



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #05-52-OPE

REVISED FAIR HEARING SINGLE ISSUE ERROR REPORT WORKSHEET (M-186R)

<p>Date: March 22, 2005</p>	<p>Subtopic(s): Forms</p>
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p> <p>Form M-186r is used by Job Center Control Unit staff to address Fair Hearing checks that do not process successfully within the Welfare Management System.</p> <p><input type="checkbox"/> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the Fair Hearing Single Issue Error Report Worksheet (M-186r) has been revised.</p> <p>The revisions are as follows:</p> <ul style="list-style-type: none"> • The "ISC #" label was changed to "Center Number." • Error message and reason selections can now be chosen by checking the corresponding checkboxes instead of circling them. • The distribution instructions now require that a copy of the form be incorporated into the electronic file. • The address of the Office of Fiscal and Program Integrity has been updated to 180 Water Street, 6th floor, New York, NY 10038. <p>Center Directors must ensure that all prior versions of form M-186r are removed from circulation and recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p>Attachment:</p> <p>M-186r Fair Hearing Single Issue Error Report Worksheet (Rev. 3/22/05)</p>

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*

Fair Hearing Single Issue Error Report Worksheet

(1) _____ (2) _____ (3) _____ (4) _____
Center Number Case Number/Suffix Caseload Case Name

(5) Code _____ (6) Check Amount \$ _____ (7) Date of Grant _____ (8) Error Report Date _____

(9) Check error message:

- | | |
|--|--|
| <input type="checkbox"/> E1714 – Fair Hearing Number Not Found | <input type="checkbox"/> E1717 – Participant Lost Fair Hearing |
| <input type="checkbox"/> E1715 – Fair Hearing for a Different Case | <input type="checkbox"/> E1718 – More than 6 SI for Fair Hearing Number |
| <input type="checkbox"/> E1716 – No Decision Reached for Fair Hearing Number | <input type="checkbox"/> E1719 – More than \$6,000 for Fair Hearing Number |

(10) Review LDSS-3575/Case Record/Fair Hearing Information System findings.

Check appropriate reason:

- | | |
|---|---|
| <input type="checkbox"/> 9A – Fair Hearing Number Not Found | <input type="checkbox"/> 9E – Case Status Prevents Issuance |
| <input type="checkbox"/> 9B – Incorrect Fair Hearing Decision Number Entered on LDSS-3575 | <input type="checkbox"/> 9F – Monies Issued Previously |
| <input type="checkbox"/> 9C – No Decision Reached for Fair Hearing Number | <input type="checkbox"/> 9G – Other: _____ |
| <input type="checkbox"/> 9D – Participant Lost Fair Hearing | |

(11) Indicate the corrections made to allow resubmission to Control Unit Supervisor:

SAMPLE

(12) Potential Fraud? Yes No If yes, refer to the Office of Inspector General (OIG); check appropriate reason.

- 12A – Review of case record and/or Fair Hearing Information System indicates possible fraud.
 12B – There is no case record available and no information on Fair Hearing Information System.

(13) For override code 99 for edits 5 and 6, explain reason for authorization below: _____

(14) Comments: _____

Center Director Signature _____ Date _____ Telephone Number _____

Distribution: Forward original copy of the review sheet to the Office of Fiscal and Program Integrity, 180 Water Street, 6th Floor, New York, NY 10038 with a copy of any referral made to the OIG. A copy of this form must be incorporated into the electronic file.