



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

Brian J. Wing
Commissioner

Administrative Directive

Section 1

Transmittal:	03 ADM 8
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	August 29, 2003
Subject:	Issuing Nonrecurring Temporary Assistance (TA) Emergency Payments and TANF Services Block Grant Payments on an Active Non-Temporary Assistance Food Stamp Case , an Active Medicaid Case or at the Time of a TA Application Denial
Suggested Distribution:	Temporary Assistance Directors Food Stamp Directors TOP Coordinators Medical Assistance Directors Staff Development Coordinators Child Assistance Program Coordinators Employment Coordinators Fair Hearing Officers Accounting Supervisors
Contact Person(s):	Temporary Assistance Questions Contact Central Region at 1-800-343-8859 extension 4-9344; Fiscal Questions -Regions 1-4 Roland Levie (518) 474-7549; Region 5 Michael Borenstein (212) 383-1655 Bureau of Transitional Supports - Tony DeCrescenzo (518) 473-1179 Medicaid-Upstate Local district Liaison at (518) 474-8216 New York City Liaison at (212) 268-6855
Attachments:	A . Allowable WMS Payment Types and Claiming Codes
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 ADM- 04 02 ADM- 02 00 INF -03		350, 372, 381.1(c), 397			WMS Coordinators Letters 6/07/1999, 10/26/99 and 7/03/2001

Section 2

I. Purpose

The purpose of this directive is to advise Social Services Districts (SSDs) that they may elect to issue specific Temporary Assistance (TA) payments, including certain Emergency Assistance to Adults (EAA), Emergency Assistance to Needy Families with Children (EAF), Welfare Management System (WMS) Diversion Payment types, burial payments and TANF Services Plan payments (200% of Poverty Payments) on active Non-Temporary Assistance Food Stamp (NTA-FS) cases, active Medicaid cases and at the time of a TA application denial.

II. Background

Currently, nonrecurring emergency payments including diversion payments can only be issued on a TA case after the case has been opened. This requires a significant time investment since one-time only emergency TA payments are becoming more commonplace, in a large part due to SSDs' utilization of diversion strategies.

At the recommendation of SSDs, a work group was organized to explore the possibility of issuing specific one time only emergency, TA payments, including burial payments on an active NTA-FS or Medicaid case. The work group recognized that opening a case before issuing a payment is an unnecessary administrative burden. In addition, the work group recognized that districts would benefit from the ability to issue, not only certain TA payments on an active NTA-FS or Medicaid case, but also certain TANF services payments (200% of poverty payments). Furthermore, it was recognized that SSDs would benefit from the ability to issue certain emergency TA and TANF services payments at the time of a TA application denial. Therefore, in conjunction with the Office of Temporary and Disability Assistance (OTDA), the Department of Health (DOH) and the Department of Labor (DOL), policy and procedures have been developed that will allow SSDs to elect to alter their operations to include the issuing of certain specific emergency TA and TANF services payments on an active NTA-FS, active Medicaid case or at the time of a TA application denial. All TA and TANF Services payments chosen to be used in this initiative are non-assistance payments therefore there are no time limit implications.

Currently this option is only available to users of Upstate WMS. Consideration will be given to expand this process to New York City WMS.

Welfare To-Work Employment-Related Payments

The Welfare Management System (WMS) does not currently support the authorization of Welfare-To-Work (WTW) employment-related, non-assistance payments. Therefore, WTW non-assistance payments have not been included in this policy directive. The Department of Labor has requested the creation of new WMS payment codes to identify and support the issuance of employment-related non-assistance payments including transportation and employment and training essential needs. The WMS will be modified to support the authorization of non-assistance payments on active TA cases, at the time of a TA application denial and on active Medicaid or NTA-FS cases. This WMS system initiative is currently under development, so districts should continue to use current administrative procedures to authorize WTW employment-related non-assistance payments consistent with a plan (e.g., New York Work Block Grant (NYWBG) or Community Solutions for Transportation (CST)) approved by the DOL. Districts will be notified once production is achieved on this system enhancement.

III. Program Implications

SSDs are not required to participate in this process. SSDs that opt to participate must agree to adhere to procedures outlined in this document and submit a written plan to the OTDA describing how this process will be utilized.

Generally, there will be little program impact resulting from this new flexibility in issuing certain payments on active NTA-FS, active Medicaid or at the time of a TA application denial. The application process for all programs will remain unchanged. Applicants must continue to apply for benefits on the LDSS-2921 Common Application, “Eligibility for Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services and/or Child Care Assistance”. Also, there will be no change in the current eligibility process for any of the different funding streams allowed. TA and TANF Services programs eligibility criteria must be followed.

Many TA payments issued on a active NTA –FS case, Medicaid case or at the time of a TA denial will result from diversion strategy payments, yet certain EAF payments, EAA payments and burial payments are also allowable payment types that can be issued on these case types. This new flexibility in issuing payments on an active NTA –FS, active Medicaid or at the time of a TA denial is limited to very **specific** WMS payment type codes that are normally used in authorizing single issue nonrecurring emergency or immediate needs related payments. For a complete listing of allowable WMS payment types see attachment A.

Issuing allowable payments on an active NTA-FS case, active Medicaid case or at the time of a TA application denial provides SSDs with flexibility, but SSDs are reminded that this process must not be used to circumvent normal ongoing TA eligibility requirements such as work rules or time limits.

A. Issuing Payments on an Active NTA-FS or Active Medicaid Case

SSDs may elect to issue allowable emergency TA, WMS diversion payment types, burial payments, or TANF Services Plan (200% of Poverty Payments) payments on an active NTA-FS case or active Medicaid case. SSDs are not required to participate in issuing payments in this manner but, if they do elect to alter their operations to take advantage of this new flexibility, then **all** of the following criteria must be met.

1. Applicants must apply for benefits on the LDSS-2921 Common Application, “Eligibility for Medical Assistance, Food Stamp Benefits, Services and/or Child Care Assistance”. This application does not need to be registered in WMS because all eligibility and demographic information will be entered into the WMS on the NTA-FS or Medicaid case when a TA payment is issued.
2. If the applicant requests on the LDSS-2921 Common Application, that eligibility for Medical Assistance, Food Stamps, Services and/or Child Care Assistance be determined, the SSD must follow separate determination procedures. SSDs are reminded (per 01 INF-21, Q&A # 11) that, if the applicant is not already in receipt of Food Stamp Benefits and has applied for ongoing TA, the application is presumed to also be for food stamps. Such food stamp applicants must be screened on the day of application to determine whether they qualify for expedited processing of their food stamp application. If TA is denied, a separate determination of FS eligibility must be made. Additionally, the “Expedited FS Screening Sheet” (DSS-3938) must be used in the screening process and the completed form must be filed in the case record. SSDs must be diligent in preserving the Food Stamp and Medicaid application filing date.
3. If an applicant is not eligible for any assistance a normal case denial must be completed including, registering the application in the WMS, denying the application and sending the appropriate notice.
4. This process cannot be used to issue TA payments for any applicant who is requesting ongoing TA benefits or on behalf of any recipient receiving ongoing TA benefits.
5. The issued payment must be an allowable TA emergency, WMS diversion payment type, burial payment or a TANF service Block grant payment (for a complete listing of allowable WMS payment types see attachment A).
6. The issued payment must be nonrecurring.

7. Case types that can be used to issue TA payments on an active NTA-FS or active Medicaid case are:
 - 20-Medical Assistance
 - 22-Medical Assistance Supplemental Security Income
 - 24-Family Health Plus
 - 31- Non Public Assistance Food Stamps
8. The same worker who determined eligibility and authorized a payment must also be the one to issue the payments on an active NTA- FS or active Medicaid case. For example, only a TA worker can determine eligibility, authorize and issue a TA payment on an active NTA-FS or Medicaid case. This is essential to ensure proper claiming of administrative costs.
9. Any payment except for “T5 - TANF SBG” and “85 – Burial” payments must have a special claiming code on screen six of the Application Turn Around Document (APTAD) or Authorization Change Form (LDSS-3209). “T5 –TANF SBG” payments will prohibit the use of a special claiming code on screen six of the APTAD or LDSS – 3209. To properly charge burial expenses WMS payment type “85 – Burial” will not require a special claiming code but a special claiming code will be allowed. For more special claiming codes for burial see section V of this document.
10. The Electronic Benefits Transfer (EBT) system cannot be used. The majority of payments issued using this process will be single issued vendor payments. Any cash payments authorized on an active NTA-FS or active Medicaid case must be done in the form of a check. If a payment is authorized as a vendor payment the Vendor ID field on screen six of the APTAD or LDSS-3209 must be complete.
11. If a TA payment is issued on an NTA-FS or Medicaid case a normal TA case must be maintained. The purpose of this is to maintain records that are essential for tracking TA overpayments, repayment agreements, recoveries and audits.
12. All normal supervisory procedures must be followed. SSDs must make appropriate arrangements to assure that one individual does not have sole control over the entire process of authorizing, issuing and approving TA or TANF services payments on an active NTA-FS or active Medicaid case.

B. Issuing Payments at the Time of a Temporary Assistance Application Denial

SSDs may elect to issue allowable emergency TA, WMS diversion payment types, burial payments or TANF Services Plan (200% of the federal poverty level) payments at the time of a TA application denial. SSDs are not required to participate in issuing payments in this manner but if they do elect to alter their operations to take advantage of this new flexibility, all of the following criteria must be met.

1. Applicants must apply for benefits on the LDSS-2921 Common Application, “Eligibility for Medical Assistance, Food Stamp Benefits, Services and/or Child Care Assistance”. The application must be registered so that all eligibility and demographic information is input into WMS.
2. If the applicant requests on the LDSS-2921 Common Application, that eligibility for Medical Assistance, Food Stamps, Services and/or Child Care Assistance be determined the SSD must follow separate determination procedures. SSDs are reminded (per 01 INF-21, Q&A # 11) that if the applicant is not already in receipt of Food Stamp Benefits and has applied for ongoing TA, the application is presumed to also be for food stamps. Such food stamp applicants must be screened on the day of application to determine whether they qualify for expedited processing of their food stamp application. If TA is denied, a separate determination of FS eligibility must be made. Additionally, the “Expedited FS Screening Sheet” (DSS-3938) must be used in the screening process and the completed form must be filed in the case record. SSDs must be diligent in preserving the Food Stamp and Medicaid application filing date.

3. The application must be denied at the same time allowable payment types are issued. An appropriate WMS denial must be completed and an appropriate notice must be sent.
4. The issued payment must be an allowable TA emergency, WMS diversion payment type, burial payment or a TANF service Block grant payment (for a complete listing of allowable WMS payment types see Attachment A).
5. The issued payment must be nonrecurring.
6. Case types that can be used to issue payments at the time of a TA case denial are:
 - 11- Family Assistance
 - 12 -Safety Net Non-Cash Assistance Federally Participating (SN-FP)
 - 16- Safety Net Cash Assistance (SN-CSH)
 - 17- Safety Net Non-Cash Assistance (SN-FNP)
7. Any payment except for “T5 - TANF SBG” and “85 – Burial” payments must have a special claiming code on screen six of the Application Turn Around Document (APTAD) or Authorization Change Form (LDSS-3209). “T5 –TANF SBG” payments will prohibit the use of a special claiming code on screen six of the APTAD or LDSS – 3209. To properly charge burial expenses WMS payment type “85 – Burial” will not require a special claiming code but a special claiming code will be allowed. For more special claiming codes for burial see section V of this document.
8. The Electronic Benefits Transfer (EBT) system cannot be used. The majority of payments issued using this process will be single issued vendor payments. Any cash payments authorized at the time of a TA application denial must be done in the form of a check. If a payment is authorized as a vendor payment the Vendor ID field on screen six of the APTAD or LDSS-3209 must be completed.
9. All normal supervisory procedures must be followed.

C. Frequent Applications for Diversion Payments

SSD have flexibility to approve or deny an applicant’s frequent requests for an EAF diversion payment (WMS payment types D7, D9, F5 and F6). During the eligibility process the SSD should review the applicant’s current situation and look to the future to try to determine if there are changes that will eventually allow the family to become totally self-sufficient. For example, an applicant applies more than once for a payment of car insurance. The SSD may determine that paying the car insurance more than once is reasonable because in the near future the applicant has potential to meet future car insurance payments by receiving an anticipated increase in wages, or a reduction in car insurance expense is expected. However, districts may also choose to make initial diversion payments only after agreement is reached with the applicant that specific steps such as a second job, increased work hours or different transportation plans will be taken to prevent a repetition of the same crisis.

There is no change in policy that, if an individual applies for emergency assistance, SSDs are required to conduct an assessment of the emergency situation, and, if an immediate need is determined to exist for an eligible individual or family, the immediate need must be met the same day that the applicant comes into the office (See 02 ADM-02 for further details).

D. Federal Reporting Requirements

The federal reporting requirements explained in 01 ADM-4 do not apply when issuing non-assistance payments on an active NTA-FS, active Medicaid case or at the time of a TA application denial. When issuing allowable payment types on an active NTA-FS, active Medicaid case or at the time of a TA application denial, there are no participant specific federal reporting requirements because all allowable TA payment types are considered non-assistance and there are no federal reporting requirements for non-assistance payments.

E. TANF Services Block Grant (200% of Poverty Payments)

TANF Services Block Grant payments (200% of Poverty Payments) can be authorized for applicants who submit an application for TA and requires a TANF non-assistance payment. There is no change in policy that districts are still required to follow all eligibility requirements including that a household meets the 200% eligibility criteria.

The only TANF services WMS payment type allowed to be issued on an active NTA-FS, active Medicaid or at the time of a TA application denial is “T5 - TANF-SBG”. This code must be used when a non-assistance payment funded with TANF Services Block Grant monies is issued by the SSD on behalf of an eligible individual/family.

A special claiming code on screen six of the APTAD or the LDSS-3209 is prohibited.

F. Medicaid Implications

If a local district elects to allow TA workers to issue payments on an appropriate Medicaid - only case type, Medicaid will be able to use any TA application and documentation provided for emergency assistance to recertify the Medicaid -only case and extend the Medicaid authorization, if appropriate. The Medicaid case record should include either a copy of the TA application and documentation, or a notation that the documentation upon which the recertification is based can be found in the TA case record.

For example: A family’s Medicaid is authorized based on a Medicaid - only application from October 1 through September 30. The family applies for an emergency payment to prevent an electric service shut-off in April. The family is found eligible and the emergency payment is issued on their currently active Medicaid case. Because the family has again documented all eligibility factors in order to determine their eligibility for emergency needs, Medicaid is able to recertify the family’s Medicaid eligibility from April 1 through March 31. New continuous coverage dates will also be generated for children in the family.

SSDs may elect to identify Medicaid- only cases that have had an emergency TA or TANF services payment issued by requiring the authorizing TA worker to manually input a special code in the upper left hand corner of the LDSS-3209 where there are blank fields. For example, districts could choose to use codes that would reflect the reason of the emergency payment such as TA, TF SER (TANF services) or another local design.

G. Food Stamp Implications

The TANF payment made to divert a family from becoming dependent on ongoing TA benefits is excluded from FS income as a nonrecurring lump-sum payment if the payment is not defined as assistance because of the TANF exception for non-recurrent, short-term benefits. These payments are intended to alleviate an emergency situation and preclude the need for ongoing cash assistance.

SSDs must remember that the diversionary requirements of TA do not apply to the Food Stamp Program. Districts must process applications for food stamps even if diverting from TA. When a household notifies a district that it has little or no food or expresses concerns about having insufficient funds to purchase food (food insecurity), districts must encourage an application for Food Stamp benefits, and explore the possibility that the household may be eligible for expedited processing.

H. Fiscal

Payments on an active NTA-FS case, or Medicaid case or TA application denial, are claimed through the RF-2 claim package on the following schedules:

- Schedule A Expenditures for Family Assistance (LDSS-187)
- Schedule B Claiming for Adult Care, EAA, and Guide Dogs (LDSS-4744)
- Schedule C Expenditures for Safety Net Assistance (LDSS-1040)
- Schedule F Expenditures for Emergency Assistance to Needy Families with Children (LDSS-1285)

TANF Service Block Grant payments (pay type T5) are claimed on the LDSS-3922 “Financial Summary for Special Projects.” The LDSS-3922 Financial Summary for Special Projects claim form reporting these payments should be labeled, “BGCY 2003.” The LDSS-3922 claiming chart for pay type T5 TANF Services Block Grant appears in the PICS Manual, Appendix D. TANF Services payments should not count toward “total unreimbursed PA” when determining application of support collections. Also, these payments should not count for time limit purposes.

Please review the Payment Issuance and Control Subsystem (PICS) Manual, Appendix D to determine how amounts are paid and then reported on the Benefit Issuance Control System (BICS) rolls.

LDSS-3922 amounts and RF-2 amounts should be claimed as instructed in the Fiscal Reference Manual, Volume 2, and Chapter 3.

Claiming questions may be directed to the Office of Temporary and Disability Assistance, Bureau of Financial Services:

- Regions 1-4

Roland Levie 1-800-343-8859
Ext. 4-7549
E-mail: Roland.Levie@dfa.state.ny.us
Fax number: (518) 486-6350

- Region 5

Michael Borenstein (631) 854-9704
E-mail: Michael.Borenstein@dfa.state.ny.us
Fax number: (212) 383-2539

- Region 6

Marian Borenstein (212) 383-1735
E-mail: Marian.Borenstein@dfa.state.ny.us
Fax Number: (212) 383-2539

IV. Required Action

SSDs are not required to participate in this process. SSDs that opt to participate must agree to adhere to the procedures outlined in this directive and submit a written plan to OTDA describing how this process will be utilized within the SSD. The local district must send their written plans to:

Patricia A. Stevens, Deputy Commissioner
Division of Temporary Assistance Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, 12243-0001

Requests may also be faxed to (518) 474-5281.

All SSDs written plans must include the following:

- A brief description on why the SSD is using this process and the benefits or results the SSD expects to attain.
- A listing of the specific payment types that will be allowed on an active Medicaid case.
- A listing of the specific payment types that will be allowed on an active NTA-FS case.
- A listing of the specific payment types that will be allowed at the time of a TA application denial.
- To assure that proper administrative claiming procedures are followed SSDs must identify what program workers will be issuing payments on an active NTA-FS, active Medicaid case, or at the time of a TA application denial.
- A brief description on where and how the TA case record information will be retained.

Once OTDA receives a SSD's written plan, OTDA will send copies of the SSD plan to the Department of Health, review the plan and send written notification back to the SSD of approval. If a plan submitted by a SSD does not meet the required criteria, the plan will be pended until the appropriate information is received. Once a plan has been approved the district will not need to submit a new plan unless there has been a change from the original plan submitted.

V. Systems Implications

A. TA Special Claiming Codes

To assure that the fiscal claiming of issued payments are accurate, each payment (except for "T 5 - TANF SBG" and "85 - burial" payments) authorized on an active NTA- FS, active Medicaid or at the time of a TA application denial, must have a special claiming code on screen six of the APTAD or the LDSS-3209.

Temporary Assistance payments claiming codes are:

- A- Emergency Assistance to Adults (EAA) Payments to be used when issuing payments that are to be claimed EAA
- D – Federally Participating
- F- Emergency Assistance to Families (EAF) to be used when issuing payments that are to be claimed as EAF
- N – Non-reimbursable
- P- Federal Non-Participating to be used when issuing payments that can not be claimed as a TANF expenditure

TANF Services Plan payments will only have one payment type code T5; therefore, there is no need for a TANF Services Plan special claim code.

To assist workers in identifying cases that have had a TA or TANF Services payment issued on NTA –FS or Medicaid case, a unique indicator (\$CASH) will be added to the clearance report. This new field will indicate to the worker that an allowable payment (see appendix A) was previously authorized. The new field heading is located below the 'Case Type' heading, and the Diversion Pay Type is listed on the Clearance Report, directly below these headings. The clearance report will only identify that a TA or TANF Services payment was made on another case type. To access actual benefit information the BICS must be used.

B. Special Claiming Codes to Use When Paying for Burial Expenses

The normal burial expense limit is \$900. If a case is categorically eligible for TANF, the first \$450.00 is federally reimbursed. The remaining \$450 regardless of case category is shared 50% state and 50% local. If allowable burial expenses exceed \$900 the amount over \$900 must be paid by 100% local funds. To properly charge burial expenses payments, the allowable special claiming codes are:

- If the household is categorically eligible for TANF, the payment line is written using a special claiming code of D - Federally Participating.
- If the household is not categorically eligible for TANF, the payment line is written with no special claiming code.
- For any allowable burial expenses over \$900, the amount over \$900 is issued on screen six using a special claiming code of N- Non-reimbursable.

C. Allowable Case Types

Allowable TA emergency payments or a T5 - TANF services plan payment may be made on an active Medicaid case with the following Medicaid case types:

- 20-Medical Assistance
- 22-Medical Assistance Supplemental Security Income
- 24-Family Health Plus

Allowable TA emergency payments or a T 5 - TANF services plan payment may be made on an active NTA FS case with the following FS case types:

- 31- Non Public Assistance Food Stamps

D. WMS Diversion Payment Types

New York State does not administer a separate diversion program, but it is still mandated to meet federal reporting requirements. To facilitate the accurate collection of federal reporting data elements, the following WMS diversion payment types are to be used exclusively when issuing payments to divert families from ongoing assistance. To receive this benefit, families must be categorically eligible for EAF and meet all income and resource requirements of EAF.

The purpose of the following payment types is to collect accurate data for federal reporting requirements. Therefore, these payment types must not be used under any other circumstance other than as defined below:

D7 - Transitional Services Payments (Upstate WMS): This payment type is used to authorize a nonrecurring employment related expenditure such as a uniforms allowance, tools, license fees, or other items needed to enable an individual to maintain employment. The households for which these payments are made are no longer in receipt of ongoing FA, or non-cash SNA/FP because of employment and they have an **employment-related expense** that if not met will result in the continuation of an ongoing TA case. This is the only WMS diversion payment code that will allow a payment to be issued at the time of a TA case closing. All other WMS diversion payment type codes are used exclusively for applicant families. To receive this benefit the applicant must be categorically eligible for EAF and meet all income and resource requirements of EAF.

Payment type "D7 - Transitional Services Payments" is allowable with TA case types 11, 12, 16, 17 and 19. This pay type will only be allowed with Transaction Types 07 (Closing), 08 (Recert/Closing) and 09

(Open/Close). For Case Types 16 & 17 a State/Federal Charge Code of 63 (TANF Individual Exceeding 5 Year Limit) or 64 (TANF Native American on NYS Reservation Exceeding 5 Year Limit) must be present on Screen 3 of WMS. This payment type may also be used with case types 20, 22, 24 and 31 with a required special claiming code of F.

Payment type D7 must be authorized as a single issue payment and can be authorized as either a restricted or unrestricted payment.

Transportation related expenses such as car insurance, auto repairs or similar transportation costs must not be authorized with this payment type (see payment type D9).

D9 - Diversion Transportation Payment (Upstate WMS): This payment type must be used to authorize a nonrecurring diversion payment for employment related transportation expenses such as the cost of public transportation, car insurance or car repairs. This diversion payment type can be issued to **employed** applicants who have a transportation need that must be met to maintain employment and, if not met, may result in the opening of an ongoing TA case. This payment type may also be used to provide transportation for applicant job search activities while TA eligibility is being determined. To receive this benefit, the household must be categorically eligible for EAF and meet all income and resource requirements of EAF.

Payment type “D9 - Diversion Transportation Payment” is allowed with TA case types 11, 12 and 19 with transaction type 09 – Open/Close. This payment type is also allowed with TA case types 11, 12, 16, and 17 with transaction type 03 – Denial, and on active case types 20, 22, 24 and 31 with a required special claiming code of F. Payment type D9 must be authorized as a single issue payment and can be authorized as either a restricted or unrestricted payment.

F5 - Diversion Payment (Upstate WMS): This payment type is used to authorize a nonrecurring short term diversion payment for expenses directly associated with resolving a housing related crisis or episode of immediate need for homeowners. These include mortgage or mortgage arrears, moving expenses, storage fees or household structural or equipment repairs. This diversion payment type can be issued only to **applicants** who have an emergency or immediate need that if resolved would enable the family to avoid the need for ongoing assistance. To receive this benefit the household must be categorically eligible for EAF and meet all income and resource requirements of EAF.

This payment type is allowed with TA case types 11, 12 and 19 with transaction type is 09 – Open/Close. This payment type is also allowed with TA case type 11, 12, 16 and 17 with transaction type 03- Denial, and on active case types 20, 22, 24 and 31 with a required special claiming code of F. This payment type must be authorized as a single issue payment and can be authorized as either a restricted or unrestricted payment.

This payment type must **not** be used to authorize payments for rent, transportation expenses, child care expenses, costs related to applicant job search or payments for work related items, utility shutoffs, or brokers’/finders’ fees.

F6 - Diversion Rental Payment (Upstate WMS): This payment type is used to authorize a nonrecurring short term diversion payment for rent or rental arrears. This diversion payment type can be issued only to **applicants** who have an immediate shelter need (rent) that if resolved will enable the family to avoid the need for ongoing TA. To receive this benefit the household must be categorically eligible for EAF and meet all income and resource requirements of EAF.

This payment type is allowed with TA case types 11, 12 and 19 with transaction type is 09 – Open/Close. This payment type is also allowed with TA case type 11, 12, 16 and 17 with transaction type 03- Denial, and on active case types 20, 22, 24 and 31 with a required special claiming code of F. This payment type must be authorized as a single issue payment and can be authorized as either a restricted or unrestricted payment.

This payment type must **not** be used to authorize payments for mortgage expenses, property taxes, moving expenses, storage fees, household structural or equipment repairs, security deposits, utility shutoffs, or brokers’/finders’ fees.

VI. Effective Date

The local district, after consultation with all appropriate directors, must notify OTDA in writing if the district intends to use any or all of this process.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance