



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #11-45-OPE (This Policy Bulletin replaces PB #11-28-OPE)

THE TEMPORARY HOME VISIT NEEDED/HOMEBOUND STATUS REQUEST PROCESS

<p>Date: May 18, 2011</p>	<p>Subtopic(s): Home Visit Needed/Homebound Process Forms and Codes</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to:</p> <ul style="list-style-type: none"> • clarify that Home Visit Needed (HVN)/Homebound (HB) status requests are not limited to application and recertification appointments and may be requested at any time that an applicant/participant is unable to appear in-person to conduct agency-related business where no other accommodation is reasonably viable (such as mail, fax, phone or authorized representative, etc) to meet the individual’s needs; • include information about referrals from the Department of Homeless Services (DHS); • update the contact information of the Non Cash Assistance Food Stamp (NCA FS) Central Office staff; • include information about how to proceed if an individual refuses to sign the Authorization for Release of Health Information (CAS-101); • inform staff that the Determination of Home Visit Needed/ Homebound Status Form (FIA-1028a) has been revised to include a six-month temporary HVN/HB status determination; • clarify information on the Home Visit Needed/Homebound Process Forms Guide (Attachment A); • include a new NYCWAY Action Codes for the Home Visit Needed (HVN)/Homebound (HB) Process Desk Guide (Attachment B); and

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

- inform staff that the Job Center Director’s Designee is responsible for ensuring that completed HVN/HB packets are in the OneViewer before sending the request to Customized Assistance Services (CAS).

Purpose:

The purpose of this policy bulletin is to inform Job Center and NCA FS Center staff about the temporary process for applicants/participants who request HVN/HB status. The temporary process must be used until the forthcoming HVN/HB policy directive is published.

FIA staff conduct initial home visits as an accommodation to applicants/participants who claim to have a physical or mental health impairment that restricts the individual’s ability to leave his/her place of residence or neighborhood, or are otherwise unable to appear at an FIA Center.

Cash Assistance (CA) Requests for Home Visits

An applicant/participant may make a request for a home visit at any time via telephone, fax or mail. Staff must log, assign, and schedule an interview for CA applicants/participants who request home visits. FIA staff will honor an applicant’s/participant’s initial HVN/HB request without requiring documentation before the home visit is conducted.

HVN/HB Referrals from DHS

Requests for HVN/HB status for homeless individuals may also be made through referrals from the Department of Homeless Services (DHS) via the Referral to Homebound Service Section (DHS Form **423C**). DHS will attach supporting documentation and forms wherever possible. Any documentation or forms not provided with the DHS referral must be obtained at the home visit.

The Designated Worker must conduct a home visit and proceed as outlined in this Policy Bulletin.

Refer to [PD #11-12-OPE](#) for further information about EFS eligibility

If the application has been received, the case must be screened for Expedited Food Stamp Service (EFS) eligibility. If the applicant is eligible for EFS service, the home visit must be conducted within two (2) business days from receipt of the application.

If the applicant is not eligible for EFS service, the home visit must be conducted within three (3) business days. If the applicant called for a home visit and no application was received, an application package must be taken to the home within three (3) business days from the request.

HVN/HB forms

In addition to the application/recertification packet, changes to the HVN/HB request process require the Designated JOS/Worker to take the following new forms to the home visit:

- Home Visit Needed/Homebound Determination Process form ([FIA-1028](#)), which explains the HVN/HB status request process
- Two (2) copies of the Authorization for Release of Health Information Form ([CAS-101](#)) must be completed and signed by the applicant/participant. One copy of the form must be brought back to the Job Center and one copy is for the applicant/participant to take to his/her medical provider

Note: If the applicant/participant refuses to sign [CAS-101](#), the JOS/Worker must explain to the individual that he/she must assume full responsibility to ensure that complete medical documentation is returned to FIA and that without the signed release, the Agency will not be able to provide help in securing medical documentation on his/her behalf.

- Activities of Daily Living Client Information Form ([CAS-102](#)) to be completed with the applicant/participant, signed and returned to the Job Center
- Home Visit Needed Request Clinician Assessment Form ([CAS-103](#)), along with a postage paid return envelope for the applicant's/participant's medical provider to return to the Job Center within 20 calendar days.

Note: When a referral form **423C** is received from DHS, DHS will attach the supporting medical documentation along with forms **CAS-101** and **CAS-102** wherever possible.

All relevant HVN/HB forms can be accessed on Filenet or by clicking the hyperlinks embedded in [Attachment A](#) and [Attachment B](#).

Assistance offered

At the home visit, if the applicant/participant has a medical provider, the JOS/Worker must offer the Human Resource Administration's (HRA's) assistance in obtaining medical documentation. Individuals who request HRA's help will be provided assistance through a referral to the Office of Legal Affairs (OLA), provided that the **CAS-101** is signed.

CAS/ORA

As part of the HVN/HB medical review process, HRA's Customized Assistance Services (CAS) Office of Reasonable Accommodation (ORA) must be sent all supporting clinical documentation to assess the HVN/HB status and make a clinical determination.

Return to the Job Center

Once the Designated JOS/Worker has conducted the home visit interview, upon return to the Job Center he/she must:

- take any actions necessary in POS, including registering new applications;
- enter "Yes" to the homebound question "Is any adult in the household homebound or requesting a home visit?" on the POS Medical screen (if not previously recorded) and choose the individual requesting HVN/HB status from the drop-down menu. Action Code **192P** (HVN HB Status Pending Documentation) or Action Code **192S** (HVN HB Status Pending Documentation) for one-shot deal cases will autopost in NYCWAY to exempt the individual from in-person appointments until the determination on the request for HVN/HB status and the resolution of any appeal is complete;
- scan and index all HVN/HB forms and medical documents collected at the home visit or returned by the medical provider into the electronic case record; and
- notify the Director's Designee when:
 - documentation collected at the home visit and/or documentation returned by the medical provider has been scanned and indexed;
 - the applicant/participant requested help to gather medical documentation; or
 - the applicant/participant claimed at the home visit to have no medical provider and no medical documentation.

All NYCWAY action codes associated with the HVN/HB process are listed on **Attachment B**

New information

Incomplete HVN/HB packets should not be forwarded to CAS

The Director's Designee must control all home visit requests. He/she is responsible for ensuring that completed HVN/HB packets are in the viewer **before** emailing a request for a status determination to CAS/ORA.

For applicants/participants who have medical documentation collected at the home visit and/or returned by the medical provider, the Director's Designee must ensure that all the following required documents are in the viewer:

Medical documentation provided

The Director’s Designee must ensure that all required HVN/HB forms and documents are completed and in the viewer before sending an HVN/HB status determination request to CAS/ORA

Indicate the App Reg number and the case number (if available) on the HVN/HB forms being sent to CAS.

Request for assistance to gather medical documentation

No documentation and no medical provider

NCA FS applicant requests

NCA FS participant requests

- a signed and completed **CAS-101** form (If the individual refused to sign **CAS-101**, write across the form “Refused to Sign”, scan and index, and include it in the packet to CAS);
- a signed and completed **CAS-102** form; and
- a signed and completed **CAS-103** form or appropriate medical documentation on the medical provider’s letterhead.

- After confirming that all the required documents are completed and in the viewer, the Director’s Designee must then notify CAS/ORA via email about the request for an HVN/HB status determination. The email must be sent to the CAS ADA mailbox. The subject line should read HVN/HB Request Documents.

Note: For individuals who are reapplying for CA, the Director’s Designee must ensure that both the Application Registration (App Reg) number and the case number (if available) are entered on the HVN/HB forms being sent to CAS.

- For applicants/participants who requested help gathering medical documentation, send an email and the scanned completed copies of Form **CAS-101** and **CAS-102** to Jessika Hickey (hickeyj@hra.nyc.gov), Mea Sucato (sucatom@hra.nyc.gov), and Nikki Aaronson (aaronsonn@hra.nyc.gov) at the Office of Legal Affairs (OLA). All three parties should be copied on the email. The subject line of the email should read HVN/HB Request.
- For applicants/participants who have no documentation and no medical provider, contact the Regional Manager. The Regional Manager will contact CAS/ORA. CAS/ORA will request that a New York County Health Services Review Organization (NYCHSRO) doctor make a home visit.

Any questions about the new HVN/HB request determination process should be directed to the Job Center’s Regional Manager.

NCA FS Requests for Home Visits

When an applicant contacts an NCA FS Center to request a home visit, the Center Manager must be advised. The Center Manager or Designee must annotate the applicant’s HVN/HB request and contact information on the designated log.

When a participant contacts an NCA FS Center to request a home visit, the Worker must contact the Center Manager. The Manager or Designee must annotate the individual’s contact information on the designated log: and

- access POS and In the Medical screen answer “Yes” to the question “Is any adult in the household homebound or requesting a home visit?”;
- select the individual(s) who made a request for HVN/HB in the “Who” drop down menu; and
- once the request is recorded, access the Employability Code Determination Window to ensure that the HVN/HB individual receives the employability code **WE** (Work Exempt).

Note: If an applicant/participant has not been finger-imaged and is a non-casehead, the Manager/Designated Worker must manually enter “5” in the AFIS exemption field on the POS TAD to exempt the individual from finer-imaging requirements. The casehead’s exemption code (“6”) will autopost on the TAD.

For both applicants and participants, the Center Manager must forward the request to the NCA FS Central Office Designee via email to Yama Phillips (phillpsy@hra.nyc.gov), Christine Maloney (maloneyc@hra.nyc.gov) and Jennifer Powell (powellj@hra.nyc.gov). All three parties must be copied on the email. The subject line of the email should be HVN/HB Request.

The NCA FS Central Office will ensure that:

- all requests for home visits are documented;
- applicants/ participants have been told that FS rules do not require an in-person interview;
- alternatives to a home visit for applicants which include applying via mail, fax, on-line, or by assigning an authorized representative have been offered;
- alternatives to a home visit for participants which include recertifying by mail/fax and telephone or by assigning an authorized representative have been offered;
- applicant/participants have been offered interviews by telephone;
- for participants, the homebound question in POS has been answered “Yes” for the appropriate individual and the employment code is **WE**.

If an alternative to a home visit is accepted, the NCA FS Central Office Designee will ensure that:

- forms [FIA-1028](#), [CAS-101](#), [CAS-102](#), [CAS-103](#), and a return envelope for the applicant/participant’s medical provider to return within 20 calendar days is sent, along with the FS application/recertification packet to complete, if not yet submitted.

If none of the alternatives to a home visit are viable, the NCA FS Central Office Designee will;

- contact the FS Regional Manager and request that a home visit be made. All HVN/HB required forms must be brought to the home visit.

Request for assistance to gather medical documentation

If assistance to gather medical documentation is requested, the NCA FS Central Office Designee will:

- send an email to Jessika Hickey (hickeyj@hra.nyc.gov), Mea Sucato (sucatom@hra.nyc.gov), and Nikki Aaronson (aaronsonn@hra.nyc.gov) at the Office of Legal Affairs (OLA) with HVN/HB Request in the subject line. All three parties must be copied on the email. Attach a completed scanned copy of form **CAS-101** and **CAS 102**.

Once the NCA FS Central Office Designee is notified that all required documentation has been received or collected, and scanned and indexed into the viewer, he/she must email CAS/ORA at the CAS ADA mailbox and request an HVN/HB status determination. The subject line of the email should be HVN/HB Request Documents. For NCA FS cases, appropriate medical documentation received on a provider's letterhead may be accepted in lieu of form **CAS-103**.

Applicant/participant refuses to sign [CAS-101](#),

If the applicant/participant refuses to sign **CAS-101**, the Designated Worker must:

- explain to the individual that he/she must assume full responsibility to ensure that complete medical documentation is returned to FIA and that assistance to secure medical documentation cannot be provided without a signed **CAS-101**.
- write "Refused to Sign" across the front of the form;
- scan and index it with the other HVN/HB documents; and
- include it in the packet emailed to CAS.

Any questions about the HVN/HB status determination process for NCA FS Center Managers should be directed to Yama Phillips at (212) 331-4131.

Outcomes of CAS Review

For CA cases, refer to **Attachment B** for outcome codes

CAS will notify the FIA Operations Deputy Commissioner's office via an email to the FIA ADA mailbox within five (5) business days once an HVN/HB determination is made. The Designated Worker in the Deputy Commissioner's Office will:

- notify the applicant/participant of the HVN/HB determination by completing Form **FIA-1028a**;
- scan and index Form [FIA-1028a](#) and the Request for an Appeal of a Reasonable Accommodation ([HRA-102](#)) into the viewer;
- mail the completed **FIA-1028a** and form **HRA-102** to the applicant/participant; and
- notify the Executive Regional Manager and, if appropriate, the NCA FS Central Office about the determination.

CA -HVN/HB status disapproved

The HVN/HB pending code (**192P/192S**) will remain in place for CA applicants/participants denied or given temporary HVN/HB status and must continue to be treated as HVN/HB until the appeal process is completed.

New information

When CA applicants/participants are determined disapproved for HVN/HB status and do not file an appeal within 20 days, Action Code **192E** (HVN/HB status end, no appeal filed) will autopost in NYCWAY to place the individual on the unengaged (**UNENG**) worklist.

NCA FS-HVN/HB status disapproved

When NCA FS applicants/participants are determined disapproved for .HVN/HB status the “Yes” answer for the question “Is any adult in the household homebound or requesting a home visit”? must remain in place in POS and the individual must continue to be treated as HVN/HB until the appeal process is completed.

If no appeal is filed, the Designated Worker must:

- contact the POS Help Desk to change the answer of “Yes” to “No” for the question “Is any adult in the household homebound or requesting a home visit”?
- If the HVN/HB request was for the casehead, once the Help Desk changes the homebound question in POS to “No”, update the TAD screen in POS to remove the “Y” in the WMS .

Appeals

Filing an Appeal

All requests for an appeal of an HVN/HB status determination ([HRA-102](#)) must be completed by the applicant/participant and either mailed, faxed or emailed to the ADA Compliance Officer.

Mail address: ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax number:(212) 331-4465
Email: adaola@hra.nyc.gov

If the appeal is sent directly to the Job Center or NCA FS Center, the **HRA-102** must be emailed to the above ADA/OLA mailbox.

For CA cases, refer to **Attachment B** for NYCWAY action codes

CA and NCA FS individuals who file an appeal must continue to be treated as HVN/HB during the appeal process.

Appeal filed

Once an appeal is filed, the Deputy Commissioner’s Designee will:

CA

- post Action Code **192A** (Appeal Filed) in NYCWAY.

NCA FS

- ensure that “Yes” to the question “Is any adult in the household homebound or requesting a home visit” in POS remains on the case until the outcome of the appeal.

Appeal denied

When an appeal is denied, the Deputy Commissioner’s Designee will:

CA

- post Action Code **192D** (HVN/HB Appeal Not Valid) which will place the individual on the **UNENG** worklist.

NCA FS

- contact the POS Help Desk for removal of the answer of “Yes” for the question “Is any adult in the household homebound or requesting a home visit?”. If the denied HVN/HB request was for the casehead, the NCA FS Designated Worker must also update the TAD screen in POS to remove the “Y” in the WMS homebound indicator field.

Continuation/Removal of HVN/HB status

Refer to **Attachment A** for a description of all notices

Participants who are currently granted HVN/HB status for 3 months, 6 months, or 12 months must submit new current documentation prior to the expiration of the current HVN/HB status period in order to continue the HVN/HB status. If the status is extended, a new NYCWAY action code will be posted indicating the new HVN/HB status approval period.

Participants who do not submit new current documentation to support the continued need for HVN/HB status must be sent a notice that the HVN/HB status will be removed with the reason for the removal and instructions about how to appeal the determination.

Further information about the new HVN/HB process will be included in the policy directive to follow.

Effective Immediately

Attachments:

☞ Please use Print on Demand to obtain copies of forms.

- FIA-1028a** Determination of Home Visit Needed/Homebound Status (Rev. 5/10/11)
- FIA-1028a (S)** Determination of Home Visit Needed/Homebound Status (Rev. 5/10/11)
- Attachment A** Home Visit Needed/Homebound Process Forms Guide
- Attachment B** NYCWAY Action Codes for the Home Visit Needed (HVN)/Homebound (HB) Process (Rev. 5/18/11)

Date: _____
Name: _____
Address: _____

Date of Birth: _____
Case Number: _____
Case Name: _____
Center: _____

Notification of Home Visit Needed/Homebound Status Determination

Our records show that _____ has requested Home Visit Needed (HVN)/Homebound (HB) status.

The Human Resources Administration's (HRA) determination concerning your request for HVN/HB status is as follows:

- Your request for HVN/HB status has been approved for **12 months** (one year). We will contact you before your **12 months** (one year) expires to determine if your HVN/HB status should be extended.
- Your request for HVN/HB status has been approved for **6 months**. We will contact you before your **6 months** expires to determine if your HVN/HB status should be extended.
- Your request for HVN/HB status has been approved for **3 months**. We will contact you before your **3 months** expires to determine if your HVN/HB status should be extended.

Note: You are still required to comply with requests for documentation/verification of your eligibility.

- Your request for HVN/HB status has been disapproved, because HRA did not receive the required medical documentation to support your claim of HVN/HB status **or** HRA has been unable to obtain the documentation from your provider.
- Your request for HVN/HB status has been disapproved because HRA has determined that the medical documentation we received does not support HVN/HB status.

Americans With Disabilities Act (ADA) Appeal Process

You or your authorized representative may appeal HRA's decision about your HVN/HB status. To file an appeal, complete the attached Request for an Appeal of a Reasonable Accommodation Determination (Form **HRA-102 [E]**) within **twenty (20) calendar days** of this determination. All appeal requests should be directed to:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (212) 331-4465
Email: adaola@hra.nyc.gov

You will not be required to attend any in-person appointments at your Center until HRA makes a decision on your filed appeal.

Fecha: _____
Nombre: _____
Dirección: _____

Fecha de Nacimiento: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Aviso de Determinación de Estado de Necesidad de Visitas/Confinamiento al Hogar

Nuestros archivos indican que _____ ha solicitado un estado de Necesidad de Visitas/Confinamiento al Hogar (HVN/HB).

La decisión de la Administración de Recursos Humanos (HRA) respecto a su petición estado de HVN/HB es la siguiente:

- Su petición de estado de HVN/HB ha sido aprobada por **12 meses** (un año). Nos comunicaremos con usted antes de que los **12 meses** (un año) se terminen para determinar si su estado de HVN/HB debería ser extendido.
- Su petición de estado de HVN/HB ha sido aprobada por **6 meses**. Nos comunicaremos con usted antes de que sus **6 meses** se terminen para determinar si su estado de HVN/HB debería ser extendido.
- Su petición de estado de HVN/HB ha sido aprobada por **3 meses**. Nos comunicaremos con usted antes de que sus **3 meses** se terminen para determinar si su estado de HVN/HB debería ser extendido.

Aviso: Aún se requiere que usted cumpla con los pedidos de documentación/verificación de su elegibilidad.

- Su petición de estado de HVN/HB ha sido negada, porque la HRA no recibió la documentación médica necesaria para justificar su reclamación de estado de HVN/HB o la HRA no ha podido obtener información de su proveedor médico.
- Su petición de estado de HVN/HB ha sido negada, porque la HRA ha determinado que la documentación médica que recibimos no justifica su estado de HVN/HB.

Trámite de Apelación de la Ley de Americanos Incapacitados (ADA)

Usted o su representante autorizado puede apelar esta determinación de la HRA sobre su estado de HVN/HB. Para presentar una apelación, llene el adjunto formulario Pedido para una Apelación de una Determinación de Arreglo Razonable (**HRA-102 [S]**) dentro de **veinte (20) días civiles** de esta Determinación. Todos las solicitudes de apelación deben presentarse a:

ADA Compliance Officer
180 Water Street, 17th Floor
New York, New York 10038
Fax: (212) 331-4465
Email: ADAOLA@hra.nyc.gov

A usted no se le exigirá que asista a ninguna cita en persona en su Centro hasta que la HRA tome una decisión sobre su apelación presentada.

Home Visit Needed/Homebound Process Forms

Form #	Form Name	Purpose/Instruction
FIA-1028	Home Visit Needed/Homebound Determination Process	Must be given or mailed to all applicants/participants who request HVN/HB status. This form explains the steps in the HVN/HB process. Given by JOS for CA. Mailed by NCA FS Central Office Designee or brought to home by PAA for NCA FS.
FIA-1028a	Notification of Home Visit Needed/Homebound Status Determination	HVN/HB status determination must be mailed to applicants/participants after the CAS clinical determination is received. It provides the status determination and includes instructions about how to file an appeal of the determination. Form HRA-102 (Request for an Appeal) must be included in the mailing. Mailed by the Designated Worker in the FIA Operations Deputy Commissioner's Office.
FIA-1028b	Home Visit Appointment Notice (Cash Assistance Application)	Must be sent to notify a CA applicant that a home visit appointment has been scheduled. Used when the applicant cannot be reached by telephone. Mailed by Director's Designee.
FIA-1028c	Mandatory Appointment Notice(Non Cash Assistance Food Stamp Application)	Must be sent to the NCA FS applicant who requests an in person application interview who did not report contact information. The Notice explains that an in person appointment is not necessary for NCA FS applicants and that the applicant or authorized representative may conduct the eligibility interview on the telephone. A telephone appointment date and time is indicated on the notice. Mailed by NCA FS Central Office Designee.
FIA-1028d	Request to Remove Home Visit Needed/Homebound Status	Must be sent or given to applicants/participants currently coded as homebound who request that homebound status be removed. The form must be signed by the applicant/participant and be returned to document the request for removal of status. Give/sent by Director's Designee for CA or NCA FS Central Office Designee for NCA FS.
FIA-1028e	Notice of Removal of Home Visit Needed/Homebound Status	Must be sent to participants currently in HVN/HB (192H) status to notify him/her that HVN/HB status will be removed and the reason for the removal. Participants are also given instructions for appealing the removal of HVN/HB status. Form HRA-102 (request for an appeal) must be included in the mailing. Mailed by Director's Designee for CA or NCA FS Central Office Designee for NCA FS.
HRA -102	Request for an Appeal of a Reasonable Accommodation Determination	Must be sent to the applicant/participant with form FIA-1028a or form FIA1028e . It must be returned by applicant/participant to the OLA/ADA Compliance Officer in order to formally request an appeal. Sent by the Designated Worker in the FIA Operations Deputy Commissioner's office.
CAS-101	Authorization to Release Health Information	The applicant/participant must sign this authorization to allow HRA to communicate with his/her medical provider to request information about their medical condition, if necessary. This authorization will also allow OLA to request health information from the medical provider if the applicant/participant requested HRA's assistance in obtaining medical documentation. Two copies of this form must be mailed/brought to the applicant/participant. One copy is returned to the Center and the other copy is for the medical provider. Brought to the home visit by JOS/Worker for CA. Mailed by NCA FS Central Office Designee or brought to the home visit by a PAA for NCA FS.

Form #	Form Name	Purpose/Instruction
CAS-102	Activities Of Daily Living	At the home visit, the Designated Worker must ask the applicant/participant the questions on this form and record the answers. The answers will help CAS make a clinical determination about HVN/HB status. For NCA FS applicants who use an alternative process and don't need a home visit, the form must be sent to the individual with a request that it be sent back with the other required HVN/HB forms. Brought to the home visit by the JOS/Worker for CA. Mailed by NCA FS Central Office Designee or brought to the home visit by a PAA for NCA FS.
CAS-103	Physician's Assessment Form	This form must be given or sent to the applicant/participant to take/send to their medical provider. The information captured on this form will help to document the need for HVN/HB status. Brought to the home visit by the JOS/Worker for CA. Mailed to the home by NCA FS Central Office Designee/ or brought to the home visit by PAA for FS.

**NYCWAY Action Codes for the Home Visit Needed (HVN)
Homebound (HB) Request Process**

Action Code	Description	Purpose/Instruction
192A	HVN/HB Appeal Process	Deputy Commissioner's Designee enters code in NYCWAY if an appeal is filed
192B	HVN/HB Status Expired	NYCWAY autopost
192D	HVN/HB Appeal Not Valid	Deputy Commissioner's Designee enters code in NYCWAY if an HVN/HB appeal is denied
192E	HVN/HB Status End/No Appeal Filed	NYCWAY autopost
192F	HVN/HB Temporary Exemption (90 or 180 days)	Deputy Commissioner's Designee enters code in NYCWAY if HVN/HB status is temporarily approved
192G	HVN/HB Temporary Exemption (192F)Appeal Process	Deputy Commissioner's Designee enters code in NYCWAY if an appeal of a temporary exemption is appealed
192K	HVN/HB Appeal of Temporary Exemption Status (192F) Not Valid	Deputy Commissioners Designee enters in NYCWAY if an appeal of temporary exemption status is denied.
192L	HVN/HB Status Approved (365 days)	Deputy Commissioners Designee enters in NYCWAY if HVN/HB status is approved
192N	HVN/HB Status Not Approved	Deputy Commissioner's Designee enters code in NYCWAY if HVN/HB Status is not approved.
192P	HVN/HB Status Request Pending Documentation	System posted for ongoing CA cases by JOS/Worker entering "YES" to the homebound question in POS
192S	HVN/HB Single Issue One Shot Deal Request Pending Documentation	System posted for One-Shot Deal cases by JOS/Worker entering "YES" to the homebound question in POS
192W	HVN/HB Status Request Withdrawn	Deputy Commissioner's Designee enters code in NYCWAY if the request for HVN/HB status is withdrawn