



**FAMILY INDEPENDENCE ADMINISTRATION**  
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Office of Procedures

**POLICY DIRECTIVE #14-16-SYS**

**WELFARE MANAGEMENT SYSTEM (WMS)  
SOFTWARE RELEASE VERSION 2014.2**

<b>Date:</b> July 24, 2014	<b>Subtopic(s):</b> WMS
<b>AUDIENCE</b>	The instructions in this policy directive are for all Welfare Management System (WMS) users in Job Centers, Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Centers, and ancillary sites. They are informational for all other staff.
<b>POLICY</b>	New York State’s (NYS) WMS is updated on a regular basis to reflect changes in City, State, and Federal regulations. The WMS Software Release Version 2014.2 migrated to production on June 21, 2014.
<b>SYSTEM ENHANCEMENTS</b>	<p>Changes that became effective with the June 21, 2014 release of WMS Software Release Version 2014.2 include:</p> <ul style="list-style-type: none"> <li>• Change CNS Notice For Child Support Use.</li> <li>• Enable Code <b>F19</b> To Be Used At Both The Line And Case Levels For Denials.</li> <li>• 2014 SUA Eligibility Changes Rev 4 For Applying Active &amp; Single Issue Status.</li> <li>• HASA 30% Reduction.</li> <li>• Interim Process To Create HASA 30% Rent Supplement.</li> <li>• Create New Originating ID “CDE”.</li> <li>• BORAC Type <b>99</b> Two Party Replacements.</li> </ul>
Change CNS Notice For Child Support Use	Effective with this release, Client Notice System (CNS) notices were revised to be more specific in describing the reason(s) for child support sanctions.

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

**Note:** Information between the “<>” is system populated with case specific data.

On the top of page 2 of the CNS notice, one of the following edits, based on the reason for the sanction (described in the bullets below), will follow the phrase, “The Child Support Enforcement Unit on <date> determined <name of Custodial Parent (CP)> failed to cooperate with child support in that <name of CP> failed to:”

- Provide information needed to complete the child support application. Required information includes the name, social security number, address, and employer name and address of the absent parent/putative father, or such other information (e.g., name and address of relatives, friends) which can lead to the identity and location of the absent parent/putative father.
- Return to the OCSE office to provide and/or sign the required documents:

The Job Opportunity Specialist (JOS)/Worker must choose the appropriate document(s) and/or enter child or NCP information when preparing the CNS notice.

- Birth certificates for <Child 1, Child 2, Child 3, Child 4, Child 5>
- Social Security Numbers for <Non-Custodial Parent (NCP) 1, NCP 2, NCP 3, NCP 4, NCP 5>
- Death Certificate for <NCP 1>
- Order of Support (Supreme and/or Family Court papers)
- Marriage Certificate
- Divorce or legal separation papers
- Court papers related to child support
- Orders of Filiation
- Acknowledgment of Paternity – out of state
- Affidavit of Alleged Paternity form

**Note:** WMS will allow a worker to manually select either one or multiple documents that were required but not provided. In addition to the check boxes, the worker may need to enter the names of the child(ren) and/or noncustodial parent(s) for the “**Birth certificates for**”, “**Social Security Numbers for**” and/or “**Death Certificate for**” fields.

**Enable Code F19 To Be Used At Both The Line And Case Levels For Denials**

Federal regulations require that a household in which at least one individual refuses to cooperate with Quality Control (QC) must have its SNAP benefits discontinued. These cases are closed using closing code **F19** (Refusal to Cooperate with Quality Control).

A new regulation mandates that the disqualification must be attached to the non-cooperating individual and follow him/her so that he/she cannot be reopened in another case if he/she leaves the closed household and reapplies without complying before the end of the disqualification period of 450 days (15 months).

SNAP code **F19** will now be used for both line and case level denials and closings. Code **F19** will be attached to the non-cooperating individual until the end of the disqualification period or compliance. For CA/SNAP cases, Code **F19** will be valid for the SNAP portion of the case.

For households with more than one person, **F19** cannot be used to deny/close a line without denying/closing the entire case. When **F19** is used at the line level but not at the case level, the error message "F19 Invalid for Line Level Only" will occur. When **F19** is used at the case level, but not at the line level, the error message "HH>1 Must Deny/Close Line When Using F19" will occur.

For SNAP households of one person, it will only be necessary to use **F19** at the case level, and not the line level.

**F19** cannot be used to deny an application where there is no record of a non-compliant individual being closed within the 450 day disqualification period. The error message, "Must Have Prior Non-Expd F19 Infraction", will appear if an attempt is made to deny an application where there is no record of an **F19** closing or if the previous **F19** closing occurred more than 450 days from the application date.

The disqualification period is 450 days (15 months) from the closing date and the closed case must not be reopened unless the 450 day period ends, the disqualified individual complies or the disqualified individual leaves the household.

If the individual complies before the end of the 15 months, a new line level SNAP Override (Opening) Code, **LM** (Reopen line closed with F19), must be used to reopen the individual. Attempts to reopen the disqualified individual line closed less than 450 days without using **LM** will result in the error message "Override Code Must Be Used".

If the disqualified individual remains on the closed case and the household re-applies before the end of the 450 day disqualification period, the case will be denied until the disqualified individual complies. Even though the new application will be denied, the original disqualification period will apply. This will also be true if the disqualified individual leaves the closed case and applies with a different household.

The following new CNS language will be used for **F19** denials/closings at both the line and case level:

- Households with one person:

*“This is because you refused to cooperate with a quality control review of your Supplemental Nutrition Assistance Program (SNAP) case. You may be able to get SNAP benefits again if you cooperate with the quality control review.”*

- Households with more than one person:

*“This is because (Name) refused to cooperate with a quality control review of your Supplemental Nutrition Assistance Program (SNAP) case. Your household may be able to get SNAP benefits again if (Name) cooperates with the quality control review.”*

2014 SUA Eligibility Changes Rev 4 For Applying Active & Single Issue Status

As a result of the Agricultural Act of 2014 (Section 4006 of “The Farm Bill”) households in Applying (**AP**) status which do not incur a separate expense for heating or cooling costs must have received a HEAP payment greater than \$20 annually in the current calendar month or during the preceding 12 calendar months in order to qualify for the Full Standard Utility Allowance (Level 1 SUA). New York State has issued a \$20 HEAP supplement to households that were previously issued a \$1 HEAP (2013-2014) payment to ensure Level 1 SUA qualification under the new regulation.

Refer to **PB #14-68-ELI** Standard Utility Allowance (SUA) Eligibility Changes for more information.

WMS has been programmed to eliminate the automatic authorization of a heating/cooling Level I SUA based on households residing in a HEAP eligible dwelling or incurring a shelter expense. JOS/Workers must determine whether or not CA/SNAP or NCA SNAP applicants (or at recertification for active cases) incur a heating/cooling expense or received a HEAP payment greater than \$20 in the current calendar month or during the preceding 12 calendar months to qualify for Level 1 SUA. This rule is applicable for all shelter types except:

- **06** - Hotel/Motel Temporary
- **11** - Room Only
- **13** - Residential Programs for Victims of Domestic Violence (Less Than 3 Meals Per Day)
- **14** - Residential Programs for Victims of Domestic Violence (3 Meals Per Day)
- **23** - Undomiciled
- **33** - Homeless Shelter - Tier I or Tier II Less Than 3 Meals Per Day)
- **34** - Homeless Shelter - Tier II (3 Meals Per Day)
- **35** - Homeless Shelter - Non Tier I Non Tier II

The shelter types mentioned above (except for Shelter Type **23**) are only eligible to receive a Phone Only SUA (Level 3). Shelter Type **23** cases will continue to be ineligible for a SNAP SUA.

**Note:** If the SNAP household owns their home, they are assumed to incur separate heating costs, and therefore are eligible for Level 1 SUA.

HEAP payments can be identified in the WMS Benefit Issuance Screen (**NQCS5A**) by the following special grant codes:

- **80** - Emergency HEAP payment
- **82** - Direct HEAP payment to LIPA (currently PSEG)
- **84** - NPA HEAP payment
- **90** - Direct HEAP payment to Con Ed
- **91** - Direct HEAP payment to National Grid

Active (**AC**) or Single Issue (**SI**) status CA SNAP or NCA SNAP cases which received a HEAP payment during the 2013-2014 season will continue to receive a Level 1 SUA.

WMS will now allow an entry of “**X**” in the **FSUA** or **FSUT** fields on the Household/Suffix Financial Data screen (**NSBL02**) for all shelter types except **06, 11, 13, 14, 23, 33, 34, and 35**.

The definition of **X** in the **FSUA** field is “Eligible for Combined FS SUA Standard For Heat (AC)/Utility/Phone or Actual Amount”.

The definition of **X** in the **FSUT** field is “Eligible for Combined FS SUA Standard For Utility/Phone”.

The following Congregate Care & Residential Treatment Center (RTC) shelter types below now accept the entry of **X** in the **FSUA** field. Phone Only SUA (Level 3) is the default value when there no entry in the **FSUA** field.

- **15** - Congregate Care Level 1 (NYC/Nassau/Suffolk/Westchester/Rockland)
- **16** - Congregate Care Level 2 (NYC/Nassau/Suffolk/Westchester/Rockland)
- **17** - Congregate Care Level 2 – State Operated
- **27** - Residential Treatment Facility – Non-Level 2
- **28** - Congregate Care Level 1 (Rest of the State)
- **29** - Congregate Care Level 2 – State Certified - (Rest of the State)

- **31** - Residential Treatment Facility – Level 2 (NYC/Nassau/Suffolk/Westchester/Rockland)
- **32** - Residential Treatment Facility - (Rest of the State)
- **42** - Congregate Care Level 3 – Adult homes and DOH Enriched Housing

For Shelter Type **43** (Congregate Care Level 2 – OMH/OMRDD Supervised/Supportive Apartments), the Level 3 SUA is the default value when there is no entry in either the **FSUA** or **FSUT** fields.

Entry for the **FSUA** or **FSUT** fields for Shelter Type **11** will be disallowed.

Cases with the following Shelter Types with Heat Type (**TYPE**) codes **1** (Natural Gas), **2** (Oil), **3** (Electric), **4** (Coal), and **9** (Other Fuel) will continue to receive a Level 1 SUA:

- **01** – Unfurnished Room or Apartment
- **03** – Own Home (Includes Trailer)
- **24** – NYCHA Apartment - Utilities Not Included
- **25** – Rented Private Home
- **26** – Furnished Room or Apartment
- **38** - Subsidized Housing - Deep Subsidy -Voucher Program/Project Based Section 8
- **39** – Subsidized Housing – Shadow Subsidy – Section 236/Section 202

Households that were eligible for Level 1 SUA at the time of the most recent application or recertification due to receipt of HEAP benefits greater than \$20 retain eligibility for Level 1 SUA until the next recertification as long as they reside in a HEAP eligible shelter type.

NYS Nutrition Improvement Project (NYSNIP) SNAP Shelter Type Codes **96** and **97** have been split into two tiers and contain one of two definitions to describe the SUA eligibility of households that entered the NYSNIP program after May 5, 2014.

Code **96**:

- Household Eligible for Full SNAP (FS) SUA with \$21 HEAP – High Shelter Cost (SNAP [FS] Shelter Amount of \$242.01 or greater)
- Household Eligible for Phone SNAP (FS) SUA without HEAP – High Shelter Cost (SNAP [FS] Shelter Amount of \$242.01 or greater)

Code **97**:

- Household Eligible for Full SNAP (FS) SUA with \$21 HEAP – Low Shelter Cost (SNAP [FS] Shelter Amount of \$242.00 or less)
- Household Eligible for Phone SNAP (FS) SUA without HEAP – Low Shelter Cost (SNAP [FS] Shelter Amount of \$242.00 or less)

Households assigned Codes **96** and **97** no longer receive automatic Level 1 SUA eligibility based on the anticipated receipt of a HEAP benefit. Workers must verify the receipt of a HEAP payment greater than \$20 in the current month or preceding 12 months to qualify for Level 1 SUA.

Households with SNAP shelter type **96/97** with Level 3 SUA must be reviewed for a higher level SUA at recertification or other participant contact. More information on the updates regarding NYSNIP shelter types and SNAP benefits will be published under separate cover.

**HASA 30% Reduction** The State Budget provides funding for affordable housing for households where at least one individual is permanently disabled by HIV/AIDS and receives rental assistance. These households will pay no more than 30% of the disabled individual's earned and/or unearned income toward their rent.

To comply with the new initiative, cases residing in shelter types **01, 03, 25, 26, 39** or **44** (Supportive/ Specialized Housing) with Proration Indicator (PRO IND) **A** (Enhanced Shelter Calculation) will be changed to PRO IND **H** (HASA 30% Income Deduction Shelter Subsidy [System Generated]), if they meet the criteria for this program. New PRO IND **H** has been created to identify the cases that may pay up to 30% of their income and may receive a supplement. PRO IND **H** will be system generated when the household's budget deficit is less than the actual CA shelter amount.

After the normal budget routine for cases with PRO IND **A**, if the calculated PA deficit is less than the actual PA shelter amount, WMS will reduce the gross earned (after normal deductions) and/or unearned income of the individual diagnosed with HIV/AIDS by 30%, calculate the HASA SUBSIDY and change PRO IND **A** to **H**.

If the PA deficit is greater than the actual PA shelter, cases with PRO IND **A** will not be changed to PRO IND **H**. The system will only perform the PRO IND **H** routine if PRO IND **A** is present on the case. Conversely, PRO IND **H** will revert to PRO IND **A** if the calculation results in a budget deficit that is greater than the actual PA shelter.

The HASA 30% Reduction amount and the HASA Subsidy will be displayed on the WMS Semi-Monthly Public Assistance Budget Calculation (**WINR0146**) and Budget Entry Supervisor Summary (**WINR0027**) reports.

PRO IND **H** will be valid for cases that only have earned/unearned income on the line of the HIV/AIDS disabled individual identified with Special Budgeting (**SPEC**) Code **Y** (Individual is in the household and is less than 19 years old, or is 19 or over and diagnosed with AIDS or HIV) or Special Needs Type (**SPEC NDS: TY**) Code **51** (Transportation and Nutritional Drink Allowance) on the individual line. If the AIDS/HIV disabled individual does not have income on his or her line, WMS will not perform the PRO IND **H** routine but continue with the PRO IND **A** budgeting routine.

The HASA subsidy for PRO IND **H** cases is calculated by subtracting the calculated 30% of the HIV/AIDS individuals earned income (after normal disregards)/unearned income (participant's out of pocket responsibility) and the PA Budget deficit from the Actual PA Shelter amount. The HASA subsidy amount is stored on the WMS database.

The PA Budget deficit will be sent as Issuance Code **10** (Rent) and the HASA subsidy amount will be sent as new Special Issuance Code **B3** (HASA Rent Supplement) to the Landlord. Rent Restriction Code **1** (Direct Involuntary) or **3** (Direct Voluntary [Restricts Actual Rent]) is required.

For example:

Single household HIV/SSI individual with \$1200 rent

Basic Allowance	158.00
Home Energy Allowance (HEA1)	14.00
Supplemental Home Energy Allowance (HEA2)	11.00
Shelter	1200.00
Nutritional allowance	+ 193.00
Total Needs	1576.00

Total Needs	1576.00
SSI (unearned Income)	- 808.00
Budget deficit	768.00



Deficit 768.00 is less than shelter 1200.00, therefore:

Rent	1200.00
Deficit	<u>-768.00</u>
	432.00
Less 30%	<u>-242.40</u> (30% of unearned income/ participant's responsibility)
Subsidy amount	189.60

HIV/SSI living with others, Non-HIV/SSI spouse with earned income and NON-SSI/HIV child, rent = 1200.00 (HH = 3)

Basic Allow	336.00
HEA1	30.00
HEA2	23.00
Shelter	1200.00
Nutritional allowance	+ <u>193.00</u>
Total Needs	1782.00
SSI income	-744.00
Earned income	<u>-414.00</u> (Earned income less applicable disregards)
Deficit	624.00

Deficit \$624 is less than rent \$1200, therefore:

Rent	1200.00
Deficit	<u>- 624.00</u>
	576.00
Less 30%	<u>- 223.20</u> (30% SSI income/participant's responsibility)
Subsidy amount	352.80

When there is a PA recoupment on the case, the recoupment amount will be subtracted from the deficit after the subsidy amount is calculated (This result is the adjusted deficit amount). The sum of the adjusted deficit amount and the subsidy amount will be the benefit amount. In these situations, the participant is responsible for sending the amount of the recoupment as well as the HASA 30% Reduction amount to the landlord.

Recoupment example

Household of 3, 1 HIV/SSI individual with \$1200 rent and \$1000 SSI  
*This example serves to show the benefits calculation when the case has a PA recoupment.*

Basic Allowance	336.00
HEA1	30.00
HEA2	23.00
Shelter	1200.00
Nutritional Allow	+ 193.00
Total Needs	1782.00
SSI (unearned Income) -	<u>1000.00</u>
Budget deficit	782.00

Deficit 782.00 is less than shelter 1200.00, therefore:

Rent	1200.00
Deficit	<u>-782.20</u>
	417.80
Less 30%	<u>300.00</u> (30% of unearned income/ participant's responsibility)
Subsidy amount	117.80

Recoupment distribution

Calculated recoupment	
Total needs	1782.00
10% recoupment	<u>x .10</u>
Recoupment	178.20

Budget Deficit	782.00
Recoupment amount	<u>178.20</u>
Adjusted Deficit amount	603.80

Adjusted Deficit amount	\$603.80
Subsidy amount	<u>+\$117.80</u>
Benefit amount	\$721.60

WMS conducted a Mass Rebudget (MRB) for applicable HASA Enhanced Shelter cases with income that meet the PRO IND H criteria for the 30% Income Reduction Amount. The Budgets are effective 7/A/2014. The Unique Authorization Number associated with the MRB is **20140077**.

### Interim Process To Create HASA 30% Rent Supplement

As part of the new State Budget, the Agency must cap the dollar amount that households (where at least one individual is permanently disabled by HIV/AIDS) pay toward their rent at 30% of their income.

Effective with this release, by way of a file match between International Business Machines (IBM) and WMS, the Agency will issue retroactive supplements for April, May and June 2014 based on the adjusted budget calculation for households eligible for the 30% income cap.

Letters will be sent out to participants and their landlords explaining the extra rent supplement (semi-monthly) that may be going to the landlords and the reduced amount (30% of the HASA individual's income) the participant is responsible for paying toward their rent.

The agency will also send notices to participants when the retroactive supplements are issued explaining how the amount was calculated.

Each HASA 30% retroactive supplement will be a Single Issue payment and have the issuance code **B3** (HASA Rent Supplement). The Unique Authorization Number associated with the payment will be **14000095**.

Retroactive **B3** payments will not have a rent restriction, as certain **B3** supplements may be issued directly to participants to reimburse payments made (April through June 2014) over the 30% threshold.

### Create New Originating ID "CDE"

The agency is planning to have CA and NCA SNAP Centers use the Paperless Alternate Module (PAM) to send various CA and NCA SNAP transactions to the Centralized Unit at the Office of Central Processing location at 98 Flatbush for centralized data entry into WMS.

Effective with this release, a new Originating ID (**ORG ID**), CDE (Centralized Data Entry), has been created to denote the following case transactions initiated via PAM and processed by the Centralized Unit at the Office of Central Processing (OCP):

- Eligibility
- Undercare
- CA Single Issuance
- NCA SNAP Single Issuance
- Error Correction
- Transaction Cancel
- Fair Hearing Update
- CA Recoupment
- SNAP Recoupment
- Manual EBT Pull

WMS will also use the **ENT** (Data Entry Center) field to route the Error Report (**WINR0125**), Disposition Report (**WINR0126**) and other reports to the home center.

Refer to PB #13-90-SYS Paperless Alternate Module (PAM) for more information on PAM.

**BORAC Type 99 Two Party Replacements**

The Bureau of Reconciliation and Control (BORAC) initiated third party replacement checks are identified and placed on the BORAC Third Party Replacement Check Report by WMS when the:

- Issuance code is **07**(Replacement of Lost Stolen/Undelivered Checks) or **08** (Replacement of Cancelled Check);
- Orig ID is IPM, OPM, or OCP; and
- Unique Authorization Number is between **988000** and **989999**.

BORAC also issues replacement checks to landlords who have had replacement checks issued to them, but cashed by someone else using PA Single Issue Code **99** (Other). As these Code **99** issuances are actually “replacements of replacements”, effective with this release, WMS will also place these issuances on the BORAC Third Party Replacement Check Report.

Payments with Issuance Code **99**, Orig ID OCP, and a Unique Authorization Number between **988000** and **989999** will be added to the BORAC third party replacement check identification routine above.

**REQUIRED ACTION**

**Change CNS Notice For Child Support Use**

The JOS/Worker must enter closing Code **V30** – Failure to Comply with IV-D in the **Individual Reasons** section of the **WMS/Client Notice Subsystem/Reason Code Screen (WCN011)** when a participant fails to meet the cooperation requirement(s) of the Child Support Enforcement Program.

**Refer to PD #14-02-SYS Client Notice System (CNS).**

The JOS/Worker must then select each document that was required but not provided. The JOS/Worker must enter the name(s) of the children for the **“Birth certificates for”** field, and noncustodial parent(s) for the **“Social Security Numbers for”** and **“Death Certificate for”** fields.

Enable Code **F19** To Be Used At Both The Line And Case Level For Denials

Refer to **PB #13-90-SYS** Paperless Alternate Module (PAM) for additional information.

For SNAP households with more than one person, the designated JOS/Worker must deny or close both the case and the individual line using **F19**.

POS is currently programming the **F19** reason code. When this reason code must be used to reject or close a SNAP case, the designated JOS/Worker must process this action in PAM until further notice. POS will notify workers when the update has been completed. Refer to PB #14-67-SYS SNAP POS Release Notes 8.2.

When an **F19** individual wishes to comply within the 450 day disqualification period, designated JOS/Workers, FH&C JOS/Workers or Center designees must contact, *by email*, Karolyn Carcamo ([carcamok@hra.nyc.gov](mailto:carcamok@hra.nyc.gov)) or Sonia Lamrhari ([lamrharis@hra.nyc.gov](mailto:lamrharis@hra.nyc.gov)) of the Office of Quality Control (OQC) and provide a current address and telephone number for the individual/case to be reopened. The Office of Quality Control will contact OTDA's Bureau of Audit and Quality Improvement for approval. Once OQC receives approval, designated staff will be instructed to reopen the case using SNAP Opening Code **LM**.

If the case is to be reopened after 450 days, the Code **LM** will not be necessary. Any valid SNAP case level opening code may be used to reopen the closed case regardless of how long the case has been closed.

2014 SUA Eligibility Changes For Applying Cases

See **PB #14-68-ELI**.

Staff should use the Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide (**W-205HH**), which has been revised to reflect the changes in SUA eligibility, for help in determining the correct SUA level. Refer to PB #14-68-ELI Standard Utility Allowance (SUA) Eligibility Changes for more information.

Once the determination is made, the JOS/Worker must complete (for the appropriate SUA level) the **FSUA** (or **TYPE**), **FSUT**, or **Phone** Indicator fields within the **Household/Suffix Financial Needs** window in POS.

See the PA Budgeting Manual, Appendix A.

If POS is not available, the JOS/Worker must complete the **FSUA:IND**, **TYPE**, or **FSUT: IND** field on screen **NSBL02**. When there is no entry in the **FSUA:IND**, **TYPE** or **FSUT: IND** field, **Phone** (Level 3 SUA) will be the default assignment. Refer to **Appendix A** or the **PA Budgeting Manual** for more information on SUA indicators and completion of screen **NSBL02**.

At recertification or other household contact, Workers must verify that the household incurs a separate heating/cooling expense, or received a HEAP payment in the current calendar month or the prior 12 calendar months and adjust the entries in the **FSUA,TYPE**, or **FSUT** fields.

**PROGRAM IMPLICATIONS**

Paperless Office System (POS) Implications	POS Implications are included in this policy directive, PB #14-66-SYS CA POS Release Notes 18.2 and PB #14-67-SYS SNAP POS Release Notes 8.2.
SNAP Implications	SNAP Implications are included within this policy directive.
Medicaid Implications	There are no Medicaid Implications

**LIMITED ENGLISH PROFICIENT (LEP) AND HEARING-IMPAIRED IMPLICATIONS**

For Limited English Proficient (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-OPE](#).

**FAIR HEARING IMPLICATIONS**

Avoidance/Resolution	Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.
Conferences at Job Centers	An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent (NOI) needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will Settle in Conference (SIC), post Action Code **820** (Good Cause Granted) or **820H** (Good Cause Granted for Wellness, Comprehensive Assessment, Rehabilitation and Employment [WECARE] infractions), refer the applicant/participant back to the JOS/Worker by posting Action Code **10FH** or **16FH** (for referrals back to WeCARE), and enter detailed case notes in New York City Work, Accountability and You (NYCWAY). The AJOS/Supervisor I will forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken.

In addition, if the adverse case action still shows on the "Pending" (**08**) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form ([LDSS-3722](#)), change the **02** to **01** if the case has been granted Aid to Continue (ATC), or prepare and submit a PA Recoupment Data Entry Form –WMS ([LDSS-3573](#)) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report ([M-186a](#)).

If the participant fails to show good cause for the infraction or if it is determined that the Agency's action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why he/she cannot SIC. The AJOS/Supervisor I must complete Form **M-186a**.

Should the applicant/participant elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

#### Conferences at NCA SNAP Centers

If an applicant/participant comes to the NCA SNAP Center and requests a conference, the Receptionist must alert the Center Director's designee that the applicant/participant is to be seen. If the applicant/participant contacts the Eligibility Specialist directly, advise the applicant/participant to call the Center Director's designee.

In Model Offices, the Receptionist at Main Reception will issue an SNAP Conf/Appt/Problem ticket to the applicant/participant to route him/her to the NCA SNAP Reception area and does not need to verbally alert the Site Manager. The SNAP Receptionist will alert the Center Director once the applicant/participant is called to the NCA/SNAP Reception desk.

The Center Director’s designee will listen to and evaluate the applicant’s/participant’s complaint regarding the case closing. The applicant/participant must provide current verification of address to resolve the issue. After reviewing the documentation, case record, and discussing the issue with the Group Supervisor/Eligibility Specialist, the Center Director’s designee will decide to resolve or defend the case based on all factors and whether the case was closed correctly.

NCA SNAP Conferences and **F19** Closed/Rejected Individuals

NCA SNAP Cases (on issues unrelated to **F19** closings/rejections) with an **F19** closed/rejected individual cannot be resolved until the **F19** closed/rejected individual complies with State Quality Control.

The Center Director’s designee is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

ATC and **F19** Closings/Rejections

There is no change to the ATC process regarding Fair Hearings requested on cases closed/rejected using code **F19**.

Fair Hearing Compliance and **F19** Closed/Rejected Individuals

Fair Hearing decisions (on issues unrelated to **F19** closings/rejections) to reopen cases/restore SNAP benefits cannot be processed until the **F19** closed/rejected individual complies with State Quality Control.

Evidence Packets

All Evidence Packets must contain a detailed history (e.g., copies of POS “Case Comments” and/or NYCWAY “Case Notes,” History Sheet [[W-25](#)]), copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken.

**REFERENCES**

PA Budgeting Manual GIS 14 TA/DC023	Farm Bill Changes to SNAP Utility Allowance (SUA) Policy – Initial Draft Guidance
SPP #2013-00163	Change CNS Notice For Child Support Use
SPP #2013-00374	Enable Code F19 To Be Used At Both The Line And Case Level For Denials



SPP #2014-00076	2014 SUA Changes Rev 4 For Applying Active and Single Issue Cases
SPP #2014-00077	HASA 30% Reduction
SPP #2014-00082	Create New Originating ID "CDE"
SPP #2014-00095	Interim Process To Create HASA 30% Rent Supplement
SPP #2014-00146	BORAC Type <b>99</b> Two Party Replacements

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**RELATED ITEMS**

PB #13-90-SYS	Paperless Alternate Module (PAM)
PB #14-66-SYS	CA POS Release Notes 18.2
PB #14-67-SYS	SNAP POS Release Notes 8.2
PB #14-68-ELI	Standard Utility Allowance (SUA) Eligibility Changes
PD #14-02-SYS	Client Notice System (CNS)