



Human Resources Administration  
Department of Social Services  
Customized Assistance Services



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*Administrator/Commissioner*

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## WeCARE Procedure

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### Outreach, Conciliation and Fair Hearing

#### Introduction

Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) vendors provide services to maximize compliance for their clients who are required to attend and cooperate with scheduled appointments and activities. Escalating outreach is one of several services provided by the vendor to address barriers, minimize obstacles and encourage participation. Clients who do not respond to these efforts and fail to report to or comply with appointments or activities have an opportunity to avoid sanctions for non-compliance through Conciliation and/or a Notice of Intent (NOI) Conference at his/her Job Center. Both Conciliation and NOI Conference meetings provide the client with an opportunity to discuss, present evidence and possibly resolve the infraction. If a client disagrees with an HRA Conciliation and/or NOI Conference outcome s/he may request a Fair Hearing.

#### Outreach Process

Outreach is provided by the vendors to maintain an individual's engagement in WeCARE activities and to avoid or prevent non-compliance. Vendors initiate outreach for a client who incurs one of two types of infractions:

- Failure to Report (FTR) – The individual does not report on the date of a mandatory appointment or for the first day of an assigned activity
- Failure to Comply (FTC) – The individual refuses to engage in an activity, demonstrates behavior that prevents completion of an activity or does not cooperate with attendance requirements

An infraction can be committed at any point of engagement. The most common infractions are:

- Failure to report to a mandatory appointment
- Failure to cooperate with an assessment
- Failure to report to or cooperate with an assigned activity

- Failure to attend 100% of the scheduled program hours unless otherwise excused (time deficiency)

Escalating outreach consists of telephone calls, letters and in some cases, home visits. When an individual fails to comply with a WeCARE appointment or activity to which s/he is assigned, the vendor enters an outreach initiated action code in NYCWAY (Refer to **Outreach Action Codes** in Attachment 1). (As discussed later in this document, outreach action codes are **not** entered for individuals who fail to report to BPS or CRT appointments, although the vendor is required to provide outreach services to these clients.) Outreach is considered successful when the individual reports to a scheduled appointment or returns to the assigned activity within the applicable time frame. Applicants have six and recipients have eleven calendar days in which to respond to outreach.

If outreach is successful, the vendor enters the **WeCARE Outreach Successful** action code (**168G**) before the expiration date and indicates in the action code comment field how the FTR/FTC was resolved.

If outreach is not successful and the client does not report to a scheduled appointment or return to the assigned activity within the applicable time frame, an appropriate infraction code autoposts in NYCWAY the day after the outreach period expires (this does not apply to BPS and CRT; please see below). **WeCARE Infraction Codes**, which are listed in Attachment 2, initiate the Conciliation or the Notice of Intent (NOI) Conference process.

Vendors provide outreach for non-compliance based on the WeCARE activity in which the client is involved.

- Biopsychosocial Assessment

A client who fails to attend a biopsychosocial (BPS) assessment referral appointment receives outreach services from the vendor. In order for outreach to be successful, the client must attend a rescheduled appointment *within 14 days of the original referral appointment date*. Vendors are able to reschedule the **WeCARE Medical Assessment Reschedule Appointment (16RE/96RE)** multiple times, but the rescheduled appointment date may not exceed *14 calendars days from the original BPS referral appointment date*.

No outreach code is posted for a client who fails to attend the BPS assessment. However, the vendor is required to post a **Case Note Entry** action code (**100A**) in NYCWAY detailing the nature of the non-compliance and vendor attempts to engage the client. If the client responds to outreach the vendor enters an additional case note indicating compliance. If applicable, the vendor scans documentation supplied by the client to support the reason for non-compliance as well as a copy of any letter sent to the client, into the WeCARE Viewer.

Outreach is considered successful when the client attends the rescheduled BPS appointment. NYCWAY will autopost an infraction for any individual who does not report for a BPS appointment within 14 days of the original referral appointment date. The vendor may also manually post the infraction if the client demonstrates non-compliance.

- Clinical Review Team

A client who fails to attend a scheduled Clinical Review Team (CRT) appointment must receive outreach services from the vendor. In order for outreach to be successful, the vendor must contact the client and reschedule a CRT appointment by posting the **CRT Rescheduled** action code (**16RR**) within 7 days of the original referral appointment date.

No outreach code is posted for the client who fails to attend the original CRT appointment. However, the vendor is required to post a *Case Note Entry* action code (**100A**) in NYCWAY detailing the nature of the non-compliance, and vendor attempts to engage the client. If the client responds to outreach the vendor enters an additional case note indicating compliance. If applicable, the vendor scans documentation supplied by the client to support the reason for non-compliance as well as a copy of any letter sent to the client, into the WeCARE Viewer.

Outreach is considered successful when the client attends the rescheduled CRT appointment. The CRT process, including the initial appointment, rescheduled appointments, outreach efforts and FCO determination must be completed with the determination posted in NYCWAY within 14 calendar days of the original CRT appointment date. If no FCO determination is posted by the 14th day, NYCWAY will autopost an infraction. The vendor may also manually post the infraction if the client demonstrates non-compliance.

- Vocational Rehabilitation Services

Vendors provide two outreach efforts for each of the following components of VRS by manually posting the appropriate outreach code into NYCWAY.

- Referral to VRS, Initiation and Completion of the Diagnostic Vocational Evaluations (DVE)
- Enrollment and ongoing participation in post-DVE Vocational Rehabilitation Services (VRS) activities

The vendor enters a note in the outreach action code comment field detailing what the client failed to do and vendor attempts to engage the client. If outreach is successful, the vendor enters the *WeCARE Outreach Successful* action code (**168G**) before the expiration date and indicates in the action code comment field how the FTR/FTC was resolved. If applicable, the vendor scans documentation supplied by the client to support the reason for non-compliance as well as a copy of any letter sent to the client, into the WeCARE Viewer.

If an individual fails to report to or comply with the third appointment, after two outreach attempts, the vendor must manually enter the relevant WeCARE infraction code to initiate Conciliation.

- Wellness Plan

The vendor provides two outreach efforts for each of the following components of Wellness by manually posting the appropriate outreach code in NYCWAY. In the outreach action code comment field, the vendor notes the instance of non-compliance and vendor attempts to engage the client. If outreach is successful, the vendor enters the *WeCARE Outreach Successful* action code (168G) before the expiration date and indicates in the action code comment field how the FTR/FTC was resolved. If applicable, the vendor scans documentation supplied by the client to support the reason for non-compliance as well as a copy of any letter sent to the client, into the WeCARE Viewer.

- Referral to and Initiation of the Wellness Plan
- Wellness Plan Extension

The vendor scans a copy of any written communication sent to the client, into the WeCARE Viewer.

If an individual fails to report to or comply with the third appointment, after two outreach attempts, the vendor must manually enter the relevant WeCARE infraction code to initiate the NOI process.

- Federal Disability Benefits

Two outreach efforts are provided to an individual participating in the Federal disability benefits track who fails to report to or cooperate with an appointment with the vendor or with HRA's Disability Services Program (DSP).

If a client fails to report to or comply with a Federal disability benefits appointment with the WeCARE vendor, the vendor manually posts the appropriate outreach code in NYCWAY and enters a note in the action code comment field that explains the instance of non-compliance and vendor attempts to engage the client. If outreach is successful, the vendor enters the *WeCARE Outreach Successful* action code (168G) before the expiration date and indicates in the action code comment field how the FTR/FTC was resolved. If applicable, the vendor scans documentation supplied by the client to support the reason for non-compliance as well as a copy of any letter sent to the client, into the WeCARE Viewer.

If an individual fails to report to or comply with the third appointment, after two outreach attempts, the vendor must manually enter the relevant WeCARE infraction code to initiate the NOI process.

Outreach for DSP non-compliance is initiated by the auto-posting of the **WeCARE Outreach Initiated for FTR to SSI Referral** action code (173D) in NYCWAY. Vendors are required to monitor the **WeCARE Outreach (WCOUT)** worklist to identify these clients and post a **Case Note Entry** action code (100A) in NYCWAY detailing the instance of non-compliance and vendor attempts to engage the client. If outreach is successful, the vendor enters the **WeCARE Outreach Successful** action code (168G) before the expiration date and indicates in the action code comment field how the FTR/FTC was resolved. The vendor reschedules the DSP appointment. (For details please refer to the *Assisting WE CARE Participants in Obtaining Federal Disability Benefits* procedure issued on 4.2.2009) If applicable, the vendor scans documentation supplied by the client to support the reason for non-compliance as well as a copy of any letter sent to the client, into the WeCARE Viewer.

After two outreach attempts, if an individual fails to report to or comply with the rescheduled DSP appointment, NYCWAY autoposts the **Failed to Report or Cooperate with DAU** action code (491A) to initiate the NOI process.

## Non-Compliance

Some clients fail to report to or comply with activities despite vendor efforts to maintain the individual's engagement. Non-compliance may result in the reduction or discontinuation of the client's Cash Assistance (CA) benefits. These infractions are designated as either eligibility- or employability-related infractions.

- Eligibility-related infractions are those in which a client does not comply with HRA rules and regulations governing CA eligibility requirements. For individuals who are determined *Temporarily Unable to Work* or *Unable to Work and Potentially Eligible for Federal Disability Benefits*, all infractions are considered eligibility-related.
- Employability-related infractions are incurred when the client does not comply with HRA rules requiring involvement in work-related activities. A WeCARE client with Functional Capacity Outcomes (FCO) of *Employable with Limitations* or *Employable with Minimal Accommodations* who fails to report to a Vocational Rehabilitation Services (VRS) appointment or comply with VRS activities receives an employability-related infraction.

## Conciliation

A Conciliation meeting is offered to the client as an opportunity to discuss and present evidence related to his/her non-compliance. Conciliation is initiated when an **employability-related infraction** code is posted in NYCWAY, suspending the client's participation in WeCARE. The client receives a Conciliation notice which has an appointment date and time as well as an expiration date. The client is entitled to a meeting at any time up to the expiration date. The Family Independence

Administration (FIA) Conciliation Unit conducts Conciliation hearings at the individual's Job Center. Eligibility-related infractions are not sent to Conciliation but go directly to Conference.

At the time of Conciliation, the client must provide a valid reason, such as a hospitalization, and *original* documentation to justify his/her non-compliance with the assigned WeCARE activity. When the client presents acceptable documentation and expresses a willingness to comply with agency requirements, FIA resolves the infraction by granting good cause via the **Good Cause Granted** action code (**810H**) in the NYCWAY system.

When good cause is granted, FIA refers the individual back to the WeCARE activity in which s/he was engaged prior to the infraction by entering the **Return to WeCARE after Good Cause is Granted** action code (**16FH**) and provides the client with the **WeCARE Non-Medical Referral for Mandatory Services** letter (**W-533G**).

If the infraction is not settled through Conciliation or the client does not report to Conciliation before the expiration date, FIA issues a **Notice of Intent (NOI)** to reduce the client's benefits or close the case.

### **Notice of Intent Process**

The client whose non-compliance is eligibility-related, or whose employability-related infraction is not settled through the Conciliation process, receives an NOI letter informing him/her of a pending sanction (reduction or discontinuation of Cash Assistance benefits) and the date the sanction becomes effective (10 business days from the date of issue). To prevent the sanction the client must report to the Job Center anytime before the effective date of the NOI. A Notice of Intent (NOI) Conference is similar to Conciliation meeting in that the client has the opportunity to submit evidence of good cause to resolve the issue of non-compliance. The NOI Conference is conducted by the FH&C AJOS at the Job Center.

During the NOI Conference the individual is required to submit evidence of good cause to resolve the non-compliance. In accordance with State regulations, only if the client presents acceptable documentation and expresses a willingness to comply with agency requirements, will FIA resolve the infraction by granting good cause via the **Good Cause Granted** action code (**820H**) in NYCWAY.

FIA refers the individual back to WeCARE by entering the *Return to WeCARE after Good Cause is Granted* action code (**16FH**). If the individual is returning to a biopsychosocial assessment s/he receives the *WeCARE Referral for Mandatory Assessment* letter (**W-538C**). If returning to VRS, Wellness or SSI s/he receives the *WeCARE Non-Medical Referral for Mandatory Services* letter (**W-533G**).

Failure to respond to the NOI within 10 business days of the date of issue or to establish good cause during the NOI Conference will result in a reduction or discontinuation of cash assistance benefits.

## Fair Hearing

If the client does not agree with the HRA decision at any point in the Conciliation or NOI Conference process, s/he may apply for a Fair Hearing in which a State appointed Administrative Law Judge (ALJ) makes a determination on the case. The WeCARE vendor supports this process by ensuring that all case related information is scanned into the WeCARE Viewer so that Fair Hearing staff can have complete documentation that supports the decisions made and actions taken by WeCARE and HRA.

Additionally, an individual is able to request a Fair Hearing if s/he wishes to contest his/her employability status. Instructional information is detailed in the **Notification of Temporary Assistance Work Requirements Determination (LDSS-4005 or LDSS-4005a)** letter that the client receives at the time of the FCO determination.

If the client is engaged in VRS activities when s/he applies for a Fair Hearing his/her WeCARE case is closed. Clients engaged in services other than VRS remain in WeCARE.

The Fair Hearing process allows all parties to provide documentation of their claims. The ALJ reviews the action taken by HRA and makes one of the following decisions:

- **Affirmation** – HRA’s decision is affirmed. The individual is required to continue with the WeCARE activity from which s/he infringed and is referred directly back to it.
- **Split Decision** – Some fair hearings are held to address more than one issue. If the decision contains a combination of outcomes FIA discerns which outcomes were determined and processes the case according to those determinations. If HRA’s decision was affirmed in regard to WeCARE engagement, the client is referred back to the activity from which s/he infringed. A Clinical Review Team (CRT) review is scheduled for those whose FCOs must be reconsidered.
- **Agency Withdraws** – No action was taken to resolve the issues prior to the hearing and HRA agrees to withdraw on the issue at the Hearing. HRA withdraws when they identify a lack of documentation supporting agency actions. The client is referred to CRT to determine the appropriateness of the FCO determination. If the client’s FCO was determined over 12 months ago, CRT will refer him/her for a new biopsychosocial assessment (BPS).
- **Reversal** – HRA’s action is reversed. The client is referred to CRT for a review of the most recent FCO determination.
- **Remand** – In absence of definitive information and/or documentation, the Hearing Officer returns the case to HRA with instructions to reconsider the issues

raised in the original Fair Hearing Request. The client returns to WeCARE for a CRT review of the FCO determination.

- **Correct When Made** – The HRA action is upheld based on documentation and evidence available at the time of the contested action, however circumstances have changed in the appellant’s case requiring HRA to review the original decision. A CRT review will be scheduled for the client.

FIA receives the Fair Hearing decision within approximately six weeks from the date of the hearing and records the decision in the client record. (Refer to the **NYCWAY Fair Hearing Decision Action Codes** in Attachment 3) The client is called into the Job Center to review the FH decision. FIA then refers the client back to WeCARE by posting the **Referral to WeCARE Review Board – Fair Hearing Result (16HR)** in NYCWAY. The client is given the **Referral to WeCARE for a Clinical Review (W-300)** letter.

During the WeCARE Clinical Review Team (CRT) appointment the team discusses the Fair Hearing decision with the client. If the individual brings documentation of the decision, the vendor reviews the documentation with the client, explaining how the information factored into the FCO determination, whether CRT re-affirms the existing FCO, or determines a more appropriate FCO. The vendor must note the CRT discussion in the case record and scan all documentation into the WeCARE Viewer. At the conclusion of the CRT assessment, the client is assigned to the appropriate WeCARE activity. A client whose Functional Capacity Outcome (FCO) was determined more than 12 months ago is referred for a new biopsychosocial (BPS) assessment.

**References**

<b>WeCARE Procedure</b>	<b>Issue Date</b>
Rescheduling a Referral for a WeCARE Biopsychosocial Assessment	12.04.2006
Clinical Review Team	01.12.2007
Maintaining Engagement in HRA’s WeCARE Program	05.31.2007
Assisting WeCARE Participants in Obtaining Federal Disability Benefits	04.02.2009

**Attachments**

Attachment 1	WeCARE Outreach Action Codes
Attachment 2	WeCARE Infraction Codes
Attachment 3	NYCWAY Fair Hearing Decision Action Codes
LDSS-4005	Notification of Temporary Assistance Work Requirements Determination – Exempt
LDSS-4005a	Notification of Temporary Assistance Work Requirements Determination – Non-exempt

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## WeCARE Outreach Action Codes

<b>CODE</b>	<b>WORKLIST</b>	<b>ACTION CODE DESCRIPTION</b>
173B	WCOUT	WECARE OUTREACH-FTR TO INITIAL APPOINTMENT/REFERRAL
173K	WCOUT	WECARE OUTREACH-FTC TO APPOINTMENT/REFERRAL
173U	WCOUT	WECARE OUTREACH-FTR TO VRS REFERRAL
173V	WCOUT	WECARE OUTREACH-FTC TO VRS REFERRAL
173D	WCOUT	WECARE OUTREACH INITIATED FOR FTR TO SSI REFERRAL
173E	WCOUT	WECARE OUTREACH INITIATED FOR FTC TO SSI REFERRAL
173W	WCOUT	WECARE OUTREACH INITIATED FOR FTR TO WELLNESS REF
173C	WCOUT	WECARE OUTREACH INITIATED FOR FTC TO WELLNESS PLAN
173R	WCOUT	WECARE OUTREACH INITIATED FOR FTR TO CHILD CARE APPT
173N	WCOUT	WECARE FTC OUTREACH REQUIRED
16BC	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-CARDIOLOGY
16CC	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-CARDIOLOGY
16BD	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-DERMATOLOGY
16CD	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-DERMATOLOGY
16BE	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-ENDCRINOLOGY
16CE	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-ENDCRINOLOGY
16BG	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL MED-GASTROENTEROLOGY
16CG	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL MED-GASTROENTEROLOGY
16BS	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-GENERAL SURGERY
16CS	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-GENERAL SURGERY
16BH	WCOUT	WC OUTREACH FTR-SPECIALTY MED APPT-HEMATOLOGY/ONCOLOGY
16CH	WCOUT	WC OUTREACH FTC-SPECIALTY MED APPT-HEMATOLOGY/ONCOLOGY
16BN	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-NEUROLOGY
16CN	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-NEUROLOGY
16BO	WCOUT	WC OUTREACH FTR-SPECIALTY MED APPT-OBSTETRICS/GYN
16CO	WCOUT	WC OUTREACH FTC-SPECIALTY MED APPT-OBSTETRICS/GYN
16BF	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-ORTHOPEDICS
16CF	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-ORTHOPEDICS
16BP	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-PSYCHIATRY
16CP	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-PSYCHIATRY
16BL	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-PULMONOLOGY
16CL	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-PULMONOLOGY
16BR	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-RHEUMATOLOGY
16CR	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-RHEUMATOLOGY
16BM	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-OTHER SPECIALTY
16CM	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-OTHER SPECIALTY
16BT	WCOUT	WC OUTREACH FTR-SPECIALTY MEDICAL APPT-PHYSIATRY
16CT	WCOUT	WC OUTREACH FTC-SPECIALTY MEDICAL APPT-PHYSIATRY

## WeCARE Infraction Codes

<b>Action Code Description</b>	<b>Action Code</b>
WeCARE FTR to BPS Phase I Appointment	<b>468B/469B</b>
WeCARE FTC to BPS Phase I Appointment	<b>468K/469K</b>
FTR/FTC Sanctioned Employment Referral (Sanctioned Clients only)	<b>438N</b>
WeCARE FTR To Vocational Rehabilitation Services	<b>468U</b>
WeCARE FTC To Vocational Rehabilitation Services	<b>468V</b>
WeCARE FTR To Wellness Plan	<b>469W/468W</b>
WeCARE FTC To Wellness Plan	<b>469C/468C</b>
Failed to Report or Cooperate with DAU	<b>491A (sys)</b>

## NYCWAY Fair Hearing Decision Action Codes

Action Code	Worklist	Definition
727	FHOUT	Fair Hearing Decision Agency Withdrawal
728	FHOUT	Fair Hearing Decision Received – Correct When Made
729	FHOUT	Fair Hearing Decision Received – Other
729S	FHOUT	Fair Hearing Decision Received – Split
770	FHOUT	Fair Hearing Decision Received – Agency Affirmed
780	FHOUT	Fair Hearing Decision Received – Agency Reversed/Remand

## NOTIFICATION OF TEMPORARY ASSISTANCE WORK REQUIREMENTS DETERMINATION (EXEMPT)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ ----- <b>OR</b> Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

**PART 1 (Medical)**

\_\_\_\_\_ **HAS BEEN DETERMINED TO BE EXEMPT FROM PARTICIPATING IN TEMPORARY ASSISTANCE WORK ACTIVITIES EFFECTIVE \_\_\_\_\_** because according to medical evidence he/she is currently unable to work due to a medical issue. The Department of Social Services may require additional evidence in the future to evaluate his/her ability to work. The Department may also require him/her to participate in a treatment program or other services that could restore or improve the ability to work.

**IF THIS SECTION (PART 1) IS CHECKED, YOU HAVE 10 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING. Please see the REVERSE of this page for instructions describing how to request a fair hearing.**

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385.2.

**PART 2 (Other than Medical)**

\_\_\_\_\_ **HAS BEEN DETERMINED TO BE EXEMPT FROM PARTICIPATING IN TEMPORARY ASSISTANCE WORK ACTIVITIES EFFECTIVE \_\_\_\_\_** because he/she is

- \_\_\_\_\_ Pregnant and within thirty days from the expected date of delivery.
- \_\_\_\_\_ The parent or other caretaker of a child under three months of age who is personally providing care for the child and who has not already been exempt for this reason for twelve months. This exemption may be extended for up to twelve months based on local policy.
- \_\_\_\_\_ Sixty years of age or older.
- \_\_\_\_\_ Under the age of nineteen and attending secondary, vocational or technical school full-time.
- \_\_\_\_\_ Needed in the home to care for a medically verified ill, incapacitated or disabled household member and no other appropriate household member is available to provide the care.

This means that \_\_\_\_\_ will not be assigned to a work activity as long as he/she remains exempt from work activities. However, he/she may be required to provide additional evidence in the future to determine if he/she continues to be exempt.

**IF THIS SECTION (PART 2) IS CHECKED, YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING. Please see the REVERSE of this page for instructions describing how to request a fair hearing.**

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385.2.

**BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.**

Enclosure

**DISTRIBUTION:**      White – CLIENT/FAIR HEARING COPY                      Yellow – CLIENT COPY                      Pink – AGENCY COPY

NAME:	ADDRESS:	CASE NUMBER:
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**FOOD STAMP IMPLICATIONS:** This notice applies only to your requirement to participate in temporary assistance work activities. You may or may not be required to participate in Food Stamp Employment and Training (FSET) activities. You were notified of the Food Stamp employment responsibilities and exemptions in the LDSS-4148A: *What You Should Know About Your Rights and Responsibilities, Book 1*. If you have any questions about your Food Stamp employment requirements, ask your worker.

### **CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. If we made a mistake, we will correct it. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. **If you ask for a conference you are still entitled to a fair hearing. If you do not want to have to comply with work requirements until a fair hearing decision is issued, you must request a fair hearing in the way described below. A request for a conference alone will not remove your requirement to participate in work activities.**

2. **STATE FAIR HEARING** – YOU HAVE 10 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING IF YOU HAVE BEEN DETERMINED TO BE EXEMPT BECAUSE YOU ARE UNABLE TO WORK DUE TO A MEDICAL CONDITION (IF PART 1 IS CHECKED). YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING IF YOU HAVE BEEN DETERMINED TO BE EXEMPT FOR A NONMEDICAL REASON (IF PART 2 IS CHECKED).

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

**Mail:** Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

**Phone:** 800-342-3334 (Please have this notice with you when you call.)

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

**Online:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that tells you when and where the fair hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing. At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

**NOTIFICATION OF TEMPORARY ASSISTANCE WORK REQUIREMENTS DETERMINATION  
(NONEXEMPT)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP  ----- <b>OR</b> Agency Conference Fair Hearing information and assistance  Record Access  Legal Assistance information		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

**PART 1 (MEDICAL-NONEXEMPT)**

\_\_\_\_\_ has been evaluated for health-related barriers and has been determined to be **NONEXEMPT from participating in temporary assistance work activities effective \_\_\_\_\_** because according to medical evidence he/she is not currently disabled, work limited, or otherwise unable to participate because of a health-related issue and is able to participate fully in work activities. This means that you must participate in work activities.

**If this section (Part 1) is checked, you have 10 days from the date of this notice to request a fair hearing. Please see the REVERSE of this page for instructions describing how to request a fair hearing.**

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385.2.

**PART 2 (MEDICAL-WORK LIMITED)**

\_\_\_\_\_ has been evaluated for health-related barriers and has been determined to be **NONEXEMPT but WORK LIMITED from participating in temporary assistance work activities effective \_\_\_\_\_**.

This means that you must participate in work activities that are within your medical limitations. If a treatment plan is recommended to address your medical limitations, you may be required to participate in it. This determination that you are not exempt but work limited is based on a determination by a licensed physician or other medical professional that

**If this section (Part 2) is checked, you have 10 days from the date of this notice to request a fair hearing. Please see the REVERSE of this page for instructions describing how to request a fair hearing.**

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385.2.

**PART 3 (NONEXEMPT- OTHER THAN MEDICAL)**

\_\_\_\_\_ has been determined to be **NONEXEMPT from participating in temporary assistance work activities effective \_\_\_\_\_ and must participate in work activities because**

**If this section (Part 3) is checked, you have 60 days from the date of this notice to request a fair hearing. Please see the REVERSE of this page for instructions describing how to request a fair hearing.**

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385. 2.

**DUTIES OF A NONEXEMPT PERSON**

As a person who is nonexempt from temporary assistance work requirements, you are expected to meet one or more of the requirements listed below as assigned by this Agency. The purpose of these requirements is to assist you in finding and keeping a job so that you will no longer need temporary assistance.

- You must conduct an active job search and give evidence of such efforts when requested.
- You must accept referral to or an offer of any employment in which you are able to engage.
- You must participate in an assessment and an employment plan.
- You must accept referral to and participate in work activities as assigned by the social services district or its designated provider of such programs and services.
- You must continually seek employment and provide evidence of such if requested by the social services district.
- You may continue to apply for Social Security Income (SSI) benefits on your own, but you are no longer required to apply for or appeal denials of SSI benefits if you were previously required by this Agency to do so as a condition of eligibility for temporary assistance. However, you are still required to participate in temporary assistance work activities as assigned by this Agency.

If you willfully and without good cause refuse or fail to comply with the above listed requirements, you or your household may be disqualified from receiving public assistance or a portion of its public assistance for a period for up to six months and longer, depending on the type of assistance you receive, the program in which you were required to participate and the number of times you have been disqualified in the past.

**BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.**

Enclosure

**DISTRIBUTION:**

White -CLIENT/FAIR HEARING COPY

Yellow – CLIENT COPY

Pink – AGENCY COPY

**FOOD STAMP IMPLICATIONS:** This notice applies only to your requirement to participate in temporary assistance work activities. You may or may not be required to participate in Food Stamp Employment and Training (FSET) activities. You were notified of the Food Stamp employment responsibilities and exemptions in the LDSS-4148A *What You Should Know About Your Rights and Responsibilities, Book 1*. If you have any questions about your Food Stamp employment requirements, ask your worker.

## **CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. If we made a mistake, we will correct it. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. **If you ask for a conference you are still entitled to a fair hearing. If you do not want to have to comply with work requirements until a fair hearing decision is issued, you must request a fair hearing in the way described below. A request for a conference alone will not remove your requirement to participate in work activities.**

### 2. **STATE FAIR HEARING**

**YOU HAVE 10 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING IF YOU HAVE BEEN EVALUATED BECAUSE OF A CLAIMED OR SUSPECTED MEDICAL CONDITION AND DETERMINED TO BE NON-EXEMPT (IF PART 1 OR PART 2 IS CHECKED). YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING IF YOU HAVE BEEN DETERMINED TO BE NON-EXEMPT FOR A NON MEDICAL REASON (IF PART 3 IS CHECKED).**

**WORK REQUIREMENTS:** If you request a fair hearing within ten (10) days of the date of this notice you will not have to comply with work-related requirements even if these requirements were assigned to you before you decided to request a hearing, unless and until a fair hearing decision is issued which finds that you are not exempt from employment requirements.

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

**Mail:** Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.) \_\_\_\_\_

**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

**Online:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that tells you when and where the fair hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing. At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.