

NOTICE OF DECISION TO DENY
(FISCAL ASSESSMENT)
PRIVATE DUTY NURSING SERVICES

Notice Effective Name and Address of Agency/Center or
District Office
Date: Date:

Case Number CIN Number
Case Name and Address

GENERAL TELEPHONE No FOR QUESTIONS OR HELP _____

OR Agency Conference

Fair Hearing Information
And Assistance
Record Access
Legal Assistance Information

Office No. Unit No.
Worker No. Unit or Worker Name
Telephone No.

This is to inform you that we intend to deny your request for private duty nursing services.

This is to inform you that we intend to deny your request for an increase in private duty nursing services.

We are taking this action because:

The average monthly cost of your private duty nursing services exceeds ninety percent (90%) of the average monthly cost of residential health care facility (RHCF) services in the social services district that is financially responsible for your Medical Assistance.

Based on your fiscal assessment, the average monthly cost of your private duty nursing services is \$_____ and 90% of the average cost of RHCF services in your district is \$_____. The cost of your services is \$_____ OVER the 90%

of RHCF cost; and

Your case does not meet any of the EXCEPTION CRITERIA listed in the enclosed attachment.

THE STATUTE WHICH ALLOWS US TO DO THIS IS SECTION 367-1 OF THE SOCIAL SERVICES LAW

Regulations require that you immediately notify this department of any changes in needs, income resources, living arrangements or address.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION UPSTATE

ATTACHMENT 2
PAGE 2

PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DENIAL

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

(1) Telephoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

If you live in: New York City (Manhattan, Bronx, Brooklyn, Queens, Staten Island): (212) 417-6550

If you live in: Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming County: (716) 852-4868

If you live in: Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County: (716) 266-4868

If you live in: Broome, Cayuga, Chenango Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County: (315) 422-4868

If you live in: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, or Westchester County: (518) 474-8781.

If you live in: Nassau, Suffolk County: (516) 739-4868

OR

(2) Writing: By sending a copy of this notice completed to the Fair Hearing Section, New York

State Office of Temporary & Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because:

Signature of
Client _____ Date _____

Address _____

Phone Number _____ Case
Number _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing, you, your attorney or other representative will have the opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

Legal Assistance: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

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.

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.

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EXCEPTION CRITERIA
FOR DENIAL OF PRIVATE DUTY NURSING SERVICES

The Office of Temporary and Disability Assistance official has determined that you do not meet any of the following exception criteria. If you disagree with this determination and you think that you meet at least one of the following exception criteria, you may ask for a State fair hearing. Please refer to the attached notice to learn how you may ask for a State fair hearing.

The exception criteria are as follows:

1. The recipient is not medically eligible for residential health care facility services or other long-term care services;
1. The private duty nursing services are most cost effective when compared to the cost of other long-term care services appropriate to the recipient's individual needs. In determining the cost-effectiveness of private duty nursing services or private duty nursing services provided in conjunction with home health services, recipients that would otherwise be placed in a general hospital shall have the cost of their private duty nursing services or private duty nursing services provided in conjunction with home health services compared to the cost of care in a general hospital for patients requiring extended medical intervention calculated based on the sum of the payments for diagnosis-related groups for such patients in all hospitals in the region as determined by the department, divided by the sum of the group mean lengths of stay for such diagnosis-related groups for all such hospitals, multiplied by 365 and further divided by 12. In determining the cost-effectiveness of private duty nursing services or private duty nursing services provided in conjunction with home health services, recipients that would otherwise be placed in an intermediate care facility for the developmentally disabled as determined by the Department in consultation with Office of Mental Retardation and Developmental Disabilities;
1. That the private duty nursing services recipient is employed; enrolled in an educational program approved by the committee on preschool special education, or the state

board of regents; the
parent of a dependent child; or permanently disabled and, in the absence
of private duty nursing
services, would remain hospitalized or require hospitalization on a long-
term basis;

1. The private duty nursing services are appropriate for the recipient's
functional needs and that
institutionalization is contraindicated, based on a review of the
recipient's medical case history,
including a certified statement from the recipient's physician on a form
required by the
Department describing the potential impact of institutionalization which
has been reviewed by a
RHCf to determine if institutionalization would result in a diminishing
of the recipient's
ability to perform the activities of daily living;

1. The district determines in the event the recipient lives with someone who
would require services
in the recipient's absence, the district must determine that the cost for
services for both persons,
if either or both are institutionalized, would equal or exceed cost for
continued private duty
nursing services for the recipient and for services to such other person.

NYC

ATTACHMENT 2
PAGE 2

PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DENIAL

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If
you want a conference, you should ask for
one as soon as possible. At the conference, if we discover that we made the
wrong decision or if, because of information you provide,
we determine to change our decision, we will take corrective action and give
you a new notice. You may ask for a conference by
calling us at the number on the first page of this notice or by sending a
written request to us at the address listed at the top of the first
page of this notice. This number is used only for asking for a conference.
It is not the way you request a fair hearing. If you ask for
a conference you are still entitled to a fair hearing. Read below for fair
hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong,
you may request a State fair hearing by:

1. TELEPHONE: (212) 417-6550 (Please have this notice with you when you
call.)
1. FAX: Sending a copy of this notice to (518) 473-6735.
1. WALK-IN: Bring a copy of this notice to New York State Office of
Temporary and Disability Assistance at 80 Centre Street,
3rd Floor, New York, New York.
1. MAIL: By sending a copy of this notice completed, to the Office of
Administrative Hearings, New York State Office of
Temporary and Disability Assistance, PO Box 1930, Albany, New York 12201.
Please keep a copy for yourself.

If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

I want a fair hearing. The Agency's action is wrong because:

Signature of _____
Client _____ Date _____

Address _____

Phone Number _____ Case
Number _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing, you, your attorney or other representative will have the opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

Legal Assistance: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

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.

ATTACHMENT 3
PAGE 1

NOTICE OF DECISION TO DISCONTINUE
PRIVATE DUTY NURSING SERVICES
(Fiscal Assessment)

Notice Effective Name and Address of Agency/Center or
District Office
Date: Date:

Case Number CIN Number

Case Name and Address

GENERAL

TELEPHONE No FOR QUESTIONS OR HELP _____

OR Agency Conference

Fair Hearing Information
And Assistance

Record Access

Legal Assistance Information

Worker No. Unit or Worker Name Office No. Unit No.
Telephone No.

This is to inform you that we intend to discontinue private duty nursing services; however the private duty nursing services that you are currently receiving will continue until the appropriate long-term care services listed below become available. This discontinuance will not happen before the effective date of this notice which is _____.

We are taking this action because:

The average monthly cost of your private duty nursing services exceeds ninety percent (90%) of the average monthly cost of residential health care facility (RHCF) services in the social services district that is financially responsible for your Medical Assistance.

Based on your fiscal assessment, the average monthly cost of your private duty nursing services is \$_____ and 90% of _____ the average cost of RHCF services in your district is \$_____. The cost of your services is \$_____ OVER the 90%

of RHCF cost; and

Your case does not meet any of the EXCEPTION CRITERIA listed in the enclosed attachment.

Based on your current medical condition, you must be referred to the following appropriate long-term care services:

If you refuse to participate in admission requirements for the RHCFS or refuse to accept the services listed above when they become available, your private duty nursing services will STOP.

THE STATUTE WHICH ALLOWS US TO DO THIS IS SECTION 367-1 OF THE SOCIAL SERVICES LAW

Regulations require that you immediately notify this department of any changes in needs, income resources, living arrangements or address.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

BE

SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION
NYC

ATTACHMENT 3

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PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DISCONTINUANCE

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair

hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

- 1. TELEPHONE: (212) 417-6550 (Please have this notice with you when you call.)
- 1. FAX: Sending a copy of this notice to (518) 473-6735.
- 1. WALK-IN: Bring a copy of this notice to New York State Office of Temporary and Disability Assistance at 80 Centre Street, 3rd Floor, New York, New York.
- 1. MAIL: By sending a copy of this notice completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, PO Box 1930, Albany, New York 12201. Please keep a copy for yourself.

If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

Address _____

Phone Number _____ Case Number _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing, you, your attorney or other representative will have the opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive your PRIVATE DUTY NURSING unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, we may recover the cost of any PRIVATE DUTY NURSING that you should not have received. If you want to avoid this possibility, check the box to indicate that you do not want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken

on the effective date listed on the first page of this notice.

I agree to have the action taken on my PRIVATE DUTY NURSING as described in this notice, prior to the issuance of the fair hearing decision.

Legal Assistance: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

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.

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PAGE 3

EXCEPTION CRITERIA FOR DISCONTINUANCE OF PRIVATE DUTY NURSING SERVICES

The Office of Temporary and Disability Assistance official has determined that you do not meet any of the following exception criteria. If you disagree with this determination and you think that you meet at least one of the following exception criteria, you may ask for a State fair hearing. Please refer to the attached notice to learn how you may ask for a State fair hearing.

The exception criteria are as follows:

1. The recipient is not medically eligible for residential health care facility services or other long-term care services;

1. The private duty nursing services are most cost effective when compared to the cost of other long-term care services appropriate to the recipient's individual needs. In determining the cost-effectiveness of private duty nursing services or private duty nursing services provided in conjunction with home health services, recipients that would otherwise be placed in a general hospital shall have the cost of their private duty nursing services or private duty nursing services provided in conjunction with home health services compared to the cost of care in a general hospital for patients requiring extended medical intervention calculated based on the sum of the payments for diagnosis-related groups for such patients in all hospitals in the region as determined by the department, divided by the sum of the group mean lengths of stay for such diagnosis-related groups for all such hospitals, multiplied by 365 and further divided by 12. In determining the cost-effectiveness of private duty nursing services or private duty nursing services provided in conjunction with home health services, recipients that would otherwise be placed in an intermediate care facility for the developmentally disabled as determined by the Department in consultation with Office of Mental Retardation and Developmental Disabilities;

1. That the private duty nursing services recipient is employed; enrolled in an educational program approved by the committee on preschool special education, or the state board of regents; the parent of a dependent child; or permanently disabled and, in the absence of private duty nursing services, would remain hospitalized or require hospitalization on a long-term basis;

1. The private duty nursing services are appropriate for the recipient's functional needs and that institutionalization is contraindicated, based on a review of the recipient's medical case history, including a certified statement from the recipient's physician on a form required by the Department describing the potential impact of institutionalization which has been reviewed by a RHCF to determined if institutionalization would result in a diminishing of the recipient's ability to perform the activities of daily living;

1. The district determines in the event the recipient lives with someone who would require services in the recipient's absence, the district must determine that the cost for services for both persons, if either or both are institutionalized, would equal or exceed cost for continued private duty nursing services for the recipient and for services to such other person.

UPSTATE

PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DISCONTINUANCE

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

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If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

Address _____

Phone Number _____ Case Number _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing, you, your attorney or other representative will have the

opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive your PRIVATE DUTY NURSING unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, we may recover the cost of any PRIVATE DUTY NURSING that you should not have received. If you want to avoid this possibility, check the box to indicate that you do not want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken on the effective date listed on the first page of this notice.

I agree to have the action taken on my PRIVATE DUTY NURSING as described in this notice, prior to the issuance of the fair hearing decision.

Legal Assistance: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

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.

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ATTACHMENT 3

PAGE 1

NOTICE OF DECISION TO DISCONTINUE
PRIVATE DUTY NURSING SERVICES
(FISCAL ASSESSMENT)

Notice Effective Name and Address of Agency/Center or
District Office
Date: Date:

Case Number CIN Number

Case Name and Address

GENERAL

TELEPHONE No FOR QUESTIONS OR HELP _____

OR Agency Conference

Fair Hearing Information
And Assistance

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Legal Assistance Information

Office No. Unit No.
Worker No. Unit or Worker Name
Telephone No.

This is to inform you that we intend to discontinue private duty nursing services; however the private duty nursing services that you are currently receiving will continue until the appropriate long-term care services listed below become available. This discontinuance will not happen before the effective date of this notice which is _____.

We are taking this action because:

The average monthly cost of your private duty nursing services exceeds ninety percent (90%) of the average monthly cost of residential health care facility (RHCF) services in the social services district that is financially responsible for your Medical Assistance.

Based on your fiscal assessment, the average monthly cost of your private duty nursing services is \$_____ and 90% of _____ the average cost of RHCF services in your district is \$_____. The cost of your services is \$_____ OVER the 90%

of RHCF cost; and

Your case does not meet any of the EXCEPTION CRITERIA listed in the enclosed attachment.

Based on your current medical condition, you must be referred to the following appropriate long-term care services:

If you refuse to participate in admission requirements for the RHCs or refuse to accept the services listed above when they become available, your private duty nursing services will STOP.

THE STATUTE WHICH ALLOWS US TO DO THIS IS SECTION 367-1 OF THE SOCIAL SERVICES LAW

Regulations require that you immediately notify this department of any changes in needs, income resources, living arrangements or address.

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BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

UPSTATE

ATTACHMENT 3
PAGE 2

PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DISCONTINUANCE

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(212) 417-6550

If you live in: Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming County:

(716) 852-4868

If you live in: Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or

Yates County: (716

If you live in: Broome, Cayuga, Chenango Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida,

Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County: (315) 422-4868

If you live in: Albany, Clinton, Columbia, Delaware, Dutchess, Essex,

Franklin, Fulton, Greene,
Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer,
Rockland, Saratoga, Schenectady, Schoharie,
Sullivan, Ulster, Warren, Washington, or Westchester County:
(518) 474-8781.

If you live in: Nassau, Suffolk County: (516) 739-4868

OR

(2) Writing: By sending a copy of this notice completed to the Fair Hearing Section, New York
State Office of Temporary & Disability Assistance, P.O. Box 1930,
Albany, New York 12201. Please keep a copy for yourself.

@ I want a fair hearing. The Agency's action is wrong because:

Signature of _____
Client _____ Date _____

Address _____

Phone Number _____ Case
Number _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

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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.

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