



NEW YORK STATE  
 OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
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### Administrative Directive

#### Section 1

<b>Transmittal:</b>	14-ADM-02
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office :</b>	Center for Employment and Economic Supports
<b>Date:</b>	June 20, 2014
<b>Subject:</b>	The Use, Capture and Reporting of a SSD's Representative's Signature on Interim Assistance Reimbursement (IAR) Authorizations
<b>Suggested Distribution:</b>	Accounting Supervisors Temporary Assistance Directors SNAP Directors Staff Development Coordinators Finance Staff Fair Hearing Officers Staff Development Coordinators TOP Coordinators
<b>Contact Person(s):</b>	Temporary Assistance Bureau at 1-800-343-8859, extension 4-9344 SNAP Bureau at 1-800-343-8859, extension 3-1469 Rest of State (ROS) (518) 474-8216
<b>Attachments:</b>	<a href="#">Attachment A – Electronic Signature Report - Cognos</a> <a href="#">Attachment B – Electronic Signature Report</a>
<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.
13-LCM-15 11-INF-10 10-INF-15 09-ADM-18 08-ADM-11 08-ADM-6 04-INF-18		Part 353 Part 352.30 (f)		TASB Chapter 10 Section L	

## Section 2

### I. Summary

This Administrative Directive (ADM) is to introduce the ability to use, capture and report the electronic signature of a Social Services District (SSD) representative's signature on the Interim Assistance Reimbursement (IAR) authorization as required by agreement with the Social Security Administration. It also introduces a new COGNOS report titled "Electronic Signature Report."

### II. Purpose

The purpose of this directive is to inform SSDs of the ability to use, capture and report the electronic signature of a SSD representative on the IAR authorization. A new COGNOS report titled "Electronic Signature Report," was created for SSDs to use for IAR related audits and hearings, including Social Security Administration (SSA) audits, to verify that a SSD has complied with the SSA requirement to capture a SSDs representative's signature on the IAR authorization.

### III. Background

Section 1631 of the Social Security Act provides for the State and Federal government to enter into an agreement whereby the Federal government may transmit an IAR payment directly to the SSD if certain requirements are met. Since 1974, this Office has had an ongoing agreement with the SSA. The "Agreement for Reimbursement to State for Interim Assistance Payments between the Social Security Administration (SSA) and the State of New York," identifies the conditions and responsibilities to which New York State (NYS) must adhere in order to allow the SSA to withhold a Supplemental Security Income (SSI) recipient's initial payment or initial post eligibility SSI payment and forward it to a SSD as reimbursement for Interim Assistance (IA) paid. This reimbursement may only be made for IA issued to meet the individual's basic needs through Safety Net Assistance while their SSI application is pending. The IA must also be solely funded by State and local funds for reimbursement to be made to the SSD.

In accordance with the agreement, the SSA Commissioner must have an IAR authorization signed by the SSI applicant, recipient or their representative and a SSD representative to transmit IAR directly to the SSD on behalf of the SSI recipient. The transmittal of IAR directly to a SSD by the SSA demonstrates on a case by case basis that this office has complied with all parts of the agreement.

The Office of Temporary and Disability Assistance (OTDA) pursued and received a modification to the "Agreement for Reimbursement to State for Interim Assistance Payments between the Social Security Administration (SSA) and the State of New York," dated 9/7/2011, which allows the use of an electronic signature on the IAR authorization for both the SSI applicant or former recipient and the SSD representative.

The SSA's approved definition of an electronic signature allows for the use of an electronic symbol or process attached to, or logically associated with, an electronic record that identifies and authenticates a particular person as being such individual intending to affix his signature to the document, and indicating his adoption or approval of the substance and contents of same.

An electronic signature has the same legal effect and can be enforced in the same way as a signature affixed by hand.

#### IV. Program Implications

There is no change to the SSDs responsibility to capture a SSI applicant, recipient or their representative's and a SSD representative's signature on the IAR authorization as instructed in 08-ADM-11, 09-ADM-18, 10-INF-15, AND 11-INF-10. The method of capturing the SSDs representative's signature has been enhanced to allow the signature of the SSD representative to be captured electronically. The methods SSDs can use to capture the SSDs representative's signature are:

1. Affixed to the IAR authorization found upon the LDSS-2921 - Statewide Common Application; the LDSS-3174 - Recertification Form for Temporary Assistance (TA) Medical Assistance (MA) Medicare Savings Program (MSP) Food Stamp Benefits (FS) - *now known as Supplemental Nutrition Assistance Program (SNAP)*; and the LDSS-4887 - Mail-In Recertification/Eligibility Questionnaire; Mail-In Recertification/Eligibility Questionnaire (M327-h) and approved local equivalent; and/or
2. For Rest of State (ROS) (outside of NYC), electronically captured through the Welfare Management System (WMS) via the SSD representative's user ID and password used in WMS at the time of case opening and recertification. The data from WMS constitutes an electronic record of the SSDs representative's signature and may be retrieved by accessing the COGNOS Electronic Signature Report; and/or
3. For NYC (HRA), electronically capturing the SSD representative's signature via the Paperless Office System (POS). The data from POS is an electronic record constituting the SSDs representative's signature and may be retrieved by accessing POS "Review Case," reports.

The LDSS-2921, LDSS-3174, and the LDSS-4887, or approved local equivalents, the Electronic Signature Report and/or POS reports meets article IV.C of the SSA agreement, and may be used for IAR related audits and hearings, including fair hearings and SSA audits, to verify a SSD has complied with the SSA requirement to capture a SSD representative's signature on the IAR authorization.

#### V. Required Action

SSDs must continue to obtain **manual signatures** from **all** applying adult household members on the LDSS-2921, the LDSS-3174, and the LDSS-4887 or approved local equivalents as instructed in 08-ADM-11 AND 10-INF-15.

##### 1. Reporting of Electronic Signatures of SSDs Representatives (ROS)

ROS SSDs must use the COGNOS Electronic Signature Report as the SSDs electronic record of a SSD representative's signature on an IAR authorization. This report is produced upon request by SSDs and is an acceptable method to verify the capture of a SSD representative's signature on an IAR authorization form.

Below is an example of the COGNOS Electronic Signature Report.

CIN ID	Case Number	District	Case Type	Case Name	User ID for Transaction	Transaction Date	Transaction Type
AFxxxxxD	Nxxxxxx	01	17	DOE JANE	55FXXX	05/24/2013	06
	Nxxxxxx	01	17	DOE JANE	55DXXX	02/07/2013	06
	Nxxxxxx	10	17	DOE JANE	55DXXX	06/08/2012	06

ROS SSDs can find instructions regarding access and creation of the Electronic Signature Report through COGNOS in Attachments A and B.

## 2. Reporting of Electronic Signatures of SSDs Representatives (HRA)

HRA will use the Paperless Office System (POS). POS affixes the JOS/Worker's electronic signature, which consists of the first initial, last name, and WMS ID; and the client's signature on the last page of the Statewide Common Application (LDSS 2921), Recertification Form for: Temporary Assistance (TA)- Medical Assistance (MA)- Medicare Savings Program (MSP)- *Supplemental Nutrition Assistance Program (SNAP)* (LDSS 3174) and Mail-in Recertification/Eligibility Questionnaire (M327-h). The form will be saved with the client's electronic signature and the JOS/Worker's electronic signature.

To access the saved form, choose "Review Case" activity from the "Action" tab of the POS Activities Management window. Enter the case number on the "Review case" window; POS will display the "Activities" window which lists all the activities performed on this case in descending chronological order. This window details the type of the activity, employee name, and the start and end date of that activity by that employee. The CA Application Interview activity identifies the JOS/Worker who conducted the application interview and captured the applicant's signature.

## VI. Systems Implications

None

## VII. Effective Date

Immediately

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### Issued By

**Name: Phyllis Morris**

**Title: Deputy Commissioner**

**Division/Office: Center for Employment and Economic Supports**