



**FAMILY INDEPENDENCE ADMINISTRATION**  
 James K. Whelan, Executive Deputy Commissioner (Acting)

**Stephen Fisher, Assistant Deputy Commissioner**  
 Office of Procedures

**POLICY BULLETIN #14-92-SYS**

**INTRODUCTION TO PRE HEARING RESOLUTION PROCESS ACTION CODES**

<b>Date:</b> August 21, 2014	<b>Subtopic(s):</b> Fair Hearing		
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff of the three new New York City Work Accountability and You (NYCWAY) Action codes associated with the Pre-Hearing Resolution Process administered by the Division of Fair Hearing Administration (DFHA).</p> <p>The Pre-Hearing Resolution Process is a cooperative effort between the Office of Temporary and Disability Assistance (OTDA) and the Family Independence Administration’s (FIA’s) Division of Fair Hearings. OTDA sends a file to NYWAY to determine whether or not the case status is engaged. Selected fair hearing requests with Fair Hearing issue code <b>705</b> (Failure to Comply with Employment Requirements) are reviewed for potential resolution.</p> <p>All staff are advised that three <u>new action codes</u> appear in NYCWAY for the “Pre-Hearing Resolution Process”.</p>		
	<b>7PHE</b>	Pre-Hearing Resolution Engaged	The participant is engaged in an employment activity. NYCWAY will post Action Code <b>7PHE</b> .
	<b>7PHX</b>	Pre-Hearing Resolution Unengaged	The participant is not engaged in an employment activity. NYCWAY will post the Action Code <b>7PHX</b> and place the participant in a call-in pool.
	<b>7PHR</b>	Pre-Hearing Resolution Completed	NYCWAY will post the Action Code <b>7PHR</b> for all cases that have been resolved.

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
 Call 718-557-1313 then press 3 at the prompt followed by 1 or  
 send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

If a resolution is determined, the actions are processed systemically and OTDA is notified that the resolution has been completed. OTDA sends a letter informing the participant that the FIA has addressed the issue and no further action will be taken on the case. Instead of scheduling the hearing, OTDA sends a "Disposition Letter" to the participant which serves as a fair hearing decision.

If the participant feels the FIA has not complied with the requested actions, information to contact the OTDA is provided on the Disposition letter.

If participants have any questions regarding the hearing and come to the Job Center or call the Job Center, Job Center staff are advised to refer the participant to Fair Hearing and Conference (FH&C). FH&C staff must review and advise the participant of the process and actions already taken on his/her case. If it is determined that some aspect of the case has not been resolved, the current conference process should be adhered to.

*Effective immediately*

**Related Items:**

PB #12-94-OPE  
PB #13-93-OPE  
PD #06-21-OPE  
PD #09-12-OPE  
PD #14-08-OPE

**Attachment:**

Pre-Hearing Resolution Letter

STATE OF NEW YORK  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

REQUEST: September 8, 2013  
FH#: [REDACTED]  
CASE #: [REDACTED]  
CENTER: N018

In the Matter of the Appeal of

[REDACTED]

DISPOSITION  
OF  
FAIR  
HEARING  
REQUEST

from a determination by the  
New York City Department of Social Services

The above-named Appellant requested a fair hearing on September 8, 2013, to review the following determination(s):

ACTION	ISSUE	NOTICE ID	NOTICE DATE
DISC	PA 705 FAILURE TO COMPLY WITH EMPLOYMENT REQUIREMENTS	[REDACTED]	9/5/2013

Upon receipt of the Appellant's hearing request, the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings, forwarded such request to the Agency for their review of the determinations in issue. After such review, the agency has agreed to take no further action on the notice(s) in question.

Inasmuch as the Agency agreed to take no further action regarding the determination(s) listed above, all of the issues for which the Appellant requested this hearing have been resolved in the Appellant's favor. Therefore, instead of scheduling a fair hearing, this Disposition of Fair Hearing Request, which has the same force and effect as a fair hearing decision, is being issued to all of the parties.

Since the issue(s) above have been resolved in the Appellant's favor, a fair hearing will NOT be scheduled.

The Agency is hereby directed to comply with its agreement to take no further action on the notice(s) in question. Should the Agency in the future determine to implement its previous action(s), it is directed to procure and review the Appellant's complete relevant case record, to issue a new Notice of Intent and to produce the required case record at any subsequent fair hearing.

If it has not already done so, the Agency should immediately take action to restore any assistance and benefits lost by the Appellant as a result of the Agency's action.

By: NYS OTDA - Office of Administrative Hearings Dated: 6/4/2014

Darla P. Ofs

**FH#** [REDACTED]

**ENCLOSED IS THE DISPOSITION OF YOUR  
FAIR HEARING REQUEST**

**PLEASE NOTE:  
A FAIR HEARING WILL NOT BE SCHEDULED  
FOR THE ACTIONS OF WHICH YOU REQUESTED  
REVIEW BECAUSE THEY WERE ALL RESOLVED IN  
YOUR FAVOR**

If you do not feel that the New York City Human Resources Administration (NYCHRA) has complied with this Fair Hearing Disposition document, state the reason below and return this entire form to:

New York State Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
Compliance Unit  
P.O. Box 1930  
Albany, NY 12201 - 1930

1-800-342-3334

OR:  
<http://www.otda.ny.gov/oah>

Please note any change of address here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be as specific as you can in describing what action has not been complied with or what benefits have not been provided -- giving dollar amounts and dates where possible

I do not feel that the New York City Human Resources Administration (NYCHRA) has complied with my Disposition of Fair Hearing because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be sure to include your social security number and a phone number where you can be reached in the space below.

Signature

Social Security Number

Phone Number

Date

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]