



**George E. Pataki**  
Governor

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

**Brian J. Wing**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	01 INF 17
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	August 27, 2001
<b>Subject:</b>	Revisions To Manual Notices
<b>Suggested Distribution:</b>	Temporary Assistance Directors Food Stamp Directors Medical Assistance Directors Services Coordinators CAP Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	OTDA (PA and FS) - 1-800-343-8859, extension: PA (4-9344), FS (3-1469) DOH (MA) - Local District Support Unit Upstate: (518) 474-8216 Downstate: (212) 258-6855 OCFS (Services) - Bureau of Technical Services at 1-800-342-3727
<b>Attachments:</b>	1-21
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21		350.5	SSL 22	FSSB Section	GIS 89 MA007
89 ADM-8		351.22	SSL 366-a	VI-A, B, VII-all and XV-C	89 LCM – 155
89 ADM-6		352.31(d)		PASB Section	89 LCM – 22
88 ADM-4		355		VI-all	
87 ADM-48		358-3.3,		MARG pp. 378-	
87 ADM-4		359		387	
86 ADM-10		360-		Local District	
86 ADM-7		2.4,2.5,2.6,6.4,7.		Manager's Guide	
85 ADM-45		5		pp. 12-1 through	
85 ADM-17		369.6		12-5	
82 ADM-55		387.17			
82 ADM-5		387.19			
81 ADM-55		387.20			
80 ADM-90		505.14(b)(5) (v)			

93 INF-45		(viii) (x)			
92 INF-46		385.3			
92 INF-34		385.14			
90 INF-57					
90 INF-57					
89 INF-53					
88 INF-83					
88 INF-28					

## I. Purpose

The purpose of this INF is threefold:

1. To introduce the following revised (08/01) Temporary Assistance (TA), Medical Assistance (MA), Food Stamp Benefits (FS), Services and Child Assistance Program (CAP) manual client notices (Attachments 2-21):

- LDSS-3152: “Action Taken On Your Food Stamp Case”
- LDSS-3152NYC: “Action Taken On Your Food Stamp Case” (NYC)
- LDSS-3153: “Continuing Your Food Stamp Benefits”
- LDSS-3156: “Notice Of Food Stamp Overpayment (Demand Letter)” (Timely and Adequate)
- LDSS-3156NYC: “Notice Of Food Stamp Overpayment (Demand Letter)” (Timely and Adequate) (NYC)
- LDSS-3620: “Notice Of Intent To Change Food Stamp Benefits” (Timely and Adequate)
- LDSS-3620NYC: “Notice Of Intent To Change Food Stamp Benefits” (Timely and Adequate) (NYC)
- LDSS-3621: “Notice Of Intent To Change Food Stamp Benefits (Adequate Only)
- LDSS-3621NYC: “Notice Of Intent To Change Food Stamp Benefits” (Adequate Only) (NYC)
- LDSS-3969A: “Notice of Action On Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services” (Part A)
- LDSS-3969B: “Notice of Action On Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services” (Part B)
- LDSS-4013A: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage” (Adequate Only) (Part A)
- LDSS-4013B: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage” (Adequate Only) (Part B)
- LDSS-4014A: “Action Taken On Your Recertification: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only) (Part A)
- LDSS-4014B: “Action Taken On Your Recertification: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only) (Part B)
- LDSS-4015A: “Notice of Intent To Change Benefits: Public Assistance, , Food Stamp Benefits, Medical Assistance and Services” (Timely and Adequate) (Part A)
- LDSS-4015B: “Notice of Intent To Change Benefits: Public Assistance, , Food Stamp Benefits, Medical Assistance and Services” (Timely and Adequate) (Part B)
- LDSS-4016A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Adequate Only) (Part A)
- LDSS-4016B: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Adequate Only) (Part B)
- LDSS-4053: “FS Repayment Agreement”.

2. To obsolete the following two client notices:

- LDSS-4017: “Notice Of Intent To Change Food Stamp Benefits” (Timely and Adequate)
- LDSS-4018: “Notice Of Intent To Change Food Stamp Benefits (Adequate Only).

3. To provide the following desk aid (Attachment 1):

- Notices Required for Delayed Recertification.

## II. Background

Recent regulatory changes in the Food Stamp program necessitated revisions to these notices. In addition, other changes in the Temporary Assistance, Medical Assistance and Services areas were also incorporated.

## III. Program Implications

### A. Implications for All Program Areas

1. Due to the amount of information that needed to be added for the Food Stamp program, the following combined program notices are now divided into “A” (PA, MA, Services) and “B”(FS) notices, as shown on the attachments:
  - LDSS-3969: “Notice of Action On Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services”
  - LDSS-4013: “Action Taken On Your Application: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only)
  - LDSS-4014: “Action Taken On Your Recertification: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only)
  - LDSS-4015: “Notice of Intent To Change: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Timely and Adequate)
  - LDSS-4016: “Notice of Intent To Change: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Adequate Only)

Workers must ensure that these manual A and B notices are **always** completed and sent **together** at the same time, even if not all program areas are involved in the case.

2. In the “Lifeline” statements, “Bell Atlantic” was changed to “Verizon”.
3. The following two notices are **obsolete** because the information was incorporated into Checkbox Number 3 of the revised LDSS-3620 and 3620 NYC and Checkbox Number 5 of the LDSS-3621 and 3621 NYC adverse action notices, respectively:
  - LDSS-4017: “Notice Of Intent To Change Food Stamp Benefits” (Timely and Adequate)
  - LDSS-4018: “Notice Of Intent To Change Food Stamp Benefits” (Adequate Only)
4. Although “Temporary Assistance” is the New York State Office of Temporary and Disability Assistance terminology used to represent Family Assistance and Safety Net, “public assistance” is still used on the actual notices.

### B. Food Stamp Implications

Changes in FS Claims and Overpayments, Change Reporting and Denial Notice Requirements occurred within the past year that affected TA/FS and NTA/FS cases, as outlined below:

1. As directed in the Six Month Reporting ADM (01 ADM-9), the LDSS-3151: “Food Stamp Change Report Form” must be sent each time any of the following notices are sent:
  - LDSS-3152: “Action Taken On Your Food Stamp Case” (Adequate Only)
  - LDSS-3152NYC: “Action Taken On Your Food Stamp Case” (NYC) (Adequate Only)
  - LDSS-3153: “Continuing Your Food Stamp Benefits”
  - LDSS-3156: “Notice Of Food Stamp Overpayment (Demand Letter)”
  - LDSS-3156NYC: “Notice Of Food Stamp Overpayment (Demand Letter)” (NYC)
  - LDSS-3620: “Notice Of Intent To Change Food Stamp Benefits” (Timely and Adequate)

- LDSS-3620NYC: “Notice Of Intent To Change Food Stamp Benefits” (Timely and Adequate) (NYC)
- LDSS-3621: “Notice Of Intent To Change Food Stamp Benefits (Adequate Only)
- LDSS-3621NYC: “Notice Of Intent To Change Food Stamp Benefits (Adequate Only) (NYC)
- LDSS-3969 A&B: “Notice Of Action On Your Application/Benefit For The Child Assistance Program (CAP), Status of Medical Assistance, Food Stamps and Services
- LDSS-4013 A&B: “Action Taken On Your Application: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only)
- LDSS-4014 A&B: “Action Taken On Your Recertification: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only)
- LDSS-4015 A&B: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Timely and Adequate)
- LDSS-4016 A&B: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Adequate Only)

2. LDSS-3156: “Notice of Food Stamp Overpayment (Demand Letter)”

- a. As it will be outlined in the forthcoming Food Stamp Claims ADM, this notice must be sent with the “Food Stamp Overpayment Calculation Form” whenever the **method** of repayment changes on a claim. Also, this notice now contains the correct limited fair hearing language for claims that had already been established.
- b. Electronic Benefit Transfer (EBT) and Treasury Offset Program (TOP) warning information was added.
- c. The notice was revised so that appropriate new claim and updated claim information can be given.

3. LDSS-4053: “Food Stamp Repayment Agreement”

- a. This notice now offers the client the ability to repay voluntarily through their EBT account. As it will be explained in the forthcoming Food Stamp Claims ADM, this notice can now also be used for recipients with active cases who wish to repay more than their recoupment, as well as for those clients whose cases are closing or are closed.
- b. EBT and TOP warning information was added.

4. “Notices Required For Delayed Recertification” desk aid (Attachment 1)

This desk aid shows what notices must be sent to cases when recertification is delayed.

C. Temporary Assistance Implications

The “Suspend” box was **deleted** from the following notices, since that is no longer a TA option:

- LDSS-4015A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Timely and Adequate) (Part A)
- LDSS-4016A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Adequate Only) (Part A)

D. Medical Assistance Implications

1. The following statement was **added** to the notices listed below:

**If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.**

- LDSS-3969A: “Notice of Action On Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services” (Part A)
- LDSS-3969B: “Notice of Action On Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services” (Part B)
- LDSS-4013A: “Action Taken On Your Application: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only) (Part A)
- LDSS-4014A: “Action Taken On Your Recertification: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only) (Part A)
- LDSS-4015A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Timely and Adequate) (Part A)
- LDSS-4016A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Adequate Only) (Part A)

2. It is important to remember that the “Pended” box on the above notices should only be used when additional information is needed to determine Medical Assistance eligibility. Generally, it is not necessary to ask the applicant/recipient for additional information to determine eligibility for Medical Assistance.

3. The following statement was **deleted** from the notice listed below:

**The enclosed letter and Utilization Threshold Fact Sheet will clarify coverage under the medical assistance program.**

- LDSS-4013A: “Action Taken On Your Application: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only) (Part A)

E. Services Implications

1. The following statement was **added** to the notices listed below, on the back:

**Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.**

**Even if you are not eligible for Public Assistance or Medical Assistance, you may get information and education about family planning for up to 90 days from the date of your application.**

**For further information, please contact your services worker or call the general phone number on the front of this notice.**

- LDSS-4013A: “Action Taken On Your Application: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only) (Part A)
- LDSS-4014A: “Action Taken On Your Recertification: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only) (Part A)

2. The following statement was **added** to the notices listed below:

**Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.**

**Even if you are no longer eligible for Public Assistance or Medical Assistance, you may get information and education about family planning for up to 90 days from the date of your application.**

**For further information, please contact your services worker or call the general phone number on the front of this notice.**

- LDSS-3969A: “Notice of Action On Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services” (Part A)
- LDSS-4015A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Timely and Adequate) (Part A)
- LDSS-4016A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Adequate Only) (Part A)

3. The Services statement at the bottom of the following notices was revised as follows:

**Services - If you are getting social services and lose your public assistance and medical assistance benefits, we will need to see if you still can get social services at your next scheduled recertification. This does not necessarily mean that you will no longer be able to get social services. At your recertification, we will do a redetermination to see if you can continue to get social services. If you have any questions, please contact your services worker or call the general phone number at the top of this notice.**

- LDSS-3969A: “Notice of Action On Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services” (Part A)
- LDSS-4014A: “Action Taken On Your Recertification: Public Assistance, Medical Assistance, Food Stamp Benefits” (Adequate Only) (Part A)
- LDSS-4015A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Timely and Adequate) (Part A)
- LDSS-4016A: “Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Food Stamp Benefits and Services” (Adequate Only) (Part A)

F. NYC Implications

NYC English and Spanish versions of the following revised notices will be printed and drop-shipped to the HRA Brooklyn Warehouse in the fall:

- LDSS-3152NYC: “Action Taken On Your Food Stamp Benefits” (Adequate Only)
- LDSS-3620NYC: “Notice Of Intent To Change Food Stamp Benefits” (Timely and Adequate)
- LDSS-3621NYC: “Notice Of Intent To Change Food Stamp Benefits (Adequate Only)

The remaining revised notices changes must be incorporated into the current HRA local equivalents and must be resubmitted for approval **before** use to:

**Office of Temporary and Disability Assistance  
Document Services  
93 Broadway  
Menands, NY 12204**

G. Forms/Printing/CNS Implications

1. Printing and Delivery - All revised manual notices are being printed and will be drop-shipped to local districts in the fall. In the meantime, LDSSs must photocopy the revised notice attachments and use them effective the date of this release.

**When establishing claims or when the method of repayment changes, LDSSs must use all necessary revised manual notices instead of CNS, since the new notices text will not be migrated to CNS until November 9, 2001.**

2. Spanish Versions - A camera-ready copy of all revised manual notices will be available upon request from the following:

**Office of Temporary and Disability Assistance  
Document Services  
93 Broadway  
Menands, NY 12204**

3. Local Equivalents/Scanned Forms - Local equivalents of these forms may be used **only if** the text is identical and the format is maintained. Local equivalents must be submitted for approval **before** use to:

**Office of Temporary and Disability Assistance  
Document Services  
93 Broadway  
Menands, NY 12204**

Issued By \_\_\_\_\_

Name: Patricia A. Stevens  
Title: Deputy Commissioner  
Division/Office: Division of Temporary Assistance