

GENERAL INFORMATION SYSTEM
Center for Employment & Economic Supports

December 6, 2011

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TO: Commissioners; TA Directors; FS Directors; WMS Coordinators; Staff Development Coordinators

FROM: Phyllis Morris, Acting Deputy Commissioner, Center for Employment and Economic Supports

SUBJECT: SSI COLA and NYSNIP Standard Benefit Amount Adjustments

EFFECTIVE DATE: January 1, 2012

CONTACT PERSON: Food Stamp Bureau at 1-800-343-8859, ext. 3-1469
Upstate WMS at 1-800-343-8859, ext. 3-7991
NYC WMS at 212-961-8185

Background

Every year, the Social Security Administration (SSA) evaluates Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) data to determine if an adjustment (COLA) should be made to RSDI (regular Social Security and Social Security Disability benefits) and federal Supplemental Security Income (SSI) benefits to reflect an increase or decrease in the cost of living. This year, SSA determined that there was an increase in the CPI-W from the third quarter of 2008 (the last year a COLA was determined) to the third quarter of 2011. Therefore, effective January 1, 2012, RSDI and SSI recipients will receive a 3.6% COLA. There was no COLA adjustment for either 2009 or 2010.

Please see 11 INF-12 for additional details regarding the SSI COLA.

Purpose

The purpose of this GIS is to inform the local social services districts about the effect of the COLA on food stamp benefits, particularly on NYSNIP benefits; and to inform the local districts about the notices that will be sent to affected households notifying them about the change in FS benefits.

Program Implications

As part of the 2012 January mass re-budgeting/authorization (MRB/A), New York State Nutrition Improvement Project (NYSNIP) benefit levels will be adjusted effective 1/1/12. This adjustment to food stamp benefit amounts is required because of the SSI COLA. Information regarding the WMS MRB/A of Temporary Assistance and food stamp (FS) benefit levels, including NYSNIP benefit levels was provided in **ABEL Transmittal 11-4**. Affected cases appear on the January ELIGIBLES LIST of cases re-budgeted with ALERT "U". "NYSNIP CASE." NYSNIP cases will be notified by CNS notice of the change in benefits due to the annual adjustment of Supplemental Security Income and Social Security benefits.

Furthermore, the new NYSNIP FS benefit amounts (see attached table of NYSNIP Benefit Levels effective 1/1/12) will be effective for any ABEL **NYSNIP FS Shelter Type** budgets calculated as of November 13, 2011 with a **FROM Date** of 1/1/12 or later.

\$235 New NYSNIP "High" Shelter Cost Threshold

New NYSNIP households having cases opened, and existing NYSNIP households recertified, effective 1/1/12 or later and having shelter costs **greater than \$235** will be considered to be "High Shelter" (Shelter Type 94 or 96) cases by the standard of the project. Conversely, effective 1/1/12, **new** and recertifying NYSNIP households having shelter costs of **\$235 or less** will be considered to be "Low Shelter" (Shelter Type 95 or 97) cases by the standard of the project. This change to the shelter threshold was migrated on November 13, 2011 for budgets having a **FROM Date** of 01/01/12 or later.

Only benefits in Shelter Types 95, 97 and 98 are affected by the SSI COLA increase.

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NYSNIP BENEFITS MATRIX BY SHELTER TYPES
01/01/12 - 09/30/12

HOUSEHOLD		MONTHLY FOOD STAMP BENEFIT AMOUNT		
		New York City	Nassau/Suffolk	Upstate
Shelter Type 94 (High Shelter/SUA)	SSI Only	\$200	\$200	\$200
	Other Income	\$200	\$200	\$200
Shelter Type 95 (Low Shelter/SUA)	SSI Only	\$200	\$188	\$165
	Other Income	\$195	\$179	\$156
Shelter Type 96 (High Shelter/ SUA/\$1 HEAP)	SSI Only	\$200	\$200	\$200
	Other Income	\$200	\$200	\$200
Shelter Type 97 (Low Shelter/ SUA/\$1 HEAP)	SSI Only	\$200	\$188	\$165
	Other Income	\$195	\$179	\$156
Shelter Type 98 (No Shelter or SUA Data)	SSI Only	\$51	\$51	\$51
	Other Income	\$47	\$47	\$47


A sample of the CNS notice that is being sent to affected households is attached to this GIS.

WASHINGTON COUNTY DSS
383 BROADWAY
FORT EDWARD, NY 12828-9990

NOTICE OF DECISION ON YOUR
FOOD STAMPS.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA
NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: U5300V2998		DATE: November 15, 2011		CASE NUMBER: CNCFS60W	
OFFICE	UNIT	WORKER JIM	UNIT OR WORKER NAME WASHINGTON CO. DEFAULT WKR.	TELEPHONE NO. 555-123-4567	

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>518-746-2300</u>	//JIM  JOE SMITH 675 FRANK ST, ALBANY, NY 12241
OR Agency Conference	<u>518-746-2300</u>	
Fair Hearing information and assistance	<u>518-746-2300</u>	
Record Access	<u>518-746-2300</u>	
Child/Teen Health Plan	<u>518-746-2300</u>	

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

FOOD STAMPS

Beginning January 1, 2012, your food stamp benefits will be **CHANGED** from \$200.00 to \$193.00.

This is because effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and/or veterans non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your food stamps.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

How we figured your Food Stamp Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$193.00 monthly beginning January, 2012.
- o There is 1 person in your Food Stamp household.
- o You pay \$650.00 for housing.
- o According to our records, your type of housing is known as Private Rent.
- o Because you have heating costs, we allow the standard of \$608.00.
- o You have no allowable medical expenses (and no one in your Food Stamp household pays a Medicare Part B premium).
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not

pay for child care or dependent care.

o We count the following monthly income:

<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
JOE SMITH	Social Security - Disability	\$1,000.00
	Total Income:	<u>\$1,000.00</u>
	Countable Income:	<u>\$21.50</u>

SERVICES AND OTHER INFORMATION

Your Case Information Online:

You can also check your case status and budget information online. Go to www.mybenefits.ny.gov to Login and create a secure online account. To create your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.

CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by **February 13, 2012**. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

Keeping your Benefits the Same

We will not change your food stamps if you ask for a fair hearing about the action we are taking on your food stamps by December 31, 2011.

If you lose the hearing you will have to pay back any food stamps which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334.

When you call, please tell the worker the number of this notice which is

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Name : JOE SMITH
Address : 675 FRANK ST,
ALBANY, NY 12241

District No: 53
Notice No. : U5300V2998
Case Number: CNCFS60W
Telephone :

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



U5300V2998.

OR FAX: Send a copy of this notice to fax number (518) 473-6735

OR ONLINE: Complete the online request form at:
<http://www.otda.ny.gov/oah/forms.asp>

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

ADVOCATE 12399, XXX, XXX, NY 12356

Telephone: (518) 765-8901

LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866

Telephone: (518) 587-5188

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

Send this "Request for a Fair Hearing" to:

**The Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, New York 12201**



NOTICE ATTACHMENTS

DSS-3151 (Rev. 1/06)

...FOOD STAMP CHANGE REPORT FORM.