



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

## Local Commissioners Memorandum

### Section 1

<b>Transmittal:</b>	03 LCM 7
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Temporary Assistance
<b>Date:</b>	June 30, 2003
<b>Subject:</b>	Food Stamp Management Evaluation Procedures
<b>Contact Person(s):</b>	Paul Rickard at (518) 473-6354
<b>Attachments:</b>	Food Stamp Application Processing - Case File Review Document Food Stamp Application Processing - Self -Assessment Interview/Observation Instrument Food Stamp Management Evaluation Review Schedule
<b>Attachment Available On – Line:</b>	X

### Section 2

#### I. Purpose

The purpose of this release is to advise local districts of the continued requirement to conduct Food Stamp Management Evaluation (ME) self-assessments outside of New York City.

#### II. Background

Program Access ME's are a portion of the annual report submitted by the Office of Temporary and Disability Assistance (OTDA) Division of Temporary Assistance (DTA) to the United States Department of Agriculture (USDA). In FFY 2002, OTDA introduced the ME self-assessment process to share program responsibility by allowing local districts to assess, evaluate and, when necessary, adjust their own management practices. OTDA required districts to retrieve a random sample of 30 cases, review these cases, complete an interview instrument, respond to individual case findings, and if indicated, submit a Corrective Action Plan (CAP) to address deficiencies.

#### III. Program Implications

##### Program Access Reviews

OTDA is continuing the ME self-assessment process for program access reviews under USDA-approved procedures. Districts will continue to self-assess key areas of program access, including application processing, expedited processing, timeliness and accuracy of benefits and notices, separate determination, including transitional food stamp benefits, complaint procedures and waiting room observations. The major change in this year's program access ME outside New York

City is that Eighteen Districts will complete a self-assessment and OTDA will conduct 13 on-site reviews (see attachment A). The districts receiving on-site reviews will not be required to self-assess. Future selection of the on-site review districts will be targeted based on review findings and other factors. This will reduce the overall number of districts reporting in calendar year 2004.

The self-assessment will include a questionnaire (attachment B-1) and a review of 20 cases currently under process using a state prescribed Casefile Review Instrument (Attachment B-2). Completed forms will be sent to OTDA, and if indicated, a CAP will be submitted for areas identified as needing improvement.

### **Claims Reviews**

ME claims reviews will also be subject to self-assessment. Five districts will conduct a claims self-assessment and provide corrective action plans to address deficiencies and 21 districts will receive on-site claims reviews conducted by OTDA staff. Additional instructions will be forthcoming. (See Attachment A for the districts scheduled for claims on-site reviews / self-assessment.)

## **REVIEW GUIDELINES**

### **Program Access**

Districts will select 20 cases, including each of the following categories: temporary assistance (TA) case openings, denials, withdrawals and closings; and non-temporary assistance/food stamp (Non-TA/FS) case openings, denials and withdrawals. One recording form will be completed for each case and the reviewer may be either designated centrally or may be any supervisor who did not sign the original case action. In addition, each district will complete a structured Interview Guide to assess other pertinent areas of operation. The guide remains largely unchanged from prior years and should be sent to OTDA with the case review forms.

All districts except New York City will commence the program access ME self-assessments in July of 2003. Completed findings on the attached forms will be returned to OTDA by August 31, 2003. Districts will then provide their Corrective Action Plans to OTDA where they will be used for statewide program analysis.

Copies of the review sheets, the interview/observation instrument, and the proposed CAP will be sent to:

New York State OTDA/DTA  
Eastern Regional Team  
40 North Pearl Street  
Albany, NY 12243

## **CORRECTIVE ACTIONS**

Although the sample reviewed by districts does not constitute a valid statistical sample, the review of FS processing in the several areas listed above will provide local managers with indications of those actions that were taken in error and how best to correct them. Districts experiencing significant errors in any of the review areas will submit a corrective action plan with the case review forms. In addition, NYS OTDA staff will evaluate district participation data from June 2003 and compare it to the districts' participation rate from June 2002. Districts showing a decline

in participation will submit a corrective action plan that identifies tasks that will be completed in order to increase participation.

After reviewing local findings, the district will determine if administrative deficiencies are evident and submit a plan addressing how they are to be corrected. Plans may include remedies such as: topical training, communications improvements, recordkeeping changes, staff realignments or any other locally developed processes or resources required to improve the problem area. Districts should include dates by which activities are to be conducted.

### **STATE OVERSIGHT**

The DTA will review the materials submitted, as well as those obtained from the on-site reviews, and prepare a statewide ME report on program access to be submitted to USDA.

#### **Issued By**

**Name: Patricia A. Stevens**

**Title: Deputy Commissioner**

**Division/Office: Temporary Assistance**

New York State Food Stamp  
Food Stamp Management Evaluation Review Schedule

FFY 2003	
Outside NYC	NYC
<b>Large Counties</b>	
<hr style="border-top: 1px dashed black;"/>	
<b><u>State On-site Review Claims &amp; Program Access</u></b> Erie, Monroe, Suffolk, Westchester	Bergen-48 Bergen-F48
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<b>Medium Counties</b>	
<hr style="border-top: 1px dashed black;"/>	
<b><u>State On-site Reviews:</u></b>	
<b>Program Access</b> Albany, Nassau, Orange, Rensselaer, Schenectady, St. Lawrence	Concourse - 45 Dekalb-64 East End-23 Euclid-78
<b>Claims</b> Broome, Cayuga, Clinton, Dutchess, Jefferson, Ontario, Onondaga, Saratoga, Wayne	Greenwood-F24 Jamaica-54
<b><u>County Self-Assessment:</u></b>	Linden-67
<b>Program Access</b> Broome, Cayuga, Clinton, Dutchess, Jefferson, Ontario, Onondaga, Saratoga, Wayne	Long Island City-F43 Richmond-99 Rockaway-79
<b>Claims</b> Albany, Nassau, St. Lawrence	Waverly-13
<hr style="border-top: 1px dashed black;"/>	
<b>Small Counties</b>	
<hr style="border-top: 1px dashed black;"/>	
<b><u>State On-site Review s:</u></b>	
<b>Program Access</b> Greene, Sullivan, Warren	F15 Additional 5 sites to be determined
<b>Claims</b> Chenango, Cortland, Essex. Franklin, Fulton, Madison, Putnam, Yates	
<b><u>County Self-Assessments:</u></b>	
<b>Program Access</b> Allegany, Chenango, Cortland, Franklin, Fulton, Hamilton, Madison, Putnam, Yates	
<b>Claims</b> Allegany, Hamilton	

**FFY 2003 Food Stamp Management Evaluation  
Food Stamp Application Processing  
Self -Assessment Instrument**

District: \_\_\_\_\_

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

**Reviewer Names**

**Title**

**Phone #s**

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**PROGRAM ACCESS:**

1) What are your days and hours of operation? Are applications accepted during this time?  
If not, explain limitations (e.g., applications only taken up to 1:00 p.m., etc.)

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2) Are there any restrictions on the number of applications taken in a day?  
 No  
 Yes

If Yes, Please explain \_\_\_\_\_

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3) Do people usually have to wait in line when they come to this office to apply?  
 No  
 Yes

Can you estimate the average waiting time before clients are provided with an application kit?

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4) How are applications made available?

Comments \_\_\_\_\_

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5) Are there any limitations/conditions to obtaining an application? (e.g., – client must live in a certain zip code? \_\_\_\_\_

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6) Are applicants encouraged to file their application on initial day of contact? \_\_\_\_\_

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7) Which application(s) is available?

- A/JP – “Application/Job Profile“ W-680 B (NYC Only)
- LDSS-2921 – Common Application
- LDSS-2921S - Common Application (Spanish)
- LDSS-4826 - Food Stamp Benefits Application
- LDSS 4826 - SP Food Stamp Benefits Application (Spanish)

- 8) What is the average waiting time to be seen by a “worker” Day #1? (for screening or pre-screening?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9) Are application logs or sign-in sheets maintained? Describe what information is collected and where kept. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) What is the average number of days between pre-screening (Day #1) and the eligibility interview appointment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11) Are special accommodations made for individuals with special needs? What procedures are in place to ensure that the in-person interview is waived in hardship cases? (e.g. employed, elderly or disabled)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12) What are your procedures when an individual informs you that they cannot represent themselves? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Limited English Proficiency and Alien Eligibility:

- 13) What are your procedures for when a limited or non-English speaking individual comes in to apply for benefits (assuming that they have not brought their own interpreter?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 14) Do you have posters, signs or other client handouts available in other languages? \_\_\_\_\_  
\_\_\_\_\_

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15) What are your procedures for when an individual informs you that he/she is a non-citizen and wishes to apply for Food Stamps? Are they scheduled for an eligibility interview? \_\_\_\_\_

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16) What are your procedures for determining alien eligibility for food stamp benefits? \_\_\_\_\_

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17) What if the household is unable to provide documentation of alien? \_\_\_\_\_

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18) How do you ensure cases that include ineligible aliens are budgeted correctly? \_\_\_\_\_

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**APPLICATION PROCESSING:**

19) Is the filing date for Food Stamps the date an application is received? \_\_\_\_\_

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20) What are your procedures if an incomplete application is submitted? Are applications accepted if they contain only a name, address if they have one, and signature? \_\_\_\_\_

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21) What internal controls are in place to ensure that all Food Stamp applicants are approved or denied within 30 days of application filing? \_\_\_\_\_

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22) Describe procedures for registering applications in WMS and for tracking disposition, including withdrawals. Attach sample logs, if any. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expedited Processing:

23) Are all PA FS applicants screened using the Expedited Screening Sheet (DSS-3938 or W140K) on the 1<sup>st</sup> day of contact?

Yes       No

24) Are all NPA FS applicants screened using the Expedited Screening Sheet (Dss-3938 or W140K) on the 1<sup>st</sup> day of contact?

Yes       No

25) When is the food stamp eligibility interview conducted for those individuals found eligible to receive expedited processing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Separate Determinations:

26) What is the procedure when a client withdraws an application for cash assistance but wants to continue the application for Food Stamps? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27) How is the Food Stamp filing date protected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28) How do line staff know the procedure? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29) What is the procedure for a separate determination of Food Stamp eligibility when a client's application for cash assistance is denied? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30) What are the procedures for ensuring that separate determinations are made for Food Stamps when the TA case is closed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31) What are the procedures for ensuring that households closing FA or SNA-FP are reviewed for transitional Food Stamp benefits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32) What WMS systems procedures does your district use to process households for transitional Food Stamp benefits? Are these cases processed through the WMS separate determination process or is an NPA FS case opened to continue the households FS benefits unreduced? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33) What management/supervisory controls are in place to insure that households eligible for the TBA are processed according to policy directive 02 ADM 7? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34) How does line staff know the procedure? Check all that apply.

- Written Instruction       Verbal Instruction       Training Session  
 Other - describe \_\_\_\_\_

\_\_\_\_\_

**Undercare Maintenance:**

Six-Month Reporting and Earned Income Budgeting Procedures:

35) Please describe the systems the district uses to receive reports of obtained employment from clients, and from other units both within the district (employment units) and external (Dept. of Labor, or WIA)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36) Does this information meet the “verified upon receipt” rule?: a) Is it received from a primary source? b) Is the information questionable? c) Does the information transmitted from the primary source include the exact date and amount of wages received (to be received)? If the information transmitted does not meet these tests then the income cannot be budgeted. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37) Do workers understand that households cannot be required to report information other than exceeding 130% income level for a calendar month? i.e.-workers cannot require that households report new jobs, members, or other information aside from exceeding the 130% income level. What training on 01-ADM-09 and 02-ADM-7 has the district done/what training is needed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38) How is “undercare” information conveyed to the eligibility worker to budget on a timely basis? Are there management controls (such as logs of received information done at reception, or change report units) to insure that workers are able to budget this information on a timely basis, and what are they?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39) 01-ADM-09 and 02-ADM-07 specifies that households must be notified of the 130% gross income limit by giving the household the LDSS 4791 “Important Information” when the household first applies, recertifies, or reports any change. What process assures that workers are handing out the LDSS 4791 to households at the required points.? What worker discussion of reporting requirements takes place to assure that households know what monthly gross income level they must report if they exceed it? Does this discussion explain what we mean about **gross** income and explain how soon they have to report an excess?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40) For NTA/FS what management/supervisory controls do you have to insure that change report forms LDSS-3151 reports have been processed during the sixth month of a typical 12 month certification period when returned by a unearned income households. Since 10/02 (02-ADM-07) the State automatically mails these forms to unearned income households at the end of the 5<sup>th</sup> month of certification. They are required to be completed by households with a change (for certification periods of 7 months or greater and have been automatically issued by the WMS system.)

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**COMPLAINT PROCEDURES**

40) Describe procedures for responding to pre-application inquiries about Food Stamp eligibility:

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41) Are civil rights complaints recorded/tracked in accordance with 03 LCM 3, "Food Stamp Program Civil Rights Complaints Procedures?" Who is your contact person for civil rights complaints? Is the information current? \_\_\_\_\_

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42) How many civil rights complaints were processed last year? How many were resolved? How timely are they investigated? \_\_\_\_\_

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43) How are individuals/organizations informed of the local district complaint procedures?

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44) How is management review of complaints (to determine if there are problems/patterns) accomplished? \_\_\_\_\_

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**OBSERVATIONS:**

45) Is there a line of applicants waiting?

Yes

No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46) General Condition of Office

Poor

Average

Good

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

47) Waiting Area – describe conditions (e.g., crowded, noisy, sufficient seats, clean, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48) How do applicants know where to go?

(Check all that apply)

Security Guard at door

Signs

Receptionist

Other – explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

49) Are the days and hours of operation posted?

No

Yes, Where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

50) Attitude/behavior of staff toward clients – describe based on interactions you observe

\_\_\_\_\_  
\_\_\_\_\_

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51) The following forms are required to be provided in the application kit (NYC only).  
Are the following client booklets contained in the application kit?

Yes No

- Application (W-680B or LDSS-2921/LDSS-4826)
- How To Complete The Application (W-680AA or LDSS-2921-I)
- What You Should Know About Your Rights and Responsibilities - Book 1 (LDSS-4148A)
- What You Should Know About Social Services Programs - Book 2 (LDSS -4148B)
- What You Should Know If You Have An Emergency - Book 3 (LDSS-4148C)
- Yes! You Can Still Apply for Medicaid- MA Brochure
- Food Stamps- FS Brochure
- The Job Center Welcomes You Brochure

Are the Spanish packets complete? \_\_\_\_\_

52) The following forms are required to be provided in the application packet (Upstate Only).  
Are the following client booklets contained in the application packet?

Yes No

- Application (LDSS-2921/LDSS-4826)
- How To Complete the Application (LDSS-2921-I)
- What You Should Know About Your Rights And Responsibilities - Book 1 (LDSS--4148A)
- What You Should Know About Social Services Programs - Book 2 (LDSS-4148B)
- What You Should Know If You Have An Emergency - Book 3 (LDSS -4148C)

53) The following posters are required to be posted in the client waiting areas:

- Food Stamp Complaint Procedures (LDSS-8036, revised 2/00)
- And Justice for All (AD-475B, revised 12/99)
- Will You Receive Food Stamps After Cash Assistance Ends (English)
- Will You Receive Food Stamps After Cash Assistance Ends (Spanish)
- Language Poster

Are these five mandated posters posted in the client waiting areas?

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54) Local District Concerns/Issues – Please explain.

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FFY 2003 Food Stamp Management Evaluation (Outside NYC)

Review Finding

Correct

Error

Reason: \_\_\_\_\_

FOOD STAMP APPLICATION PROCESSING  
CASE FILE REVIEW DOCUMENT

District: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Case Name: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Type \_\_\_\_\_

Case Status:

- PA acceptance (Section I & IIB)  NPA-FS acceptance (Section I)
- PA denial (Section I & IIA)  NPA-FS denial (Section IA, IC & IIB)
- PA withdrawal (Section I & IIA)  FS withdrawal (Section IA & B)
- PA closing (Section IIC)

(For PA denials, withdrawals and closings, look up corresponding NPA cases.)

Comments/Findings:

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**I. Application Processing** Note to Reviewer: Gray Areas = System Look-Up or Info. Available on Case list

A. Application Date Agreement	Yes	No	N/A
1. Completed LDSS-2921/LDSS4826 in casefile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date application was filed _____			
<input type="checkbox"/> Date stamp on application			
<input type="checkbox"/> Date written on top of application			
<input type="checkbox"/> Application log date			
<input type="checkbox"/> Other: _____			
3. Application date recorded on WMS _____			
4. Are the dates in 2 and 3 the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• if no, explain why _____			
_____			
_____			

**B. Withdrawal From Program**

1. Did client withdraw from PA?
2. Did client withdraw from FS?
3. What is the reason for the withdrawal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STOP HERE IF FS WITHDRAW**

**C. Expedited Processing Timeframes**

1. Is completed Expedited Service Worksheet (LDSS-3938) in casefile?
- Complete Date LDSS 3938 was completed \_\_\_\_\_
- Date missing
- Incomplete; Two or more items missing
- 3938 missing; Reviewer must complete one and attach it to this sheet
2. Does the date in 1 = the Application Date in A above?
3. Determination Yes No N/A
- Eligible for expedited processing (Complete No. 4 and go to Section D)
- Not eligible for expedited processing (Complete No. 4 and go to Section E. If ongoing FS were denied, SKIP to Section IIB)
4. Was determination correct? If not, why not -- (or other comments).
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Expedited Processing Benefit Issuance**

Yes    No    N/A

(Pay Type 91 = Expedited; Pay Type 93 = Single Issue but sometimes used inappropriately for expedited issuance.)

1. Date of initial food stamp issuance (on BICS) (\_\_\_\_\_) Pay Type \_\_

2. Application Date: \_\_\_\_\_

3. Is the date of initial issuance within 5 calendar days of application date?         

4. Date of Notice LDSS-3152 (manual notice or CNS) \_\_\_\_\_

5. Is the date of the notice within 5 days of application date?         6. Notice certification period established (manual notices only)  
(    ) – (    )

7. WMS Certification period (    ) – (    )

8. Are the dates in 6 & 7 the same?         **E. Non-Expedited Processing Benefit Issuance**

(Pay Type 91 = Expedited; Pay Type 93 = Single Issue but sometimes used inappropriately for expedited issuance.)

1. Date of initial food stamp issuance (on BICS) (\_\_\_\_\_) Pay Type-\_\_

2. Application Date: \_\_\_\_\_

3. Is the date of initial issuance within 30 calendar days of application date?         

4. Date of Notice LDSS-3152 (manual notice or CNS) \_\_\_\_\_

5. Is the date of the notice within 30 days of application date?         6. Notice certification period established (manual notices only)  
(    ) – (    )

7. WMS Certification period (    ) – (    )

8. Are the dates in 6 & 7 the same?         **STOP HERE IF FS ACCEPTANCE**

Yes No N/A

**II. FS Separate Determinations/FS Denials****A. PA Denials/Withdrawals**

## 1. Status of food stamps

 Denied (PA/FS code will equal 03) Accepted (PA/FS code will equal 70 or 71)

## 2. Was determination correct?

  3. Was FS Application denied prior to the 30<sup>th</sup> day for interview no-show?If yes, explain \_\_\_\_\_  
\_\_\_\_\_

## 4. Was FS application denied for FTC with a non-food stamp requirement such as FTC with Medical or Drug/Alcohol Evaluation?

 

If yes, explain \_\_\_\_\_

Date of NPA case acceptance \_\_\_\_\_

## 5. Was notice issued

  case denial notice, month/date \_\_\_\_\_ LDSS-3152 "Action Taken" notice date \_\_\_\_\_**B. FS Denials (including denied FS when PA is approved)**

## 1. Was determination correct?

 

## 2. Was a notice issued?

 

LDSS 3152 "Action Taken Notice" Date \_\_\_\_\_

or system generated client notice

3. Was FS Application denied prior to the 30<sup>th</sup> day for interview no-show? 

If yes, explain \_\_\_\_\_

## 4. Was FS application denied for FTC with a non-food stamp requirement

 

such as FTC with Medical or Drug/Alcohol Evaluation?

If yes, explain \_\_\_\_\_

 **C. TA Closing (This might include denials of TA Case Types opened only for Exp. FS)**

TA case type: \_\_\_\_

TA closing reason code \_\_\_\_

  

Was the case determined eligible for Transitional Food Stamp Benefits?

  

Was the determination correct?

does this matter?

  

Was the household notified of TBA through

 manual notice

system generated client notice

Yes No N/A

- 1. If not eligible for transitional benefits, was there information in the case file to make a determination on food stamps ?  Yes  No  N/A  
 Was a request for contact sent to the household?  Yes  No  N/A
- 2. Were food stamps closed? PA/FS code might equal 08, 09, 80, 81, 90 or 91 \_\_\_\_  Yes  No  N/A
- 3. Was determination correct?  Yes  No  N/A  
 If no, why \_\_\_\_\_
- 4. Were food stamps continued until end of original certification period?  Yes  No  N/A  
 If no, why \_\_\_\_\_  
 What notice was issued on the food stamps action? (Possibly pertinent CNS notice type/detail?)

- CNS
- Action taken
- Notice of intent

6. Was this correct?  Yes  No  N/A