

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

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
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230	DISENROLLED FROM MANAGED CARE - EXCLUSION
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231	REENROLLED IN MA, PUT BACK IN PREVIOUS MANAGED CARE PLAN
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232	APPROVAL/DENIAL OF REQUEST NOT TO JOIN MANAGED CARE PLAN OR TO DISENROLL FROM PLAN DUE TO EXEMPTION OR EXCLUSION
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233	DENIAL OF REQUEST TO TRANSFER MANAGED CARE PLAN
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234	APPROVAL/DENIAL OF REQUEST TO DISENROLL FROM MANAGED CARE HEALTH PLAN FOR GOOD CAUSE
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235	APPROVAL/DENIAL OF A MANAGED CARE PLAN'S REQUEST TO DROP CLIENT AS A MEMBER OF PLAN (by District or DOH)
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236	DENIAL OF ENROLLMENT IN A MANAGED CARE PLAN
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237	ENROLLED IN SAME MANAGED CARE PLAN AS OTHER MEMBERS OF CASE
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238	CHANGE TO GUARANTEE COVERAGE UNDER MANAGED CARE
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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)	NO SCHEDULING RESTRICTIONS
			UPSTATE: LDSS	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)	NO SCHEDULING RESTRICTIONS
			UPSTATE: LDSS	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	NO RESTRICTIONS
			UPSTATE: LDSS	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	NO RESTRICTIONS
			UPSTATE: LDSS	

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 egor*), 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
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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	
701	-	EMPLOYABILITY EXEMPTION / RESTRICTION – OTHER (e.g., transportation hardship, childcare, needed in-home, occupational training) -Will now include former codes: 701, 711, 712, 713	
702	-	VOLUNTARY TERMINATION OF EMPLOYMENT/ REDUCTION EARNING CAPACITY (90-day sanction)	451
704	-	TRAINING ADEQUACY OR DISAPPROVAL	
705	-	FAILURE TO COMPLY WITH EMPLOYMENT REQUIREMENTS -Will now include former codes 705, 706, 709, 714, 716, and 720, 721	416
707	-	AGENCY FAILURE CONDUCT INITIAL JOBS ASSESS. /EMPLOYABILITY PLAN (FA/SNA)	416
717	-	ON-THE-JOB WORKING CONDITIONS (i.e., App. Disagrees w/work assignment)	
719	-	HOURS OF PARTICIPATION IN WORK ASSIGNMENT	
725	-	CONTESTING LENGTH OF EMPLOYMENT SANCTION	416
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	
764	-	FAILURE TO ACCEPT REFERRAL OR OFFER OF EMPLOYMENT 60-MO TIME LIMIT	

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