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Governor

NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
40 NORTH PEARL STREET  
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Brian J. Wing  
Commissioner

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INFORMATIONAL LETTER

TRANSMITTAL: 00 INF-19

TO: Commissioners of  
Social Services

DIVISION: Temporary  
Assistance

DATE: October 4, 2000

SUBJECT: District of Fiscal Responsibility (DFR) Procedures

SUGGESTED

DISTRIBUTION: Temporary Assistance Staff  
CAP Staff  
Employment Staff  
Medicaid Staff  
Accounting Staff  
Staff Development Coordinators

CONTACT PERSON: DTA: 1-800-343-8859  
TA: Central Team, ext. 4-9344  
FS: Eastern Team, ext. 3-1469  
Forms: Bob Gullie, DTA/IATT, ext. 4-6055  
MA: Medicaid County Liaison at (518)474-9130  
NYC Representative at (212) 268-6855

ATTACHMENTS: The following attachments are not available on-line:  
A: LDSS-47319(8/00): DFR Desk Guide  
B1: LDSS-4732-A(8/00): DFR Cover Letter and Response Form  
B2: LDSS-4732-B(8/00): DFR Worksheet  
C: LDSS-4733(8/00): DFR Legal Residence Statement  
D: LDSS-4734(8/00): Mediation Resolution Form

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
94 ADM-11	89 LCM-199	Part 311	SSL 62.1	PASB	GIS 99
86 ADM-40			62.5	XIII-D-10	MA/001
97 INF-6				XXII-all	GIS 00
99 LCM-32				XXIII-B	MA/018
89 LCM-199				MARG	
OMM/ADM 97-1				402-411	

OTDA-329EL (Rev. 11/98)

*"providing temporary assistance for permanent change"*

I. PURPOSE

The purposes of this informational letter are:

- o To provide districts with updated guidelines for processing temporary assistance (TA) applications and cases when a person found in one district is the financial responsibility of another district, and
- o To outline procedures for Office of Temporary and Disability Assistance (OTDA) or Department of Health (DOH) mediation when an issue arises involving district of fiscal responsibility (DFR).

This informational letter also discusses four forms. Attachments A, B (B1. and B2.) and C are revised forms that were originally included in 97 INF-6. Attachment D is a new form. These forms have been assigned form numbers. For additional information about supplies, please see Section VI. FORMS.

**Attachment A-LDSS-4731:** "DFR Desk Guide" summarizes DFR policy.

**Attachment B** (two pages)

- LDSS-4732-A: "DFR Cover Letter and Response Form" is the referral and response form between districts.
- LDSS-4732-B: "DFR Worksheet" establishes the where-found district's reason for considering another district to be the DFR for an applicant.

**Attachment C:** LDSS-4733: "Legal Residence Statement" is intended as a tool to help districts identify the correct DFR when the individual has moved frequently or when temporary absence issues are involved.

**Attachment D-LDSS-4734:** "DFR Mediation Resolution Form" informs districts involved in a DFR dispute of the outcome of the mediation process.

II. BACKGROUND

In 97 INF-6, guidelines were introduced for processing TA applications and cases when a person found in one district is the financial responsibility of another district. The policy outlined in that informational letter has not changed. Medicaid provisions are covered in OMM/ADM 97-1.

However, districts continue to have problems in this policy area. To address these problems, a group chaired by New York Public Welfare Association (NYPWA) district representatives and including staff from the Office of Temporary and Disability Assistance, the Department of Labor and the Department of Health has been assembled to address DFR issues.

NYPWA district representatives have noted that general guidelines outlined in 97 INF-6 for processing applications and cases when a person residing in one district is the financial responsibility of another district are not being followed. Some districts are forwarding applications without contacting the other district or without adequate documentation.

This INF is intended to address these concerns by updating and providing more detailed guidelines, and by introducing the alternative of a non-binding State mediation process.

### III. GENERAL DFR GUIDELINES

Districts are reminded that for policy issues involving DFR, they should refer to 97 INF-6 for TA policy and to OMM/ADM 97-1 for most Medicaid policy. Medicaid policy regarding the district of fiscal responsibility for recipients under 21 years of age appears in GIS 00MA/018. As stated in that GIS, the district of fiscal responsibility for a child under the age of 21 who is capable of indicating intent is the district "where found", unless one of the exceptions noted in OMM/ADM 97-1.

Outlined below are step-by-step procedures that districts should follow when DFR cases are involved. Before detailing these procedures there are several points that need to be addressed to help insure that the DFR administrative process is effective. These are:

- ! When an applicant applies in a where-found district, the where-found district is to treat the application presuming they will be the district of responsibility. Districts are reminded that emergency needs are generally the responsibility of the where-found district.
- ! It is important that **all districts** cooperate in following the procedures in Section IV below. These procedures were developed at the behest of districts and are intended to make the DFR administrative process work as effectively and efficiently as possible for all.
- ! Where-found districts **should not** forward applications when they believe another district is the DFR county **without first** speaking with a representative of the assumed DFR district. 99 LCM-32 contains an updated list of district contacts for DFR purposes.
- ! Both the where-found district and the district of assumed DFR must work together to exchange documentation of an applicant's eligibility and DFR.

### IV. DFR ADMINISTRATIVE PROCEDURES

The following are step-by-step guidelines for processing DFR cases:

**Step #1:** The where-found district should take the application from the client and arrange an interview with the assumption that they will be the district of fiscal responsibility.

**Step #2:** The where-found district should obtain relevant documentation including releases to cover the districts involved. It should also register the application and complete finger imaging.

**Step #3:** The where-found district should contact the assumed DFR and explain that it has an application involving a question of DFR. The where-found district then will complete and fax, as soon as possible but within 5 business days, LDSS-4732-A and B (Attachment B), the DFR Cover Letter and Response Form and the DFR Worksheet along with a completed Documentation Requirements form (DSS-2642 or approved local equivalent).

**Step #4:** The assumed DFR should assess which district it believes is the DFR and complete its' section of the LDSS-4732-A, the DFR Cover Letter and Response Form, either accepting or rejecting fiscal responsibility. The assumed DFR must insure that if it denies DFR responsibility that the reason for this is clearly indicated on the DFR "Cover Letter and Response Form". The decision by the assumed DFR to accept or deny responsibility should be made as soon as possible, but no later than 5 business days from the receipt of the Cover Letter and Response Form and DFR worksheet.

**Step #5:** If the where-found district receives no response from the assumed DFR within five business days, or if the assumed DFR rejects responsibility, the where-found district is to proceed as the responsible district. A decision should then be made by the where-found district as to whether or not to bring the dispute to mediation (see Section V. below) and/or to proceed with an inter-district jurisdictional dispute (IDD) in accordance with Office regulation 311.3(c). Please note that if a decision is made to proceed with an IDD, Office regulation 311.3(c) requires the district to, among other things, notify the other district that they are filing an IDD.

**Step #6:** If the district of assumed responsibility accepts that it is the DFR, then the where-found district withdraws the application and forwards a completed application packet to the DFR. The packet must contain, in addition to the completed application, the completed certification guide, available documentation, the results of Finger Imaging, the DSS-4571 "Alcohol/Substance Abuse Screening Instrument", and other forms as needed, such as the Safety Net Repayment (DSS-4529) and the Safety Net Assignment of Future Earnings (DSS-4530), as well as information, where appropriate, about the applicant's child support status. The DFR must then notify the applicant of acceptance or denial of the application.

**V. DFR MEDIATION PROCESS**

This process, recommended by the workgroup, offers districts the alternative of **non-binding** State mediation when a DFR issue arises. This process will not replace the inter-district jurisdictional dispute (IDD) hearing process but rather offer districts the opportunity to have an OTDA or DOH representative review the facts involved in the DFR dispute and advise both districts of which district is responsible. It is hoped that this process will result in the need for fewer DFR fair hearing requests and thereby save districts the expense and administrative burden of preparing for and attending a fair hearing.

Procedures to request OTDA or DOH mediation of a DFR dispute are as follows:

1. Districts must attempt to resolve the DFR issue first prior to requesting State mediation. Districts may also continue to contact DOH or OTDA staff to resolve DFR policy issues at any time regardless of whether mediation is involved.
2. Both districts must agree to State mediation.
3. Either district may contact the State to set-up a conference call between both districts and the State mediator to attempt to resolve the dispute.
4. If the dispute can still not be resolved, a completed LDSS-4732-A, DFR Cover Letter and Response Form and LDSS-4732-B, DFR Worksheet must be faxed to the mediator along with documentation supporting each district's position.
5. The mediator will review the information and supporting documentation to determine which district is responsible. Attachment D-LDSS 4734: "DFR Mediation Resolution Form" will then be faxed to both districts indicating the mediator's non-binding decision. It is anticipated that the mediator's decision will be finalized within two business days.
6. If the districts still disagree as to which district is responsible, the where-found district must accept and process the application, and if the applicant is found eligible, provide assistance to the client during the pendency of the dispute. An interjurisdictional dispute fair hearing may then be requested in accordance with 97 INF-6. Districts are reminded that the district requesting the IDD must send a written notice to the State Office of Administrative Hearings and to the other district including a brief statement of fact and law upon which the determination of fiscal responsibility is based.

The OTDA persons for DFR dispute mediation are:

Dorothy Mullooly  
Phone #: (518) 474-9101 Fax #: (518) 474-5281

Jim Karins  
Phone #: (518) 474-5396 Fax #: (518) 474-5281

The DOH contact person for DFR dispute mediation is:

Your county Medicaid liaison  
Phone #: (518) 474-9138 Fax#: (518) 473-0601

This DFR dispute mediation process is new to both OTDA and DOH. As such, we would appreciate feedback from districts on how the process is working and suggestions for improvement.

Additionally, we ask that districts inform the individual's noted directly above if the DFR Administrative Procedures discussed in Section IV. are not being followed by other districts.

**VI: FORMS**

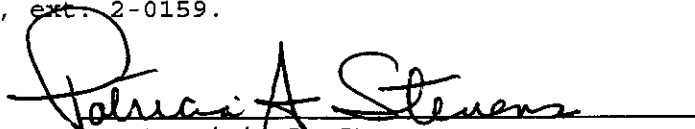
Because these forms will not be used in large quantities, local districts should photocopy the attached forms locally.

Should you require additional camera ready versions of the attachments, they can be ordered by using the procedures described below.

Requests for Master Camera Ready Copies of the LDSS-4731, LDSS-4732-A, LDSS-4732-B, LDSS-4733, and LDSS-4734 should be submitted on form DSS-876 (Rev.2/96): "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, NY 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, ext. 2-0159.

  
Patricia A. Stevens  
Deputy Commissioner  
Division of Temporary Assistance

**DFR DESK GUIDE**

## DFR RULES (APPLY IN THE ORDER PRESENTED)

1. **Medical Facility Rule:** An individual who leaves his/her home district and goes into a medical facility in a **different** district, (or who goes into a Title XIX OMH/OMRDD facility located in the home district or in another district), and is in need of assistance while in the facility or immediately thereafter, is the fiscal responsibility of the from-district.

(To distinguish between a residential treatment facility that IS a medical facility and one that is not, look at who pays the bill. If Medicaid pays for some treatment while the individual is in the facility, but not the room and board, then that is NOT a medical facility. For example, a Congregate Care Level II substance abuse residential treatment facility is NOT a medical facility.)

A Veteran's Administration hospital is also considered a medical facility for the purpose of DFR. A VA Domiciliary facility is NOT a medical facility.)

2. **Placement Rule:** The applicant/recipient is the fiscal responsibility of the district of legal residence if:

the applicant/recipient is in a formal or licensed residential care facility:

**AND,**

a social services district, either the original district or any other district, was directly or indirectly involved in placing the eligible person. Social services district involvement means involvement by any county agency or official governmental entity of any county including courts, mental health, probation departments, etc.

**ONCE A DISTRICT'S RESPONSIBILITY IS ESTABLISHED UNDER EITHER THE MEDICAL RULE (#1) OR THE PLACEMENT RULE (#2), THAT RESPONSIBILITY CONTINUES NO MATTER HOW MANY MOVES BETWEEN COUNTIES HAS OCCURRED SINCE THE RELEASE FROM THE MEDICAL OR RESIDENTIAL FACILITY (UNLESS THE TA/MA INDIVIDUAL HAS A BREAK IN NEED OF LEAST ONE CALENDAR MONTH). IF NEITHER #1 NOR #2 APPLY, CONSIDER ONE OF THE FOLLOWING.**

3. **Temporary Absence:** An individual who is a legal resident of one county entered a new district for a specific purpose and intends to return to the county of legal residence after the purpose is completed.
4. **Transition Rule:** The former district is responsible for assistance and care for the recipient who moves for the month of the move and the month following **IF** the recipient remains eligible for TA. For Medicaid only cases, the former district is responsible for the recipient, the month of the move and may continue assistance for the month following the month of the move.

## SPECIAL SITUATIONS

**EMERGENCY NEEDS:** When the individual has an emergency need in the where-found district, the where-found district is fiscally responsible for meeting that need. This is true unless a homeless individual was placed into emergency housing by another district in NYS. Then, the district (\*) responsible for the placement is also responsible for the emergency needs.

Note: "Homeless" - For the purpose of DFR, the definition of Homeless is a person or family who is undomiciled, has no fixed address, lacks a fixed regular night time residence, resides in a place not designed for or ordinarily used as a regular sleeping accommodation for human beings, resides in a shelter, or resides in a hotel/motel on a temporary basis."

**DOMESTIC VIOLENCE RESIDENTIAL PROGRAM:** Any individual who enters a domestic violence shelter in one county from another district (\*) in NYS is the fiscal responsibility of the from district if the individual is in receipt of PA or Medicaid or is found eligible for TA/Title XX overclaim or Medicaid.

- \* During the stay in temporary housing or the DV residential program and, if appropriate, for the transitional period.

ATTACHMENT B 1

LDSS-4732-A (8/00)  
Page 1 of 2

DFR COVER LETTER AND RESPONSE FORM

NYSOTDA

County Name and Address

TO: \_\_\_\_\_

FAX#: \_\_\_\_\_

FROM: \_\_\_\_\_

FAX #: \_\_\_\_\_

TEL.#: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

SS#: \_\_\_\_\_

The above named individual applied for assistance on \_\_\_\_\_. We believe that this client is the fiscal responsibility of your district. The documentation to support our belief is included in this fax. Please review this information and complete the section below indicating your district's response and fax to us as soon as possible but within 5 business days of receipt of our inquiry. If you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_

We (have) (have not) included a completed Documentation Form (DSS-2642) (or the approved local equivalent) indicating the eligibility documentation that we have requested from the applicant.

Complete if appropriate: The individual has been in a:

medical facility  non-medical residential facility

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

We, \_\_\_\_\_ County, agree to accept fiscal responsibility for the above named individual. Please complete the eligibility determination and forward the application and documentation to:

\_\_\_\_\_

We do not agree to accept fiscal responsibility for this individual. The reason for this decision is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_



**DFR WORKSHEET**  
**COMPLETE TO DETERMINE DFR**

1. A. Was the individual released from a hospital or other medical facility immediately prior to application? OR

B. Was the individual in a hospital or other medical facility immediately prior to (or during) a period of uninterrupted (\*) receipt of assistance prior to this application?

Yes to either A. or B. : \_\_\_\_ When: (\_\_\_\_\_) No: \_\_\_\_

C. If Yes, what was the individual's address and county of legal residence at the time of entry into the hospital or other medical facility? \_\_\_\_\_

Is the medical facility located outside the district of legal residence? Yes \_\_\_\_ No \_\_\_\_  
 If Yes, the district noted in C. is the district of fiscal responsible.

2. A. Is/was the individual in a formal or licensed non-medical residential facility and in need of assistance? OR

B. Was the individual in a formal or licensed residential care facility during a period of uninterrupted (\*) receipt of assistance prior to this application.

If Yes A. or B. : \_\_\_\_ When: (\_\_\_\_\_) No: \_\_\_\_

If yes, who referred the individual or was involved in the placement of the person in the residential care facility? \_\_\_\_\_

If the referral/placement was done by an agent(\*\*) of the district of legal residence, that is the district that is fiscally responsible.

\*\* Agent means someone acting on behalf of the district of residence, For example, the LSSD, the County Mental Health Department or a court even if located in another district.

3. Did the individual temporarily enter this county for a specific purpose (school, rehabilitation, training, other)? Yes: \_\_\_\_ No: \_\_\_\_

If yes, for what purpose? \_\_\_\_\_

What is the individual's county of legal residence? \_\_\_\_\_

Does the individual intend to return to that district after completing the purpose? Yes \_\_\_\_ No \_\_\_\_

If Yes, that district is fiscally responsible.

4. If TA/MA benefits were received in another county within the past 2 calendar months, (or if Medicaid only was received within the last month) why was the case closed?

a. Should TA/MA have been continued by former district for the month of the move and the month thereafter? Yes: \_\_\_\_ No: \_\_\_\_

b. Should MA have been continued?  
 \_\_\_\_ Yes (until the end of the month of the move)  
 \_\_\_\_ Yes (for children under Continuous Save provisions, until new DFR determines eligibility)  
 \_\_\_\_ No

If yes at a. or b., that district is fiscally responsible for the appropriate continuation and time.

5. Special Situations:

a. Was the individual placed into a homeless shelter in this district by another district?  
 Yes \_\_\_\_ No \_\_\_\_ If Yes, what district? \_\_\_\_\_. That is the district that is fiscally responsible while the person remains in emergency housing. After that, other DFR rules as appropriate (for example, the Transition rule) would apply.

b. If the individual is in a residential program for victims of domestic violence, and is a resident of another district, that district is fiscally responsible while the individual is in the DV shelter (and for the transitional period once the stay in the DV shelter ends.)

NOTE: For individuals/families in DV shelters, the DFR for TA is also the DFR for Food Stamps.

**PLEASE USE CAUTION IN EXCHANGING INFORMATION ABOUT VICTIMS OF DOMESTIC VIOLENCE. CHECK WITH YOUR SUPERVISOR OR THE DOMESTIC VIOLENCE LIAISON TO DETERMINE HOW INFORMATION SHOULD BE EXCHANGED.**

\* **Uninterrupted** For both Temporary Assistance and Medicaid, a break in need is defined as one calendar month without financial eligibility.

**THE WHERE-FOUND DISTRICT MUST NOT DENY AN APPLICATION SOLELY BECAUSE ANOTHER DISTRICT IS BELIEVED TO BE RESPONSIBLE FOR THE INDIVIDUAL. ASSISTANCE MUST BE PROVIDED TO AN OTHERWISE ELIGIBLE PERSON.**

ATTACHMENT C

**DFR LEGAL RESIDENCE STATEMENT**

Please tell us about where you have lived. Start with where you now live and tell us where you lived before that. If you were homeless, please write "homeless" and tell us the name of the county where you were homeless.

DATES						Paid Rent?	Agency Use
From	To	Street Address	City	State	County		

2a. Please tell us why you came to this County:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2b. If you came to this County to participate in a substance abuse treatment program, who referred you?

\_\_\_\_\_

\_\_\_\_\_

3. Do you intend to stay in this County? \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FAX

**DFR Mediation Resolution Form**

Date:

To:

District:

Phone #:

Fax #:

From:

State Agency:

Phone #:

Fax #:

I have reviewed the facts and documentation involving the case of (enter case name and number). This case is involved in a DFR dispute between (enter district) and (enter district). Based upon this information, I have determined that (enter district) is fiscally responsible for (enter Temporary Assistance or Medicaid) benefits for this case. The reason for this decision is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The legal basis for this decision is: \_\_\_\_\_

If you disagree with this decision you may request an interjurisdictional dispute fair hearing in accordance with 97 INF-6.