

DIRECTORS MEMO

DATE: February 5, 2020

TO: [HRA Job Center Directors](#);
[DHS Family with Children and Adult Families Shelter Directors](#);
[DHS Provider Executive Directors](#)
[HRA Office of Domestic Violence Directors](#);
[HRA ADVENT Directors](#)

FROM: James K. Whelan, Executive Deputy Commissioner
Office of Policy, Procedures, and Training

JKW

SUBJECT: Income Savings Plan (ISP) Mass Re-Budget Notices

This memorandum is to inform both DHS and HRA Directors and Managers that over the weekend of January 11 and 12, 2020, the State completed a mass re-budget (MRB) to initiate the sending of Client Notice Systems (CNS) notices to certain cases where the adult family or family with children resides in a Department of Homeless Services (DHS), Human Resources Administration (HRA), or Housing Preservation and Development (HPD) shelter or other temporary housing facility. The notice is to inform these households that they are now subject to the new Income Savings Plan (ISP) requiring Adult Families as well as Families with Children that have earned income to contribute to a savings account. The first contribution will be due in April for the shelter stay in March. The new ISP replaces the old Income Savings Requirement (ISR).

Job Center Directors/ADVENT Directors

Households with a zero budget, earned income and who have one of the below temporary housing shelter types will receive these notices:

- **06** (Hotel/Motel),
- **30** (Scatter Site Homeless Housing),
- **33** (Homeless Shelter -Tier I or Tier II (Less Than 3 meals Per Day)), and
- **34** (Homeless Shelter-Tier II (Three Meals Per Day)),

Note: shelter type **35** (Homeless Shelter-Non Tier I Non Tier II), multi-suffix cases and cases with Income Source Code **37** [Subsidized Employment] are excluded from ISP.

If an applicant/participant contacts the center to dispute the contribution or has other questions about this notice, staff must verify the household's shelter type and income (refer to the Temporary Housing Facilities (**W-145UU**) chart for correct shelter types). If either is incorrect, staff must update the budget if documentation is available or request that the individual provide documentation to make the necessary updates. Staff must also advise applicants/participants that have earned income and reside in one of the above shelter types, that they should expect a statement in March which will provide additional information on how to make the savings contribution in April.

Additional guidance for staff will be provided at a later date.

DHS Shelter Directors/Shelter Executive Directors

Adult Families and Families with Children who receive these notices do not need to make a deposit at this time since their first contribution will be due in April. However, they must ensure the income reflected on the notice is accurate.

If the income is not accurate, they should be asked to provide proof of current income to their case manager. The case manager must then send the Housing Referrals and Processing Unit (HRPU) Inquiry Complaint form (sample attached) to HRPU at fam.inquiries@dhs.nyc.gov. HRPU will work with HRA to update the income on the family's behalf. HRPU staff will advise if a family must go to the Job Center in person to address the income discrepancy. Note that clients may choose to go to their HRA Job Center to report the change themselves.

Case management staff must maintain accurate income records in CARES and should begin preparing families to save by discussing the benefits of saving and offering referrals for budgeting, money management, and financial counseling.

More information about program requirements and program materials will be shared at ISP training in February, ahead of March implementation.

Please direct any questions or concerns to your Program Administrator.

Office of Domestic Violence Directors

Pursuant to a State directive, Domestic Violence survivors who are applicants or in receipt of Cash Assistance (CA) residing in DV Shelter for Families, formerly known as Tier II shelters, who receive these notices do not need to make a deposit at this time. However, they will have to make their first contribution in April. They must also ensure that the income reflected on the notice is accurate.

If the income is not accurate, they should be asked to provide proof of current income to their Job Center, or ADVENT Case Worker if they have one. The shelter administrative staff will also notify the resident that they must go to the Job Center in person to address the income discrepancy.

Additional guidance will be provided prior to the first payments due in April 2020 for the shelter stay in March.

Effective Immediately

Attachments:

Sample ISP CNS Notice

Sample HRP Form

HUNTS POINT JOB CENTER 040
847 BARRETTO STREET
BRONX, NY 10474

NOTICE OF DECISION ON YOUR
PUBLIC ASSISTANCE AND
MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
CON SU TRABAJADOR(A).

PROGRAM CODE = 040

NOTICE NUMBER: [REDACTED]		DATE: January 14, 2020		CASE NUMBER: [REDACTED]	
OFFICE 040	UNIT	WORKER 00000	UNIT OR WORKER NAME		TELEPHONE NO. 718-838-6366

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS	
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP 929-252-4349		[REDACTED]	
OR Agency Conference 718-557-1385			
Fair Hearing information and assistance 800-342-3334			
Record Access 929-252-4350			
Child/Teen Health Plan 718-557-1399			

SAMPLE

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

PUBLIC ASSISTANCE

Income Savings Plan: You or someone in your household currently receives income from employment. As a condition of residing in a Department of Homeless Services (DHS) shelter, you are required to save a portion of your family's earnings. Your family's savings requirement is based on your earned income, family composition and housing costs, as set forth in this notice. Starting March you must contribute \$3,502.00 to the Income Savings Plan (ISP).

The Department of Social Services (DSS) will send you a monthly savings statement advising you of the amount due, your current savings balance, where to send your monthly contributions, and contribution due dates. When you leave shelter, DHS will give you all the money you contributed plus interest. You will then no longer need to contribute to the savings plan and you will not receive additional statements.

If you have questions about ISP, or if you have a good reason why you are unable to make your contribution, please contact your DHS case worker.

Failure to contribute to your ISP, may lead to a loss of Temporary Housing Assistance (THA) and a loss of shelter.

This decision is based on Social Services Law 36-c, and Regulations 18 NYCRR 351.26, 352.29, 352.31 and 352.35.

You will continue to get the **SAME AMOUNT** of public assistance benefits: \$0.00. Even though we figured your public assistance benefits again, it did not change the amount of public assistance benefits you get.



Although your case is still open, you will not actually get any public assistance benefits because when we figured your grant, the amount came to \$0. When the difference between the household's allowance and the household income is less than \$10, the household will receive no cash grant. You will not receive a cash grant because your income is within \$10 of your allowance.

If you have any changes in your household such as increased housing costs or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount.

Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount.

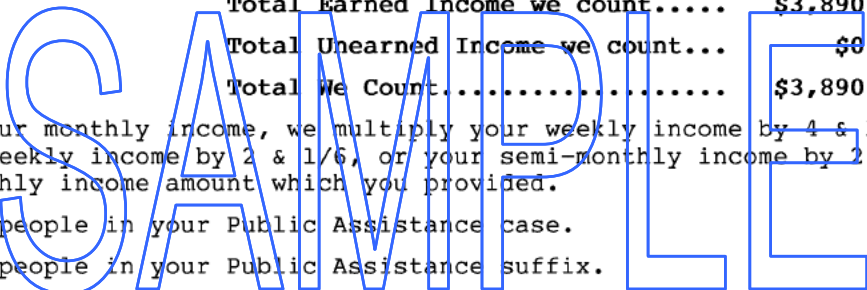
This decision is based on Regulation 18 NYCRR 352.29.

How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o The way we figure your income and needs is shown below:

<u>Person's Name</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
[REDACTED]	Salaries/Wages	\$4,875.00
Total Earned Income we count.....		\$3,890.62
Total Unearned Income we count...		\$0.00
Total We Count.....		\$3,890.62



- o To figure your monthly income, we multiply your weekly income by 4 & 1/3, or your bi-weekly income by 2 & 1/6, or your semi-monthly income by 2, or use the monthly income amount which you provided.
- o There are 3 people in your Public Assistance case.
- o There are 3 people in your Public Assistance suffix.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o Your household pays \$4,535.43 for housing.
- o According to our records, your type of housing is known as Homeless Shelter.
- o We allow \$4,535.43 for housing.
- o Your heat is included in your housing costs.
- o No one in your suffix is at least four months pregnant.

SUPPLEMENTAL NUTRITION ASSISTANCE

You have not been getting SNAP benefits in this case. If you want to see if you can get SNAP benefits, you can apply at any time.



MEDICAL ASSISTANCE

We will continue Medical Assistance coverage unchanged for:

Name

Client I.D. #



These persons will continue to be entitled to full services under the Medical Assistance Program.

This decision is based on Regulation 18 NYCRR 360-2.6.

SAMPLE





SAMPLE

CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

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

AVAILABILITY OF POLICY MATERIALS

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

For Medicaid determinations, the Department of Health posts Medicaid guidance documents on its website: <http://www.health.ny.gov/guidance/ohip/medicaid/>. Additionally, if you call or write to your local department of social services, specific policy materials necessary for you to decide whether to request a fair hearing or to prepare for the fair hearing will be made available to you at no charge.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by **March 14, 2020**. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by **March 14, 2020**. This is the deadline even if you asked for a meeting (conference) with us.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334

[REDACTED] 11, please tell the worker the number of this notice which is

OR FAX: Send a copy of this notice to fax no. (518) 473-6735.

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

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.)

Name : [REDACTED]
Address : [REDACTED] ER 203

District/Office No: 66/040
Notice No. : [REDACTED]
Case Number: [REDACTED]
Telephone : [REDACTED]

/_/ I do not want to "keep my benefits the same" until the Fair Hearing decision is issued.
ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



OR ONLINE: Complete the online request form at:
<http://www.otda.ny.gov/oah/forms.asp>

OR WALK-IN: Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which 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 or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting:

LEGAL SERVICES NYC-BRONX, 349 EAST 149TH STREET, 10TH FLOOR, BRONX, NY 10451

Telephone: (917) 661-4500

THE LEGAL AID SOCIETY, 953 SOUTHERN BOULEVARD, BRONX, NY 10459

Telephone: (718) 991-4600

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which 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 (718) 722-5012, or FAX (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of your 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.

Send this "Request for a Fair Hearing" to:

**The Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, New York 12201**





**HOUSING REFERRALS AND PROCESSING PROCESSING UNIT (HRPU)
INQUIRY COMPLAINT FORM**

Form to be used to request assistance in obtaining a shopping shelter, resolving PA problems on specific cases OR request clarification of HRA policy and procedure

DATE	NAME OF FACILITY		FACILITY CODE
1/21/2020	Mary Jane Shelter		9999
CONTACT PERSON	E-MAIL ADDRESS	TEL #	FAX #
Staff Person	John.Doe@MaryJane.org	929-555-5555	929-555-5554
NAME OF CLIENT	SOCIAL SEC. #	PA CASE #	INFORMATION REQUESTED
John Doe	XXX-XX-1234	0123456789A	Updated Income
NAME OF CLIENT	SOCIAL SEC. #	PA CASE #	INFORMATION REQUESTED
NAME OF CLIENT	SOCIAL SEC. #	PA CASE #	INFORMATION REQUESTED
NAME OF CLIENT	SOCIAL SEC. #	PA CASE #	INFORMATION REQUESTED
NAME OF CLIENT	SOCIAL SEC. #	PA CASE #	INFORMATION REQUESTED
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SAMPLE

**FORWARD ALL COMPLETED FORMS TO DHS OFFICE OF CLIENT RESOURCES
E-MAIL ADDRESS: fam.inquiries@DHS.NYC.GOV FAX#: (917) 637-7545**