# Administrative Directive

## Section 1

<table>
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<tr>
<th>Transmittal:</th>
<th>16-ADM-08</th>
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<tbody>
<tr>
<td>To:</td>
<td>Local District Commissioners</td>
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<tr>
<td>Issuing Division/Office:</td>
<td>Center for Employment and Economic Supports (OTDA)</td>
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<td></td>
<td>Office of Health Insurance Programs (DOH)</td>
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<tr>
<td>Date:</td>
<td>June 22, 2016</td>
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<tr>
<td>Subject:</td>
<td>Alternative Format and Disability Accommodation Indicator Use</td>
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<tr>
<td>Suggested Distribution:</td>
<td>Temporary Assistance Directors</td>
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<td>SNAP Directors</td>
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<td></td>
<td>Staff Development Coordinators</td>
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<td>Employment Coordinators</td>
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<td>WMS Coordinators</td>
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<td>Medicaid Staff</td>
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<tr>
<td>Contact Person(s):</td>
<td>Temporary Assistance (TA) Bureau: 1-800-343-8859, ext. 4-9344</td>
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<td></td>
<td>SNAP Bureau: 1-800-343-8859, ext. 3-1469</td>
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<td></td>
<td>Metropolitan Field Support Bureau: 212-961-8207</td>
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<td></td>
<td>Medicaid (MA) Upstate: 518-474-8887; New York City: 212-417-4500</td>
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| Attachments:       | Attachment Available Online: | ☐ |

## Filing References

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<td>GIS Messages 15 TA/DC045</td>
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<td>15 TA/DC023</td>
<td>Dear WMS/CNS Coordinator Letter January 27, 2015</td>
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<td>14 TA/DC022</td>
<td>Dear WMS/CNS Coordinator Letter May 30, 2014</td>
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Section 2

I. Summary

This release provides social services districts (SSD) with a summary and instructions on required actions regarding the provision of forms and notices in alternative formats and the use the Disability Accommodation Indicator (DAI) in response to the terms of the Rafferty v. OTDA, DOH, HRA, et al. (Rafferty) settlement, and OTDA’s decision to extend these accommodations to all SSDs, as well as to Public Assistance (PA) and Home Energy Assistance Program (HEAP) case types.

II. Purpose

The purpose of this Directive is to advise SSD of requirements resulting from a settlement of the litigation known as Rafferty, which was brought by a class of similarly situated individuals who are blind or seriously visually impaired. The Class certified by the Court was defined as: All New York City residents who: (1) have visual impairments that substantially limit the major life activity of seeing or otherwise have a visual disability as “disability” is defined under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973; (2) are current or future applicants for or recipients of Supplemental Nutrition and Assistance Program (SNAP) and/or Medicaid benefits (MA); and (3) need written materials in alternative formats for effective communication regarding SNAP and MA. The settlement is required to be implemented by July 1, 2016. This Directive is to advise relevant personnel of changes resulting from the settlement and also serves to extend the requirement to provide alternative format applications, communications and publications to blind and visually impaired individuals in all SSD and to include PA and HEAP case types.

This Directive provides information on the role SSD must take to inform individuals about alternative formats, how requests for alternative formats must be made and addressed and how to utilize the DAI indicator on the Welfare Management System (WMS) for persons requesting alternative formats.

III. Background

The terms of the Rafferty settlement requires the Defendants, the Office of Temporary and Disability Assistance (OTDA), Department of Health (DOH) and NYC Human Resources Administration (HRA), to provide certain written materials related to SNAP and MA in alternative formats, effective July 1, 2016. As noted above, these accommodations are being extended to PA and HEAP matters. Written materials, including Applications, Communications, and Publications, as these terms are defined below, will be produced upon request by OTDA and DOH in the following primary alternative formats:

- Large Print (18 point font)
- Audio Format
- Data Format

In addition, Braille format will be made available to any recipient or applicant upon request, when the recipient or applicant asserts that none of the primary alternative formats will be equally effective for them.
Definitions of terms

- **Applications** refer to the documents made available to individuals for the purpose of applying to receive or to continue to receive SNAP, MA, PA, and/or HEAP benefits. OTDA will be producing the following applications and their successors in alternative formats:
  - LDSS 2291 Request for Replacement of Food Purchased with SNAP benefits
  - LDSS 2921 Common Application for SNAP Medicaid, and other benefits
  - LDSS 3174 Recertification Form for SNAP, Medicaid, and other benefits
  - LDSS 4826 SNAP Recertification and Application
  - LDSS 4942 SNAP Authorized Representative Request Form

- **Audio Format** refers to audio files containing *audio transcriptions* of text documents for use with computers and digital audio players, whether provided through electronic transmission over the internet or on physical media such as compact discs, or other successor technology that may be adopted.

- **Communications** refers to any personalized and individualized written notice that is issued by either the State or an SSD concerning an individual’s SNAP, MA, PA and/or HEAP benefits or application for SNAP, MA, PA and/or HEAP benefits. As used herein, a Communication is “issued” by a party when it is published and mailed by the party's employees or contractors in the name of the party.

- **Data Format** refers to electronic versions of text documents accessible through the use of *assistive screen reading* software, whether provided through electronic transmission over the internet or on physical media such as compact discs, or other successor technology.

- **Primary Alternative Formats** refers to the following: (a) Large Print; (b) Audio Format; and (c) Data Format.

- **Publications** refers to the non-personalized and non-individualized documents that are made available to the general public concerning SNAP, MA, PA and/or HEAP benefits, including instructions to Applications and related informational materials. OTDA will be producing the following publications and their successors in alternative formats:
  - LDSS 4148A What You Should Know About Your Rights and Responsibilities
  - LDSS 4148B What You Should Know About Social Services Programs
  - LDSS 4148C What You Should Know If You Have An Emergency
  - LDSS 4826A Instructions for Completing the SNAP Recertification and Application
  - PUB 1301 Instructions for Completing the Common Application
DOH will be producing the following publications and their successors in alternative formats:

- **PUB 1313** Instructions for Completing the Recertification Form
- **OHIP 0065** (Family Planning Benefit Program Fact Sheet)
- **DOH 4220B** (List of Necessary Documentation for Access NY Application)
- **DOH 4220C** (Information About Medicaid, Family Health Plus and Child Health Plus Programs)
- **DOH 4220I** (Instructions for Access NY Application)
- **DOH 4286** (Family Planning Benefit Program Application Instructions)
- **DOH 5104** (Information Concerning Medical Assistance for SSI Beneficiaries)
- Supplement to LDSS 4148A and LDSS 4148B (Important Changes in the Medicaid Program)
- New York Medicaid Choice enrollment packet

- **Public Facing Employees** refers to all employees of OTDA, DOH or HRA whose job duties include regularly interacting with the general public concerning applying for or receiving SNAP, MA, PA or HEAP benefits, and/or fair hearings relating to SNAP, MA, PA, or HEAP benefits.

### IV. Program Implications

The information contained in this Directive applies Statewide and includes SNAP, MA, PA and HEAP.

#### Applications/Publications

Applications and Publications identified in **Background**. Definition of Terms section of this Directive, which are converted into Large Print, Audio and Data Formats, are available to be downloaded from the appropriate OTDA or DOH website. These formats are available to the SSD upon request.

Social Services Law [SSL §355(2)] and OTDA Regulation (18 NYCRR Part 350) requires that OTDA “prescribe the form of and print and supply to the public welfare officials blanks for applications, reports, affidavits and such other forms as it may deem advisable”, and defines “application” as an action by which a person indicates, in writing on the state-prescribed form, his desire to receive assistance and/or care or to have his eligibility considered by a social services official.” This means that the state-prescribed applications are limited to the non-alternative formats.

Applications converted into an alternative format are produced for informational purposes only and cannot be submitted as an application for benefits. Individuals requesting a converted application, in either the primary alternative formats or Braille, must complete and submit a non-alternative format application. SSD must continue to provide any available help necessary upon request to assist users of alternative formats in the completion of non-alternative format applications.

**Note:** To assist individuals who request applications in Data Format and who use assistive screen reading software, data format applications will be available in a “fillable” format. These “fillable” applications will be available on or shortly
after July 1, 2016. Instructions to alternative format users will provide information on how to complete and utilize these “fillable” applications to submit an acceptable written application.

Alternative format users who request applications in Data Format may use a “fillable” format application to prepare an application. However, alternative format users must complete, print and sign the “fillable” application, and then submit it to the SSD in order to apply for benefits or services. The printed version of these “fillable” applications will appear the same as standard applications, with the possible exception of document color depending on the print capabilities of the individual. Therefore, districts should consider the “fillable,” printed, signed application as a written, non-alternative format application that may be used to apply for benefits or services. “Fillable” format applications are not permitted, and an email address is not considered an e-signature. Applications may not be emailed or otherwise submitted electronically to a district. “Fillable” applications must be printed out, signed, and then submitted to the social services district in order to apply for benefits or services.

Audio and Data Format may be downloaded from the OTDA or DOH website, or available to the SSD upon request; Braille versions may be requested from the OTDA’s Document Services or the DOH Distribution Center. See Section VII Additional Information for information on requesting OTDA alternative format documents.

Communications

The non-alternative format notice received by the applicant/recipient is considered the legal or primary notice. A notice received in an alternative format is provided as an additional source of information for those individuals requesting communications in an alternative format. Applications or other forms attached to a notice are also provided for informational purposes only.

Beginning in late June 2016, all OTDA generated notices using the Client Notice System (CNS) will include a banner advising notice recipients of the availability of alternative format notices and other written material, and to contact their local SSD for more information. Beginning no later than July 1, 2016, alternative formats for all communications will be available:

- For all notices issued through CNS from a SNAP, MA, PA, or HEAP case types.
- For notices issued by the OTDA outside of CNS.
- For notices pertaining to fair hearings requests and the scheduling thereof issued through the Fair Hearings Information System (FHIS).
- For decisions after fair hearings.
- For notices concerning compliance with decisions after fair hearing issued by OTDA’s Office of Administrative Hearings (OAH).
- For reconsiderations of decisions after fair hearing issued by OTDA’s OAH.
- OTDA has agreed to make applications available for download in 18 point font, audio and data format from OTDA’s website. Audio CD’s and data CD’s are available for SSD’s to order in limited quantities. OTDA shall specifically produce the LDSS 2291, 2921, 3174, 4826 and 4942 in 18 point font, audio CD and data CD.
• OTDA has agreed to make publications available for download in 18 point, audio and data format from OTDA’s website. Audio CD’s and data CD’s are available to SSD’s to order in limited quantities. OTDA shall specifically produce PUB 1301, 1313, LDSS 4148A-C and LDSS 4826A.

• OTDA has agreed to produce any applications, publications and communications in Braille for recipients or applicants who request it and assert that none of the primary alternative formats (18 point font, audio CD, data CD) will be equally effective for them.

Beginning no later than July 1, 2016, DOH will make available in the alternative formats:

• Notices issued by DOH through eMedNY, and outside of CNS.
• Notices to individual automatically enrolled in MA issued by DOH as a result of an individual’s eligibility for Supplemental Security Income/State Supplemental Program.
• DOH shall specifically produce the LDSS-4411, DOH 4220, DOH 4282, DOH 4286, DOH 4328, DOH 4495A, DOH 5178A (scheduled to replace DOH-4495A), DOH 5104, and OHIP 0065 in 18 point font, audio and data CD and make them available for download from the DOH website at http://health.state.nyenet/revldssforms.htm.
• DOH shall specifically produce the following publications and their successors in alternative formats, the Supplement to LDSS 4148A and LDSS 4148B (Important Changes in the Medicaid Program) and the NY Medicaid Choice enrollment packet.

Training

OTDA’s Bureau of Training Management and Analysis will develop, no later than July 1, 2016, training materials for OTDA’s for public facing employees including current and future OTDA employees. OTDA will also make this web based training available to SSD employees. Please watch for announcements on the timing of the release of this training.

V. Required Action

The SSD must honor requests for alternative formats without requiring medical documentation to support the request, and staff must not deny a request for alternative formats based on judgment that the individual does not require an alternative format. Only the primary alternative format and Braille are available as alternative formats.

SSD staff and those persons performing work on behalf of the SSD must not determine, in the absence of a request for alternative formats, that the applicant or recipient is in need of an alternative format, and erroneously enter the DAI code to generate one of the available alternative formats. All requests for alternative formats are entered solely based on information included by the applicant or recipient on the approved application or because of a request made by the individual verbally or in writing and must be documented in the case record.

In anticipation of the July 1, 2016 date, a one-time file comparison of all PA/SNAP, MA and SNAP only recipients to the Social Security Administration (SSA) was performed against the SSA database. The match identified individuals who requested and are receiving a Special Notice Option (SNO) from the Social Security Administration. This
data was converted into one of four WMS DAI codes for a direct update to the database. If a recipient on a case where the DAI field was pre-filled as a result of this one-time match elects to change the alternative format option, SSD staff must process the request.

Applications/Publications

Applications available in Large Print and Data Format are available to the SSD for download from OTDA’s and DOH’s respective websites. Data Format applications and publications are available to order in limited quantities. Applications converted into an Audio Format are available to the SSD and for download from the OTDA and DOH respective websites.

Alternative format applications, including primary alternative formats and Braille, may not be used to apply/recertify for benefits and applications must be completed and returned in written, non-alternative format. The SSD must make sure that the consumer is aware of this and that both alternative and non-alternative application and publications are available to those consumers requesting alternative formats. Upon request by the individual requesting an alternative format application, the SSD must provide any reasonable accommodation that is available to the SSD, and determined necessary to help the applicant or recipient complete a non-alternative format application. One reasonable way to meet this type of request is to allow the information to be communicated orally to a SSD employee or designee, who then puts it onto the non-alternative application format. An SSD may also suggest that an individual applying or recertifying for benefits to use the myBenefits or ACCESS NYC websites where appropriate.

Communications

SSD staff and those performing work on behalf of the SSD must advise those individuals requesting information about alternative formats that alternative format communications are provided to the household in addition to the non-alternative format, and not in place of the non-alternative format.

All current notice selection criteria remain the same. A designated head of household, who has not requested an alternative format, cannot request a second copy of the primary notice in an alternative format notice for another household member. If a value is entered in the DAI field of a case where there is a designated Authorized Representative who would normally receive a copy of the legal or primary notice, both the head of household and the authorized representative will receive the primary and the alternative format notice indicated.

Combinations of alternative format notices are not allowed. Individuals may elect to change the type of alternative format they are currently receiving at any time, or request no accommodation. All requests for alternative formats are entered based information provided by the applicant or recipient on the approved application or because of a request made by the individual verbally or in writing and must be documented in the case record.
VI. Systems Implications

NYC Implications

In NYC WMS, two new fields for Disability Accommodation Indicators (DAI) have been created; one at the suffix level and one at the individual level. The individual level DAI field, TAD Item #367 is data enterable in eligibility or at undercare. The suffix level DAI code is not data enterable. There is no limit to the number of individuals that can have a DAI code on a case, i.e., every individual can have a different DAI code. If an individual with a DAI code is the payee or alternate payee, then that person’s individual level DAI code will automatically be populated to the corresponding suffix level DAI field. Only when there is a suffix level DAI code present will an alternative format notice be generated.

The case and individual level DAI codes are viewable on several WMS Inquiry screens including the following:

- **NQIN2A** - Individual Inquiry - Client Information
- **WCN052** - Client Notices (CNS) History Detail Screen
- **NQCS02** - Case Composition - Suffix Summary (all suffixes)
- **NQCS3A** - Current Case Composition (each suffix)

This new individual level field will be allowed for data entry for all case types.

The field values include:

- **V1**- Large Print (18 pt.)
- **V2**- Audio CD
- **V3**- Data CD
- **V4**- Braille

The DAI code will be retained for Separate Determination openings and Luberto (Upstate and NYC Medicaid cases).

The daily referral file for individuals whose Medicaid coverage is transitioning from NY State of Health to NYC WMS will include the DAI code. The Eligibility Data and Image Transfer System (EDITS) will automatically enter the code when the case is put up on NYC WMS.

ROS Implications

A two digit field, Disability Accommodation Indicator (DAI) was created on Screen 1 of Upstate WMS and was added to the dropdown menu on the Summary tab in myWorkspace for all transaction types except 14-Closed Case Maintenance. This new field will be allowed for data entry for all case types. There is no individual line entry of the DAI on the Upstate WMS system.
The field values include:

- V1-Large Print (18 pt.)
- V2-Audio CD
- V3-Data CD
- V4-Braille

This field may be system generated via outside sources such as the State Data Exchange (SDX). DAI codes entered into the field will be retained for Luberto (Upstate and NYC), TBA, and Separate Determination cases. The DAI will be printed in the white space on both the LDSS 3636 and LDSS 3209 to the right of the Trust Indicator Field (TI) under the header DI. Initially this indicator will be used to address visual disabilities and the need for alternative formats of written materials. The indicator will also be used to identify the specific type of accommodation requested.

The daily referral file for individuals whose Medicaid coverage is transitioning from NY State of Health to Upstate WMS will include the DAI code. Upstate SSD must enter the DAI code when opening the case on WMS.


**Fair Hearings Implications**

A two digit field, Disability Accommodation Indicator (DAI) was created on the FHIS Appellant Information screen (PFINQ1) of FHIS and is also on the Appellant Data page (App Data) in FHDMS. This new data field will allow data entry for fair hearings. FHIS will pull over from WMS the DAI value that was entered in WMS.

The field values are the same as those used in WMS:

- V1-Large Print (18 pt.)
- V2-Audio CD
- V3-Data CD
- V4-Braille

**NY State of Health (NYSoH) Implications**

The Disability Accommodation Indicator (DAI) will be generated by the individual, based on the choice of alternative format, at account creation or when the individual's account information is updated.

The field values for the NYSoH include:

- V1-Large Print (18 pt.)
- V2-Audio CD
The daily referral file for individuals whose Medicaid coverage is transitioning from NY State of Health to NYC/Upstate WMS will include the DAI code.

VII. Additional Information (Optional)

As previously noted, the Stipulation identified the following OTDA LDSS Applications, Publications and Instructions to be provided in Alternative Format:

- LDSS 2291 Request for Replacement of Food Purchased with SNAP benefits
- LDSS 2921 Common Application for SNAP Medicaid, and other benefits
- LDSS 3174 Recertification Form for SNAP, Medicaid, and other benefits
- LDSS 4148A What You Should Know About Your Rights and Responsibilities
- LDSS 4148B What You Should Know About Social Services Programs
- LDSS 4148C What You Should Know If You Have An Emergency
- LDSS 4826 SNAP Recertification and Application
- LDSS 4826A Instructions for Completing the SNAP Recertification and Application
- LDSS 4942 SNAP Authorized Representative Request Form
- PUB 1301 Instructions for Completing the Common Application
- PUB 1313 Instructions for Completing the Recertification Form

The documents above will be available in the following Alternative Formats as of July 1, 2016:

- Large Print (LP)
- Audio Disk (AD)
- Data Disk (DD)
- Braille (BR)

The identifying numbers associated with the above documents have been modified for each of the Alternative Formats. For example, the LDSS 2921 which is available to order in Braille is LDSS 2921 BR, the Audio CD version is LDSS 2921 AD, and the Data CD is LDSS 2921 DD. Please note that Large Font versions of the above documents are only available on line.

Obtain alternative format documents as follows:

Print on Demand

Large Print (LP) versions of the above documents will be available in PDF format on OTDA’s website at http://otda.ny.gov/programs/applications/, are effective July 1, 2016 and will be available to print on demand.

Order Online

Limited quantities of the Audio Disk, Data Disk and Braille versions are available for ordering by utilizing the OTDA Bureau of Management Services’ Electronic Forms and Publications online system at http://ldformorders.otda.state.nyenet/ Email/Fax/US Postal Service.
We have a specific form to use to order using these methods it is form OTDA876 (available in fillable PDF at Programs/publications at http://otda.ny.gov/programs/publications/OTDA876.pdf)

You can submit the completed OTDA 876 order form via email to forms.orders@otda.ny.gov, fax to (518) 402-0084, or send via US Mail to:

NYS Office of Temporary and Disability Assistance Document Services
PO Box 1990
Albany, NY 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

VIII. Effective Date: July 1, 2016

Issued By
Name: Jason A. Helgerson
Title: Medicaid Director
Division/Office: Office of Health Insurance Programs

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Issued By
Name: Phyllis Morris
Title: Deputy Commissioner
Division/Office: Center for Employment and Economic Supports