAY
NF43	LONG ISLAND CITY
NF44	FLUSHING
NF45	CONCOURSE FS NY
NF46	CROTONA
NF48	RIDER FS
NF49	REFUGEE & IMM. FS

AGENCY ACRONYMS FOR FHIS.xls

NF51	ST. GEORGE
NF53	QUEENS FS
NF54	JAMAICA FS
NF61	RESIDENT FAC UNIT
NF63	HOMEBOUND CENTER
NF79	ROCKAWAY
NF99	RICHMOND
NFEP	FAMILY EVIC NY
NFS	FS-CENTER UNKNOWN
NFSF	FOOD STAMP FRAUD
NHMO	MANAGED CARE
NHP	NEIGHBORHD HEALTH
NIAG	NIAGARA
NIAR	INT REIMBRSE UNIT
NICP	INCOME CLEARANCE
NIM	LOC OFF# UNKNOWN
NMAP	ALL MA
NMEV	MA ELG.VER.REVIEW
NODV	DOMESTIC VIOLENCE
NOES	EMPLOYMENT SERVIC
NOHC	ALL SERV
NORI	ORI
NPSA	PROTECT SERV ADLT
NQRA	QUALITY REVIEW
NRMA	RESTRICTED MA CRD
NTBU	TRANSTNL BENEFITS
NYC	NEW YORK CITY
NYCH	NY COMUNITY HELTH
NYLC	NYLCARE HELTHPLAN
NYS	PIC
NYS1	NYDOH-OMM LOMBARD
NYS2	NYDOH - MEDICAID
NYS3	NYDOH-OMM DONNELL
NYS4	TEMP ASSIST -HEAP
NYS5	NYDOH- K. SHERRY
NYS6	OAH HOMEBOUND
NYS7	
NYS8	HRA - J. GOLDBERG
NYS9	VALERIE BOGART
OMH1	OFFICE OF MENTAL HEALTH
OMR1	OMRDD
OMRD	OMRDD
ONEI	ONEIDA
ONON	ONONDAGA

AGENCY ACRONYMS FOR FHIS.xls

ONTA	ONTARIO
ORAN	ORANGE
ORLE	ORLEANS
OSWE	OSWEGO
OTSE	OTSEGO
PCC	PARTNERS CARE NY
PUTN	PUTNAM
RENS	RENSSELAER
RHMO	ROCHESTER HMO
ROCK	ROCKLAND
SARA	SARATOGA
SCHC	SCHC TOTAL CARE
SCHE	SCHENECTADY
SCHO	SCHOHARIE
SCHS	SUFF HELTH SERVCE
SCHU	SCHUYLER
SCR	CENTRAL REGISTRY
SENE	SENECA
SHP	SENIOR HEALTH NY
SNH	SENIOR NET NY
SPCH	ST. BARNABAS CHP
ST L	ST LAWRENCE
STEU	STEUBEN
SUFF	SUFFOLK
SULL	SULLIVAN
TAPP	TOTAL AGING NY
TIOG	TIOGA
TOMP	TOMPKINS
UHNY	UNITED HEALTH NYC
UHUP	NITED HEALTH UPS
ULST	ULSTER
VHP	VYTRA HEALTH PLAN
VNSC	VNS CHOICE NY
WARR	WARREN
WASH	WASHINGTON
WAYN	WAYNE
WCNY	WELLCARE OF NY
WEST	WESTCHESTER
WPHS	WESTCHESTER HELTH
WYOM	WYOMING
YATE	YATES

Managed Care Plans in New York State

MANAGED CARE AGENCY	AGENCY CODE
Capital District Physicians Health Plan Patroon Creek 1223 Washington Avenue Albany, NY 12206	CDPH
Excellus Health Plan, Inc. <i>Also known as: Excellus/Fingerlakes Blue Choice; Excellus/HMO-CNY; Excellus/HMO Blue Cross</i> 165 Court Street Rochester, NY 14647	EHPI
Health Insurance Plan of Greater NY, Inc. ** 55 Water Street New York, NY 10041	HIP
Healthnow New York Inc. <i>Also known as: Community Blue or Community Care; Also known as: BCBS of Western NY</i> 1901 Main Street Buffalo, NY 12205	HNYI
Independent Health Association, Inc. 511 Farber Lakes Drive Buffalo, NY 14221	IHAI
Americhoice of New York <i>Formally known as: Managed Healthcare Systems of New York, Inc.</i> 7 Hanover Square, 5 th Floor New York, NY 10004	MHS
Metro Plus Health Plan * 160 Water Street, 3 rd Floor New York, NY 10038	MPHP
Rochester Area HMO Preferred Care 259 Monroe Avenue Rochester, NY 14607	RHMO
United Health Care Plan of NY, Inc. 7 Hanover Square, 5 th Floor New York, NY 10004	UHPY
United Health Care Plan of Upstate NY, Inc. ** 7 Hanover Square, 5 th Floor New York, NY 10004	UHUP
Vytra Health Plans of LI Inc. 395 North Service Road Melville, NY 11747	VHP

WellCare of New York, Inc. ** 11 West 19 th Street NY, NY 10011	WCNY
Buffalo Community Health, Inc. <i>Also known as: Plus Med; and Univera</i> 205 Park Club Lane Buffalo, NY 14221	BCHI
Amerigroup Community Care * AKA Care Plus, LLC 360 West 31 st Street, 5 th Floor New York, NY 10001	CPLL
Center Care, Inc. * <i>Also known as: Ryan Health Care</i> 555 West 57 th Street, 18 th Floor New York, NY 10019	CCI
Community Premier Plus, Inc. 519 W. 180 th Street, 2 nd Floor New York, NY 10033	CPPI
Community Choice Health Plan. 30 South Broadway, 4 th Floor Yonkers, NY 10701	COMM
Genesis Health Plan, Inc. ** <i>Also known as: Affinity</i> 2500 Halsey Street Bronx, NY 10461	GHPI
Health First PHSP, Inc. * <i>Also known as: Managed Health, Inc.</i> 25 Broadway, 9 th Floor New York, NY 10004	HFPI
Health Plus, Inc. ** 335 Adams Street Brooklyn, NY 11220	HPI
MVP Health Care ** 625 State Street Schenectady, NY 12305	MVP
The New York Hospital Community Health Plan * <i>Also known as: NY Presbyterian Community Health Plan</i> 333 E. 38 th Street, 8 th Floor, Room 805 New York, NY 10016	NYCH
Westchester Prepaid Health Services Plan ** <i>Also known as: Hudson Health Plan</i> 303 S. Broadway, Suite 321 Tarrytown, NY 10591	WPHS

GHI & GHI HMO * Also known as: Group Health Inc. PPOFHP <table border="1"> <tr> <td>PO Box 4141 Kingston, NY 12402</td> <td>80 Wolf Road Albany, NY 12205</td> </tr> </table>	PO Box 4141 Kingston, NY 12402	80 Wolf Road Albany, NY 12205	GHI
PO Box 4141 Kingston, NY 12402	80 Wolf Road Albany, NY 12205		
Neighborhood Health Providers, LLC ** <i>Also known as: Royal Health Care</i> 521 5 th Avenue, 3 rd Floor New York, NY 10175	NHP		
New York State Catholic Health Plan, Inc. * <i>Also known as: Fidelis</i> 95-25 Queens Blvd. Rego Park, NY 11374	CATH		
SCHC Total Care, Inc. <i>Also known as: Syracuse PHSP</i> 819 S. Salina Street Syracuse, NY 13202	SCHC		
Southern Tier Pediatrics 302 Hoffman Street Elmira, NY 14905	STP		
St. Barnabas Community Health Plan <i>Also known as: Partners in Health</i> 4422 Third Avenue Bronx, NY 10457 (withdrawn from Medicaid Managed Care Market as of 10/31/06)	SPCH		
Suffolk County Department of Health Services AKA Suffolk Health Plan 100 Veterans Memorial Highway 3rd floor Hauppauge, New York 11788	SCHS		
The Institute for Urban & Family Health, Inc. <i>Also known as: ABC Health Plan</i> 16 E. 6 th Street New York, NY 10003	IUFH		
Liberty Health Advantage 335 West 16th Street, 4th Floor New York, NY 10011	LHA		
Vidacare Inc. 120 Wall Street 14 th Floor New York, NY 10005	VIDA		

* DoraL USA is contracted by these managed care plans for dental determinations.

** HealthPlex is contracted by these managed care plans for dental determinations.

Revised 11/26/07

Managed Long Term Care Plans in New York State

NAME/SPONSOR	AGENCY CODE
Comprehensive Care Management or CCM Select <i>Beth Abraham Family of Health Services</i>	CCM
Independent Living for Seniors <i>Via Health</i>	ILS
Eddy Senior Care <i>Northeast Health</i>	ESC
Independent Living Services of Central New York, Inc. <i>Loretto Rest Nursing Home, Inc.</i>	ILSC
Elant Choice <i>Elant Inc.</i>	ECI
Senior Health Partners <i>Mt. Sinai Hospital, Jewish Home & Hospital for the Aged, Metropolitan Coordinating Council on Jewish Poverty</i>	SHP
GuildNet <i>The Jewish Guild for the Blind</i>	JGB
VNS Choice <i>Visiting Nurse Services of New York</i>	VNSC
HHH Choices Health Plan, LLC <i>previously known as Co-OP Care Plan and Hebrew Hospital Home</i>	COCP
Senior Network Health, LLC <i>Mohawk Valley Network, Inc.</i>	SNH
Partners in Community Care <i>Good Samaritan Hospital</i>	PCC
Broadlawn Health Partners <i>Winthrop South Nassau University Health System, Inc & Catholic Health System of Long Island</i>	BLHP
HomeFirst, Inc. <i>Metropolitan Jewish Health System</i>	HFI
Independence Care System <i>Cooperative Home Care Associates</i>	ICS
Total Aging in Place Program <i>Weinburg Campus, Inc.</i>	TAPP
Amerigroup Community Care <i>AKA Care Plus</i>	CPLL
Well Care of New York (effective 8/07)	WCNY

Revised 3/21/08

ACTIONS

Disc – Discontinuance

Deny – Denial

Redu – Reduction

Adeq – Adequacy

Aid to Continue Codes

AC – Aid to Continue

NA – No Aid to Continue

Hearing types

H1 - APPELLANT
H2 - TELEPHONE HEARG
H3 - HOME HEARING

Scheduling status

Z DISPOSED
X SCHEDULED - NO DISPOSITION
S SCHEDULE
P PENDING
C CONDITIONAL A/C
M PENDING MEDICAL VERIFICATION
A PENDING ADDRESS VERIFICATION
B PENDING PROCESS SERVICE
U UNREVIEWED AFSF
T TELEPHONE HEARING
N NEXT AVAILABLE SCHEDULE
H HOME HEARING

SUB-CATEGORY LIST

	BAD	Budgeting After Disqualification (Upstate only)
#	BEO	Bureau of Fiscal Operations
	CAP	Child Assistance Program (Upstate only)
	CIS 1	Cooperative Institution Section – OMH
	CIS 2	Cooperative Institution Section – OMRDD
	CONF	Medical Assistance Conference
*	CORT	Court – Ordered Hearing or Rehearing
	CSU	Upstate (Child Support Unit)
#	DAYC	Day Care
	DISP	Disposition of Hearing Reg. (Upstate only)
*	DOL	Dept. of Labor (Upstate only)
*	DRM	Disaster Relief Medicaid
	DWOH	Decision Without Hearing
#	EPIC	Elderly Pharmaceutical Insurance Coverage
	FSDH	FS Administrative Disqualification Hearing
#	HEAP	Home Energy Assistance Program
*	HMLS	Homeless or Emergency Housing (Upstate only)
	HOLD	Any file not to be scheduled until advised
	IDD	Inter-district Dispute
	KFC	Kinship Foster Care
	MAR	MA only Recertification (NYC only)
*	MDR	Mandatory Dispute Resolution
	MED	Mediation Request (Upstate only)
	MON1	Monroe County's use only – TA Eligibility/Intake Issues
	MON2	Monroe County's use only – MA/Some FS/HEAP/Day Care/Services
	MON3	Monroe County's use only – Employable TA clients – All issues
	MON4	Monroe County's use only – TA and MA clients in Rehab – All issues
	MON5	Monroe County's use only –not in use yet
#	NEMP	Medical Employability (Nassau)
	NYCR	NYC HRA Resolution Procedure
#	OES2	Public Works Project (NYC only)
#	OHC	Office of Home Care
#	OHC2	Office of Home Care – PERS Unit (NYC only)
#	OHC3	Office of Home Care – CHHA Unit (NYC only)
	OHSM	Office of Health Systems Management
	PADH	PA Administrative Disqualification Hearing
	PAFS	Public Assistance Food Stamps
	PERS	Personalized to ALJ; special handling
	PFDH	PA and FS Administrative Disqualification Hearing
*	PHAR	1995 Pharmacy Co-Payment
	SHLT	Shelter; Tier II Involuntary Discharge (Upstate only)
*	SOS	Stipulation of Settlement Hearing (NYC only)
*	SPA	Alien Recert. For FS benefits
	SPB	Erie County Only
	SPEC	Epic Special MA Hearing
	SPH	Personal Care Services (Nassau/Suffolk)
#	SP01	No Notice Rec'd – Single – Issue (NYC DISC or REDU only)
#	SP02	Held in Triage Part – Single Notice NYC only
	SP08	Acevedo Agreement notice
	SP28	Podiatry Services – Chapter 41
	SP29	Medicaid Co-payment
*	SP30	Catanzano – CHHA Action disagrees w/Physician's order
	SUA	Standard Utility Allowance
	TRP	Third-Party Resources
	TRAN	Transportation Reimbursement to Drug Rehab Prog (NYC only)
#	449	Time Limit Project (449) (NYC only)
	74H	74H Req. (Ulster/Oneida) Correspondence use only

Currently not valid in FHIS

* Valid in FHIS but currently not in use

SUB-CATEGORIES FOR HOMEBOUND CLIENTS

*	SP11	MA Homebound
*	SP12	HEAP Homebound
*	SP13	SERV Homebound
*	SP14	CASA Homebound (NYC)
*	SP15	FS Homebound
*	SP16	OHC Homebound (NYC)
*	SP17	PA Homebound
*	SP18	CWA Homebound (NYC)
#	SP19	OHSM Homebound
#	SP20	OES Homebound (NYC)
	SP21	Upstate Homebound
#	SP22	
#	SP23	
	SP24	Abandoned or Withdrawn Home Hearing
#	SP25	
#	SP26	
#	SP27	

Currently not valid in FHIS

* Valid in FHIS but currently not in use

Revised 12//06

ADDENDUM TO SUB CATEGORY LIST

***CORT -- COURT ORDERED HEARING OR REHEARING**

This sub-category identifies those cases which a county Supreme Court has ordered reheard usually pursuant to an Article 78 action brought by the appellant (set up by Karen Hazzard).

***SOS -- STIPULATION OF SETTLEMENT HEARINGS (NYC ONLY)**

Pre identified by I.M.C. or the F.H. Representative or those issues that are identified at fair hearing that should be withdrawn by the agency. An immediate stipulation is issued and given to the appellant at the conclusion of the hearing.

CIS -- COOPERATIVE INSTITUTION SECTION

The CIS sub-category identifies those Medical Assistance cases for residents of Office of Mental Health (OMH CIS1) or Office of Mental Retardation Developmental Disabilities (OMRDD CIS2) facilities whose MA benefits are authorized by New York State MA rather than local districts.

CATEGORY: MA

AGENCY: NYC: NMAP/NYS 1 (scheduled at 330 West 34th Street)

UPSTATE: LDSS/NYS 1

SUB-CATEGORY:

1. CIS1

MAUREEN FRAZIER
OMH – OPERATION SUPPORT UNIT
44 HOLLAND AVENUE
ALBANY, NY 12229

2. CIS2

KEVIN PATRICIA
OMRDD
44 HOLLAND AVENUE
ALBANY, NY 12206

DWOH -- DECISION WITHOUT HEARING

Identifies hearings (usually requested in writing) which are not scheduled but are decided based upon written submissions from both parties (usually when issue is a question of law).

EPIC -- ELDERLY PHARMACEUTICAL INSURANCE COVERAGE

This sub-category notices office in the State that administers this program and also identifies issues.

CATEGORY: EPIC

AGENCY: NYS

Hearing Location: NYC: NYC (scheduled at 330 W. 34th Street)

UPSTATE: LDSS

There are two (2) "other" notifications

1. EPIC – TOM HOWE

P.O. Box 15091
ALBANY, NY 12212-0591
EXTENSION

2. EDS CORPORATION

ATTN: PAULA THOMPSON
220 WASHINGTON AVE.

ALBANY, NY 12203

SPEC -- EPIC SPECIAL MA HEARINGS

This sub-category identifies EPIC hearings requested by a provider, usually a pharmacy as opposed to a recipient. These hearings are scheduled by the Special Hearings Unit.

Currently not valid in FHIS

* Valid in FHIS but currently not in use

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SP-02 -- TRIAGE CALENDARS - NYC

Any PA discontinuance, reduction not coded SP-01, SP-03 or any other subcategory, can be multi-issue as long as all issues are discontinuances or reductions. No Denials or Inadequacies.

*** SPA -- ALIEN RECERTIFICATION FOR FOOD STAMP BENEFITS PURSUANT TO THE PERSONAL RESPONSIBILITY & WORK OPPORTUNITY RECONCILIATION ACT OF 1996**

AGENCY: NO_ OR NF_
CATEGORY: FA/SNA OR FS
SUB-CATEGORY: SPA
CODE: 402
ACTION: DISC
HEARING LOCATION: 14 Boerum Place

CAP -- CHILD ASSISTANCE PROGRAM

This is a demonstration program which allows the Department to test an alternative method of providing assistance to certain recipients of FA. Participants will have certain benefits and additional assistance that regular PA recipients don't receive. These include being allowed to retain more of their wages, fewer reporting requirements, and unlimited resources. In order to participate in CAP, clients must:

1. Be a single parent
2. Be eligible for FA
3. Have a support order in place for the children
4. Be financially eligible for CAP

The coding is as follows:

	<u>NYC</u>	<u>UPSTATE</u>
AGENCY:	NCAP/IMC#	LDSS
CATEGORY:	FA	FA
SUB-CATEGORY:	NONE	CAP
HEARING LOCATION:	14 Boerum Place	

DISP -- DISPOSITION OF HEARING REQUEST

Issuance of a Fair Hearing Decision upon withdrawal of the action by the Agency.

NYCR -- NYC HRA RESOLUTION PROCEDURE

NYC HRS Income Support Centers and Medical Assistance Program (NMAP) resolution of a fair hearing request.

CONF -- MEDICAL ASSISTANCE PROGRAM CONFERENCE

NYC Medical Assistance Program pre-hearing conference.

SUB-CATEGORIES FOR HOMEBOUND CLIENTS

*SP-11 - MA	*SP-15 - FS	#SP-19 - OHSM
*SP-12 - HEAP	*SP-16 - OHC	#SP-20 - OES
*SP-13 - SERV	*SP-17 - PA	
*SP-14 - CASA	*SP-18 - SSC	

These sub-categories are no longer used. However, there are cases still pending with these sub-categories.

Currently not valid in FHIS

* Valid in FHIS but currently not in use

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Region Cc	Agency Cc	Agency Nm	Hearing Location Ind	Active Status Ind
1	ALBA	ALBANY	Y	Y
1	ALLE	ALLEGANY	Y	Y
1	BROO	BROOME	Y	Y
1	CATT	CATTARAUGUS	Y	Y
1	CAYU	CAYUGA	Y	Y
1	CHAU	CHAUTAUQUA	Y	Y
1	CHEM	CHEMUNG	Y	Y
1	CHEN	CHENANGO	Y	Y
1	CLIN	CLINTON	Y	Y
1	COLU	COLUMBIA	Y	Y
1	CORT	CORTLAND	Y	Y
1	DD10	DEVL P DISAB SER10	Y	Y
1	DD11	DEVL P DISAB SER11	Y	Y
1	DD12	DEVL P DISAB SER12	Y	Y
1	DDS1	DEVL P DISAB SERV1	Y	Y
1	DDS2	DEVL P DISAB SERV2	Y	Y
1	DDS3	DEVL P DISAB SERV3	Y	Y
1	DDS4	DEVL P DISAB SERV4	Y	Y
1	DDS5	DEVL P DISAB SERV5	Y	Y
1	DDS6	DEVL P DISAB SERV6	Y	Y
1	DDS7	DEVL P DISAB SERV7	Y	Y
1	DDS8	DEVL P DISAB SERV8	Y	Y
1	DDS9	DEVL P DISAB SERV9	Y	Y
1	DELA	DELAWARE	Y	Y
1	DUTC	DUTCHESS	Y	Y
1	ERIE	ERIE	Y	Y
1	ESSE	ESSEX	Y	Y
1	FRAN	FRANKLIN	Y	Y
1	FULT	FULTON	Y	Y
1	GENE	GENESEE	Y	Y
1	GREE	GREENE	Y	Y
1	HAMI	HAMILTON	Y	Y
1	HERK	HERKIMER	Y	Y
1	JEFF	JEFFERSON	Y	Y
1	LEWI	LEWIS	Y	Y
1	LIVI	LIVINGSTON	Y	Y
1	MADI	MADISON	Y	Y
1	MONR	MONROE	Y	Y
1	MONT	MONTGOMERY	Y	Y
1	NASS	NASSAU	Y	Y
1	NIAG	NIAGARA	Y	Y
1	ONEI	ONEIDA	Y	Y
1	ONON	ONONDAGA	Y	Y
1	ONTA	ONTARIO	Y	Y
1	ORAN	ORANGE	Y	Y
1	ORLE	ORLEANS	Y	Y
1	OSWE	OSWEGO	Y	Y
1	OTSE	OTSEGO	Y	Y
1	PUTN	PUTNAM	Y	Y
1	RENS	RENSSELAER	Y	Y
1	ROCK	ROCKLAND	Y	Y

1	SARA	SARATOGA	Y	Y
1	SCHE	SCHENECTADY	Y	Y
1	SCHO	SCHOHARIE	Y	Y
1	SCHU	SCHUYLER	Y	Y
1	SENE	SENECA	Y	Y
1	ST L	ST LAWRENCE	Y	Y
1	STEU	STEUBEN	Y	Y
1	SUFF	SUFFOLK	Y	Y
1	SULL	SULLIVAN	Y	Y
1	TIOG	TIOGA	Y	Y
1	TOMP	TOMPKINS	Y	Y
1	ULST	ULSTER	Y	Y
1	WARR	WARREN	Y	Y
1	WASH	WASHINGTON	Y	Y
1	WAYN	WAYNE	Y	Y
1	WEST	WESTCHESTER	Y	Y
1	WYOM	WYOMING	Y	Y
1	YATE	YATES	Y	Y
2	BKLN	BROOKLYN	Y	Y
2	BRON	BRONX	Y	Y
2	FAR	FAR ROCKAWAY	Y	Y
2	MANH	MANHATTAN	Y	Y
2	NYC	NEW YORK CITY	Y	Y
2	QUEE	QUEENS	Y	Y
2	STAT	STATEN ISLAND	Y	Y

Category of Assistance

FA 11 FAMILY ASSISTANCE

SNA 16 SAFETY NET ASSISTANCE

HEAP 17 HOME ENERGY ASSISTANCE

ADH 18 ADMINISTRATIVE DISQUALIFICATION HEARINGS

EA 19 EMERGENCY ASSISTANCE

MA 20 MEDICAL ASSISTANCE

F5 30 FOOD STAMPS

SERV 40 SERVICES

EPIC 50 ELDERLY PHARMACEUTICAL INSURANCE COVERAGE

Dispositions and Outcomes

Dispositions

- **OADG : Office General Adjournment**
- **OADD : Office Definite Date Adjournment**
- **HADG : H.O. General Adjournment**
- **HADD : H.O. Definite Date Adjournment**
- **HRD : Heard**
- **UWTH : Unconfirmed Appellant Withdrawal**
- **WITH : Confirmed Appellant Withdrawal**
- **WAVD: Waived by Appellant (ADH only)**

- **DEF. : Default**
- **CORR : Correction**
- **REOP : Reopen**
- **RPDN : Reopen Denial**
- **PEND: Pending Activation**

Outcomes

- **A : Agency Affirmed**
- **R : Agency Reversal**
- **W : Agency Withdrawal**
- **C : Correct When Made**
- **O : Other**

OUTCOME REASON CODES

REVERSAL CODES (01 - 07)

- 01 - AGENCY NOTICE DEFECTIVE
- 02 - AGENCY VERIFICATION AND/OR ELIGIBILITY DETERMINATION PROCEDURE DEFECTIVE
- 03 - AGENCY HEARING PRESENTATION DEFICIENT (INSUFFICIENT DOCUMENTS, TESTIMONY ETC., BUT ALL OR PART OF THE CASE RECORD WAS PRESENT)
- 04 - AGENCY EITHER MISAPPLIED LAW, REGULATION OR POLICY OR THERE WAS NO AUTHORITY FOR THEIR ACTION
- 05 - AGENCY FAILED TO PRODUCE APPELLANT'S CASE RECORD
- 06 - FACTUAL ISSUES FOUND IN FAVOR OF APPELLANT
- 07 - AGENCY FAILED TO SEND REQUESTED DOCUMENTS TO APPELLANT

AFFIRMANCE CODES (10 - 19)

- 10 - AGENCY ACTION AFFIRMED

REMAND CODES (41 - 47)

- 41 - AGENCY NOTICE DEFECTIVE
- 42 - AGENCY VERIFICATION AND/OR ELIGIBILITY DETERMINATION PROCEDURE DEFECTIVE
- 43 - AGENCY HEARING PRESENTATION DEFICIENT (INSUFFICIENT DOCUMENTS, TESTIMONY ETC., BUT ALL OR PART OF THE CASE RECORD WAS PRESENT)
- 44 - AGENCY EITHER MISAPPLIED LAW, REGULATION OR POLICY OR THERE WAS NO AUTHORITY FOR THEIR ACTION
- 45 - AGENCY FAILED TO PRODUCE APPELLANT'S CASE RECORD
- 46 - ACTUAL ISSUES FOUND IN FAVOR OF APPELLANT
- 47 - AGENCY FAILED TO SEND REQUESTED DOCUMENTS TO APPELLANT

WITHDRAWAL CODES (20 - 29)

- 20 - AGENCY IS NOT PREPARED TO PROCESS AND/OR DOES NOT HAVE APPELLANT'S CASE RECORD
- 21 - AGENCY RE-EVALUATED ITS POSITION AND/OR SETTLED THE ISSUE WITH THE APPELLANT
- 22 - APPELLANT SUBMITTED VERIFICATION/DOCUMENTATION FOLLOWING AGENCY DETERMINATION BUT BEFORE OR AT FAIR HEARING, ACCEPTED BY AGENCY
- 23 - AGENCY FAILURE TO SEND REQUESTED DOCUMENTS TO APPELLANT
- 24 - AGENCY RESOLVED ISSUES TO CLIENT SATISFACTION.
- 25 - AGENCY STIPULATED TO SETTLE A NON-NOTICE-OF-INTENT BASED ISSUE

OTHER (30 - 39)

- 30 - APPELLANT HAS NO STANDING TO REQUEST A HEARING
- 31 - COMMISSIONER HAS NO JURISDICTION TO HEAR ISSUE (EITHER SUBJECT MATTER OR 60 DAY STATUTE OF LIMITATIONS)
- 32 - COMMISSIONER HAS NO AUTHORITY TO GRANT RELIEF REQUESTED (PAYMENT ON CLOSED CASE, DETERMINATION OF VALIDITY OF AGENCY LIEN, ETC.)
- 33 - IMPROPER REQUEST BY APPELLANT FOR FAIR HEARING (REQUEST FOR HEARING PREMATURE - NO AGENCY ACTION YET TAKEN, PREVIOUS HEARING DECISION ON SAME ISSUE, NO CHANGE IN CIRCUMSTANCES)
- 34 - CLIENT WITHDREW ON ISSUE AT HEARING
- 35 - ISSUE IS MOOT

CORRECT WHEN MADE (50 - 59)

- 50 - AGENCY ACTION WAS CORRECT WHEN TAKEN
- 51 - AGENCY ACTION WAS CORRECT WHEN TAKEN - REMAND

DISPOSITION CODES
Numerical Reference Guide

ADJOURNMENT/REOPEN RELATED

- 01 *Administrative – Calendar Rolled*
- 02 Administrative – Overloaded Calendar
- 03 ALJ – Initiated at Hearing and or Personalized
- 04 Administrative – Combine Files/Add Issues
- 05 ADH- UNCLAIMED CERTIFIED MAIL
- 07 ADH- WAIVER WITHDRAWN BY RECIPIENT
- 08 ADH – CASE RESUBMITTED BY AGENCY
- 09 Administrative – Error in Name, Address, etc
- 10 Administrative – Varshavsky Litigation
- 11 General Administrative
- 12 Administrative Error (other than Name/Address)
- 13 Telephone Hearing – Awaiting a Home Hearing
- 16 Emergency Home Repair (plumbing, locks, etc)
- 17 Appellant Appeared at Wrong Fair Hearing Site
- 18 ALJ-Representative Appeared. Appellant Didn't
- 20 Appellant Incarcerated**
- 21 Lack of Child Care**
- 22 Educational (Class/Exams) (Graduation)
- 23 Employment Conflicts**
- 24 Interpreter Needed (NYC Spanish and Russian Available Daily)
- 25 Verification Requested
- 26 Medical – Appellant/Children are ill**
- 27 Medical – Appellant Homebound
- 28 Preparation Time - Appellant
- 29 Preparation Time - Representative Recently Retained
- 30 Preparation Time - Awaiting Documents
- 31 Pending Outcome of Lawsuit (Appellant-Representative)
- 32 Witness Not Available
- 33 Representative Not Available ill on vacation (REP'S OFFICE MUST CALL)
- 34 Representative Not Retained
- 35 Representative Lost Contact with Appellant
- 36 Scheduling Conflict (Appellant Representative)**
- 37 Time Change (may be necessary to add restrictions)
- 38 Lack of Funds – Upstate Only
Lack of Transportation – Upstate Only (Liaison may be able to verify)
- 39 Car Trouble**
- 40 Out of Town (Family Illness/ Emergency)
- 41 Funeral**
- 42 Inclement Weather (*Upstate verify with Liaison*)
- 44 Had to Leave Before Hearing was Called
- 45 Religious Holiday/Observance
- 46 Administrative – Agency Change (Add/Delete Location)
- 47 Possible Resolution
- 48 Other Appellant Representative Reason
- 49 Transportation Delays
- 50 Non-Receipt/Late Receipt of Scheduling Notice
- 52 Appellant Thought Issue Resolved (Reopen Only)
- 55 Appellant in an In-House Alcohol/Drug Rehabilitation

- 56 Waiting for Administrative Authorization to Represent Guardianship Letters of Administration (Non-Telephone Hearing)
- 57 Agency Failed to Provide Summary Packet
- 58 Appellant on Jury Duty
- 59 *Agency Representative/Witness Not Available*
- 60 *Agency Facility not Available*
- 61 *Agency Needs Time to Prepare*
- 62 *Other Agency Reason*
- 63 *On Consent*
- 70 Telephone Hearing – Appellant Not Home/Not Available
- 71 Telephone Hearing – Appellant Deceased and Family Awaiting Authorization to Pursue Hearing
- 72 Telephone Hearing – Telephone Disconnected/Wrong Number
- 73 Telephone Hearing – Awaiting Signed Appellant Withdrawal
- 74 Telephone Hearing –Appellant no Longer Wishes to Pursue Homebound Telephone Hearing (to be used only when adjourning to a regular hearing)
- 99 Pend Status (LAS III ALJ use only)

NO LONGER IN USE

- 19 Awaiting Written Confirmation of Withdrawal from Agency *see code 47
- 43 Arrived Late at Hearing *use appropriate reason code
- 51 Administrative – Notice Returned by U.S. Postal Service *see code 50
- 53 Unable to Contact Adjournment Phone Number
- 54 Appellant Mistook the Date
- 79 Mandatory Dispute Resolution Withdrawal

FOR PURPOSES OF THE ABOVE ADJOURNMENTS, REPRESENTATIVE (REP) REFERS ONLY TO LEGAL AID SERVICES OR A PRIVATE ATTORNEY'S OFFICE.

ADJOURNMENT COLOR KEY

- BLACK: GENERAL USE BY ALL
- PINK: SUPERVISOR APPROVAL REQUIRED
- BLUE: UPSTATE LIAISON/NYC CAL MANAGEMENT
- RED: ALJ ONLY
- GREEN: TELEPHONE/HOME HEARINGS ONLY
- PURPLE: ADH ONLY

**see the Adjournment Question Guide for questions to ask appellant while processing adjournment requests

DISPOSITION CODES
Numerical Reference Guide

WITHDRAWAL RELATED

- 80 Telephone Hearing – Abandoned/Returned/
Unclaimed/Undeliverable
- 81 Appellant Deceased
- 82 Signed Withdrawal Received
- 83 Issue Resolved
- 84 Appellant No Longer Wishes to Pursue
- 85 Appellant Withdrew at Hearing
- 86 Administrative – Duplicate Request
- 87 Administrative – Not a Hearable Issue
- 88 Administrative – Abandoned/Cannot Process
- 89 Settled in Conference in Appellant's Favor

DEFAULT RELATED

- 90 Client Appeared Late – by Office
- 91 Client Appeared Late – by Hearing Officer

REOPEN DENY

- 95 Not Good Cause within 15 Days
- 96 Over 15 Days

Claims Non Receipt of Scheduling Notice

- 97 Not Good Cause within 45 Days
- 98 Over 45 Days

REOPEN DENY GUIDELINES

ESTABLISH GOOD CAUSE

Why didn't the client go to the hearing?
Is it good cause? If not, Reopen Deny (RPDN)
using code 95. (not good cause within 15 days)

If it is good cause but it is over 15 days then
Reopen Deny (RPDN) using code 96.

UNLESS the client claims non receipt of the
scheduling notice (457).

**ESTABLISH GOOD CAUSE FOR NON RECEIPT OF
NOTICE**

If the address is correct and the scheduling notice
did not come back to OAH then Reopen Deny
(RPDN) using code 97. (not good cause within 45 days)

If the client calls after 45 days Reopen Deny (RPDN)
using code 98. (not within 45 days)

Hearing Officers and H.O. Number

001 MULLANY
003 NESTLE
005 SILVERSMITH
007 FRY
008 HANKS
009 LAHEY
011 PEDICONE
012 STILLMAN
013 POZZI
014 MONWE
015 ELOVICH
055 LOCASCIO
056 OKELLO
057 EISENBERG,M.
058 ENOBAKHARE
059 SCHARF
060 GLOVER
061 FRIEDMAN
062 UNKNOWN
063 MCGORMAN
064 BRETSCHER
065 ELQUT
066 ODUNLAMI
067 JACKSON
068 GOODWIN
069 GORDON
070 THOMSON
071 BERTULFO
072 DRESCHER
073 GAYNOR
074 MCAVOY
075 STERNBERG
076 TAYLOR
077 VESEY
101 RAKUS
102 REESE
104 UNKNOWN
105 POMERANZ
106 MCDUGALL
107 WIESENFELD
109 SEBASTN ADDAMO
110 UNKNOWN2
111 VASS
112 GOODMAN
113 ERBAIO
114 LEVCHUCK

115 SCOTT
116 ZARET
118 DIGGS
119 DUNCON
120 BYNE
121 PA 9:00
122 PA 10:00
123 PA 1:00
124 PA 1:30
125 MA TRIP 1
126 MAR
127 TRAN
128 NPA FS 9:00
129 NPA FS 9:30
130 NPA FS 1:00
131 NPA FS 1:30
132 OES TRIP 1
135 HH TRIP 1
136 HH TRIP 2
137 HH TRIP 3
138 RAPID ACESS900
139 RAPID ACESS930
140 RAPID ACESS100
141 RAPID ACESS130
142 HOME CARE
143 MA TRIP 4
144 DAY CARE TRIP1
145 HEAP TRIP 1
146 COURT ORDERED
147 BUSHWICK #66
148 SPECIAL
150 PILOT PROJECT
151 REG HH TRIP 1
152 REG HH TRIP 2
153 REG HH TRIP 3
154 SSC
155 NYC SCHEDULING
156 MAR
157 ALVARADO
158 MAHL
159 ROBERTS
160 RIVERA
161 OHSM
163 FEUERSTEIN
164 TEVER
165 EIHACKER
166 TUCKER
167 KEOHANE

168 GREEN,D
169 KATZ
170 RUBINO
171 GOLDSTEIN
172 MILLER
173 UNKNOWN3
175 PERTSAS
176 HILLER
177 PIECH
178 UNKNOWN4
181 UNKNOWN5
182 GORDANOS
183 LUCIANO
185 TRAUM
186 CENTRAL OFFICE
187 UNASSIGNED ALJ
188 OTO
190 OLINGER
191 LASAIVE
192 BELEN
193 MISURELLI
194 NICOLL
195 KOPOLOWITZ
196 TEREPKA
197 BIGGS
198 UNKNOWN6
199 UNKNOWN7
200 UNKNOWN8
201 GOLER
202 UNKNOWN9
203 BERNARD
204 UNKNOWN10
205 LEFKOWITZ
206 SAGER-MILLER
207 LEROY
208 UNKNOWN11
209 JARET
210 BROWN
211 VASSILAKIS
212 FEINMAN
213 MAHON
214 EVANGELISTA
215 KRESOWATY
216 BILMES
217 TRIAGE
218 MURRAY, T.
219 SEGAL
221 UNKNOWN12

222 KAUFMAN
300 KASTOFF
301 TAPPER
302 LEVINSON
303 UNKNOWN13
304 GARCIA,RICHARD
305 UNKNOWN14
306 UNKNOWN15
307 WILLIS
308 HEWITT
309 BROSSARD
310 GOTTLIEB
311 BRANTLEY
312 KEEPNEWS
313 EISENBERG
314 GREEN
315 SILVERBERG
316 GREDNEY
317 ADLER, J.
318 SOS
320 SCHILLER
321 ROMEO
322 UNKNOWN17
323 UNKNOWN18
324 MATHIEU
325 LAZADA
326 GAMBLE
327 TAMUNO
328 SCHANZ
329 WEITZMAN
330 DEMPSEY
331 PRENTISS
332 PEARSON
333 PARKER
334 COWNE
335 UNKNOWN19
336 IVEY
358 UNKNOWN20
402 MOLIK
404 SHALFI
405 MARRA
406 FEARS
407 DAVIS
408 SOBHANI
409 HILLER
410 UPSHUR
411 SASLAW
412 EZEDIARO

413 MBAMARA
414 MOLINO
415 MAU
416 HARRIS
417 ROSI
418 LAWSON
419 PHILLIPS
420 WEINER
421 CHORNEY
422 QUAN
423 TERRUSA
424 REID
425 DEANE
426 RODRIGUEZ
427 NADEL
428 AGBALAKA
429 SABOL
500 SUSAN ADDAMO
501 NOVICK-WASKO
502 GERBER
503 ELLERBY
504 DEUTSCH,L.
505 DEUTSCH,E.
506 UDOCHI
508 SHAMAHS
509 SEDA
510 BALCACER
511 ENGINEER
512 O'CONNOR
513 ADELEKUN
514 CONNELLY
515 GOLDSTEIN
516 UNKNOWN21
518 ONYEKABA
519 YOUNG
520 SOFOS
521 TWENA
522 SOETAN
523 LUCIANO
524 AKINREFON
525 PAULINO
526 LAPIETRA
527 COOK
528 DESILVA
529 WHITE
555 UPSTATE ADJ
601 RODRIGUEZ
602 LOGUE

603 LAZAR2
604 SHAPIRO
605 BLOODSTEIN
650 REG. EA CAL
651 NDHS CAL.
652 SCHIRALDI
654 UNKNOWN22
658 HEUKEROTT
700 PRIOR
701 VENN
702 DULBERG
703 LERNER SLOMKA
704 RUSSELL
705 GAGLIANO
706 BEHUNIAK
707 NOSTRAMO
708 UNKNOWN23
709 BINSEEL
710 VIDAL
711 AMIRAIAN
712 SNITZER
713 HINDS
714 LENIHAN
750 PERDY
752 CORDOVANI
753 GEORGER
754 CIAMBELLA
755 VOLK
756 PREISER
757 DOWD
758 PARWULSKI
759 WATSON
760 MCKEATING
761 ZIMMERMAN
762 RYAN
763 REBHAN
764 DUNNE
765 BUSH
766 MILONE
767 JOHNSON
768 ZUCARELLI
769 SNOW
802 DALTON
803 LEE
804 GRIMES
805 D'ANDREA
806 UNKNOWN24
852 MURRAY

853 UNKNOWN24
854 SWEENEY
855 HOWARD
856 DAY
900 WILEY
904 LAHAYE
907 WALKER
908 SEAGRIFF
941 UNKNOWN25
950 ADMINISTRATOR
951 ADMINISTRATOR
953 DONOVAN
954 JUDGE
957 RESERVED FHDMS
958 EUCSCR
959 RESERVED FHDMS
964 RESERVED FHDMS Y
965 NORRIS
966 KOZLOWSKI
967 SCRIPT TESTING
999 UNKNOWN26
016 HOOKWAY
017 PETITTE
018 BARAKAT
019 JOERN
020 DAVIDSON
430 ENG
431 BARMISILE
432 AYANBADEJO
433 MARKS
434 ROSS
435 CADORE
436 OSOFISAN
530 SCOTT
531 STEWART
021 MOLIK
022 ERIKE
023 FARROW
024 JOHNSON
437 CALLAHAN
770 HERRIMAN
532 NUCHOW
533 KUKU
223 COOPERMAN
224 GREEN, Y.
225 OKWESA-ZACHERY
226 ROCK
227 MURPHY

228 DILUGLIO
230 COLON
231 WHITE
232 ERIKE
233 AJAYI
234 HERMAN
235 OWOTOMO
236 MCEVOY
237 HANNON
238 SZUL
824 FHDMS SUP
825 RESERVED FHDMS
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846 RESERVED FHDMS
847 RESERVED FHDMS
848 ZAMAN
849 RESERVED FHDMS
850 RESERVED FHDMS
969 FHDMS TEST SUP
970 AMBER, A.
971 PURPLE, P.
972 WHITE, R.
973 BLUE, N.
974 YELLOW, Y.
975 VIOLET, V.
976 BROWN, B.
977 GREY, S.
978 ORANGE, C.
979 RED, S.

980 BLOND, B.
981 BLACK, C.
982 SILVER, C.
983 LILAC, L.
984 ROSE, R.
985 TEST FHDMS
960 RESERVED FHDMS
961 RESERVED FHDMS
986 HAMRICK, K.
239 BEHUNIAK
240 HUTCHISON
025 CLARKE
026 BOYKO
027 LOPEZ
028 GETHERS
029 WILLIAMS
241 NWANKWOR
242 DELLOFF
243 OGUNYINKA
244 NWUBA
245 LA BUE
246 GIUNTA
247 AMBARAS
248 GANZ
249 COOPER-GREGORY
962 HEARINGS,PROOF
963 WPADMIN1,OAH
807 FRERES
250 ROWAN
010 HAWLEY
808 SPECIALE
809 CAJAS
810 SALAZAR
251 KAHN
252 COLAVITA
253 OYENEYE
254 PARRILLI
255 IFATUROTI
229 FOSTER
256 SCHETTINE
257 STATE
258 MCGINN
259 EZECHI
260 PEARLMAN
499 CALLAHAN
261 FIEGL-BOCK
262 COLES, JR.
263 LEVINSON

264 VADALA
265 CAPLAN
266 HOLMES
267 WILLIAMS
268 GANNON
269 SMITH-ROGAN
270 JOHNSON, C.
271 FAIRCHILD
272 GALLAGHER
273 WONG-ORTIZ
274 TIONGSON
054 HEARINGS,TEMPA
275 JAFFE
276 AGBALAKA
277 CLOUDEN-WALLEN
278 WHITE
279 ZWYER
655 2ND EA CAL
280 ERAZO, JR.
281 KASLOW
282 HOLLAND
283 SHAPIRO
284 ODOM
285 CALAMIA
286 FASONE
287 STROUP

STANDARD ABBREVIATIONS/TERMINOLOGY
(A.K.A. FAIR HEARING SHORTHAND)

ADEQ. – ADEQUACY

ADDR. - ADDRESS

ADJ. – ADJOURNMENT

ADMIN. – ADMINISTRATIVE

ALLOW. – ALLOWANCE

AMT. – AMOUNT

APP. – APPELLANT

APPL. – APPLIED/APPLICATION

CAT. – CATEGORY/CATEGORICAL

CHHA – CERTIFIED HOME HEALTH AGENCY

CIN – CLIENT IDENTIFICATION NUMBER

CNS – CLIENT NOTICE SYSTEM

CO. – COUNTY

COMP. – COMPOSITION

COOP. – COOPERATIVE

COPAY – COPAYMENT

CORR. – CORRESPONDENCE

DAYC – DAYCARE

DEN. – DENIAL

DEF. - DEFAULT

DEP. – DEPOSIT

DISC. – DISCONTINUANCE

D.O.B. – DATE OF BIRTH

DOC. – DOCUMENTS

EA – EMERGENCY ASSISTANCE

ED – EFFECTIVE DATE

ELIG. – ELIGIBILITY

EMPLOY. – EMPLOYMENT

EQUIP. – EQUIPMENT

EVICT. – EVICTION

EXEMPT – EXEMPTION

EXP. – EXPENSES

FA – FAMILY ASSISTANCE

FC – FOSTER CARE

FS – FOOD STAMPS

FTA – FAILURE TO ACT

FTC – FAILURE TO COMPLY

FTP – FAILURE TO PROVIDE/PARTICIPATE

FTR – FAILURE TO REPORT

FTV – FAILURE TO VERIFY

F.H. – FAIR HEARING

FURN. – FURNITURE

GEN. – GENERAL

HEAP – HOME ENERGY ASSISTANCE PROGRAM

H/H – HOUSEHOLD

HMLS. – HOMELESS

H.O. – HEARING OFFICER

HRD. – HEARD

HRA – HUMAN RESOURCE ADMINISTRATION

HRS. – HOURS

IMC – INCOME MAINTENANCE CENTER * *(NOW CALLED INCOME SUPPORT CENTER)*

ISC – INCOME SUPPORT CENTER

IMM. – IMMEDIATE

INAD. – INADEQUACY

INC. – INCOME

IPV – INTENTIONAL PROGRAM VIOLATION

JOB QUIT – VOLUNTARY TERMINATION OF EMPLOYMENT

KFC – KINSHIP FOSTER CARE

LDSS – LOCAL DEPARTMENT OF SOCIAL SERVICES

LTR. – LETTER

MA – MEDICAL ASSISTANCE

MAX. – MAXIMUM

MED. – MEDICAL

ND – NOTICE DATE

NTC. – NOTICE

PROP. – PROPERTY

PROG. – PROGRAM

PCA – PERSONAL CARE ATTENDANT

PA – PUBLIC ASSISTANCE

QR – QUARTERLY REPORT

RECERT. – RECERTIFICATION

RECOUP. – RECOUPMENT

REDU. – REDUCTION

REC'D. – RECEIVED

REHAB. – REHABILITATION

REQ. – REQUEST

RES. – RESOURCES

REST. ALLOW. – RESTAURANT ALLOWANCE

RETRO. – RETROACTIVE

REV. – REVIEWED

SANC. – SANCTION

SNA - SAFETY NET ASSISTANCE
SEC. DEP. – SECURITY DEPOSIT
SERV. – SERVICES
SCHED. - SCHEDULED
S.I. – SUPPLEMENTAL ISSUE
SPEC. – SPECIAL
SSA – SOCIAL SECURITY ADMINISTRATION
SSD – SOCIAL SECURITY DISABILITY
SSI – SUPPLEMENTAL SECURITY INCOME
SSN – SOCIAL SECURITY NUMBER
TCC – TRANSITIONAL CHILD CARE
TMA – TRANSITIONAL MEDICAL ASSISTANCE
TRAN. – TRANSPORTATION
UIB – UNEMPLOYMENT INSURANCE BENEFIT
UTIL. – UTILITY
W/ - WITH
W/D – WITHDRAW
WI – WALK IN
W/O – WITHOUT

Rev. 12/05

CONDITION FIELD

Draft Review Cd	Draft Review Alt Cd	Draft Review Cd Txt
SS	1	SOS
DU	2	DRAFTED AND UNREVIEWED
UN	3	UNDRAFTED
DM	4	DECISION MANAGEMENT
NY	5	COURIER
WD	6	WITHDRAWN

Compliance Action Codes

<u>Action Code</u>	<u>Definition</u>	<u>Output</u>
A3	Acknowledged	FH decision ordered via FHDMS
B1	Not Compliance	Article 78 letter to Appellant (FHIS Generated)
B2	Not Compliance	Manual Letter to Appellant/Rep.
B3	No Action	No Output
C1	Open Case in FHIS	Notice of Complaint of Non Compliance to LDSS via PDS/BICS, Letter to Appellant (FHIS Generated)
C2	Open Case in FHIS	Manual Letter to LDSS/Appellant
C3	Open Case in FHIS	Notice of Complaint of Non-Compliance to LDSS via PDS/BICS, Letter to Appellant (FHIS Generated)
C4	Open Case in FHIS	Notice of Complaint of Non Compliance to LDSS via PDS/BICS, Manual Letter to Appellant
C5	Open Case in FHIS	Notice of Complaint of Non Compliance to LDSS via PDS/BICS, Letter to Appellant (FHIS Generated)
D1	Response Received	No Output Telephone response from LDSS
D2	Response Received	No Output Letter response from LDSS
D3	Response Received	No Output Electronic Response from LDSS
E3	Case Review	No Output
E4	Insufficient Report Received from LDSS	Notice of Complaint of Non-Compliance with additional comments via PDS/BICS

E5	Interim Report Reviewed, Awaiting Final Report	Notice of Complaint of Non Compliance via PDS/BICS
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<u>Action Code</u>	<u>Definition</u>	<u>Output</u>
F2	No Response Received from LDSS	Manual letter to LDSS
F5	No Response Received from LDSS	Notice of Complaint of Non-Compliance with additional comments sent To LDSS via PDS/BICS
G1	Closes Case in FHIS	FHIS Generated Letter to Appellant Notice of Compliance Resolution To LDSS via PDS/BICS
G2	Closes Case in FHIS	Manual Letter to Appellant Notice of Compliance Resolution To LDSS via PDS/BICS
G3	Closes Case in FHIS	No Letter to Appellant Notice of Compliance Resolution To LDSS via PDS/BICS
G4	Closes Case in FHIS	FHIS Letter to Appellant Only No notice of resolution to LDSS (NYC Use Only)
H1	Case Review	2 nd FHIS Letter to Appellant
H2	Case Review	2 nd Letter to Appellant (Manual)
R3	Reopens Case in FHIS	FH decision ordered via FHDMS

LAH 3-3-97
REV 4/30/03 JMD

Compliance Coordinator Codes and Telephone Numbers

<u>Coordinator</u>	<u>Telephone</u>	<u>Inside Transfer</u>
#1	Not Active	
#2	Not Active	
#3	Karen Hazzard	Projects
#4	Not Active	
#5	Steve Twardzik	518-473-3997 15205
#6	Lori Kozlowski	518-474-8770 15208
#7	Steve Sheehan	518-473-3276 15206
#9	Upstate Compliance	518-473-3276
#13	Mary Rose Coreno	518-402-3504 68518
#19	Vacant	518-408-3742 68517
#28	Jackie Donovan, Supervisor 518-473-4989	15209

Do not give client's direct numbers. Use the Toll-free # 1-800-342-3334 and give them the extension.

Compliance Direct Fax Number 518-402-3812

E-Mails Addresses (Do not give out to Client's)

Steve.Twardzik@otda.state.ny.us

Lori.Kozlowski@otda.state.ny.us

Steve.Sheehan@otda.state.ny.us

Jackie.Donovan@otda.state.ny.us

MaryRose.Coreno@otda.state.ny.us