



**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE**

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ALBANY, NY 12243-0001

Andrew M. Cuomo
Governor

Administrative Directive

Section 1

Transmittal:	11-ADM-04
To:	Local District Commissioners
Issuing Division/Office:	Center for Child Well-Being (CCWB) and Center for Employment and Economic Supports (CEES)
Date:	May 24, 2011
Subject:	Desk Reviews of the Distribution and Disbursement of Support Collections
Suggested Distribution:	Child Support Enforcement Unit Coordinators Support Collection Unit Supervisors Temporary Assistance Directors Staff Development Coordinators Accounting Staff Resource and Recovery Staff
Contact Person(s):	Division of Child Support Enforcement at 1-800-343- 8859 Temporary Assistance Bureau at 1-800-343-8859, extension 4-9344 Office of Legal Affairs at 1-518-474-9502
Attachments:	Attachment 1-Summary of Changes and Improvements to the Desk Review Process Attachment 2-Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections Attachment 3-Information and Instructions for Completing the <i>Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections Form</i> Attachment 4-First-Level Desk Review Determination Attachment 5-Confirmation of Receipt of Your Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections Attachment 6-Calculations Worksheet for Desk Review of Pass-through Payments Attachment 7-Information and Instructions for Completing the <i>Calculations Worksheet for Desk Review of Pass-through Payments</i> Attachment 8-Calculations Worksheet for Desk Review of Cumulative Excess Support Payments Attachment 9-Information and Instructions for Completing the <i>Calculations Worksheet for Desk Review of Cumulative Excess Support Payments</i> Attachment 10-Support Collection Unit Notification to State of Unreimbursed

	Assistance Adjustment as a Result of a Cumulative Excess Support Payment Desk Review Attachment 11-Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections Attachment 12-Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections Attachment 13-Second-Level Desk Review Determination Attachment 14-Notification of a Second-Level Desk Review Request Attachment 15- Request for Additional Information to Support Second-Level Desk Review
Attachment Available On – Line:	☒

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90-ADM-41 97-ADM-7 99-ADM-5 06-ADM-16 08-ADM-08 09-ADM-04 09-ADM-21 10-ADM-04	06-ADM-16	18 NYCRR 347.12; 347.13; 347.25; 352.15; and 352.31(d)		Temporary Assistance Source Book (TASB) BICS Manual Fiscal Reference Manual, Volume 2, 3, and 4	LDSS-4148A LDSS-4148B <i>Dear Commissioner</i> letter dated May 3, 2004 <i>Dear TA Director</i> letter dated November 17, 2005 <i>Dear Colleague</i> letter dated June 1, 2007 <i>Dear Colleague</i> letter dated April 22, 2008 <i>Dear Colleague</i> letter dated May 19, 2008 ABEL Transmittal 09-5 Information #3

Section 2

I. Summary

This Administrative Directive (ADM) refines the procedures for local district and state staff to conduct desk reviews for current or former recipients (collectively referred to as *recipients*) of temporary assistance (TA) who dispute the distribution and disbursement of support collections. TA will be used throughout this ADM and includes family assistance and safety net assistance. Implementation of these procedures will ensure that local district staff conduct desk reviews in a timely and uniform manner and, when

appropriate, expedite payments to recipients. Coordination between the Support Collection Unit (SCU) and TA Unit is critical to the success of the desk review process.

This ADM **cancel**s previously issued instructions, notices, and forms issued with **06-ADM-16** dated December 13, 2006 and entitled *Desk Reviews of the Distribution of Child Support Payments*.

Additionally, this ADM discontinues the desk review forms and instructions only provided in 08-ADM-08, dated October 29, 2008, entitled *Increase in the Pass-through and Disregard of Support Payments* as rights to a desk review of pass-through payments for the amount identified in Phase I implementation have expired. All other information provided in 08-ADM-08 remains in effect.

This ADM also serves as notification that the procedures and forms for a desk review request for current excess support payments provided in 09-ADM-21, dated November 13, 2009, entitled *Temporary Assistance Excess Support Process and Procedures for Reviewing Cases that have Support Collections in Excess of the Temporary Assistance Deficit*, are discontinued effective February 1, 2011. All other information provided in 09-ADM-21 remains in effect.

A summary of the revisions and improvements to the desk review process included in this ADM are included in the *Summary of Changes and Improvements to the Desk Review Process (Attachment 1)*.

II. Purpose

The purpose of this ADM is to provide a complete resource for requesting, conducting, and reporting the results of desk reviews of the distribution and disbursement of support collections as required by Section 347.25 of Title 18 of the New York Codes, Rules and Regulations, and includes supplemental instructions and mandatory forms for implementing the process. Further, this ADM includes changes to the pass-through payment amounts effective January 1, 2010 and aligns the calculations worksheet and instructions with the changes provided in 10-ADM-04, dated June 18, 2010, entitled *Increase in the Pass-through and Disregard of Support Payments – Phase II*. Finally, this ADM includes revisions to calculations worksheets and instructions for issuing pass-through and cumulative excess support payments as a result of completing desk review worksheets which streamline and improve the desk review process based on state and local district experience with the desk review process.

III. Background

A *desk review* is a procedure for recipients of TA who are or were receiving child support services to dispute the amount of or claim non-receipt of a **pass-through payment** or a **cumulative excess support payment**. Refer to Section V.B.1.c. for further information on payment types.

A desk review is conducted jointly by the SCU and TA Unit upon the written request of a recipient who believes that the distribution and disbursement of support collections made for the period(s) during which an assignment of support rights was in effect is incorrect.

It involves an examination of information contained in the child support account and TA case record. The desk review must result in a written determination to the recipient that includes an explanation of how the SCU distributed and disbursed support collections received on behalf of the recipient for the period(s) reviewed, and how the TA Unit paid any pass-through and excess support payments.

If appropriate, the TA Unit is tasked with issuing a payment to the recipient or arranging for recovery of an overpayment. A second-level desk review is available to the recipient from the New York State Office of Temporary and Disability (OTDA) only after completion of a first-level desk review by the SCU and TA Unit if the recipient does not agree with the first-level determination.

Experience with the current processes at both the local district and state levels has provided an opportunity for enhancements and improvements to the first-level and second-level desk review processes which are included in this ADM. The improvements are identified in the *Summary of Changes and Improvements to the Desk Review Process (Attachment 1)*.

IV. Program Implications

The implementation of the procedures contained in this ADM will allow the SCU and TA Units to satisfy the requirements of the pertinent regulation through a streamlined process that includes enhancements for appropriate communication between the SCU and the TA Unit, and between OTDA and the SCU and/or TA Unit. The mandatory revised forms necessary to address the pass-through and excess support payment desk review requests, and expedite payments to recipients where appropriate, are included.

V. Required Action

The SCU and TA Unit are tasked with calculating and responding to first-level pass-through and cumulative excess support payment desk review requests. The SCU is tasked with receiving and maintaining records of the first-level desk review requests; taking CSMS account maintenance actions that will ensure that support collections are distributed and disbursed appropriately; conducting a conference with the recipient, if requested; and providing CSMS collection, distribution and disbursement information as required on the calculations worksheets. The TA Unit is tasked with providing WMS/BICS disbursement record information as required on the first-level desk review calculations worksheet; taking actions as a result of the first-level desk review that would allow for the issuance of any payments due to the recipient or recovery of any overpayments due from the recipient by any authorized means; and reporting the results of the first-level desk review to the recipient, the SCU, and the TA Unit tasked with issuing payments due to the recipient or recovering an overpayment.

OTDA is tasked with reviewing and responding to the second-level desk review requests.

Notices and forms to be used by local districts for first-level desk reviews will be made available on ASSETS as templates in the *State Folder* of the *Local Correspondence* tab in the *Document Generation* module for local district use. Additionally, all desk review

notices and forms used for first-level and second-level desk reviews may be viewed on ERS under *Resources* in the folder entitled *Desk Reviews of Distributions*.

A. Request Form

The SCU and TA Unit shall be familiar with how a recipient is notified of the rights to a desk review and how a recipient may obtain the desk review request forms.

1. Notification of a recipient's right to a desk review is provided through:
 - OTDA Client Information Booklet 1, LDSS-4148A, *What You Should Know About Your Rights and Responsibilities*;
 - OTDA Form LDSS-3677 and LDSS-3677 NYC *Monthly Report of Support Collected*;
 - Child Support Enforcement Program's *Monthly Notice of Support Payments*; and
 - Notices produced by the Client Notice System (CNS) as a result of the monthly automated process, such as *Excess Support (Sys. Gen.) Active Case* and *Excess Support (Worker Authorized) Active Case* letters. (Refer to the November 17, 2005, *Dear Temporary Assistance Directors* letter, which discusses the automated excess support process, the countable payments eligible to be offset by child support, and certain excess support notices for details.)

2. Desk review request forms are available through several sources. Recipients who wish to request a desk review may obtain a desk review request form by:
 - Telephoning the New York State Child Support Customer Service Helpline (CSH) at 1-888-208-4485 (TTY: 1-866-875-9975) (Relay Service www.fcc.gov/cgb/dro/trs_providers.html);
 - Visiting their local district Child Support Enforcement Unit (CSEU) or SCU reception areas (see the *Dear Colleague* letter dated April 22, 2008, entitled *Availability of Desk Review Request Form and Instructions*, for further information); or
 - Accessing the *Custodial Parent Services* link within the New York State child support website at newyorkchildsupport.com.

3. When a recipient requests a desk review request form, the recipient must be provided with a standard request form *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* (**Attachment 2**) and *Information and Instructions for Completing the Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* Form (**Attachment 3**) to assist in completion of this form.

4. The recipient must be provided with or must obtain a return address to submit the completed desk review request form, as follows:
 - Where the CSH is contacted by the recipient for a desk review request form, the CSH will also include a cover letter which provides the SCU address for return of the request form.
 - Where the recipient receives the standard request form and instructions from the CSEU or SCU, the local district must ensure that the SCU address is provided for submittal of the completed form.
 - Where the recipient obtains the standard request form and instructions from the child support website, a link is provided for obtaining the appropriate local district address.

B. First-Level Desk Review

After obtaining a standard first-level desk review request form from one of the methods identified in Section V.A., the recipient must complete and submit the request form to the SCU address provided, and may include documentation to support their request. Upon receipt of a *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections*, the SCU and TA Unit jointly conduct the desk review.

1. SCU Procedures

The SCU must complete the desk review procedures outlined in Section V.B.1.a. through e. within fifteen (15) calendar days from the date that the SCU receives the first-level desk review request.

a. Review the First-Level Desk Review Request Form for Critical Information

- i. The SCU must receive the desk review request form and review the request form to ensure that the recipient has provided the following critical information:
 - necessary information (e.g., name and Social Security number or Individual Taxpayer Identification Number) to identify the recipient and related CSMS account number(s) and TA case number(s);
 - the recipient's current mailing address;
 - the period(s) for which the recipient requests the desk review;
 - the type of payment(s) involved, which can include a pass-through payment and/or cumulative excess support payment; and
 - the reason(s) or factor(s) which the recipient believes led to the recipient's non-receipt of the identified type of payment(s), including review of any documentation provided to support their request.

- ii. If **critical information is missing** from the desk review request form that will not enable the SCU to identify the correct CSMS account number(s), and the SCU is unable to obtain the required information from internal records or from the recipient submitting the request, the SCU must conclude the desk review. The SCU must complete the *First-Level Desk Review Determination (Attachment 4)*, by checking the appropriate box(es) and mailing the determination to the recipient promptly but no later than fifteen (15) calendar days from the SCU's receipt of the desk review request form. This form should be reproduced on SCU letterhead for this purpose. The determination must include a copy of the original desk review request form.

Note: Because no CSMS account was located, no status and reason codes can be set. In the event the recipient obtains the missing critical information to identify the child support account(s) or TA case(s), the recipient may resubmit the original first-level desk review request form with the missing critical information or obtain a new desk review form for submittal to the SCU. The SCU must maintain a copy of the determination letter for their records should further information be submitted.

- iii. Where the SCU determines the appropriate CSMS account(s) based on the critical information provided, the SCU must enter status and reason code **H001 04 (REQUEST FOR DESK REVIEW RECD)** on the CSMS IVDJSI screen for each account to record that the desk review request has been received. The status and reason code must record the date that the first-level desk review request was received in the EFF ST DT field.

Note: A forthcoming ASSETS release will advise SCUs of the systematic setting of status and reason code **H001 04 (REQUEST FOR DESK REVIEW RECD)** when actions in Section V.B.1.b. are completed. Until such time, SCUs must manually enter the status and reason code as instructed.

b. **Confirm Receipt of the First-Level Desk Review Request**

The SCU must acknowledge receipt of the desk review request form immediately through use of the *Confirmation of Receipt of Your Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections (Attachment 5)*.

The SCU must complete the information required on the confirmation letter and mail the letter to the recipient at the address provided on the desk review request form.

c. **Confirm the Period that Must be Included in the Desk Review**

The SCU must confirm the appropriate review period for the desk review based upon the recipient's request form.

i. For a desk review of a **pass-through payment**, the desk review is limited to an accounting of the distribution and disbursement of support collections made during the calendar year in which the desk review is requested and the calendar year preceding the calendar year in which the desk review is requested for pass-through payments. The SCU must conduct the desk review for the period(s) requested on the desk review request form, plus up to the two consecutive months that follow each period requested if appropriate. Refer to *Information and Instructions for Completing the Calculations Worksheet for Desk Review of Pass-through Payments (Attachment 7)* for a definition of this payment type.

ii. For a desk review of a **cumulative excess support payment**, a collection and disbursement must be made during the calendar year in which the desk review is requested or the calendar year preceding the calendar year in which the desk review is requested in order to be eligible for a desk review. However, after a determination is made that the desk review request meets the eligibility requirement, the cumulative excess support desk review must be conducted for a period which covers the full period(s) of the TA assignment, and must consider collections, distributions, and disbursements for all periods through to the last month that a disbursement was made to the TA Unit for such assignments. This is necessary in order to accurately determine the correct amount of cumulative excess support payments. If the period of the cumulative excess support desk review requires records not available on ASSETS or CSMS (e.g., microfiche or paper records), obtain the ASSETS/CSMS archived collection, distribution and disbursement information needed. Copies of any archived records used in the cumulative excess support desk review must be maintained to support the desk review and made available to OTDA upon request with notification that a second-level desk review has been requested (see Section V.C.1.b.). Refer to *Information and Instructions for Completing the Calculations Worksheet for*

Desk Review of Cumulative Excess Support Payments (Attachment 9) for a definition of this payment type.

Note: For purposes of determining the date that is to be used to capture the opening balance of unreimbursed assistance, CSMS uses the date of TA initial eligibility or the date of birth of the oldest child, whichever is later. Where medical verification has been provided to the TA Unit and that Unit has made a referral to the child support enforcement unit, this period should include the period of time that the recipient was pregnant.

d. Conclude the Desk Review with No Calculations Worksheet

i. If upon review of the critical information provided on the request form per Section V.B.1.a., and the period determination made for the desk review per Section V.B.1.c., the SCU determines that the desk review can be concluded and that no calculations worksheet will be required, the SCU must conclude the desk review. The desk review can be concluded prior to completing a first-level calculations worksheet where the following circumstances are verified:

- The desk review request was completed and submitted by a person who is not the recipient of TA entitled to claim non-receipt of a support pass-through payment, and the person requesting the review is not entitled to such information (see the *Dear Colleague* letter dated June 1, 2007, entitled *Release of Information to Requesting Party* for further information);
- The desk review request is for a pass-through payment and the request period is not within the calendar year in which the desk review request was submitted or the prior calendar year;
- The desk review request was received from a custodial parent who was never a recipient of TA or who had no support account established with the SCU at any time during the period(s) for which the review is requested;
- There were no collections received during the calendar year in which the desk review request was submitted or the prior calendar year;
- The type of collection received was not appropriate for the type of desk review requested (e.g., the desk review is for a pass-through payment and the collection is the result of a federal income tax refund offset);
- The desk review request does not involve a matter that can be addressed by the SCU or the TA Unit; or

- The CSMS account record indicates that the support collected was forwarded to another local district SCU or another state for distribution.
- ii. Where one or more of the circumstances in Section V.B.1. d.i. is met and the SCU concludes the desk review, the SCU will complete the *First-Level Desk Review Determination (Attachment 4)* by checking the appropriate box(es) and mailing the determination to the recipient promptly, but no later than fifteen (15) calendar days from the SCU's receipt of the desk review request form, by first class mail. The determination must include a copy of the original desk review request form.
 - iii. The SCU must enter new status and reason code **H901 12 (DESK REVIEW CONCLUDED-NO WKSHT)** to conclude the desk review, and enter remarks for actions taken regarding the desk review request on the CSMS IVDJRR record (e.g., *Pass-through desk review requested for a period beyond the allowable period. Desk review concluded. Determination letter sent to CP on 4/1/XX*). No further action is required.
- e. **Prepare a Calculations Worksheet for Desk Review**
- i. Where the first-level desk review is not concluded per Section V.B.1.d., the desk review will require that a calculations worksheet be completed. The SCU must determine the types of information needed to conduct the desk review. If the recipient did not provide the information necessary to complete the calculations worksheet, the SCU must make reasonable efforts to obtain the information, which might include contact with:
 - the sources of collections, including income withholders, noncustodial parents, another county SCU, or another state's IV-D agency to obtain information or documentation relevant to the support collections under review;
 - another county SCU or another state's IV-D agency to obtain information or documentation relevant to the support account; or
 - the TA Unit to obtain information or documentation regarding the TA case.

All efforts made by the SCU to obtain information must be fully documented on the remarks record.

- ii. The SCU must conduct a conference with the recipient, if requested by the recipient on the desk review request form. The SCU must conduct the conference by telephone or in person promptly but no later than seven (7) calendar days from receipt of the desk review request form and must allow the recipient to present documentation or information to support their desk review request. That documentation or information becomes part of the desk review record.
- iii. The SCU must review the CSMS account records and confirm that the information is accurate. Some potential problems include:
 - CAN or CIN does not match CSMS account records: the SCU must review CSMS records to determine the TA case number (CAN) or client identification number (CIN) that is being used and validate whether it is correct. If it is not, the correct CAN or CIN must be obtained and corrected. Please refer to the *Dear Colleague* letter dated May 28, 2004, for improvements to the WMS data match process regarding CAN/CIN.
 - TA status on CSMS: the SCU must review CSMS records to determine if there has been a change in TA status. If a change in TA status has occurred, the appropriate adjustments to CSMS, such as building a TA ledger or terminating a TA ledger (converting the account to, or de-converting the account from, TA) must be completed. Additionally, other CSMS adjustments such as a change in a distribution switch from a “3” (*disburse no money*) to a “1” (*disburse all applied per court order*) may be necessary so that any collections which have not been disbursed will be disbursed.
 - A collection is not on record: the SCU must review any proof of collections submitted to locate funds which are alleged to have not been applied to a CSMS account, and apply the funds appropriately. The SCU must also review suspense accounts to identify collections not yet applied to the intended CSMS account.
- iv. If CSMS account maintenance is required, the SCU must complete the account maintenance within two (2) business days of receipt of the desk review request and prior to completing the calculations worksheet required for the desk review. Any adjustments to the CSMS account or disbursements of collections received that were not distributed appropriately and which will change or impact the period of the desk review must be completed and incorporated into the desk review (e.g., after account

maintenance is performed, collections previously disbursed to DSS are adjusted and are now to be distributed to the family, the reporting of the disbursement of those collections for that month must accurately reflect the adjustment).

- v. Based on the type of payment identified by the recipient on the desk review request form, the SCU must complete the required steps recording the collection and disbursement information identified on one or more of the following:
 - *Calculations Worksheet for Desk Review of Pass-through Payments (Attachment 6)*. Complete Steps 1 and 2 following the instructions provided in **Attachment 7**; or
 - *Calculations Worksheet for Desk Review of Cumulative Excess Support Payments (Attachment 8)*. Complete Steps 1 and 2 following the instructions provided in **Attachment 9**.
- vi. After completion of the appropriate steps, enter the SCU worker's name, initials, title, telephone number, and the date that the SCU's portion of the calculations worksheet is completed by the SCU.
- vii. Forward to the TA Unit the calculations worksheet, the original desk review request form, and any documentation provided within fifteen (15) calendar days of the SCU's receipt of the desk review request form. The SCU should retain a copy of the desk review documents until the desk review is completed by the TA Unit and the desk review determination package is received.

f. Additional SCU Steps Required After the TA Unit Completes the First-Level Desk Review

- i. When the TA Unit completes actions required for a first-level desk review as identified under Section V.B.2., the SCU will receive a copy of the first-level determination package (see further details in Section V.B.2.c.). Upon the SCU's receipt of a copy of the first-level determination package from the TA Unit, the SCU must review the results, enter the status and reason code **H901 04 (DESK REVIEW W/WRKSHT COMPLETED)** and enter remarks to support the desk review on the IVDJRR screen (e.g., *Pass-through desk review completed. CP entitled to additional payment of \$100.00 on 12/1/XX*).

- ii. Where the cumulative excess support calculations worksheet included with the first-level determination package reports assistance repayments to TA not previously known to the SCU and that impact the CSMS unreimbursed assistance balance, SCU workers must complete a *Support Collection Unit Notification to State of Unreimbursed Assistance Adjustment as a Result of a Cumulative Excess Support Payment Desk Review* form (**Attachment 10**) and provide the completed form to the state as instructed on the form.
- iii. Where the SCU determines that the reported assistance payments to TA do not impact the CSMS unreimbursed assistance balance, no further action is required.

2. **TA Unit Procedures**

The SCU will provide the TA Unit with the calculations worksheet, the original desk review request form, and any documentation provided with the first-level desk review request. The TA Unit must complete the desk review procedures outlined in Section V.B.2.a. through c. within thirty (30) calendar days, but no later than forty-five (45) calendar days from the date that the SCU received the first-level desk review request.

- a. **Required Steps to Prepare for Completion of the First-Level Desk Review**
 - i. Review the TA CAN and CIN that the SCU has provided on the calculations worksheet to ensure that it matches the TA case information. If the information does not match, contact the SCU to resolve the discrepancy.
 - ii. Review the TA case address and make sure it is the same address the SCU has provided. If the information does not match, contact the SCU to resolve the discrepancy.
 - iii. Review the time period that the desk review request is for to determine if payment information is needed other than what is available through BICS. If so, obtain the archived payment information needed. This should only be needed for desk review requests for cumulative excess support payments. Copies of all TA Unit records used in the desk review must be maintained to support the desk review and made available to OTDA when notification is sent that a second-level desk review has been requested (see Section V.C.1.b.).

Note: When determining the start date of the assistance period that is to be used to capture payment history for the

cumulative excess support desk review process, the TA Unit must use the date the TA case first opened unless the recipient was in receipt of assistance while pregnant. In these instances the start date of the assistance period that is to be used to capture payment history for the cumulative excess support desk review process must be the date the pregnancy was medically verified.

- iv. Review the case payment history to determine if any benefits have been expunged and should be reissued. This can be done by reviewing BICS or by reviewing the EBT report *EBT – Workers Action Lists*.
- v. Review the *IV-D MRB/A Exception Reports [WIV5CX]* for the period being reviewed to ensure all pass-through payments have been made. If there are outstanding pass-through payments that have not been issued, issue the outstanding pass-through payments prior to completing the desk review worksheet. See ABEL transmittal 09-5, Information #3.
- vi. Review Section B of the CSMS-8649 Report, *Obligation and Collection Greater than Assistance Granted*, to ensure that the case being reviewed does not appear on this report. If the case does appear on the CSMS-8649 Report, refer to 09-ADM-21, Section V.A., entitled *Required Action* and take the necessary steps before beginning the TA Unit portion of the desk review.

b. Complete the Desk Review Calculations Worksheet

- i. Based on the information gathered in the steps listed in Section V.B.2.a., calculate the amount of the pass-through or excess support payments by completing and finalizing the required steps in the appropriate desk review calculations worksheet as follows:
 - *Calculations Worksheet for Desk Review of Pass-through Payments (Attachment 6)*. Complete Steps 3, 4, 5, and 6 following the instructions provided in **Attachment 7**; or
 - *Calculations Worksheet for Desk Review of Cumulative Excess Support Payments (Attachment 8)*. Complete Steps 3, 4, 5, 6, 7, and 8, as appropriate, following the instructions provided in **Attachment 9**.
- ii. Upon completion of the calculations worksheet, the results of the first-level desk review will be one of the following:
 - no additional payment is due to the recipient;

- an additional payment is due to the recipient; or
 - the recipient has been paid too much money; and
 - support payments have been identified for future months.
- iii. On the calculations worksheet, enter the TA Unit worker's name, initials, title, telephone number and the date that the calculations worksheet is completed by the TA Unit.

c. **Complete the *First-Level Desk Review Determination Letter***

- i. The TA Unit must review any comments provided by the SCU on the calculations worksheet which may include, but are not limited to, one or more of the following:
- a change in the type of desk review that was conducted;
 - a portion of the months included in the desk review request are outside of the allowable time period;
 - collections have not been received for the periods identified;
 - the collection received is not appropriate for the type of desk review requested; or
 - an adjustment was done to the CSMS account.
- ii. Prepare a *First-Level Desk Review Determination* letter (**Attachment 4**) on TA Unit letterhead by checking the appropriate box(es) indicating the results and, if applicable, providing the amount and projected date of any payment due to the recipient or the amount of any overpayment calculated. The letter must be issued to the recipient within forty-five (45) calendar days of the SCU's receipt of the desk review request form.
- iii. Include the name and telephone number of the TA Unit worker completing the determination letter.
- iv. The determination letter identified in Section V.B.2.c.ii. must include a copy of:
- the completed calculations worksheet(s) used as part of the review process;
 - the original *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form and any documentation provided by the recipient for the desk review;
 - the *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form (**Attachment 11**); and

- *Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections (Attachment 12).*

Collectively, these documents shall be referred to as the *first-level determination package*.

- v. The TA Unit must mail the first-level determination package to the recipient by first class mail. A copy must be sent to the SCU so that the CSMS account records can be updated with the correct status and reason code. The TA Unit must retain a copy of the entire first-level determination package (excluding Attachments 11 and 12) in the TA case file.

Note: The first-level desk review determination letter advises the recipient that a second-level desk review by OTDA may be requested if the recipient disputes specific facts contained in the first-level desk review determination, and provides notice of the opportunity for the recipient to provide additional but previously unavailable documentation to OTDA for consideration in the second-level review.

d. Required Actions as a Result of the Desk Review

- i. The TA Unit must disburse additional pass-through or cumulative excess support payments identified as a result of the desk review no later than thirty (30) calendar days from the date of the determination letter. Where a payment is determined to be due to the recipient, the TA Unit must first review the record to ensure that the appropriate payment due to the recipient has not been previously issued by another worker or, in the case of a cumulative excess support payment, by the automated cumulative excess support process before processing the payment due.
- ii. If the payment has not been issued, the TA Unit must issue the appropriate payment.
- iii. If the payment due to the recipient has been previously issued, no further action is required.
- iv. If the recipient has received pass-through or cumulative excess support payments in error, a recovery of the overpayment may be pursued by any authorized means.

C. Second-Level Desk Review

Recipients may request a second-level review of the SCU/TA Unit's desk review determination if they do not agree with the first-level determination. A request for a second-level review must be submitted to OTDA by completing and mailing a *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections (Attachment 11)* within twenty (20) calendar days of the date of the SCU/TA Unit's desk review determination.

Upon receipt of a *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form, OTDA conducts the second-level desk review. The results of the desk review must be provided to the recipient in accordance with the timeframes established in 18 NYCRR 347.25.

1. Notification of Receipt of Second-Level Desk Review Request

- a. OTDA must notify the local district of receipt of the second-level desk review request immediately through use of the *Notification of a Second-Level Desk Review Request (Attachment 14)*. The notice will advise the local district that a second-level desk review has been received.
- b. In addition, the notice requires that the TA Unit promptly provide copies of all TA Unit records used in the first-level desk review that are not available electronically. Where the box on the notice is checked indicating that copies of archived SCU collection, distribution, and disbursement records not available electronically through ASSETS/CSMS are required, the SCU must promptly provide copies of the archived records used in the first-level desk review.
- c. The return date(s) for the TA Unit and SCU to provide the required copies of records will be provided on the notice. The TA Unit and SCU may provide the required copies of records by e-mail, fax, or mail to the address(es) identified on the notice with a copy of the *Notification of a Second-Level Desk Review Request* received from OTDA.

2. Referrals from OTDA to the SSD for Information to Complete the Second-Level Desk Review and Required SSD Actions

- a. Where a second-level desk review cannot be completed by OTDA because additional information is required, a *Request for Additional Information to Support Second-Level Desk Review (Attachment 15)* shall be completed to identify the information or action that is required and shall be submitted to the appropriate SCU that conducted the first-level desk review. Instances in which additional information may be requested include, but are not limited to, those identified on the *Request for Additional Information to Support Second-Level Desk Review*.

- b. The SCU must promptly review the *Request for Additional Information to Support Second-Level Desk Review* from OTDA. If the reason for the request for additional information does not impact or change the results of collections, distributions, and disbursements as reported in the first-level desk review, the SCU must promptly forward the *Request for Additional Information to Support Second-Level Desk Review* to the TA Unit.
- c. If the reason for the request for additional information impacts or changes the results of collections, distributions, and disbursements as reported in the first-level desk review, the SCU must promptly complete all required actions involving the child support program and/or CSMS. If the required actions are due to CSMS account maintenance adjustments that impact the collection, distribution and disbursement information for the month(s) or period of review, it will be necessary to complete a new calculations worksheet and the appropriate box identifying the worksheet as “revised” must be checked.
- d. Upon completion of all required SCU actions in Section V.C.2.c., the SCU must forward the *Request for Additional Information to Support Second-Level Desk Review* and any revised calculations worksheet to the TA Unit for completion.
- e. The TA Unit must promptly review the *Request for Additional Information to Support Second-Level Desk Review* from the SCU. If the reason for the request for additional information does not impact or change the results of the calculations of the amount of the pass-through or cumulative excess support payments the recipient was entitled to as reported in the first-level desk review, the TA Unit must promptly, but no later than the date specified on the *Request for Additional Information to Support Second-Level Desk Review*, return the *Request for Additional Information to Support Second-Level Desk Review* to OTDA.
- f. If the reason for the request for additional information impacts or changes the results of the calculations of the amount of the pass-through or excess support payments the recipient was entitled to, the TA Unit must promptly complete all required actions involving the TA program and/or WMS, including any revisions required to the TA Unit’s section of the first-level desk review worksheet. If a revised worksheet has been included by the SCU, the TA Unit must complete the revised worksheet accordingly.
- g. Upon completion of the review in Section V.C.2.g., the TA Unit must complete the *Request for Additional Information to Support Second-Level Desk Review* form and any revised calculations worksheet and forward the documents to OTDA on or before the

date specified so that the second-level desk review may be completed.

3. Completing the Second-Level Desk Review

- a. OTDA must issue a second-level desk review determination in writing to the recipient using the *Second-Level Desk Review Determination (Attachment 13)* letter in accordance with the timeframes established in 18 NYCRR 347.25.
- b. A copy of the *second-level determination package*, which includes a revised or confirmed calculations worksheet and new documentation considered in the second-level desk review, must be mailed to the recipient by first class mail, and a copy must be sent to the SCU and the TA Unit with instructions to process a payment to the recipient or arrange for an overpayment, if appropriate. OTDA will update CSMS account record(s) with the correct status and reason code(s).

Note: The second-level determination letter advises the recipient that a review under Article 78 of the Civil Practice Law and Rules of the OTDA determination may be filed within four (4) months of the date of the determination letter if the recipient disputes specific facts contained in that determination. Further, the recipient will be advised that if legal assistance is required, they may wish to contact a local not-for-profit legal services corporation. The telephone number of a local not-for-profit legal services corporation will be provided.

4. Additional SCU Steps Required After OTDA Completes the Second-Level Desk Review

- a. When OTDA completes the actions required for a second-level desk review as identified in Section V.C.3., the SCU will receive a copy of the second-level determination package.
- b. Upon the SCU's receipt of a copy of the second-level determination package from OTDA, the SCU must review the cumulative excess support calculations worksheet included with the second-level determination package. Where the sum of the amounts reported in Step 5 of the calculations worksheet for the *Total Unreimbursed Temporary Assistance Amount for Period* and *Total Amount of Previous Payments Sent to the Recipient* differ from the sum of the **NET-PA-PAYMENTS** field on the CSMS IVDJCH record or on the client tab in ASSETS, the SCU must complete a *Support Collection Unit Notification to State of Unreimbursed Assistance Adjustment as a Result of a Cumulative*

Excess Support Payment Desk Review form (**Attachment 10**) and provide the completed form to the state as instructed on the form.

- c. Where the SCU determines that the reported assistance payments to TA do not impact the CSMS unreimbursed assistance balance, no further action is required.

5. Additional TA Unit Steps Required After OTDA Completes the Second-Level Desk Review

- a. When OTDA completes the actions required for a second-level desk review as identified in Section V.C.3., the TA Unit will receive a copy of the second-level determination package with instructions to process a payment to the recipient or to arrange for recovery of an overpayment, if appropriate.
- b. Upon the TA Unit's receipt of a copy of the second-level determination package and instructions from OTDA, where a payment is determined to be due to the recipient, the TA Unit must first review the record to ensure that the appropriate payment due to the recipient has not been previously issued by another worker or by the automated cumulative excess support process before processing the payment due.
 - i. If the payment has not been issued, the TA Unit must issue the appropriate payment.
 - ii. If the payment has been previously issued, no further action is required.
 - iii. Upon the TA Unit's receipt of a copy of the second-level determination package and instructions from OTDA, if the recipient has received pass-through or excess support payments in error, a recovery of the overpayment may be pursued by any authorized means.

VI. Systems Implications

There are no systems implications.

VII. Additional Information (Optional)

The SCU and TA Unit must maintain the case records for all desk reviews for six (6) years from the date of either the first or second-level desk review determination, whichever is later.

VIII. Effective Date

This ADM is effective immediately.

Issued By

Name: Kevin J. Boyle
Title: Acting Deputy Commissioner and Director
Division/Office: Center for Child Well-Being

Issued By

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Center for Employment and Economic Supports

SUMMARY OF CHANGES AND IMPROVEMENTS TO THE DESK REVIEW PROCESS

In General:

- The Administrative Directive (ADM) provides one complete resource for the desk review process instructions as they impact the Social Service District.
- The ADM notifies local districts of the discontinuance of the worksheets and instructions provided in 08-ADM-08, dated October 29, 2008, entitled *Increase in the Pass-through and Disregard of Support Payments*, as rights to a desk review of Phase I pass-through payments have expired.
- The ADM notifies local districts of the discontinuance of desk review requests for current excess support payments and the discontinuance of related worksheets and instructions provided in 09-ADM-21, dated November 13, 2009, entitled *Temporary Assistance Excess Support Process and Procedures for Reviewing Cases that have Support Collections in Excess of the Temporary Assistance Deficit*.

First-Level Desk Review Process:

- The procedures provided in the *Dear Colleague* letter dated April 22, 2008, which require Support Collection Units to make available hard copies of the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* and *Information and Instructions for Completing the Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form in the general and/or Child Support Enforcement Unit/Support Collection Unit reception area are included in this ADM (see ADM, Section V(A)(2), page 5).
- The procedures provided in the *Dear Colleague* letter dated May 19, 2008, which require that the Support Collection Unit acknowledge receipt of the desk review request form immediately through use of the *Confirmation of Receipt of Your Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* are included in this ADM (see ADM, Section V.B.1.b., pages 7-8).
- A change in procedures for a desk review request received for a pass-through payment now requires that the Support Collection Unit conduct the desk review for the period(s) requested plus the two consecutive months that follow, if appropriate (see ADM, Section V.B.1.c.i., page 8).
- Clarification to procedures is provided for a desk review for a cumulative excess support payment, which confirms that the desk review must be conducted for a period which covers the full period(s) of the temporary assistance assignment and must include all child support disbursements to the Department of Social Services in order to accurately determine the correct amount of cumulative excess support payments (see ADM, Section V.B.1.c.ii., pages 8-9).
- Procedures are provided for instances where the Support Collection Unit may conclude a desk review with no calculations worksheet based on critical information provided and under certain defined circumstances (see ADM, Section V.B.1.d., pages 9-10).
- The first-level desk review closing status and reason code definition has been revised to identify reviews that include a calculations worksheet (see ADM, Section V.B.1.f.i., page 12).
- One new status and reason code has been added to identify first-level desk reviews that are concluded with no calculations worksheet (see ADM, Section V.B.1.d.iii., page 10).

Second-Level Desk Review Process:

- The procedures exclusive to the Office of Temporary and Disability Assistance (OTDA) have been removed from the instructions in this ADM (see Section V.C., page 16).
- Procedures are provided to notify local districts when a second-level desk review request has been received and for requesting copies of the Support Collection Unit and Temporary Assistance Unit documentation used in a first-level desk review (see Section V.C.1., page 17).
- Procedures have been incorporated which provide for instances where OTDA requires additional information from the local district in order to complete the second-level desk review (see ADM, Section V.C.2., pages 17-18).

New and Revised Forms and Instructions:

- Minor changes to all forms and notices have been made including changes to the titles (see Attachments).
- More choices for concluding a first-level desk review have been added to the *First-Level Desk Review Determination* notice (see Attachment 4).
- The *Calculations Worksheet for Desk Review of Pass-through Payments* and *Information and Instructions for Completing the Calculations Worksheet for Desk Review of Pass-through Payments* have been revised to incorporate changes provided in 10-ADM-04, dated June 18, 2010, and entitled *Increase in the Pass-through and Disregard of Support Payments – Phase II* (see Attachments 6 and 7).
- The *Calculations Worksheet for Desk Review of Cumulative Excess Support Payments* and *Information and Instructions for Completing the Calculations Worksheet for Desk Review of Cumulative Excess Support Payments* have been improved to include simplification of reporting for the distribution and disbursement of support collections, and improved reporting requirements for temporary assistance payments for the entire period of the desk review (see Attachments 8 and 9).
- A new Support Collection Unit transmittal form entitled *Support Collection Unit Notification to State of Unreimbursed Assistance Adjustment as a Result of a Cumulative Excess Support Payment Desk Review* is included to communicate to OTDA adjustments necessary to the unreimbursed assistance balance identified through the desk review process (see Attachment 10).
- More choices for concluding a second-level desk review have been added to the *Second-Level Desk Review Determination* notice (see Attachment 13).
- A new notice entitled *Notification of a Second-Level Desk Review Request* is included to notify local districts of receipt of second-level desk review requests and to obtain necessary documentation used in the first-level desk review determination (Attachment 14).
- A new OTDA transmittal form entitled *Request for Additional Information to Support Second-Level Desk Review* is included to communicate to local districts when additional information is required to complete a second-level desk review (see Attachment 15).

Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections

BEFORE COMPLETING THIS FORM - Read the information and instructions for a desk review request form included with this document.

I am (check one box) a current a former temporary assistance recipient and I request that a desk review be conducted of the distribution and disbursement of child support collections made on my behalf for the type of payment(s), time period(s) and reason(s) indicated below:

Identification: Provide as much of the information requested in this section as you have available.

Your Name: _____ Your SSN/ITIN: _____

Your Current Mailing Address: _____
number and street address (or post office box) apt.

City: _____ State: _____ Zip: _____

Your Telephone Number: _____ Best Time to Contact You: Daytime Evening

Your Temporary Assistance Case Number(s) (CAN): _____ CIN No. _____

Noncustodial Parent Name(s): _____

Noncustodial Parent SSN/ITIN(s): _____

New York Case Identifier(s): _____

Type of Payment in Question: Check the appropriate box(es) and identify the type of desk review request:

pass-through payment of current support collected during the month per temporary assistance family (up to the first \$100.00 collected for a family with one individual under the age of 21 or up to the first \$200.00 collected for a family with two or more individuals under the age of 21, provided those individuals are active on the temporary assistance case)

cumulative excess support payment (amount of payment in excess of total temporary assistance paid to you for past months)

Time Periods of Desk Review: Identify the correct month(s) and year(s) of your request:

For the month _____ (month/year) OR For the period _____ (month/year) through _____ (month/year)

Reason(s) for Desk Review Request: Please tell us why you believe you did not receive all support payments due to you.

You may attach documentation to support your reason(s) for the desk review request. Are you attaching any documentation?
 Yes No

If Yes, please identify the documentation: Monthly Report of Support Collected Excess Support letter
 Other (please identify) _____

Conference: A conference with Support Collection Unit staff is available.
 Are you requesting such a conference? Yes No

Completed and Submitted By:

 Your Signature Print Your Name Date

Return completed form to the Support Collection Unit address identified on the cover letter. If you have obtained this form from our website, you must send this form to the Support Collection Unit handling your account regardless of where you reside. See the instructions for further information.

Information and Instructions for Completing the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections Form*

You may request a desk review if you believe that you did not receive a child support pass-through payment or cumulative excess support payment in an amount that you believe you were entitled to receive. **Note that a support payment must be received from the noncustodial parent by the State Disbursement Unit before you can receive a child support pass-through payment or cumulative excess support payment.** You may verify that a support payment was received by contacting 1-888-208-4485 or by visiting the child support website at newyorkchildsupport.com. To request a desk review, complete a *Request for a First-Level Desk Review of the Distribution of Child Support Payments* as follows:

Temporary assistance recipient status: Check the appropriate box to identify if you are a current temporary assistance (TA) recipient, meaning you are currently receiving assistance, or a former TA recipient, meaning you formerly received assistance but are not receiving it now. TA was formerly referred to as *public assistance*.

Identification: Enter your **personal information** and **case information**. Your **personal information** includes your name, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), current mailing address, contact telephone number, and the best time to reach you at that number. An ITIN is a nine-digit number beginning with “9” which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration. Your **case information** includes your TA case number(s) (CAN), client identification number (CIN), and/or New York Case Identifier(s), and the identity of the noncustodial parent(s), including name(s) and SSN/ITIN(s). You must include as much of this information as you have in order to allow us to properly identify your case(s).

Type of payment in question: Check the appropriate box or boxes identifying the type of desk review requested based on the type of payments. *Pass-through payments* include an amount up to the first \$100.00 of current support collected during the month for a family with one individual under the age of 21 active on the TA case, or up to the first \$200.00 of current support collected during the month for a family with two or more individuals under the age of 21 active on the TA case, or the current support obligation amount collected for the month, whichever is less. Current support is support paid in the month when it is due. If current obligations are not paid timely, they become past-due and are called *arrears*. *Cumulative excess support payments* occur when support collected and retained exceeds the amount of TA paid to you. *Cumulative excess support payments* may include current support collected or collections applied to arrears.

Time periods: Check the appropriate box and enter the time period for which you are requesting the review. Include the month and year that applies to your request. **Note:** If your desk review request is for a payment which you claim was not received in a particular month but should have been received in that month, you will need to include the preceding month in your desk review request. For example, if you claim you did not receive a \$XXX.00 pass-through in July 20XX, your desk review request should include the period of June 20XX. Note that a desk review is limited to an accounting of the collections and disbursements (1) made during the calendar year in which the desk review is requested and the calendar year preceding the calendar year in which the desk review is requested, and (2) only for the months during which an assignment of support rights was in effect. Your desk review time period cannot exceed this limitation.

Reason for the desk review request: State the reason(s) why your desk review request is being submitted. For example, you may state “*I did not receive a \$XXX.00 pass-through payment for May 20XX.*”

Documentation: If you wish, you may also include documentation to support your desk review request. Examples of documentation that you may wish to include are the monthly *Report of Support Collected, Excess Support* letters, or any other notice(s) received from us for your case for each month of the review. If you wish to include documentation that supports your claim that the distribution and disbursement of collections was incorrect, select the “Yes” box and describe the type of documentation you are including by selecting one of the appropriate boxes.

Conference: As part of your desk review, you may request a conference with the support collection unit (SCU) by checking the “Yes” box as indicated on the form. The conference may be in person or by telephone and will allow you to offer documentation and/or discuss the reason(s) why you believe that you are entitled to additional payments.

Completed and Submitted by: Sign and print your name and date your request for a desk review where indicated.

Once you have completed the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections*, **submit the completed form and documentation to the SCU at the address provided on the cover letter.** If you have obtained this form from the child support website, you must send this form to the SCU that is handling your account, regardless of where you reside. You may obtain the SCU’s address to mail the completed desk review request form from the child support website. Access the link for *Local Child Support Offices* and select the county that maintains your account. The address is provided under *FOR DESK REVIEW*. If you are uncertain about the SCU to which this should be sent, please call the **New York State Child Support Customer Service Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975)**, Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.

After you send in the completed form and documentation, the SCU and the TA Unit within the Social Services District will review your case and issue you a written response within 45 calendar days of the date that your written request is received by the SCU. The desk review results will determine whether an adjustment is necessary and whether you have received the correct amount of support. If you are owed an additional payment, the TA Unit may distribute that payment to you on your Electronic Benefits (EBT) card or, in some circumstances, by check, not later than 30 calendar days from the date of the determination letter. If too much support has been paid to you, the TA Unit may recover the overpayment through any authorized means within 30 calendar days from the date of the determination letter.

If you have questions regarding the form or instructions provided, or if upon reading these instructions, you believe you have an issue that does not require a desk review, contact the **New York State Child Support Customer Service Helpline at the telephone number provided above.**

[SCU or TA UNIT LETTERHEAD]

TO: _____ **Date:** _____

_____ **Temporary Assistance Case No(s)** _____

_____ **New York Case Identifier(s)** _____

First-Level Desk Review Determination

Dear _____:

The request for a desk review for the distribution and disbursement of support collections for your temporary assistance (TA) case(s) identified above has been completed. The type of desk review you requested included: a pass-through payment review and/or a cumulative excess support payment review. The period of review you requested was from _____ (*month/year*) to _____ (*month/year*), or for the following individual months: _____, _____, _____, _____, (*month/year*).

The result(s) of the desk review request for the period identified above is(are) as follows:

- Your request did not include adequate information to identify the TA case or the child support case. No action can be taken unless you provide us with better identifying information. Once you obtain the identifying case information, you may request a new desk review request form by contacting the New York State Child Support Customer Service Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975), Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html. You may then submit the newly completed desk review request form with the identifying case information.
- A desk review is available upon written request from a current or former recipient of temporary assistance who is or was receiving child support services and believes that they did not receive a support pass-through or a cumulative excess support payment to which they are entitled. According to our records, you are not the recipient of TA named on the record for this account and who is entitled to claim non-receipt of a support pass-through or a cumulative excess support payment. Therefore, a desk review would not be appropriate. In order to discuss the concerns that you may have and determine the appropriate next action, you may contact the New York State Child Support Customer Service Helpline at 1-888-208-4485, Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.
- Desk reviews are limited to an accounting of the collections, distributions, and disbursements made in the calendar year in which the review is requested and the prior calendar year. The period A portion of the period, from _____ to _____, for which you requested a desk review was not within the calendar year in which you requested the review or the prior calendar year. Therefore, no review of the distribution and disbursement of collections received for that period will be conducted.

- You were not a recipient of TA or you had no support account established with the Support Collection Unit at any time during the period a portion of the period, from _____ to _____, for which you requested a review. Therefore, no review of the distribution and disbursement of collections received for that period will be conducted.
- For the period a portion of the period, from _____ to _____, for which you requested a review, no collection was received, or the collection received was not appropriate for the type of payment you are requesting. For a pass-through payment, a current support collection must be received from the noncustodial parent in the month due in order to receive a child support pass-through payment for that month. For a cumulative excess support payment, a support collection must be received to be considered in the calculation of payments due to you. Therefore, no review of the distribution and disbursement of collections received for that period for the type of review indicated will be conducted.
- Your request does not involve a matter that can be addressed by the Support Collection Unit or the Temporary Assistance Unit. Therefore, no action can be taken by these agencies.
- All current support collected on your behalf was forwarded to another social services district for distribution. For a desk review of your account with that social services district, you will need to submit your desk review request to:
- _____
- _____
- _____
- Based on facts presented at the conference conducted on _____ by telephone call an in-person meeting, it was agreed by all in attendance that the type of desk review to be conducted is different from that indicated on your desk review request form. The type of desk review(s) conducted as a result of the conference included a pass-through payment review or a cumulative excess support payment review.
- Additional payment for the desk review period of _____ to _____ is owed to you in the amount of \$_____. The additional payment owed to you has been or will be made available to you on your Electronic Benefit Transfer (EBT) card or through a check within 30 calendar days of this determination letter.
- The Support Collection Unit has identified support collections that may be available to you in future months in the amount of \$_____. Support received by the Support Collection Unit before the month it is due cannot be distributed and disbursed until the month it is due. If you are still eligible to receive the type of payments that you have requested, the payments will be distributed to you as they come due.
- It has been determined that too much pass-through cumulative excess support payment has been paid to you and you now owe \$_____. Note that recovery of the overpayment may be pursued by any authorized means and this may occur within 30 calendar days.
- No additional payments are owed to you. The support collected to date has been distributed and disbursed, and all payments due to you have been disbursed to you.

- The pass-through payment is based on the amount of current support collected each month, and limited to an amount up to the first \$100 of current support collected during the month for a family with one individual under the age of 21 active on the TA case, or up to the first \$200 of current support collected during the month for a family with two or more individuals under the age of 21 active on the TA case, or the current support obligation for the month, whichever is less. Your current support obligation is \$_____ per month, and therefore the amount of pass-through payment that you were entitled to, and previously received, is limited to this amount. No additional payments are owed to you.

- Because you received support collections directly from the noncustodial parent for the month of ____ period of _____ included in the desk review request, the budgeting of the TA benefits provided to you included a disregard amount equal to the maximum pass-through payment that would have been due to you if the payments had been collected by the SCU.

- Review of the case records indicates that the collection(s) about which you inquired are the result of enforcement actions and are not support collections eligible for a pass-through payment. Such distribution and disbursement of collections received through certain types of enforcement actions require that the Social Services District retain those collections to the extent that support has been assigned to the State as a condition of receiving TA from the State, up to the amount necessary to reimburse the Social Services District for the cumulative amount of assistance paid to the family. Therefore, these collections were kept by the Social Services District and no payments are due to you.

- Review of the case records indicates that the collection(s) about which you inquired are the result of an adjustment to your account, not a collection. Adjustments to accounts are typically the result of a modified court order, a change in your TA status from active to inactive, or inactive to active, or any other activity which requires that the account be adjusted for accuracy. Therefore, no payments are due to you. For further information regarding the adjustment to your account, you may contact the New York State Child Support Customer Service Helpline at 1-888-208-4485 (TTY: 1-866-875-9975), Monday through Friday between 8:00 AM and 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.

- Other (specify):

Detailed information for each month or period of the desk review regarding the support collections received, and the distribution and disbursement of those collections, is shown on the enclosed worksheet. A copy of your desk review request and any documentation provided to support your desk review request is also enclosed.

Sincerely,

First-Level Desk Review Unit

Telephone Number: _____

NOTE: If you dispute specific facts contained in this desk review determination you may request a second-level desk review by the New York State Office of Temporary and Disability Assistance by submitting a written request on the enclosed *Request to New York State for a Second-level Desk Review of the Distribution and Disbursement of Child Support Collections* within 20 calendar days of the date of this determination. You must receive a first-level desk review determination before you request a second-level desk review. Your request must specify the facts in dispute and must include a copy of this determination complete with all enclosures. You may include any additional, but previously unavailable, documentation that may support your claim. **Send the request to:**

New York State Office of Temporary and Disability Assistance
ATTN: Center for Child Well-Being
Bureau of Program Operations, Second-Level Desk Review
40 N. Pearl Street
Albany, NY 12243-0001

[SCU LETTERHEAD]

DATE:

TO:

Temporary Assistance Case No.(s)

New York Case Identifier(s)

**Confirmation of Receipt of Your Request for a First-Level Desk
Review of the Distribution and Disbursement of Child Support Collections**

Dear _____ :

This letter is sent to confirm receipt of your request for a desk review of the temporary assistance case(s) identified above. If you requested a conference with us by checking the "Yes" box as indicated on the request form, you will be contacted to set up this conference.

Both the Support Collection Unit and Temporary Assistance Unit within the Social Services District will review your case and make a determination as to whether: you are owed an additional payment; you have received the correct amount of support; or too much support has been paid to you. The determination notice will be mailed to you within 45 calendar days of the date that your written request was received by the Support Collection Unit.

If you have questions regarding the desk review process, contact the **New York State Child Support Customer Service Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975)**, Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.

Sincerely,

Support Collection Unit Supervisor

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

(a) Month/Year of Desk Review Request	(b) Total Monthly Current Obligation for TA-CAN for Month/Year	(c) * Total Monthly Amount of Current Support Collected for TA-CAN for Month/Year	(d) Amount of Available Future Support Collections, if Any (Available, but Unapplied)
(e) TOTAL			

* Note: Column (c) represents current collections only for which a pass-through payment may be authorized. It does not include collections received towards support arrears/past due support by federal income tax refund offset, or collections that were applied to support arrears/past due support.

SUPPORT COLLECTION UNIT COMMENTS:

First-Level Desk Review Completed by the Support Collection Unit:

Name (Print and Initial)	Title	Telephone Number	Date
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The SCU must forward the (1) *Calculations Worksheet for Desk Review of Pass-Through Payments*, with Steps 1 and 2 completed and signed by the SCU worker; and (2) original *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form and documentation to the TA Unit so that they may complete Steps 3, 4, 5, and 6, and provide the recipient with the final determination. If the SCU has any additional information relevant to the desk review determination they must provide the information in the SCU comments section.

If Applicable, Second-Level Desk Review Completed by OTDA:

Name (Print and Initial)	Title	Telephone Number	Date
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STEPS 3, 4, 5, AND 6 OF THE WORKSHEET ARE TO BE COMPLETED BY THE TEMPORARY ASSISTANCE (TA) UNIT. IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 3, 4, 5, AND 6 ARE CHECKED/CORRECTED BY OTDA.

Step 3: PASS-THROUGH PAYMENTS DISBURSED TO RECIPIENT BY EBT CARD/CHECK

Determine the Maximum Pass-through Payment			Carry Over Information from Step 2		Calculation of Pass-Through Payments Due to the Recipient				
(f)	(g)	(h)	(i)	(j)	(k) **	(l)	(m)	(n)	(o)
Month/Year of Desk Review Request (from Step 2, column [a])	EXEMPT Amount for the Month	Maximum Pass-through Payment for the TA Case	Total Monthly Current Obligation for TA Case for Month/Year (from Step 2, column [b])	Total Monthly Amount of Current Support Collected for TA Case for Month/Year (from Step 2, column [c])	Amount of Pass-through Payment that the Family is Entitled to for the Month (the lesser amount of column [h], [i], or [j])	Amount of Pass-through Payment Previously Paid to Recipient	Amount of Pass-through Payment Not Paid to the Recipient (amount in column [k] minus [l])	Payments that have been Expunged (Expired), if any, and are Now Due to the Recipient	Balance Due to Recipient (total of columns [m] plus [n])

Determine the Maximum Pass-through Payment			Carry Over Information from Step 2		Calculation of Pass-Through Payments Due to the Recipient				
(f)	(g)	(h)	(i)	(j)	(k) **	(l)	(m)	(n)	(o)
Month/Year of Desk Review Request (from Step 2, column [a])	EXEMPT Amount for the Month	Maximum Pass-through Payment for the TA Case	Total Monthly Current Obligation for TA Case for Month/Year (from Step 2, column [b])	Total Monthly Amount of Current Support Collected for TA Case for Month/Year (from Step 2, column [c])	Amount of Pass-through Payment that the Family is Entitled to for the Month (the lesser amount of column [h], [i], or [j])	Amount of Pass-through Payment Previously Paid to Recipient	Amount of Pass-through Payment Not Paid to the Recipient (amount in column [k] minus [l])	Payments that have been Expunged (Expired), if any, and are Now Due to the Recipient	Balance Due to Recipient (total of columns [m] plus [n])
(p) TOTAL									

**** Note:** Column (k) provides the pass-through payment that was due to the family for the period indicated. This column may include an amount up to \$100 for a family with one individual under the age of 21 active on the temporary assistance case or up to \$200 for a family with two or more individuals under the age of 21 active on the TA case.

Step 4: TOTAL DUE TO RECIPIENT

Total Balance Due to Recipient from Step 3, Column (o), Row (p)

Step 5: IF APPLICABLE, COLLECTIONS AVAILABLE FOR FUTURE SUPPORT

Total Support Collections Identified by the SCU for Future Months, if any, from Step 2, Column (d), Row (e)

Step 6: RESULTS OF FIRST-LEVEL DESK REVIEW OF PASS-THROUGH PAYMENTS

- the correct amount of pass-through payments have been paid to the Recipient to date.
- an additional pass-through payment is owed to the Recipient in the amount of \$_____.
- too much in pass-through payments have been paid to the Recipient to date and the Recipient now owes \$_____.
- the budgeting of the Temporary Assistance benefits included the appropriate disregard for support payments directly received, and the Recipient is not entitled to a pass-through payment in addition to the support disregard already received for the same month.

Please note: If an amount appears in brackets (), it means that the Recipient was overpaid and that money is due to the Social Service District.

And, if applicable:

- additional support collections have been identified by the SCU as being available for future months in the amount of \$_____.

TEMPORARY ASSISTANCE UNIT COMMENTS:

First-Level Desk Review Completed by the Temporary Assistance Unit:

Name (Print and Initial)	Title	Telephone Number	Date
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The TA Unit must complete a *First-Level Desk Determination* and mail to the Recipient the determination with a copy of (1) this worksheet; (2) the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* and documentation included; (3) a *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form; and (4) an *Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*. Provide a copy of the determination and worksheet to the SCU and to the TA Unit directing the TA Unit, if appropriate, to either pay the amount calculated or recover the overpayment amount.

If Applicable, Second-Level Desk Review Completed by OTDA:

Name (Print and Initial)	Title	Telephone Number	Date
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**Information and Instructions for Completing the
Calculations Worksheet for Desk Review of Pass-through Payments**

The *Calculations Worksheet for Desk Review of Pass-through Payments* (hereinafter referred to as “*Worksheet*”) has been created for use by the Social Services District’s (SSD’s) Support Collection Unit (SCU) and the Temporary Assistance (TA) Unit in properly calculating a pass-through payment desk review request. The completed *Worksheet* for a pass-through payment desk review must include a record of current collections distributed and disbursed for each month identified on the desk review request form.

A ***pass-through payment*** is an assigned current support collection that is paid, or passed through, to the TA family rather than being retained (kept) by the Social Services District (SSD) to reimburse assistance paid to the family. A pass-through payment consists of an amount up to the first \$100.00 per household per month of current support collected towards the monthly support obligation where the TA household has one individual under the age of twenty-one active on the TA case, or an amount up to the first \$200.00 per household per month of current support collected towards the monthly support obligation where the TA household has two or more individuals under the age of twenty-one active on the TA case, as described in 10-ADM-04. A pass-through payment cannot exceed the combined monthly current support obligation(s) for the TA case or the amount of support that the noncustodial parent(s) timely paid towards the monthly current support obligation(s). Pass-through payments are not issued from support collections distributed and disbursed towards support arrears.

A pass-through payment is disbursed to the TA household as a special payment issued through Welfare Management System/Benefit Issuance and Control System (WMS/BICS), using Payment Type Codes “**D1**” (***IV-D Payment***) for Rest of State (ROS), or “**54**” (***Child Support Bonus Payment - Manual Issuance***) and “**70**” (***Child Support Bonus Payment - System Generated***) for New York City (NYC). Additionally, the benefits of a pass-through payment through budget disregard is issued as Payment Type Code “**18**” (***Child Support Disregard***) for ROS. Payment Type Code “18” indicates a household in which direct support has been received and has been counted in the TA budget. With Payment Type Code “18,” no current support received by the SCU would be considered for the pass-through, **unless** the amount of support counted in the TA budget for the month under review was less than the respective pass-through payment that the household would have been entitled to if the support had not been direct support and instead been paid through the SCU (the “FROM” date in the budget would determine those respective amounts). The TA Unit can determine whether the case includes direct support counted in the TA budget by a IV-D indicator of “X” on screen 1 on WMS. Cases which include both direct and assigned support in the TA budget are entitled to only one disregard amount. The TA Unit can determine whether the case has both direct and assigned support counted in the TA budget by a IV-D indicator of “X” on screen 1 on WMS.

**STEPS 1 AND 2 OF THE WORKSHEET ARE TO BE COMPLETED BY THE SCU.
IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 1 AND 2 ARE
CHECKED/CORRECTED BY OTDA.**

Identify the level of desk review being performed. For the SCU, the box for first-level desk review must be checked. For the Office of Temporary and Disability Assistance (OTDA) reviewer, the box for second-level desk review must be checked. If the SCU must revise the first-level desk review based on a second-level desk review request, the box for revised first-level desk review must be checked.

For any information identified below, the SCU must first review the information provided on the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form received and compare and verify it to the information on the case records before entering the required information on the *Worksheet*. For example, the SCU should verify that the individual has/had a child support account established with the SCU in any month during the period for which a review is requested, and that the recipient was under an assignment and in receipt of TA during this same period. Verification can be done by reviewing CSMS, ASSETS, or the Daily *IV-A/IV-D Interface Report*.

NOTE: Account maintenance of the CSMS account and ledgers may be required prior to completing Steps 1 and 2 of the *Worksheet*. Examples include determining whether the CSMS account ledger(s) accurately reflect the status of

TA; whether the CAN and CIN information on CSMS are in agreement with WMS/BICS records (refer to the May 28, 2004 *Dear Colleague* letter for changes to the process); and whether the recipient SSN/ITIN and address on CSMS matches what was provided with the desk review request. SCUs must verify that the obligation, due, paid, and applied are correct based on the records. For example, SCUs should review each Batch 79 transaction on IVDHST in the month and the specific ledger or ledgers to confirm that what has been applied is correct.

The SCU may verify TA information by utilizing the *IV-A/IV-D Interface Report*; by accessing TA records through CSMS (select F-12 [ROS] or F-2 [NYC]) to determine whether the CAN or CIN information on CSMS is in agreement with WMS/BICS records; or by reviewing TA records through ASSETS (from the CASE tab, enter Client or Child tabs, locate the link for the CAN or CIN fields on the page, and click on the link to bring up the TA information).

The SCU must review the case records and reports to determine whether updates to CSMS are appropriate and complete any updates before proceeding with the desk review and forwarding the complete package to the TA Unit.

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

Date Desk Review Request Received: Enter the date that the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form was received by the SCU. Be sure to enter the appropriate status code of **H001 04 (REQUEST FOR DESK REVIEW RECD)** on the IVDJSI screen on the CSMS account, and the date the request form was received in the EFF ST DT field.

Support Collection Unit Name: Enter the name of the SCU that received the desk review request form.

Period Covered By Pass-through Desk Review Request: Enter the entire period or the individual month(s) covered by the desk review request form. Use month/year date format (MM/CCYY). A desk review is limited to an accounting of the collections, distributions, and disbursements made during the current calendar year of the desk review request and the previous calendar year, **AND** a desk review of support collections may be requested by a current or former recipient of TA for the month(s) during which an assignment of support rights was in effect. The SCU must conduct the desk review for the period(s) requested on the desk review request form, plus up to the two consecutive months that follow each period requested if appropriate.

For any desk review request form that is received by the SCU during the month of January, the request must be treated as if it was received during the preceding month of December.

Recipient Name: Enter the name of the individual requesting a desk review.

Recipient SSN/ITIN: Enter the recipient's Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) as provided on the desk review request form. An ITIN is a nine-digit number beginning with "9" which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain an SSN from the Social Security Administration. The SCU should also verify that the SSN/ITIN agrees with the IVDJCH screen on CSMS for the custodial parent. If it does not, the SCU should investigate and update if appropriate.

Recipient Address: Enter the address of the individual requesting a desk review as provided on the desk review request form. The SCU should also verify that it agrees with the last known address on the IVDJCH or IVDJCM screen on CSMS for the custodial parent and update if necessary.

Temporary Assistance Case No(s) (TA-CAN): Enter the TA-CAN. The CAN is a twelve character alphanumeric number (consisting of the WMS Case number (maximum ten alphanumeric) plus the two digit county code) assigned to a specific assistance case. This may be found in the CAN field on the IVDJCH screen on CSMS. For NYC only, enter the TA case suffix. The case suffix is a two-digit value assigned to TA-CANs (e.g., 01, 02, etc) in NYC only. The same TA-CAN with a different suffix is considered a new TA-CAN. The suffix may be found in the SUF field following the CAN field on the IVDJCH screen on CSMS.

Client Identification Number (CIN): Enter the CIN for the TA case head. The CIN is an eight position identifier code which is assigned to each member of a TA case household. A CIN is unique to an individual and there can be many CINs associated to one CAN. The CIN for each household member can be located in the CIN field on the IVDJCH screen on CSMS.

Date(s) of Temporary Assistance: Enter the beginning and ending date(s) of the TA grant(s) involved.

Active: Check the appropriate box(es) to identify whether the CAN is active on CSMS. The information may be located in the IVA-STAT field on the IVDJCH screen on CSMS for each custodial parent and child record. Active TA case statuses are determined by the WMS individual status (disposition) codes that appear in the IVA-STAT field on CSMS and include for ROS: 07 (*Active*) and 10 (*Inactive, sanctioned*); and for NYC: 07 (*Active*), 10 (*Inactive, sanctioned*), 16 (*NY City code-Active*), and 17 (*Alternate NYC City code – Active*). Every member of the TA household does not need to be active in order to consider the case to be active, but at least one party or child must have an active status. (Refer to the *Dear Colleague* letter dated May 28, 2004, for changes to the WMS data match process regarding CAN/CIN.)

Related New York Case Identifier(s): Enter the unique nine character alphanumeric (e.g., AA12345K1) identifier(s) (CSMS account) assigned to each related custodial parent/noncustodial parent relationship. If the custodial parent has more than one New York Case Identifier, the SCU should determine whether each CSMS account is relevant to the desk review request. A relevant CSMS account should reflect the relationship to the TA case by matching the CAN entered on the CAN field on the IVDJCH screen with the CAN entered on the desk review request form. The CSMS accounts included may involve a payment which impacted more than one New York Case Identifier, or an account that may involve more than one local district. Note that if there is more than one New York Case Identifier, the support collected for each account will be combined and counted towards the maximum monthly pass-through for each TA household. Note that the amount of the pass-through payment cannot exceed the combined support obligation amounts for all relevant New York Case Identifiers.

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

(a) Month/Year of Desk Review Request: Enter each month/year included in the desk review request. For example, if the desk review is requested for January through June of 20XX, you would enter 01/20XX, 02/20XX, 03/20XX, 04/20XX, 05/20XX, and 06/20XX, in this column. Note the directions in Step 1, **Period Covered by Pass-through Desk Review Request** for determining the proper period covered by the request.

If the total time period identified on the desk review request exceeds the space allowed in the table for Step 2, make a copy of the page and incorporate it into the desk review calculations.

(b) Total Monthly Current Obligation for TA-CAN for Month/Year: Enter the total current monthly obligation(s). The SCU must identify all pass-through eligible ledgers for each CSMS account with the same TA-CAN (and suffix for NYC), including: 21A_, 23A_, 21BP, 23BP, 21BR, 23BR, 21CP, 23CP, 21CR, 23CR, 21CA, and 23CA, with a retained FIPS code. The SCU must sum the obligations and factor that amount to a monthly obligation.

To factor to a monthly obligation, where the OBLIG-FREQ field on the individual ledger of the IVDQRY record is: *Weekly (D07)* multiply by 4.33333; *Bi-weekly (D14)* multiply by 2.16667; *Semi-Monthly (B)* multiply by 2.0; *Monthly (M)* multiply by 1.0; *Quarterly (Q)* multiply by .33333; *Semi-annually (S)* multiply by .16667; and *Annually (A)* multiply by .08333.

(c) Total Monthly Amount of Current Support Collected for TA-CAN for Month/Year: For each month of the review period, enter the total collected and disbursed to DSS as current support for the month for each New York Case Identifier with the same TA-CAN (and suffix for NYC), as it appears on the account tab, MONEY screen, on ASSETS, for each New York Case Identifier. You may also locate the information on the IVDHTM, IVDITM (most current three months), IVDHTO, or IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records. ASSETS contains an account document generator tool which allows for easy identification of collections and disbursements for a set period of time.

Current support means support which is received and systematically applied to a charging pass-through eligible ledger (21A_, 23A_, 21BP, 23BP, 21BR, 23BR, 21CP, 23CP, 21CR, 23CR, 21CA, and 23CA) with a retained FIPS code in the month when the support is due. It does not include collections received towards support arrears/past due support by federal income tax refund offset, nor collections that were applied to support arrears/past due support. Effective January 1, 2010, this includes collections that are applied to the identified eligible ledgers up to the total current monthly support obligation for that TA-CAN. Prior to January 1, 2010, this included collections that were applied to the identified eligible ledgers up to the total current monthly support obligation for the child support case.

The SCU can determine if there are active charging current support ledgers by reviewing the CSMS IVDQFS record and checking the first and last charge dates with an obligation amount greater than zero and a ledger status of "01" (*active*). Current support due and/or paid and systematically applied to a charging eligible ledger indicates the recipient is due a pass-through payment.

Current collections would include batch 50, 53, 54, 56, 57, and batch 71, 72, 74, and 77 transactions for the month in question. Note that of those current collections, not all collections might be applied to one of the above eligible pass-through charging ledgers. For example, some of those collections may be available and unapplied per (e) below. Additionally, no pass-through will be allowed for collections received as a result of federal income tax refund offsets, or collections that were applied to any support arrears ledgers. The SCU must consider the payment batch type along with the ledger type to determine collections applied to current support and collections applied to support arrears/past due support.

Finally, where collections are received in advance and are available and unapplied per (e) below and those collections are applied to the current support obligation in a later month, where a pass-through payment desk review request is received for that later month, those collections must be considered current for purposes of calculating a pass-through payment.

(d) Amount of Available Future Support Collections, if Any (Available but Unapplied): Enter the amount of any known support collections available for future month disbursements for the last month reviewed, including any collections identified during account maintenance which are to be authorized at month end. This is support that is not due or not yet available to disburse to the family. This means that until the money is applied to current support due, and the SCU/TA month end accounting process is completed, the family will not receive any benefit from that support including the pass-through payment. For example, a payment of \$600 is received in the month of August. \$150 is the current support ordered amount and no support arrears /past due support are due for past months. \$150 of the support is applied to the current month and \$450 remains as future support. In each of the three following months, as the month arrives, \$150 will be applied to the current amount due in the month until the future payment is depleted. Future support collections are represented by the last available unapplied payments and can be identified on the account tab, MONEY screen, on ASSETS or the IVDHTM screen as a 79 UNAP transaction at the end of the month.

(e) TOTAL: Enter the total amount of available future support collections for column (d).

SUPPORT COLLECTION UNIT COMMENTS: Enter any comments relevant to desk review that may assist the TA Unit with resolution of the desk review. For example, the SCU should identify, but not be limited to, the following:

- Conference call notes such as an agreement to change the type of desk review requested by the recipient and that is therefore being conducted;
- Any period or portion of the desk review period which falls outside of the allowable desk review timeframes;
- Any period or portion of the desk review period where no payment was received or payment received was not appropriate for the type of desk review payment at issue;
- Collections received which are not considered current support collections and therefore are not considered for pass-through payment;
- An adjustment to the support account made during the period of the desk review request; or
- Any other comments relevant to the desk review (e.g., the desk review request indicates that the court order shows a modified amount, and the SCU determines that the modified court order is accurately reflected on CSMS. In the comment section, the SCU may enter "*Modified court order accurately reflected in the calculation.*")

First-Level Desk Review Completed by the Support Collection Unit: Check the box and enter the name, initials, title, and telephone number of the SCU worker who completed the *Worksheet* and the date that the SCU worker completed their portion of the *Worksheet*.

Once the SCU completes the CSMS account review and Steps 1 and 2 of the *Worksheet*, the SCU must forward the following documents to the TA Unit for completion of the review as explained in the steps that follow:

- 1) The *Calculations Worksheet for Desk Review of Pass-through Payments* with Steps 1 and 2 completed and signed by the SCU worker; and
- 2) The original *Request for First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form, as well as any documentation that was provided.

If Applicable, Second-Level Desk Review Completed by OTDA: If a second-level desk review has been requested through OTDA, an OTDA reviewer will confirm the information provided in steps 1 and 2 of this section of the *Worksheet*. If the first-level desk review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the OTDA reviewer will ensure that any incorrect information on the *Worksheet* is corrected. After confirming the information in this section of the *Worksheet*, the OTDA reviewer must check the box indicating that a second-level desk review of this section of the *Worksheet* has been completed and enter their name and initials, title, telephone number, and the date. The initial OTDA reviewer must then forward the *Worksheet* to the next appropriate OTDA reviewer to complete the next section of the second-level desk review.

**STEPS 3, 4, 5, AND 6 OF THE WORKSHEET ARE TO BE COMPLETED BY THE TA UNIT.
IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 3, 4, 5, AND 6 ARE
CHECKED/CORRECTED BY OTDA.**

Note: Account maintenance of the WMS case and records may be required prior to completing Steps 3, 4, 5, and 6 of the *Worksheet*. Examples include determining whether the WMS case record CAN and CIN agree with the CSMS number(s) reported; whether the recipient address on WMS is the same address as provided with the desk review request; whether any pass-through payments require review as reported on the *IV-D Exception Report*; or whether previous pass-through payments on a recipient EBT card have been expunged (expired) and funds remain due. The TA Unit must review the case records and reports to determine whether updates to WMS must be completed and perform those updates before proceeding with the desk review.

Additionally, the TA Unit must maintain copies of all TA records used in the first-level desk review, whether or not such records are available electronically on WMS/BICS, and make those records available to OTDA upon notification of a second-level desk review request.

Step 3: PASS-THROUGH PAYMENTS DISBURSED TO RECIPIENT BY EBT CARD/CHECK

DETERMINE THE MAXIMUM PASS-THROUGH PAYMENT

(f) Month/Year of Desk Review Request (from Step 2, column [a]): Enter each month/year included in the desk review request as it corresponds to the month/year identified in Step 2, column (a), for consistency. The month/year format is MM/CCYY.

(g) EXEMPT Amount for the Month: Enter the EXEMPT Amount for the month. This amount is based on the number of individuals under the age of 21 who are active on the TA case for the month. The EXEMPT Amount for the current month may be found in the associated **EXEMPT** field of the ABEL screen.

(h) Maximum Pass-through Payment for TA Case: Enter the maximum pass-through payment that the TA case may be entitled to based on the household composition. For collections received, enter the EXEMPT amount based on

the number of individuals under the age of 21 who are active on the TA case at the end of the month and entered in column (h), if zero: enter \$0; if one, enter \$100, and if two or more: enter \$200.00

CARRY OVER INFORMATION FROM STEP 2

(i) Total Monthly Current Obligation for TA Case for Month/Year (from Step 2, column [b]): Enter the total monthly current obligation for the TA case for each month/year of the desk review as identified in Step 2, column (b).

(j) Total Monthly Amount of Current Support Collected for TA Case for Month/Year (from Step 2, column [c]): Enter the total monthly amount of current support collected for the TA case for each month/year of the desk review as identified in Step 2, column (c).

CALCULATION OF PASS-THROUGH PAYMENTS DUE TO RECIPIENT

(k) Amount of Pass-through Payment that the Family is Entitled to for the Month (the lesser amount of column [h], [i], or [j]): Enter the amount of pass-through payment that the recipient is entitled to for the month. This will be the lesser of the amount reported in column (h), (i), or (j).

(l) Amount of Pass-through Payment Previously Paid to Recipient by SSD: Enter the amount of any pass-through payments which were previously paid to the recipient by the SSD. Pass-through payments are paid to a recipient when current support has been collected on their behalf by the SCU during the previous month and disbursed at month end to the SSD. The TA Unit can locate this information on the WMS/BICS *Case Record of Assistance (CRA)*. The TA Unit must also review the case file for pass-through payments issued as a result of a *Manual Child Support Pass-through Payment Determination Worksheet*. If any pass-through payment has been recovered, the recovered amount must be deducted from the pass-through payment amount issued.

Pass-through payments are identified by WMS/BICS Payment Type Codes “D1” or “18”* in ROS, and Payment Type Codes “54” or “70” in NYC.

***Note:** Although Payment Type Code “18” (ROS) is identified, it is very unlikely that this payment type will result in a pass-through payment. Payment Type Code “18” indicates a household in which direct support has been received and counted in the TA budget. With these payment types, no current support received by the SCU would be considered for the pass-through, **unless** the amount of direct support counted in the TA budget for the month under review was less than the respective pass-through payment that the household would have been entitled to if the support had not been direct support and instead been paid through the SCU (the “FROM” date in the budget would determine those respective amounts). The TA Unit can determine whether the case is receiving direct support counted in the TA budget by a IV-D indicator of “X” on screen 1 on WMS.

(m) Amount of Pass-through Payment Not Paid to the Recipient (amount in column [k] minus [l]): Subtract column (l) from column (k) and enter the difference. This is the total amount of pass-through payments that are due to the recipient based on the desk review.

(n) Payments that have been Expunged (Expired), if any, and are Now Due to the Recipient: Enter any amount of pass-through payments that were expunged (expired). Expunged payments are payments which were issued to the recipient but were not picked up in full or were only partially picked up and access to the funds has now expired. The expired funds may be due to the recipient. The TA Unit may locate expunged funds on the EBT report entitled “*EBT - Worker Actions Lists*” or WMS/BICS CRA for an individual’s benefit information.

(o) Balance Due to Recipient (total of columns (m) plus (n): Enter the total amount of pass-through payments that are now due to the recipient. This amount is the total of columns (m) plus (n). This includes the total amount of pass-through payments determined due to the recipient through the desk review and any expunged funds being held by the SSD.

(p) TOTAL: Enter the total balance due to recipient for column (o).

Step 4: TOTAL DUE TO RECIPIENT

Total Balance Due to Recipient from Step 3, Column (o), Row (p): Enter the total amount calculated in Step 3, column (o), as entered in the TOTAL row (p).

Step 5: IF APPLICABLE, COLLECTIONS AVAILABLE FOR FUTURE SUPPORT

Total Support Collections Identified by the SCU for Future Months, if Any, from Step 2, Column (d), Row(e): Enter the total amount calculated in Step 2, column (d), as entered in the TOTAL row (e).

Step 6: RESULTS OF FIRST-LEVEL DESK REVIEW OF PASS-THROUGH PAYMENTS

The TA Unit must provide the results of the desk review by completing the *First-Level Desk Review Determination*. The TA Unit must check the appropriate box which accurately reflects the results and enter the amounts where indicated. If too much money has been paid to the recipient, indicate the overpayment by entering brackets around the amounts entered.

Additionally, if support collections have been identified by the SCU as available for future support obligations that become due, this information needs to be reported to the recipient. If an amount has been entered in Step 5, complete the *First-Level Desk Review Determination* by checking the appropriate option box for future collections and entering the amount of future support reported.

TEMPORARY ASSISTANCE UNIT COMMENTS: Enter any comments relevant to resolution of the desk review. For example, if the desk review request indicates TA covers a full month's period and the actual records reflect TA for a partial month, the TA Unit may enter "*Temporary assistance benefits stopped on (enter actual date).*" **Note:** If there is a discrepancy between the information that the SCU has indicated and the information known to TA, the difference must be reconciled with the SCU because it may impact the desk review. It may also result in a determination that the SCU may be required to do an accounting of the child support case outside of the desk review process.

First-Level Desk Review Completed by the Temporary Assistance Unit: Check the box and enter the name, initials, title, and telephone number of the TA Unit worker who completed the *Worksheet* and the date that the TA Unit worker completed their portion of the *Worksheet*.

Once the TA Unit completes the WMS/BICS case review and Steps 3, 4, 5, and 6 of the *Worksheet*, they must finalize the first-level final determination by completing a *First-Level Desk Review Determination*. A copy of each of the following must be attached to the *First-Level Desk Review Determination* and become part of the final determination package:

- 1) The original *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form and any documentation provided by the recipient for the desk review;
- 2) The *Calculations Worksheet for Desk Review of Pass-Through Payments* with Steps 1 and 2 completed and signed by the SCU worker, and Steps 3, 4, 5, and 6 completed and signed by the TA Unit worker;
- 3) A *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form; and
- 4) *Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*.

If Applicable, Second-level Desk Review Completed by OTDA: If a second-level desk review has been requested and the initial OTDA reviewer has forwarded the second-level request to another OTDA reviewer, that second reviewer will confirm the information provided in steps 3, 4, 5, and 6 of this section of the *Worksheet*. If the first-level desk review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the second OTDA reviewer will ensure that any incorrect information on the *Worksheet* is corrected and complete the second-level desk review. After confirming the information in this section of the *Worksheet* and completing the second-level desk review, the second OTDA reviewer must check the box indicating that a second-level desk review has been completed and enter their name and initials, title, telephone number, and the date.

**CALCULATIONS WORKSHEET FOR
DESK REVIEW OF CUMULATIVE EXCESS SUPPORT PAYMENTS**

FIRST-LEVEL DESK REVIEW **REVISED FIRST-LEVEL DESK REVIEW** **SECOND-LEVEL DESK REVIEW**

**STEPS 1 AND 2 OF THE WORKSHEET ARE TO BE COMPLETED BY THE SUPPORT COLLECTION UNIT (SCU).
IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 1 AND 2 ARE CHECKED/CORRECTED BY THE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE (OTDA).**

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

Date Desk Review Request Received: _____ Support Collection Unit Name: _____

Period(s) Covered By Cumulative Excess Support Desk Review Request: _____ to _____

Recipient Name: _____ Recipient SSN/ITIN: _____

Recipient Address: _____

Temporary Assistance Case No(s) (TA-CAN): _____ Suffix (New York City only): _____
 _____ Suffix (New York City only): _____
 _____ Suffix (New York City only): _____

Client Identification Number (CIN) _____

Date(s) of Temporary Assistance:	Start _____	End _____	Active: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start _____	End _____	Active: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start _____	End _____	Active: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start _____	End _____	Active: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start _____	End _____	Active: <input type="checkbox"/> Yes <input type="checkbox"/> No

Related New York Case Identifier(s): _____

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

Period of Cumulative Excess Support Review (includes all periods of assistance)	Period _____ to _____
Total Collections for Period of the Cumulative Excess Support Review	<input type="text"/>
Disbursement of Total Collections:	
Total Collections Disbursed to the SSD by the SCU	<input type="text"/>
Total Collections Disbursed to the Custodial Parent by the SCU	<input type="text"/>
Total Collections Disbursed to a Third Party by the SCU	<input type="text"/>
Total Disbursements	<input type="text"/>
Collections Which Have Not Yet Been Disbursed:	
Amount of Available Future Support Collections, if Any (Available, but Unapplied)	<input type="text"/>

SUPPORT COLLECTION UNIT COMMENTS:

First-Level Desk Review Completed by the Support Collection Unit:

Name (Print and Initial)	Title	Telephone Number	Date

The SCU must forward the (1) *Calculations Worksheet for Desk Review of Cumulative Excess Support Payments*, with Steps 1 and 2 completed and signed by the SCU worker; and (2) original *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form and documentation to the TA Unit so that they may complete Steps 3, 4, 5, 6, and 7, and provide the recipient with the final determination. If the SCU has any additional information relevant to the desk review determination they must provide the information in the SCU comments section.

If Applicable, Second-Level Desk Review Completed by OTDA:

Name (Print and Initial)	Title	Telephone Number	Date

STEPS 3, 4, 5, 6, 7, AND 8 OF THE WORKSHEET ARE TO BE COMPLETED BY THE TEMPOARY ASSISTANCE (TA) UNIT. IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 3, 4, 5, 6, 7, AND 8 ARE CHECKED/CORRECTED BY OTDA.

Step 3: REPAYMENTS TO TEMPORARY ASSISTANCE

Period(s) of Temporary Assistance Grant Review: From _____ To _____

No assistance repayments for TA have been received.

Assistance repayments for TA have been received as follows:

Type of Repayment	Date of Repayment	Amount of Repayment to be Credited
<input type="checkbox"/> SSI Interim Assistance Amount		
<input type="checkbox"/> Lottery Amount		
<input type="checkbox"/> Lien/Mortgage/Judgment Amount		
<input type="checkbox"/> Cash Repayment Amount (after Temporary Assistance closed)		
<input type="checkbox"/> Lawsuit Settlement Amount		
<input type="checkbox"/> Other Repayment Type (Describe on line(s) below):		
Total Repayment		

Step 4: TEMPORARY ASSISTANCE PAYMENTS FOR ENTIRE PERIOD OF REVIEW

Month/Year	Amount of Temporary Assistance Payments	Temporary Assistance Pay Type
TOTAL PAYMENTS		

Note: A month by month review is required for the entire period of temporary assistance. Make as many copies of this page as necessary to ensure each month is represented in the review. Be sure to include countable “assistance” payments only. Do not include pass-through payments (D3 ROS or 54 and 70 NYC) issued for support collected 12/96 or later, and do not include “non-assistance” payments made for the period 12/96 or later. Include pass-through and emergency payments only for periods prior to 12/96. For more information, refer to 09-ADM-04, issued March 9, 2009, entitled *Temporary Assistance (TA) Payment Type Codes – Designations as Assistance or Non-Assistance*.

Step 5: CUMULATIVE EXCESS SUPPORT CALCULATION

Period(s) of Temporary Assistance Grant Review: From _____ To _____		
Total Amount of Temporary Assistance Payments for the Period from Step 4		<input style="width: 100%;" type="text"/>
Total Assistance Repayments from Step 3	-	<input style="width: 100%;" type="text"/>
Total Unreimbursed Temporary Assistance Amount for the Period	=	<input style="width: 100%;" type="text"/>
<i>Calculation of Cumulative Excess Support Amount:</i>		
Total Amount of Support Disbursed To SSD by SCU from Step 2		<input style="width: 100%;" type="text"/>
Total Unreimbursed Temporary Assistance Amount for the Period as Calculated Above	-	<input style="width: 100%;" type="text"/>
Total Cumulative Excess Support Amount	=	<input style="width: 100%;" type="text"/>
<i>Payments Already Sent to Recipient:</i>		
Excess Current Support Payments (D3 ROS or 71 NYC)		<input style="width: 100%;" type="text"/>
Cumulative Excess Support Payments (D4 ROS or 72 NYC)	+	<input style="width: 100%;" type="text"/>
N2 Payments	+	<input style="width: 100%;" type="text"/>
Total Amount of Previous Payments Sent to the Recipient	=	<input style="width: 100%;" type="text"/>
<i>Calculate Cumulative Excess Support Amount Due to Recipient:</i>		
Total Cumulative Excess Support Amount from above		<input style="width: 100%;" type="text"/>
Total Amount of Previous Payments Sent to the Recipient from above	-	<input style="width: 100%;" type="text"/>
Total Cumulative Excess Support Due to the Recipient	=	<input style="width: 100%;" type="text"/>

Step 6: TOTAL DUE TO RECIPIENT

Cumulative Excess Support Due to the Recipient with this Desk Review from Step 5

Step 7: IF APPLICABLE, COLLECTIONS AVAILABLE FOR FUTURE SUPPORT

Total Support Collections Identified by the SCU for Future Months, if Any, from Step 2

STEP 8: RESULTS OF FIRST-LEVEL REVIEW OF CALCULATIONS FOR CUMULATIVE EXCESS SUPPORT PAYMENTS

- the correct amount of cumulative excess support payments have been paid to the Recipient to date.
- an additional cumulative excess support payment amount is owed to the Recipient in the amount of \$_____.
- too much in cumulative excess support payments have been paid to the Recipient to date and the Recipient now owes \$_____.

Please note: If an amount appears in brackets (), it means that the Recipient was overpaid and that money is due to the SSD.

And, if applicable:

- additional support collections have been identified by the SCU as being available for future months in the amount of \$_____.

TEMPORARY ASSISTANCE UNIT COMMENTS:

First-Level Desk Review Completed by the Temporary Assistance Unit:

Name (Print and Initial)	Title	Telephone Number	Date
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The TA Unit must complete a *First-Level Desk Review Determination* and mail to the Recipient the determination with a copy of (1) this worksheet; (2) the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* and documentation included; (3) a *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form; and (4) *Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*. Provide a copy of the determination and worksheet to the SCU and to the TA Unit directing the TA Unit, if appropriate, to either pay the amount calculated or recover the overpayment amount.

If Applicable, Second-Level Desk Review Completed by OTDA:

Name (Print and Initial)	Title	Telephone Number	Date
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**Information and Instructions for Completing the
Calculations Worksheet for Desk Review of Cumulative Excess Support Payments**

The *Calculations Worksheet for Desk Review of Cumulative Excess Support Payments* (hereinafter referred to as “*Worksheet*”) has been created for use by the Social Services District’s (SSD’s) Support Collection Unit (SCU) and the Temporary Assistance (TA) Units in properly calculating cumulative excess support desk review requests. Regardless of the period identified by the recipient on the desk review request form, the completed *Worksheet* for a cumulative excess support desk review must include a record of all collections distributed and disbursed in accordance with an assignment of support rights.

A **cumulative excess support payment** occurs when the total amount of support collected and retained by the SSD exceeds the total unreimbursed assistance (URA), plus any previously issued excess current support, cumulative excess support or N2 payments made to the recipient, over the life of the TA case. The total URA represents the amount of all countable TA payments, less any repayments or recoveries made towards those TA payments (see the *Dear Temporary Assistance Director* letter dated November 17, 2005, for the TA Unit’s responsibility to identify sources of repayments or recoveries).

Cumulative excess support payments are issued monthly where appropriate through an automated process. The automated process captures most, but not all, necessary financial information for the case. For example, repayments from sources such as lawsuit settlements, liens on real property, cash repayments by SSI interim assistance reimbursement, etc. are not considered in the automated process. However, the automated lottery offset for repayment of TA is considered in the automated process.

Cumulative excess support payments are made using Payment Type Code “**D4**” (*Excess Support Arrears*) with special claiming code N (Non-reimbursable) in Rest of State (ROS), and Code “**72**” (*Excess Arrears Support*) in New York City (NYC). The date that CSMS uses to capture the opening balance of URA is the date of TA initial eligibility or the date of birth of the oldest child, whichever is later. Where medical verification has been provided to the TA Unit and that Unit has made a referral to the child support enforcement unit, this period should include the period of time that the recipient was pregnant. The automated process includes in its calculation certain previously issued payments, such as: (1) cumulative excess support payments as described above; (2) excess current support payments (using Payment Type Code “**D3**” (*Excess Current Support*) for ROS and “**71**” (*Excess Current Support*) for NYC; and any payments made to the recipient using Payment Type Code “**N2**” (*Child Support Due Client - Period of Ineligibility*) for ROS. It does not include pass-through payments issued using Payment Type Codes “**D1**” (*IV-D Payment*) for ROS, or “**54**” (*Child Support Bonus Payment - Manual Issuance*) and “**70**” (*Child Support Bonus Payment – System Generated*) for NYC, for support collected December 1996 or later, and does not include “non-assistance” payments made for the period December 1996 or later.

Any additional cumulative excess support payments due to the recipient through the desk review process must be issued to the recipient as a special payment through WMS/BICS using Payment Type Code “**D4**” (*Excess Support Arrears*) for ROS or Code “**72**” (*Excess Arrears Support*) for NYC.

**STEPS 1 AND 2 OF THE WORKSHEET ARE TO BE COMPLETED BY THE SCU.
IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 1 AND 2 ARE
CHECKED/CORRECTED BY OTDA.**

Identify the level of desk review being performed. For the SCU, the box for first-level desk review must be checked. For the Office of Temporary and Disability Assistance (OTDA) reviewer, the box for second-level desk review must be checked. If the SCU must revise the first-level desk review based on a second-level desk review request, the box for revised first-level desk review must be checked.

For any information identified below, the SCU must first review the information provided on the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form received and compare and verify it to the information on the case records before entering the required information on the *Worksheet*. For example, the SCU should verify that the individual has/had a child support account established with the SCU in any month during the period for which a review is requested, and that the recipient was under an assignment and in receipt of TA. Verification can be done by reviewing CSMS, ASSETS, or the Daily *IV-A/IV-D Interface Report*.

NOTE: Account maintenance of the CSMS account and ledgers may be required prior to completing Steps 1 and 2 of the *Worksheet*. Examples include determining whether the CSMS account ledger(s) accurately reflect the status of TA; whether the CAN and CIN information on CSMS are in agreement with Welfare Management System (WMS)/ Benefit Issuance and Control System (BICS) records (refer to the May 28, 2004 *Dear Colleague* letter for changes to the process); and whether the recipient SSN/ITIN and address on CSMS matches what was provided with the desk review request. SCUs must verify that the obligation, due, paid, and applied are correct based on the records. For example, SCUs should review each Batch 79 transaction on IVDHST in the month and the specific ledger or ledgers to confirm that what has been applied is correct.

The SCU may verify TA information by utilizing the *IV-A/IV-D Interface Report*; by accessing TA records through CSMS (select F-12 [ROS] or F-2 [NYC]) to determine whether the CAN or CIN information on CSMS is in agreement with WMS/BICS records); or by reviewing TA records through ASSETS (from the CASE tab, enter Client or Child tabs, locate the link for the CAN or CIN fields on the page, and click on the link to bring up the TA information).

The SCU must review the case records and reports to determine whether updates to CSMS are appropriate and complete any updates before proceeding with the desk review and forwarding the complete package to the TA Unit.

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

Date Desk Review Request Received: Enter the date that the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form was received by the SCU. Be sure to enter the appropriate status code of **H001 04 (REQUEST FOR DESK REVIEW RECD)** on the CSMS IVDJSI screen for the case, and the date the request form was received in the EFF ST DT field.

Support Collection Unit Name: Enter the name of the SCU that received the desk review request form.

Period Covered by Cumulative Excess Support Desk Review Request: Enter the entire period covered by the desk review written request form. Use month/year date format (MM/CCYY).

A desk review is limited to an accounting of the collections, distributions, and disbursements made during the current calendar year of the desk review request and the previous calendar year. The desk review period is further limited to the month(s) during which an assignment of support rights was in effect. This means that a desk review request may be properly made by either a current or former recipient of assistance. For cumulative excess support desk reviews, this means that collections, distributions, and disbursements must be made during the calendar year in which the desk review is requested and/or the calendar year preceding the calendar year in which the desk review is requested in order to be eligible for a desk review. **If the desk review request meets the eligibility requirements, the desk review must be conducted for the entire period which begins on the first date of any TA assignment, forward, and must include all periods through to the last month that a disbursement was made to the SSD for such assignments.**

For any desk review request form that is received by the SCU during the month of January, the request must be treated as if it was received during the preceding month of December.

Recipient Name: Enter the name of the individual requesting a desk review.

Recipient SSN/ITIN: Enter the recipient's Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) as provided on the desk review request form. An ITIN is a nine-digit number beginning with "9" which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration. The SCU should also verify that the SSN/ITIN agrees with the IVDJCH screen on CSMS for the custodial parent. If it does not, the SCU should investigate and update if appropriate.

Recipient Address: Enter the address of the individual requesting a desk review as provided on the desk review request form. The SCU should also verify that it agrees with the last known address on the IVDJCH or IVDJCM screen on CSMS for the custodial parent and update if necessary.

Temporary Assistance Case No(s) (TA-CAN): Enter the TA-CAN. The CAN is a twelve character alphanumeric number (consisting of the WMS Case number (maximum ten alphanumeric) plus the two digit county code) assigned to a specific assistance case. This may be found in the CAN field on the IVDJCH screen on CSMS. For NYC only, enter the TA case suffix. The case suffix is a two-digit value assigned to TA-CANs (e.g., 01, 02, etc) in NYC only. The same TA-CAN with a different suffix is considered a new TA-CAN. The suffix may be found in the SUF field following the CAN field on the IVDJCH screen on CSMS.

Client Identification Number (CIN): Enter the CIN for the TA case head. The CIN is an eight position identifier code which is assigned to each member of a TA case household. A CIN is unique to an individual and there can be many CINs associated to one CAN. The CIN for each household member can be located in the CIN field on the IVDJCH screen on CSMS.

Date(s) of Temporary Assistance: Enter the beginning and ending date(s) of the TA grant(s) involved.

Active: Check the appropriate box(es) to identify whether the CAN is active on CSMS. The information may be located in the IVA-STAT field on the IVDJCH screen on CSMS for each custodial parent and child record. Active TA case statuses are determined by the WMS individual status (disposition) codes that appear in the IVA-STAT field on CSMS and include for ROS: 07 (*Active*) and 10 (*Inactive, sanctioned*); and for NYC: 07 (*Active*), 10 (*Inactive, sanctioned*), 16 (*NY City code-Active*), and 17 (*Alternate NYC City code – Active*). Every member of the TA household does not need to be active in order to consider the case to be active, but at least one party or child must have an active status.

Related New York Case Identifier(s): Enter the unique nine character alphanumeric (e.g., AA12345K1) identifier(s) (CSMS account) assigned to each related custodial parent/noncustodial parent relationship. If the custodial parent has more than one New York Case Identifier, the SCU should determine whether each CSMS account is relevant to the desk review request. A relevant CSMS account should reflect the relationship to the TA case by matching the CAN entered on the CAN field on the IVDJCH screen with the CAN entered on the desk review request form. The CSMS accounts included may involve a payment which impacted more than one New York Case Identifier, or an account that may involve more than one local district.

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

Step 2 is for child support collections and disbursements only. Information for Step 2 must be recorded for the entire period which covers the assignment of support rights so that it properly includes the period for which the cumulative excess support desk review is requested.

Period of Cumulative Excess Support Review: Enter the beginning and ending date for the cumulative excess support review. Use month/year date format (MM/CCYY). Regardless of the period stated by the recipient on the desk review request form, the period for a cumulative excess support desk review must include all periods of TA so that collections and disbursements can be reported accurately for purposes of the desk review. This may include periods when the recipient was a former-assistance recipient and must include all disbursements to DSS.

For example, if the desk review request is for January through June 2008 and January and June of 2009, and the periods of TA were January through June 2006, January through June 2008 and January through June 2009, then the desk review must be conducted beginning from January 2006, through to June 2009, in order to accurately report the distribution and disbursement of collections received for the entire period of assistance. If, in this same example, additional distributions towards support arrears/past due support were disbursed to DSS in December 2009, then the desk review must be conducted from January 2006 through to December 2009.

Total Collections for Period of Cumulative Excess Support Review: Enter the total amount of support collected for each New York Case Identifier included in the review as it appears on the account tab, MONEY screen, on ASSETS. You may also locate the information on the IVDHTM, IVDITM (most current three months), IVDHTO, or IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records. ASSETS contains an account document generator tool which allows for easy identification of collections and disbursements for a set period of time. If the period requires records not available on ASSETS or CSMS, you will need to obtain archived collection, distribution and disbursement information (e.g., microfiche or paper records) and maintain copies of those records used to support the desk review. Additionally, if a second-level desk review is requested, those records used in the cumulative excess support desk review must be made available to OTDA.

Collections for both current support and support arrears/past due support would appear in the PAID column on the money screens as noted above as batches 50, 53, 54, 55, 56, and 57 transactions, and will appear in the APPL (Applied) column on the money screens as noted above as batches 71, 72, 74, 75, and 77 transactions, for the month in question. The SCU must consider the payment batch type along with the ledger type to determine collections systematically applied to current support and collections systematically applied to support arrears/past due support.

Because cumulative excess support involves current and former-recipients of TA, all ledgers will require review in this process. All eligible excess support ledgers are 2_A___, 2_BJ___, 2_BI___, 2_BP___, 2_BR___, 2_CA___, 24AX, or 24BX. Cumulative excess support review may also include review of all ledgers with a "1" in the first position for custodial parents as beneficiaries.

DISBURSEMENT OF TOTAL COLLECTIONS

Total Collections Disbursed to SSD by the SCU: Enter the amount of the distribution to the SSD by the SCU. These will appear as batch 89 transactions with a beneficiary indicator of -2- in the BATCH NO. field on the account tab, MONEY screen, on ASSETS, or on the IVDHTM, IVDITM (most current three months), IVDHTO, or IVDITO (nine months prior) screens on CSMS.

Total Collections Disbursed to the Custodial Parent by the SCU: Enter the amount of any distribution transaction during the month to the custodial parent (recipient). These would appear as batch 89 transactions with a beneficiary indicator of -1- or -5- in the BATCH NO. field.

Total Collections Disbursed to a Third Party by the SCU: Enter the amount of any distribution transaction during the month to any third party. These would appear as batch 89 transactions with a beneficiary indicator of -3- or -4- in the BATCH NO. field.

Total Disbursements: Enter the total of all disbursements of total collections.

COLLECTIONS WHICH HAVE NOT YET BEEN DISBURSED

Amount of Available Future Support Collections, if Any (Available but Unapplied): Enter the amount of any known support collections available for future month disbursements for the last month reviewed, including any collections identified during account maintenance which are to be authorized at month end. This is support that is not due or not yet available to disburse to the family. This means that until the money is applied to current support due, and the SCU/SSD month end accounting process is completed, the family will not receive any benefit from that support including the pass-through payment. For example, a payment of \$600 is received in the

month of August. \$150 is the current support ordered amount and no support arrears /past due support are due for past months. \$150 of the support is applied to the current month and \$450 remains as future support. In each of the three following months, as the month arrives, \$150 will be applied to the current amount due in the month until the future payment is depleted. Future support collections are represented by the last available unapplied payments and can be identified on the account tab, MONEY screen, on ASSETS or the IVDHTM screen as a 79 UNAP transaction at the end of the month.

Note: The total *Disbursement of Total Collections* and *Collections Which Have Not Yet Been Disbursed* must equal the *Total Collections for the Period of the Cumulative Excess Support Review* as reported in this section. See example below. In the example, the *Disbursement of Total Collections* (\$12,000) plus *Collections Which Have Not Yet Been Disbursed* (\$500) equal the *Total Collections for the Period of the Cumulative Excess Support Review* (\$12,500):

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

Period of Cumulative Excess Support Review (includes all periods of assistance) Period <u>1/07</u> to <u>1/10</u>	
Total Collections for Period of the Cumulative Excess Support Review	<u>12,500</u>
Disbursement of Total Collections:	
Total Collections Disbursed to the SSD by the SCU	<u>4,000</u>
Total Collections Disbursed to the Custodial Parent by the SCU	<u>6,000</u>
Total Collections Disbursed to a Third Party by the SCU	<u>2,000</u>
Total Disbursements	<u>12,000</u>
Collections Which Have Not Yet Been Disbursed:	
Amount of Available Future Support Collections, if Any (Available, but Unapplied)	<u>500</u>

SUPPORT COLLECTION UNIT COMMENTS: Enter any comments relevant to desk review that may assist the TA Unit with resolution of the desk review. For example, the SCU should identify, but not be limited to, the following:

- Conference call notes such as an agreement to change the type of desk review requested by the recipient and that is therefore being conducted;
- Any period or portion of the desk review period which falls outside of the allowable desk review timeframes;
- Any period or portion of the desk review period where no payment was received or payment received was not appropriate for the type of desk review payment at issue;
- An adjustment to the support account made during the period of the desk review request; or
- Any other comments relevant to the desk review (e.g., the desk review request indicates that the court order shows a modified amount, and the SCU determines that the modified court order is accurately reflected on CSMS. In the comment section, the SCU may enter “*Modified court order accurately reflected in the calculation.*”)

First-Level Desk Review Completed by the Support Collection Unit: Check the box and enter the name, initials, title, and telephone number of the SCU who completed the *Worksheet* and the date that the SCU worker completed their portion of the *Worksheet*.

Once the SCU completes the CSMS account review and Steps 1 and 2 of the *Worksheet*, the SCU must forward the following documents to the TA Unit for completion of the review as explained in the steps that follow:

- 1) The *Calculations Worksheet for Desk Review of Cumulative Excess Support Payments* with Steps 1 and 2 completed and signed by the SCU; and
- 2) The original *Request for First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form, as well as any documentation that was provided.

If Applicable, Second-Level Desk Review Completed by OTDA: If a second-level desk review has been requested through OTDA, an OTDA reviewer will confirm the information provided in steps 1 and 2 of this section of the *Worksheet*. If the first-level desk review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the OTDA reviewer will ensure that any incorrect information on the *Worksheet* is corrected. After confirming the information in this section of the *Worksheet*, the OTDA reviewer must check the box indicating that a second-level desk review of this section of the *Worksheet* has been completed and enter their name and initials, title, telephone number, and the date. The initial OTDA reviewer must then forward the *Worksheet* to the next appropriate OTDA reviewer to complete the next section of the second-level desk review.

**STEPS 3, 4, 5, 6, 7, AND 8 OF THE WORKSHEET ARE TO BE COMPLETED BY THE TA UNIT.
IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 3, 4, 5, 6, 7, AND 8 ARE
CHECKED/CORRECTED BY OTDA.**

Note: Account maintenance of the WMS case and/or records may be required prior to completing Steps 3, 4, 5, 6, 7, and 8 of the *Worksheet*. Examples include determining whether the WMS case record CAN and CIN agree with the CSMS number(s) reported; whether the recipient address on WMS is the same address as provided with the desk review request; whether any pass-through payments require review as reported on the *IV-D Exception Report*; or whether previous pass-through disbursements on a recipient EBT card have been expunged (expired) and funds remain due. The TA Unit must review the case records and reports to determine whether updates to WMS must be completed and perform those updates before proceeding with the desk review.

Additionally, the TA Unit must maintain copies of all TA records used in the first-level desk review, whether or not such records are available electronically on WMS/BICS, and make those records available to OTDA upon notification of a second-level desk review request.

Step 3: REPAYMENTS TO TEMPORARY ASSISTANCE

This step is established to identify any repayments made to TA towards offsetting TA benefits received. The TA Unit will need to inquire through their accounting department to determine if any of the items listed (SSI Interim Assistance Amount; Lottery Amount; Lien/Mortgage/Judgment Amount; Cash Repayment Amount; Lawsuit Settlement Amount; or any other repayments) have occurred. If no TA repayments have occurred, enter the period of the review and check the box that states *No assistance repayments for TA have been received*. If TA repayments have occurred, enter the period of review, check the box that states that *Assistance repayments for TA have been received as follows* and complete the table by indicating the type(s) of repayment(s) received and the date(s) and amount(s) for those repayments.

Period of Temporary Assistance Grant Review: Enter the beginning (FROM) and ending (TO) period to identify the entire TA grant review period for which repayments are being reviewed. The format is MM/CCYY.

Type of Repayment: Check the appropriate box that identifies the type(s) of repayments that have been identified by the SSD accounting department. If the repayment is from a source not identified, check the box for “Other Repayment” and enter a description of the type of repayment.

Date of Repayment: Enter the date of each repayment identified.

Amount of Repayment to be Credited: Enter the amount of each repayment that is to be credited during the period of assignment for the grant.

Total Repayment: Enter the total amount of repayment to be credited.

Step 4: TEMPORARY ASSISTANCE PAYMENTS FOR ENTIRE PERIOD OF REVIEW

Month/Year: Enter the month/year for the entire period that the recipient received TA benefits. Note that a month by month review must be conducted for the entire period of assistance. Use month/year date format (MM/CCYY). Make as many copies of the table in Step 4 as necessary to ensure each month is represented in the review.

For purposes of determining the start date of the assistance period that is to be used to capture payment history for the cumulative excess support desk review process, the TA Unit must use the date the TA case first opened unless the recipient was in receipt of assistance while pregnant. In these instances the start date of the assistance period that is to be used to capture payment history for the cumulative excess support desk review process must be the date the pregnancy was medically verified.

Amount of Temporary Assistance Payments: Enter the amount of each TA payment for each month/year included for the entire period of review. The TA amount for period includes the countable "assistance" payments, excess current support payments and cumulative excess support payments. Do not include pass-through payments (“D3” ROS or “54” and “70” NYC) issued for support collected 12/96 or later and do not include "non-assistance" payments made for the period 12/96 or later. Include pass-through and emergency payments only for periods prior to 12/96. The TA Unit may locate this on the WMS/BICS *Case Record of Assistance* (CRA) which provides individual’s benefit information.

Temporary Assistance Pay Type: Enter the Pay Type Code associated with each entry of a TA payment. For more information, refer to 09-ADM-04, issued March 9, 2009, entitled *Temporary Assistance (TA) Payment Type Codes – Designations as Assistance or Non-Assistance*.

Total Payments: Enter the total amount of temporary assistance payments.

Step 5: CUMULATIVE EXCESS SUPPORT CALCULATION

Period(s) of Temporary Assistance Grant Review: Enter the beginning (From) and ending (To) period included in the desk review request. The date/month format is MM/CCYY.

Total Amount of Temporary Assistance Payments for the Period from Step 4: Enter the total amount of TA payments for the period as determined in Step 4.

Total Assistance Repayments from Step 3: Enter the total amount of any repayments calculated in Step 3. This information may be available through the accounting department of the SSD.

Total Unreimbursed Temporary Assistance Amount for the Period: Enter the difference between the *Temporary Assistance Amount for the Period* minus the *Total Assistance Repayments*.

CALCULATION OF CUMULATIVE EXCESS SUPPORT AMOUNT:

Total Amount of Support Disbursed to SSD by SCU from Step 2. Enter the total of the amount of support disbursed to the SSD by the SCU in Step 2 on page 2 of the *Worksheet*.

Total Unreimbursed Temporary Assistance Amount for the Period, as calculated above: Enter the amount calculated in this Step.

Total Cumulative Excess Support Amount: Enter the difference between the *Total Amount of Support Disbursed to SSD by SCU* minus *Total Unreimbursed Temporary Assistance Amount for the Period*. If this amount is greater than zero, this is the total amount of cumulative excess support due to the recipient via the desk review calculations. If this amount is not greater than zero, there is no cumulative excess support due to the recipient.

PAYMENTS ALREADY SENT TO RECIPIENT:

Excess Current Support Payments (D3 ROS or 71 NYC): Enter the total amount of any excess current support payments (D3 for ROS or 71 for NYC) previously sent to the recipient. These payments can be found in BICS.

Cumulative Excess Support Payments (D4 ROS or 72 NYC): Enter the total amount of any cumulative excess support payments (D4 for ROS or 72 for NYC) previously sent to the recipient. These payments can be found in BICS.

N2 Payments: Enter the total amount of any N2 payments previously sent to the recipient for the period of TA ineligibility. These payments can be found in BICS. Refer to 09-ADM-21, issued November 13, 2009, entitled *Temporary Assistance Excess Support Process and Procedures for Reviewing Cases that have Support Collections in Excess of Temporary Assistance Deficit*, for further information regarding N2 payments.

Total Amount of Previous Payments Sent to the Recipient: Enter the total of *Excess Current Support Payments (D3 ROS or 71 NYC)* plus *Cumulative Excess Support Payments (D4 ROS or 72 NYC)* plus *N2 Payments*.

CALCULATE CUMULATIVE EXCESS SUPPORT AMOUNT DUE TO RECIPIENT:

Total Cumulative Excess Support Amount from above: Enter the Cumulative Excess Support Amount calculated above.

Total Amount of Previous Payments Sent to the Recipient from above: Enter the Total Amount of Previous Payments Sent to the Recipient calculated above.

Total Cumulative Excess Support Due to the Recipient: Enter the difference between *Cumulative Excess Support Amount* minus *Total Amount of Previous Payments Sent to the Recipient*. This is the amount of cumulative excess support now due to the recipient.

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Step 6: TOTAL DUE TO RECIPIENT

Cumulative Excess Support Due to the Recipient with this Desk Review from Step 5: Enter the amount of the Cumulative Excess Support Due to the Recipient with this desk review from Step 5.

Step 7: IF APPLICABLE, COLLECTIONS AVAILABLE FOR FUTURE SUPPORT

Total Support Collections Identified by the SCU for Future Months, if Any, from Step 2: Enter the amount of any available future support collections identified by the SCU in Step 2.

Step 8: RESULTS OF FIRST-LEVEL DESK REVIEW OF CUMULATIVE EXCESS SUPPORT PAYMENTS

The TA Unit must provide the results of the desk review by completing the *First-Level Desk Review Determination*. The TA Unit must check the appropriate box which accurately reflects the results and enter the amounts where indicated. If too much money has been paid to the recipient, indicate the overpayment by entering brackets around the amounts entered.

Additionally, if support collections have been identified by the SCU as available for future support obligations that become due, this information needs to be reported to the recipient. If an amount has been entered in Step 7, complete the *First-Level Desk Review Determination* by checking the appropriate option box for future collections and entering the amount of future support reported.

TEMPORARY ASSISTANCE UNIT COMMENTS: Enter any comments relevant to resolution of the desk review. For example, if the desk review request indicates TA covers a full month's period and the actual records reflect TA for a partial month, the TA Unit may enter "*Temporary assistance benefits stopped on (enter actual date).*" **Note:** If there is a discrepancy between the information that the SCU has indicated and the information known to TA, the difference must be reconciled with the SCU because it may impact the desk review. The discrepancy may result in a determination that the SCU be required to do an accounting of the child support account(s) outside of the desk review process.

First-Level Desk Review Completed by the Temporary Assistance Unit: Check the box and enter the name, initials, title, and telephone number of the TA Unit who completed the *Worksheet* and the date that the TA Unit worker completed their portion of the *Worksheet*.

Once the TA Unit completes the WMS/BICS case review and Steps 3, 4, 5, 6, 7, and 8 of the *Worksheet*, they must finalize the first-level final determination by completing a *First-Level Desk Review Determination*. A copy of each of the following must be attached to the *First-Level Desk Review Determination* and become part of the final determination package:

- 1) The original *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form and any documentation provided by the recipient for the desk review;
- 2) The *Calculations Worksheet for Desk Review of Cumulative Excess Support Payments* with Steps 1 and 2 completed as appropriate and signed by the SCU worker, and Steps 3, 4, 5, 6, 7, and 8 completed and signed by the TA Unit worker;
- 3) A *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form; and
- 4) *Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*.

If Applicable, Second-level Desk Review Completed by OTDA: If a second-level desk review has been requested and the initial OTDA reviewer has forwarded the second-level request to another OTDA reviewer, that second reviewer will confirm the information provided in steps 3, 4, 5, 6, 7, and 8 of this section of the *Worksheet*. If the first-level desk review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the second OTDA reviewer will ensure that any incorrect information on the *Worksheet* is corrected and complete the second-level desk review. After confirming the information in this section of the *Worksheet* and completing the second-level desk review, the second OTDA reviewer must check the box indicating that a second-level desk review has been completed and enter their name and initials, title, telephone number, and the date.

(INSERT LOCAL DISTRICT LETTERHEAD)

TO: New York State Office of Temporary and Disability Assistance
 System Operations/URA Adjustments
 Fax Number: (518) 486-3127

FROM: _____ Support Collection Unit

SUBJECT: Support Collection Unit Notification to State of Unreimbursed Assistance Adjustment as a Result of a Cumulative Excess Support Payment Desk Review

DATE: _____

Step 1: Case Identification

New York Case Identifier(s): _____ CSMS Client ID No: _____

Temporary Assistance Case No (TA-CAN): _____ Suffix (For NYC Only): _____

Noncustodial Parent Name: _____

Custodial Parent Name: _____

Step 2: Unreimbursed Assistance Reduction

1. Current Unreimbursed Assistance Amount	1. \$ _____
2. Amount that Unreimbursed Assistance should be adjusted by based on the cumulative excess support desk review	2. \$ _____
3. New Unreimbursed Assistance Amount after adjustment <i>Note: Unreimbursed assistance may not be reduced below zero or a cumulative excess support payment will be calculated and paid to the recipient.</i>	3. \$ _____

Step 3: Review Completed By

_____	_____	_____	_____
SCU Worker Name	Title	Telephone Number	Date
<input type="checkbox"/> You are required to send an E-mail to Susan.Eccleston@otda.state.ny.us advising that this form has been faxed to the above number.			
<input type="checkbox"/> You are required to provide your Temporary Assistance Unit with a copy of this form for the case record. No action is required by the Temporary Assistance Unit.			

**Request to New York State for a Second-Level Desk Review
of the Distribution and Disbursement of Child Support Collections**

BEFORE COMPLETING THIS FORM - Read the information and instructions for requesting a second-level desk review provided with this form.

Identification: Provide your personal and case information to identify your case.

Name: _____ SSN/ITIN: _____

Mailing Address: _____
number & street address (or post office box) apt.

City: _____ State: _____ Zip: _____

Telephone Number: _____ Best Time to Contact You: Daytime Evening

Temporary Assistance Case Number(s) (CAN): _____

New York Case Identifier(s): _____

Facts in Dispute: State the facts that support your reason for disputing the first-level desk review determination. Please be specific:

Name of the county that issued the determination for your initial desk review request:

Documentation: You must attach a copy of the first-level desk review determination letter and any additional, but previously unavailable, documentation in support of your claim that distribution and disbursement of collections for the same period of time cited on the first-level desk review was incorrect. Please confirm this by checking the appropriate boxes:

- I have attached a copy of the first-level determination and it is dated within 20 calendar days of this request.
 I have attached additional documentation which was previously unavailable to support my claim.

Certification: I am hereby disputing the *First-Level Desk Review Determination* issued by the _____ County _____ dated _____ in regards to my claim that the child support collections were not distributed and disbursed correctly and, as a result, I did not receive a pass-through or cumulative excess support payment(s) in an amount that I believe I was entitled to receive. As such, I request that the New York State Office of Temporary and Disability Assistance conduct a second-level desk review of the distribution and disbursement of those child support collections.

 Signature of person requesting second-level desk review

 Print name of person requesting desk review

 Date

Return completed form to:

New York State Office of Temporary and Disability Assistance
 ATTN: Center for Child Well-Being
 Bureau of Program Operations, Second-Level Desk Review
 40 N. Pearl Street
 Albany, New York 12243-0001

Information and Instructions for Completing the *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*

You may request a second-level desk review of the distribution and disbursement of child support collections if you dispute specific facts contained in the Social Services District's Support Collection Unit/Temporary Assistance Unit (SCU/TA Unit) ***First-Level Desk Review Determination*** provided in this package. If you wish to request a second-level desk review you must complete this form. You must attach a copy of the ***First-Level Desk Review Determination***, including any attachments such as the worksheet and documentation provided, and a copy of any additional but previously unavailable documentation that supports your claim that the distribution and disbursement of collections was incorrect, and return it to the New York State Office of Temporary and Disability Assistance (OTDA) within 20 calendar days of the date of the first-level determination at the address shown at the bottom of this form. OTDA will issue a written determination on your request within 30 calendar days.

If you wish to request a second-level desk review, you must complete the form as follows:

Identification: Enter your **personal information** and **case information**. Your **personal information** includes your name, Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN), current mailing address, contact telephone number, and the best time to reach you at that number. An ITIN is a nine-digit number beginning with "9" which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration. Your **case information** includes your temporary assistance case number(s) (CAN), and/or New York Case Identifier(s). You must include as much of this information as you have in order to properly identify your case(s).

Facts in Dispute: Clearly state the fact(s) identifying why you disagree with the first-level desk review determination. You must be specific (for example, an additional payment in the amount of \$100.00 is missing from the calculation).

Name of the County: Please state the name of the county Social Services District (SSD) that provided the ***Determination of the Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections***. This can be located on the determination letterhead.

Documentation: You must attach to this form a copy of the ***First-Level Desk Review Determination*** and any attachments such as the worksheet and documentation provided with the first-level desk review. You may also provide a copy of any additional, but previously unavailable, documentation for the month or period of review that supports your claim that the distribution was incorrect (for example, if you dispute the facts based on a missing payment, you may include a copy of the missing payment instrument). Confirm the type of documentation included by checking the appropriate box(es).

Certification: Complete the certification for the second-level desk review request by entering the name of the county SSD office that issued the ***First-Level Desk Review Determination*** letter and the date of the determination letter. You must sign, print your name, and date the request for a second-level desk review.

Once you have completed the ***Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections***, submit the completed form and documentation to OTDA at the address shown at the bottom of the form. After you send in the ***Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*** and any new documentation, OTDA will review your case and the results of the SCU/TA Unit's first-level determination. The review and results will determine whether an adjustment is necessary and whether you have received the correct amount of support. If you are owed an additional payment, it will be distributed to you on your Electronic Benefits (EBT) card or, in some circumstances, by check, within 30 calendar days from the date of the determination letter. If too much support has been paid to you, recovery of the overpayment through any authorized means will begin within 30 calendar days from the date of the determination letter. Once the second-level desk review is completed, OTDA will issue a written response to you.

If you have questions regarding the notice or instructions provided, contact the **New York State Child Support Customer Service Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975)**, Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.

(OTDA LETTERHEAD)

To: _____

Date: _____

Temporary Assistance Case No(s) (CAN) _____

New York Case Identifier(s) _____

Second-Level Desk Review Determination

Dear _____:

The *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*, dated _____, submitted for a review of the distribution and disbursement of child support collections received on the case(s) identified above, has been **completed**. The New York State Office of Temporary and Disability Assistance (OTDA) reviewed the accuracy of the *First-Level Desk Review Determination* performed by the _____ County Social Services District’s Support Collection Unit (SCU) and Temporary Assistance (TA) Unit. Your request for a second-level desk review included did not include additional but previously unavailable documentation to support your claim. Additionally, your request for a second-level desk review disputed facts within the *First-Level Desk Review Determination* as follows: _____

_____. Any facts that you identified to us that you disputed, and any additional but previously unavailable documentation, if provided, were considered in the review.

The result of the second-level desk review is as follows:

- OTDA confirms the *First-Level Desk Review Determination* of the SCU/TA Unit. No additional payments are owed to you. The support collected to date has been distributed and disbursed and all payments due to you have been paid to you.
- OTDA is amending the *First-Level Desk Review Determination* of the SCU/TA Unit. It has been determined that an additional pass-through cumulative excess support payment for the desk review period of _____ to _____ is owed to you in the amount of \$_____. The additional payment owed to you has been, or will be, made available to you on your Electronic Benefit Transfer (EBT) card or through a check no later than 30 calendar days from the date of this determination. Please refer to the revised worksheet attached.
- OTDA is amending the *First-Level Desk Review Determination* of the SCU/TA Unit. It has been determined that too much pass-through cumulative excess support has been paid to you and you now owe \$_____. Note that recovery of the overpayment may be pursued by any authorized means and this may occur within 30 calendar days. Please refer to the revised worksheet attached.

The following additional information is provided in support of the decision provided above:

- As instructed on the *First-Level Desk Review Determination* letter that you received, if you dispute specific facts contained in the *First-Level Desk Review Determination*, you may request a second-level desk review by the New York State Office of Temporary and Disability Assistance by submitting a written request within 20 calendar days of the date of this determination. Your *Request to New York State for a Second-level Desk Review of the Distribution and Disbursement of Child Support Collections* was postmarked on _____ and therefore was not submitted timely. Therefore, the second-level desk review is concluded.

“providing temporary assistance for permanent change”

- A desk review is available upon written request from a recipient of TA who is or was receiving child support services and believes that they did not receive a support pass-through payment to which they are entitled. According to our records, you are not the recipient of TA who is entitled to claim non-receipt of a support pass-through payment. Therefore, a desk review would not be appropriate and the second-level desk review is concluded. In order to discuss the concerns that you may have and determine the appropriate next action, you may contact the New York State Child Support Customer Service Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975), Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.
- As instructed on the *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*, you may request a second-level desk review of the distribution and disbursement of your child support collections if you dispute specific facts contained in the SCU/TA Unit *First-Level Desk Review Determination*. According to our records, no first-level desk review was requested or conducted by the SCU/TA Unit. Therefore, a second-level desk review is not appropriate. In order to discuss the concerns that you have and determine whether a first-level desk review is the appropriate next action, you may contact the New York State Child Support Customer Service Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975), Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.
- As instructed on the *First-Level Desk Review Determination* letter that you received, you may request a second-level desk review of the distribution and disbursement of your child support collections if you dispute specific facts contained in the SCU/TA Unit's *First-Level Desk Review Determination*. Your second-level desk review request is addressing concerns about information outside of the scope of the *First-Level Desk Review Determination* and those concerns do not change the first-level desk review results provided. Therefore, the second-level desk review is concluded.
- To discuss the concerns that have been raised about your order of support and which are outside of the first-level desk review, you may contact the New York State Child Support Customer Service Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975), Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.
- To discuss the concerns that have been raised about your TA case and which are outside of the first-level desk review, you may contact your case worker to discuss issues regarding your TA case. If you are unsure how to contact your local Social Services District office, please call 1-800-342-3009 for assistance.
- Your second-level desk review request includes a period of time outside of the period covered by the *First-Level Desk Review Determination* and therefore will not change the first-level desk review results provided. For this reason, the second-level desk review is concluded. You may request a desk review of this period of time by completing a *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections*. The form and related instructions are included with this determination letter. Once you complete and mail the desk review request form, the local district will conduct a review of the distribution and disbursement of collections received for the period of time indicated and provide a *First-Level Desk Review Determination* for that new period of review.
- The type of second-level desk review you requested included a pass-through payment review and/or a cumulative excess support payment review. Review of your case records indicate that the type of desk review to be conducted is different from that indicated on your desk review request form. As a result of a conference held, the type of first-level desk review(s) conducted included a pass-through payment review and/or a cumulative excess support payment review, and the type of second-level desk review(s) conducted is/are the same.

Other: _____

A copy of any revised and/or additional calculation worksheets and any new documentation considered in the second-level desk review is enclosed. A copy of this second-level determination has been provided to the SCU and TA Unit with direction to issue a payment or initiate recovery action, if applicable.

Sincerely,

New York State Office of Temporary
and Disability Assistance
Second-Level Desk Review
Telephone Number: _____

NOTE: If you are owed an additional payment, the TA Unit may distribute that payment to you on your Electronic Benefits (EBT) card or, in some circumstances, by check, not later than 30 calendar days from the date of this determination letter. If too much support has been paid to you, the TA Unit may recover the overpayment through any authorized means within 30 calendar days from the date of this determination letter.

If we have indicated that your second-level desk review request has been completed, the decision rendered herein is the final decision as issued by OTDA. If you dispute specific facts contained in this *Second-Level Desk Review Determination* conducted by OTDA, you may file for a review of this second-level determination under Article 78 of the New York State Civil Practice Law and Rules within four months of the date of this decision.

Legal Assistance may be available to you through a local not-for-profit legal services corporation such as:

which can be reached at the following telephone number: _____

TO: _____, Coordinator, _____ County

FROM: _____, New York State Office of Temporary and Disability Assistance, Center for Child Well-Being

DATE: _____

SUBJECT: Notification of a Second-Level Desk Review Request

The New York State Office of Temporary and Disability Assistance (OTDA) received a *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections* on _____ for Temporary Assistance Case Number _____, New York Case Identifier(s) _____:

In order for OTDA to conduct the second-level desk review, your Social Services District must promptly provide copies of the Temporary Assistance Unit records which are not currently available in BICS and were used in the *First-Level Desk Review Determination* issued by your Social Services District on _____. You must provide those Temporary Assistance Unit records by e-mail, fax, or mail to the following address no later than _____:

E-mail: otda.tabureau@otda.state.ny.us

Fax: (518) 473-0511

Mail:

New York State Office of Temporary and Disability Assistance

40 N Pearl St, 11-A

Albany, NY 12243-0001

Attention: Bureau of Temporary Assistance, Second-Level Desk Review

- In addition, the second-level desk review includes Support Collection Unit records which are not available electronically through ASSETS/CSMS. You must provide copies of those Support Collection Unit records by e-mail, fax, or mail to the following address no later than _____:

E-mail: otda.sm.dcse.bpo

Fax: (518) 486-3127

Mail:

New York State Office of Temporary and Disability Assistance

40 N Pearl St, 13-C

Albany, NY 12243-0001

Attention: Bureau of Program Operations, Second-Level Desk Review

Please include a copy of this *Notification of a Second-Level Desk Review Request* with copies of the documentation requested above.

REQUEST FOR ADDITIONAL INFORMATION TO SUPPORT SECOND-LEVEL DESK REVIEW

TO: _____, _____ County Support Collection Unit

FROM: _____, New York State Office of Temporary and Disability Assistance

DATE: _____

SUBJECT: Request for Information to Support a Second-Level Desk Review

The New York State Office of Temporary and Disability Assistance (OTDA) received a second-level desk review on _____ for Temporary Assistance Case Number _____, New York Case Identifier(s) _____:

- Additional documentation has been provided which identifies a collection that was received and processed but does not appear on the New York Case Identifier(s) under review. A copy of that documentation is attached.
- According to OTDA records, the Temporary Assistance Foster Care case:
- was closed on _____.
- for the child named _____ was closed on _____.
- was open for the period(s) _____ to _____; _____ to _____; _____ to _____.
- The desk review for cumulative excess support does not include all periods of the assignment of support rights for the Temporary Assistance case. A cumulative excess support desk review must include the entire period beginning with the first date that an assignment of support rights became effective and end with the most current month for which distribution and disbursement of collections has occurred. According to program records, the date(s) for which an assignment of support rights was in effect is(are) as follows:
- _____.
- Other: _____

In order for OTDA to complete the second-level desk review in a timely manner, actions must be taken to address the issue identified above. Please review the appropriate case record(s) and make any necessary adjustments promptly. Once those adjustments are completed, please review the first-level desk review worksheet(s) attached, and make any corrections necessary to the reported collections, distributions, and final calculations. You must return this form, completed as indicated below, and the revised first-level desk review worksheet(s) to the OTDA representative named above no later than _____. You may submit the required form and worksheet(s) through e-mail at _____, by fax at _____, or by mail to _____, no later than the date stated.

If the actions taken involve Support Collection Unit records not available electronically through ASSETS/CSMS and not previously submitted to OTDA, and/or if the actions taken involve Temporary Assistance Unit records not previously submitted to OTDA, you must include those records with the response to this document.

If the adjustment(s) to the case record also result in additional disbursements to the family through the child support enforcement program's CSMS, or the determination by the TA Unit that additional pass-through payments for a period(s) outside of the desk review are due to the family, be sure to contact the recipient or former-recipient to explain the issuance of those payments under normal local district protocol. These would not be covered in the desk review.

**SCU/TA UNIT RESPONSE TO REQUEST FOR ADDITIONAL
INFORMATION TO SUPPORT SECOND-LEVEL DESK REVIEW**

TO: _____, New York State Office of Temporary and Disability
Assistance

FROM: _____, _____ County
 Support Collection Unit Temporary Assistance Unit

- The appropriate case record(s) have been reviewed and any necessary adjustments required have been made. After completing the case record(s) adjustment(s), the first-level desk review worksheet(s) have been reviewed and revised as required, and are attached to this form.
- It is determined that Support Collection Unit records not available electronically through ASSETS/CSMS were used in the first-level desk review but were not previously provided to OTDA. Those Support Collection Unit records are being provided with this response.
- It is determined that Temporary Assistance Unit records used in the first-level desk review were not previously provided to OTDA. Those Temporary Assistance Unit records are being provided with this response.

Please proceed with the second-level desk review.

Worker Name (Print)

Title of Worker

Telephone Number

Date Completed