



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #05-20-OPE

REVISED FAIR HEARING AND CONFERENCE FORMS

Date: January 27, 2005	Subtopic(s): Forms
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p>	<p>This policy bulletin is to inform the Fair Hearing and Conference (FH&C) Unit and Fair Hearing representatives that the following forms have been revised to reflect updates in the FH&C reporting and review process, as well as to accommodate new formatting standards:</p> <ul style="list-style-type: none">• Conference Report (M-186a)• Fair Hearing Representative Summary (M-186f)• AJOS/FH Supervisor I – Daily Work Log (M-186k)• Fair Hearing and Conference Unit Weekly Summary (M-186kk) <p>The revisions are as follows:</p> <p>M-186a:</p> <ul style="list-style-type: none">• The "LLF" designation was added to the form header to indicate that this form is required to be available in six languages, in accordance with Local Law 73.• The term "case record" has been replaced with "Conference Folder" in the filing instructions section.• An "Information Only" checkbox has been added as an applicable contact method/reason option.• The following fields were added to the case information section:<ul style="list-style-type: none">▪ Fair Hearing Number▪ Mandatory Dispute Resolution (MDR) (with Yes/No checkboxes)▪ Appointment Date• A "Date of Notice" field has been added.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

- The method of notification section now provides the following checkbox options instead of form numbers:
 - POS
 - CNS
 - Manual
 - Other
- In the "Conference decision" section, the following checkbox options were added:
 - Good Cause Not Granted
 - Good Cause Granted
 - Referral to Employment Program
 - Referral to SASC
- "The following documents support the above decision" section was modified as follows:
 - The following checkbox options were added:
 - W-680
 - CNS Notice
 - The following checkbox option was removed:
 - DSS-2921
- A new "Action needed" section was added with blank lines provided for free text.
- The "Conciliation Report" section was removed.
- Signature titles have been updated to reflect current job title names.

M-186f:

- The form title was changed from "Fair Hearing Report" to "Fair Hearing Representative Summary."
- A new section has been added which provides space for the attachment of a label.
- A "Hearing Room Activities" section has been added to capture legal counsel and language translation requirement information.
- "Documents/Submitted by Appellant" and "Hearing Room Decorum (If Applicable)" sections have been added.

- The "Disposition" section has been replaced with a new "Hearing Outcome" section.

M-186k:

- The form title was changed from "FH&C Supervisor I Daily Work Log" to "AJOS/FH Supervisor I – Daily Work Log."
- The "Cslid" column was removed.
- Column headings are now grouped into "Contact Type," "Conferences" and "Fair Hearing Request" categories.
- Column headings have been updated to capture applicable FH&C reporting information.

M-186kk:

- The form title was changed from "Fair Hearing and Conciliation Unit Weekly Summary" to "Fair Hearing and Conference Unit Weekly Summary."
- The "IS/Job Center#" label was changed to "Job Center No."
- The form header was modified as follows:
 - The following fields (and corresponding footnote definitions) were removed:
 - Number of FH&C Staff Assigned
 - Number of Worker Days
 - Number of Actions Completed per Worker Day
 - The following field was added:
 - Number of Days Worked
- The "Action Taken" and "Breakdown" sections have been updated to reflect current FH&C "Action Taken" categories and subcategories.

Center Directors should ensure that all previous versions of these forms are recycled.

Samples of the revised forms are attached.

Effective Immediately

Attachments:

Please use Print on Demand to obtain copies of forms.

- M-186a** Conference Report (Rev. 1/27/05)
- M-186a (S)** Conference Report (Spanish) (1/27/05)
- M-186f** Fair Hearing Representative Summary (Rev. 1/27/05)
- M-186k** AJOS/FH Supervisor I – Daily Work Log (Rev. 1/27/05)
- M-186kk** Fair Hearing and Conference Unit Weekly Summary (Rev. 1/27/05)



Conference Report

(File original in W-98A folder, 1 copy in Conference Folder, 1 copy to Applicant/Participant)

Check all that apply: In Person Telephone Information Only

Case Name: _____
Address: _____ Telephone: _____
Category/Case Number: _____ Center: _____ Caseload: _____
Fair Hearing Number: _____ MDR Yes No Appointment Date: _____

1. A conference was held on _____ (Date) regarding:

Transaction

Date of Notice: _____ Closing Reduction Denial

POS CNS Manual Other

2. Notice expiration date: _____ Closing Action Code: _____

Program code (if applicable): _____

3. Issue(s): _____

4. Conference decision:

Agency Upheld Good Cause Not Granted Referral to Employment Program

Agency Reversed Good Cause Granted Referral to SASC
 Recoupment Hardship Adjustment

Other

5. Reason for the decision: _____

6. The following documents support the above decision:

Agency Notice Budget W-25 W-680B CNS Notice

W-137B W-145P WMS Printouts Additional Documents: _____

7. Action needed: _____

Signature of AJOS/Supervisor I: _____ Date: _____

Applicant/Participant Signature: _____ Date: _____



Reporte de la Conferencia

(Guarde la copia original en el archivo W-98A, 1 copia en el Archivo de la Conferencia, 1 copia al Solicitante/Participante)

Marque todos los que correspondan: En persona Por teléfono Solo para fines informativos

Nombre del Caso: _____

Dirección: _____ Teléfono: _____

Categoría/Núm. del Caso: _____ Centro: _____ Unidad de Casos: _____

Núm. de la Audiencia Imparcial: _____ MDR Si No Fecha de la Cita: _____

1. Se llevó a cabo una conferencia el _____ acerca de:

Trámite _____ (Fecha)

Fecha del Aviso: _____ Cierre Reducción Negación
 POS CNS Manual Otro

2. Fecha de vencimiento del aviso: _____ Código de Acción de Cierre: _____

Código del programa (si corresponde): _____

3. Asunto(s): _____

4. Decisión de la conferencia:

Respalda por la Agencia Causa Válida Descartada Enviado a un Programa de Empleo
 Revocada por la Agencia Causa Válida Aceptada Enviado a SASC
 Ajuste de Reembolso por Privación
 Otro

5. Motivo de la decisión: _____

6. Los siguientes documentos respaldan la decisión antedicha:

Aviso de la Agencia Presupuesto W-25 W-680B Aviso de CNS
 W-137B W-145P Impresos de WMS Documentos Adicionales: _____

7. Acciones necesarias: _____

Firma del AJOS/Supervisor I: _____ Fecha: _____

Firma del Solicitante/Participante: _____ Fecha: _____

Fair Hearing Representative Summary

Pre-Hearing Review

Evidence Packet Complete and Relevant Yes No

If Incomplete What is Missing _____

ATC in Place (If Applicable) Yes No

Label Affixed

Hearing Room Activities

Appellant's Representative/Legal Counsel (If Applicable) _____

Name/Law Firm/Agency (If Applicable) _____

Language Translation Required Yes No

Language _____

Issue #	Reduc./Disc./Den./Adeq./Restr.	PA/MA/FS	Specify Each Issue

Hearing Summary

SAMPLE

Documents/Submitted by Appellant

Hearing Room Decorum (If Applicable)

Fair Hearing Representative _____ Date _____

Name of Hearing Officer _____

HEARING OUTCOME

ISSUE

- A. _____ APPELLANT DEFAULT
- B. _____ APPELLANT DEFAULT (RESOLUTION COMPLETED)
- C. _____ HELD FOR DECISION
- D. _____ FH REP WITHDRAWAL
- E. _____ FH REP WITHDRAWAL/CODE 21
- F. _____ WITHDRAWN BY APPELLANT
- G. _____ GENERAL ADJOURNMENT
- H. _____ SPECIFIC ADJOURNMENT

DATE ____ / ____ / ____

ADJOURNED TO: (CIRCLE ONE)
BEV DFRP PRIDE TBU NPA FS MICSA
OTHER _____

I. REASON FOR ADJOURNMENT _____



Fair Hearing and Conference Unit Weekly Summary

Job Center No.: _____ Week Ending: _____

Number of Days Worked: _____

Summary of FH&C Actions

Action Taken	Breakdown				Total No.
	Contact Type				
1. Information only	^A In Person	^B Phone			A + B
2. Conference type	In Person	Phone			
3.	^A PA/FS	^B Employment	^C BEV	^D Other	A + B + C + D
4. Issues	^A Discontinuance	^B Reduction	^C Denial	^D Adequacy	A + B + C + D
5. Outcome	Upheld	Reversed	Other		
6. Document	Yes	No			
7. Fair Hearing request	^A ATC	^B Non ATC	^C Challenge		A + B + C
8. Fair Hearing issues	Discontinuance	Reduction	Denial	Adequacy	
9. Packet Prep	^A Defend	^B Resolve			A + B
10. MDR actions					
11. Rivera requests					
12. Action initiated	^A Form W-270	^B LDSS-3722	^C LDSS-3573		A + B + C f
13. Staff consultation					
14. Total actions					1 + 3 + 4 + 7 + 9 + 10 + 11 + 12 + 13

Prepared by _____

Date _____