



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #04-28-ELI

### DISTRICT OF FISCAL RESPONSIBILITY

<b>Date:</b> September 30, 2004	<b>Subtopic(s):</b> Temporary Assistance
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**AUDIENCE** This policy directive is for all staff at the Job Centers and the Office of Project Support (OPS). It is informational for all others.

**POLICY** Each Social Services district in the State of New York is financially responsible for providing public benefits to an eligible applicant who legally resides within its boundaries. This includes, in some instances, a district’s resident who is temporarily or permanently residing in another district and applies for public benefits.

This policy applies to intrastate cases within the State of New York only.

**BACKGROUND** A social services agency is financially responsible for the needs of the following qualified public benefits applicants who legally reside in its district but are residing in another district, and apply for public benefits in that district:

- A resident who is admitted into a medical facility (e.g., hospital, psychiatric center, inpatient alcoholism treatment program, VA hospital, etc.) in another district or has been placed in a formal or licensed residential care facility in another district.

The financial responsibility of the district of legal residence, in this instance, continues until the individual has a break in Public Assistance (PA) and/or Medical Assistance (MA) for at least one calendar month, regardless of whether or not the individual is still residing in the facility.

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*

Example: A Westchester County resident is placed in a residential treatment center in New York City (NYC). Upon completion of the treatment, the individual is released from the center and remains in NYC to receive outpatient services related to treatment. Westchester County is responsible for this individual indefinitely – until there is a break of one calendar month in the need for PA and/or MA. This is true even if the individual has absolutely no intention of ever returning to Westchester County.

- An eligible individual who leaves the district of legal residence temporarily for a specific purpose and explicitly intends to return to his/her home district after the purpose is completed.

Example: A Suffolk County resident comes to NYC to make arrangements that will allow her ailing mother to be transferred from a hospital to a hospice; however, the Suffolk County resident intends to go home upon completion of making the arrangements. If the Suffolk County resident applies for assistance while she is living in NYC, Suffolk County is financially responsible for this individual.

- A public benefits recipient who moves from one district to another. In this instance the former district is financially responsible, if the recipient remains eligible during the month of the move and the calendar month following the month of the move.

Example: A family moves from Orange County, NY to NYC on June 1, 2004. On June 2, 2004 the family applies for public benefits in NYC and is found to be eligible. Although NYC will process the application, Orange County is financially responsible for the family until July 31, 2004.

- A homeless individual/family that has been placed in emergency temporary housing in another district by the district of legal residence. In this instance, the district of legal residence will be responsible for providing assistance and care and addressing the emergency needs for the individual/family as long as the individual/family resides in the emergency temporary housing.

Example: Rockland County arranges with NYC to have a family placed in emergency temporary housing in NYC. Rockland County is financially responsible for this family as long as the family stays in the emergency temporary housing.

- An individual/family that enters an approved residential program for victims of domestic violence (DV).

For DV cases, the district of residence at the time of the domestic violence incident is the district responsible for payment of the residential domestic violence program stay. This is true even though it is likely that the individual/family will not return to that district.

The financial responsibility continues until the individual/family leaves the DV shelter. At that point, if the individual/family chooses not to return to the district of legal residence, the family is considered to have moved and financial responsibility of the district of legal residence continues for the month that the family leaves the shelter and the following calendar month.

Example: A DV individual from Putnam County entered a DV residence in NYC on January 23, 2004. The resident left the DV residence and found an apartment in Brooklyn, NY in July 2004. Putnam County is financially responsible for this DV individual from January 23 through August 31, 2004.

- An infant who resides with an incarcerated mother. In this instance, the infant is the financial responsibility of the district in which the mother was incarcerated, regardless of where the mother lived prior to her incarceration. If the infant is removed from the prison facility, then the district's financial responsibility will continue during the month in which the infant is removed and the following calendar month.

Example: A pregnant NYC resident gave birth while incarcerated in Albany County. The infant remained with the mother until June 2004, at which time the child's grandparents removed the one-year-old child from the prison facility to raise the child in NYC. Albany County is financially responsible for the infant from birth until July 31, 2004.

- An inmate who is released on medical parole. The inmate is the financial responsibility of the district in which s/he was convicted until there is a break in need for PA and/or MA of one calendar month.

Example: A NYC resident was convicted of a crime in Dutchess County. After serving part of his sentence in Dutchess County, he was released on medical parole. The inmate returned to NYC and applied for public benefits. Although NYC will process the application, Dutchess County is financially responsible for this individual until there is a break in need for public benefits of one calendar month.

The “where-found” district is the district in which the individual/family is found.

The where-found district is responsible for the emergency needs of an individual/family found in their district even if another district is responsible for their ongoing needs, except when another district placed the individual/family in temporary housing as noted in bullet #4 (see p. 2).

Therefore, when an individual who is a legal resident of a New York State (NYS) county other than New York City (NYC) applies for public benefits in NYC, NYC becomes the where-found district. In these instances, NYC will take a “courtesy application” and:

- Contact the social services agency of the district fiscally responsible for the applicant;
- Register the application in the Welfare Management System (WMS);
- Conduct an interview and gather information as per standard procedure;
- Obtain all necessary documentation;
- Conduct substance abuse screening and domestic violence screening; and
- Complete the finger imaging process and child support referrals where mandated.

The District of Fiscal Responsibility is the district financially responsible for the individual/family.

Upon completion of the above steps, if the District of Fiscal Responsibility (DFR) has accepted responsibility for the case, NYC will reject the pending case and forward the entire application package to the DFR.

If the DFR refuses to accept fiscal responsibility, NYC will request a Fair Hearing to resolve the interdistrict jurisdictional dispute using the DFR Mediation Resolution form (**LDSS-4734**). Until the dispute is resolved, NYC must process and accept the application if the individual is found to be eligible for public benefits.

If an individual chooses to remain in the district in which s/he was temporarily residing, then the district of legal residence's responsibility for that individual will end at the appropriate time as communicated in the examples on pages 1–4.

## REQUIRED ACTION

Currently, the **LDSS-4733** is only available in English. If an applicant cannot read English, refer to PD #02-43-OPE for information on accessing translation services to assist the applicant in completing the **LDSS-4733**.

To assist the agency in identifying applicants who may be another district's financial responsibility, the public assistance application kit will now contain the DFR Legal Residence Statement form (**LDSS-4733**). All applicants must complete and submit the **LDSS-4733**. The JOS/Worker must review the **LDSS-4733** using the District of Fiscal Responsibility (DFR) Desk Guide (**LDSS-4731**).

If based on the guidelines provided on the **LDSS-4731**, the JOS/Worker determines that the applicant may be another district's responsibility, the JOS/Worker must:

- Complete the District of Fiscal Responsibility (DFR) Worksheet (**LDSS-4732-B**);
- Inform the Center's Designated Liaison of the situation while the applicant is in the Center;
- Forward the **LDSS-4733** and the completed **LDSS-4732-B** to the Center's Designated Liaison; and
- Continue to process the application according to standard procedure; however, the JOS/Worker must not take any action to place the case on recurring assistance (if the applicant is deemed eligible) until the Center's Designated Liaison provides instructions on how to proceed.

Center's Designated Liaison

Center's Designated Liaison

Upon receipt of the above forms the Center's Designated Liaison must:

The Center's Designated Liaison must call OPS preferably while the applicant is in the Center

- Immediately contact the Office of Project Support (OPS) at (212) 331-5806 or (212) 331-5794; and
- Provide the JOS/Worker with instructions given by OPS on how to proceed on a specific DFR case.

Office of Project Support (OPS)

Office of Project Support (OPS)

If it is agreed that the applicant is the fiscal responsibility of another district, OPS will:

- Contact the DFR in question and send to them by fax/mail the **LDSS-4732** and the DFR Cover Letter and Response form (**LDSS-4732-A**).
- Provide the Center's Designated Liaison with instructions on how to proceed with the case, as follows:
  - DFR accepts fiscal responsibility:
    - Applicant's case must be denied/closed and the entire application packet must be forwarded to OPS, who will forward it to the DFR.
  - DFR refuses fiscal responsibility:
    - Applicant's case must be accepted, if eligible, as per current procedure.
- Represent the agency at the Fair Hearing.

**PROGRAM  
IMPLICATIONS**

Paperless Office  
System (POS)  
Implications

Until this procedure can be programmed into POS, the forms used in this procedure must be manually completed and scanned in the POS system.

Food Stamp  
Implications

An applicant must comply with eligibility requirements for food stamps; failure to do so may result in a denial of FS benefits.\*

Medicaid  
Implications

An applicant must comply with eligibility requirements for Medicaid; failure to do so may result in a denial of Medical Assistance.\*

\*The determination of which district is financially responsible does not, in any way, affect the applicant’s responsibility to comply with all eligibility requirements as a condition of receipt of public benefits.

**LIMITED ENGLISH  
SPEAKING  
ABILITY (LESA)  
IMPLICATIONS**

For Limited English Speaking Ability (LESA) applicants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE.

**FAIR HEARING  
IMPLICATIONS**

Avoidance/  
Resolution

The JOS/Worker must ensure that all actions are processed in accordance with current procedures and that electronic case files are kept up to date. Applicants must receive adequate notification of all actions taken on their case.

Conferences

An applicant can request and receive a conference with a Fair Hearing and Conference (FH&C) Supervisor/AJOS I, at any time. However, in the instances of financial responsibility there should be no adverse action(s) taken if the applicant is otherwise eligible. If an applicant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the applicant is waiting to be seen.

The FH&C Supervisor/AJOS I will listen to and evaluate the applicant's complaint. After reviewing the case file and discussing the issue with the JOS/Worker/Center's Designated Liaison, s/he will make a decision. If the determination is that the action taken is incorrect, the FH&C Supervisor/AJOS I will advise the JOS/Worker/Center's Designated Liaison of the follow-up action to be taken.

If the applicant elects to request a Fair Hearing, the FH&C Supervisor/AJOS I is responsible for ensuring that further appeal by the applicant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process. The FH&C Supervisor/AJOS I will alert the Office of Project Support when the Fair Hearing is scheduled.


Evidence Packets

All evidence packets must include the courtesy application, the District of Fiscal Responsibility (DFR) Worksheet (**LDSS-4732-B**), DFR Legal Residence Statement (**LDSS-4733**), Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (NYC) (**LDSS-4013A NYC**), Action Taken on Your Application: Part B Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (NYC) (**LDSS-4013B NYC**) and any other relevant documentation.

**REFERENCES**

Social Services Law 62  
 18 NYCRR 311.3 (c)  
 00 INF-19  
 97 INF-6  
 04 LCM 1

**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

- LDSS-4731** District of Fiscal Responsibility (DFR) Desk Guide (Rev. 4/01)
- LDSS-4732-A** DFR Cover Letter and Response Form (Rev. 8/00)
- LDSS-4732-B** District of Fiscal Responsibility (DFR) Worksheet (Rev. 4/01)
- LDSS-4733** DFR Legal Residence Statement (Rev. 8/00)
- LDSS-4734** DFR Mediation Resolution Form (Rev. 8/00)



# DISTRICT OF FISCAL RESPONSIBILITY (DFR) DESK GUIDE

## DFR RULES (APPLY IN THE ORDER PRESENTED)

1. **Medical Facility Rule:** An individual who leaves his/her home district and goes into a medical facility in a **different** district, (or who goes into a Title XIX OMH/OMRDD facility located in the home district or in another district), and is in need of assistance while in the facility or immediately thereafter, is the fiscal responsibility of the from-district.

(To distinguish between a residential treatment facility that IS a medical facility and one that is not, look at who pays the bill. If Medicaid pays for some treatment while the individual is in the facility, but not the room and board, then that is NOT a medical facility. For example, a Congregate Care Level II substance abuse residential treatment facility is NOT a medical facility.)

A Veteran's Administration hospital is also considered a medical facility for the purpose of DFR. A VA Domiciliary facility is NOT a medical facility.)

2. **Placement Rule:** The applicant/recipient is the fiscal responsibility of the district of legal residence if:

the applicant/recipient is in a formal or licensed residential care facility;

**AND,**

a social services district, either the original district or any other district, was directly or indirectly involved in placing the eligible person. Social services district involvement means involvement by any county agency or official governmental entity of any county including courts, mental health, probation departments, etc.

**ONCE A DISTRICT'S RESPONSIBILITY IS ESTABLISHED UNDER EITHER THE MEDICAL RULE (#1) OR THE PLACEMENT RULE (#2), THAT RESPONSIBILITY CONTINUES NO MATTER HOW MANY MOVES BETWEEN COUNTIES HAS OCCURRED SINCE THE RELEASE FROM THE MEDICAL OR RESIDENTIAL FACILITY (UNLESS THE TA/MA INDIVIDUAL HAS A BREAK IN NEED OF LEAST ONE CALENDAR MONTH). IF NEITHER #1 NOR #2 APPLY, CONSIDER ONE OF THE FOLLOWING.**

3. **Temporary Absence:** An individual who is a legal resident of one county entered a new district for a specific purpose and intends to return to the county of legal residence after the purpose is completed.
4. **Transition Rule:** The former district is responsible for Temporary Assistance and Food Stamp Benefits (if Food Stamp Benefits were authorized on that Temporary Assistance case) for the recipient who moves for the month of the move and the month following **IF** the recipient remains eligible for Temporary Assistance. For Medical Assistance only cases, the former district is responsible for the recipient, the month of the move and may continue assistance for the month following the month of the move.

## SPECIAL SITUATIONS

**EMERGENCY NEEDS:** When the individual has an emergency need in the where-found district, the where-found district is fiscally responsible for meeting that need. This is true unless a homeless individual was placed into emergency housing by another district in NYS. Then, the district (\*) responsible for the placement is also responsible for the emergency needs.

Note: "Homeless" - For the purpose of DFR, the definition of Homeless is a person or family who is undomiciled, has no fixed address, lacks a fixed regular night time residence, resides in a place not designed for or ordinarily used as a regular sleeping accommodation for human beings, resides in a shelter, or resides in a hotel/motel on a temporary basis."

**DOMESTIC VIOLENCE RESIDENTIAL PROGRAM:** Any individual who enters a domestic violence shelter in one county **from** another district (\*) in NYS is the fiscal responsibility of the **from** district if the individual is in receipt of TA or Medicaid or is found eligible for TA/Title XX overclaim or Medicaid.

\* During the stay in temporary housing or the DV residential program and, if appropriate, for the transitional period.

County Name and Address
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TO: \_\_\_\_\_

FAX#: \_\_\_\_\_

FROM: \_\_\_\_\_

FAX #: \_\_\_\_\_

TEL#: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_

SS#: \_\_\_\_\_

The above named individual applied for assistance on \_\_\_\_\_. We believe that this client is the fiscal responsibility of your district. The documentation to support our belief is included in this fax. Please review this information and complete the section below indicating your district's response and fax to us as soon as possible but within 5 business days of receipt of our inquiry. If you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_

We (have) (have not) included a completed Documentation Form (DSS-2642) (or the approved local equivalent) indicating the eligibility documentation that we have requested from the applicant.

Complete if appropriate: The individual has been in a:

medical facility     non-medical residential facility

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

We, \_\_\_\_\_ County, agree to accept fiscal responsibility for the above named individual.

Please complete the eligibility determination and forward the application and documentation to:

\_\_\_\_\_

We do not agree to accept fiscal responsibility for this individual. The reason for this decision is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**DISTRICT OF FISCAL RESPONSIBILITY (DFR)  
WORKSHEET  
COMPLETE TO DETERMINE DFR**

1. A. Was the individual released from a hospital or other medical facility immediately prior to application? OR
- B. Was the individual in a hospital or other medical facility immediately prior to (or during) a period of uninterrupted (\*) receipt of assistance prior to this application?  
Yes to either A. or B. : \_\_\_\_ When: (\_\_\_\_\_) No: \_\_\_\_
- C. If Yes, what was the individual's address and county of legal residence at the time of entry into the hospital or other medical facility? \_\_\_\_\_  
Is the medical facility located outside the district of legal residence? Yes \_\_\_\_ No \_\_\_\_  
If Yes, the district noted in C. is the district of fiscal responsible.

2. A. Is/was the individual in a formal or licensed non-medical residential facility and in need of assistance? OR
- B. Was the individual in a formal or licensed residential care facility during a period of uninterrupted (\*) receipt of assistance prior to this application.  
If Yes A. or B. : \_\_\_\_ When: (\_\_\_\_\_) No: \_\_\_\_  
If yes, who referred the individual or was involved in the placement of the person in the residential care facility? \_\_\_\_\_  
If the referral/placement was done by an agent(\*\*) of the district of legal residence, that is the district that is fiscally responsible.  
\*\* **Agent** means someone acting on behalf of the district of residence, For example, the LDSS, the County Mental Health Department or a court even if located in another district.

3. Did the individual temporarily enter this county for a specific purpose (school, rehabilitation, training, other)? Yes: \_\_\_\_ No: \_\_\_\_  
If yes, for what purpose? \_\_\_\_\_  
What is the individual's county of legal residence? \_\_\_\_\_  
Does the individual intend to return to that district after completing the purpose? Yes \_\_\_\_ No \_\_\_\_  
If Yes, that district is fiscally responsible.

4. If TA/MA benefits were received in another county within the past 2 calendar months, (or if Medicaid only was received within the last month) why was the case closed?
- a. Should TA/MA have been continued by former district for the month of the move and the month thereafter? Yes: \_\_\_\_ No: \_\_\_\_
- b. Should TA/FS have been continued by the former district for the month of the move and the month thereafter? Yes: \_\_\_\_ No: \_\_\_\_
- c. Should MA have been continued?  
\_\_\_\_ Yes (until the end of the month of the move)  
\_\_\_\_ Yes (for children under Continuous Save provisions, until new DFR determines eligibility)  
\_\_\_\_ No
- If yes at a, b or c, that district is fiscally responsible for the appropriate continuation and time.

5. Special Situations:
- a. Was the individual placed into a homeless shelter in this district by another district?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, what district? \_\_\_\_\_. That is the district that is fiscally responsible while the person remains in emergency housing. After that, other DFR rules as appropriate (for example, the Transition rule) would apply.
- b. If the individual is in a residential program for victims of domestic violence, and is a resident of another district, that district is fiscally responsible while the individual is in the DV shelter (and for the transitional period once the stay in the DV shelter ends.)  
NOTE: For individuals/families in DV shelters, the DFR for TA is also the DFR for Food Stamp Benefits.

**PLEASE USE CAUTION IN EXCHANGING INFORMATION ABOUT VICTIMS OF DOMESTIC VIOLENCE. CHECK WITH YOUR SUPERVISOR OR THE DOMESTIC VIOLENCE LIAISON TO DETERMINE HOW INFORMATION SHOULD BE EXCHANGED.**

\* **Uninterrupted** For both Temporary Assistance and Medicaid, a break in need is defined as one calendar month without financial eligibility.

**THE WHERE-FOUND DISTRICT MUST NOT DENY AN APPLICATION SOLELY BECAUSE ANOTHER DISTRICT IS BELIEVED TO BE RESPONSIBLE FOR THE INDIVIDUAL. ASSISTANCE MUST BE PROVIDED TO AN OTHERWISE ELIGIBLE PERSON.**

**DFR LEGAL RESIDENCE STATEMENT**

Please tell us about where you have lived. Start with where you now live and tell us where you lived before that. If you were homeless, please write "homeless" and tell us the name of the county where you were homeless.

DATES						Paid Rent?	Agency Use
From	To	Street Address	City	State	County		

2a. Please tell us why you came to this County:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2b. If you came to this County to participate in a substance abuse treatment program, who referred you?

\_\_\_\_\_

\_\_\_\_\_

3. Do you intend to stay in this County? \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FAX

**DFR Mediation Resolution Form**

Date:

To:

District:

Phone #:

Fax #:

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From:

State Agency:

Phone #:

Fax #:

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I have reviewed the facts and documentation involving the case of (enter case name and number). This case is involved in a DFR dispute between (enter district) and (enter district). Based upon this information, I have determined that (enter district) is fiscally responsible for (enter Temporary Assistance or Medicaid) benefits for this case. The reason for this decision is:

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The legal basis for this decision is: \_\_\_\_\_

If you disagree with this decision you may request an interjurisdictional dispute fair hearing in accordance with 97 INF-6.