

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

(916) 322-5330



December 12, 1979

DSS ALL-COUNTY INFORMATION NOTICE I- 139-79

DHS Letter No. 79-29

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INSTRUCTIONS FOR CHANGING FORMS AND PUBLICATIONS CONTAINING A
STATEMENT THAT THE RECIPIENT HAS ONE YEAR TO FILE FOR A STATE
(OR FAIR) HEARING

Recent state legislation (AB 381) has changed the time period for appeal of an agency action from one year to 90 days. This new time period conforms with federal regulations. It is anticipated that revised State Department of Social Services regulations implementing this change will be issued with an effective date of January 1, 1980. Since Medi-Cal regulations reference Department of Social Services regulations for state hearing procedures, this change similarly affects the Medi-Cal program. This letter provides instructions for incorporating the change into forms and publications of the Department of Social Services and of the Department of Health Services Medi-Cal program.

From the time that the revised state regulations become effective, all affected forms and publications stating the filing period should provide the corrected information (90 days instead of one year). All affected forms and publications being printed by the state which are planned for use after the effective date of the state regulations will be printed with the new time period (90 days). Counties printing their own forms and publications should do the same.

These counties should refrain from reprinting additional Notice of Intended Action forms in the ABCD 239 Series (AFDC) and in the DFA 377 Series (Food Stamps) until they are able to print them with the new back that has been prepared. An All-County Information Notice explaining the new back and providing a camera-ready copy will be available soon.

Current county inventories of forms and publications may continue to be used until supplies are exhausted or until notice is given that they are obsolete. When the item states "one year", an appropriate correction should be made. A variety of alternatives are available to provide notice of the change--including the alteration of each item by hand (strike out "one year" and enter "90 days"). Counties with computer-prepared notices of action may wish to program an appropriate message to be printed by the computer on the front of the notice. As a suggestion, the following language might be used: "The one-year time limit to file for a state hearing is changed to 90 days." Other alternatives include the use of a rubber stamp or preprinted labels.

As an additional alternative, the state has prepared a notice (Attachment A, TEMP 1388) which may be attached to or enclosed with each form or publication stating "one year" to inform the recipient of the change. The notice also informs the recipient that a request for a state hearing need not be in writing (incorrectly stated on many current versions of the Notice of Intended Action back) and provides the new public information number reserved for teletypewriter (TTY) use.

The notice is bilingual in English and Spanish and will be printed on paper stock, approximately 8½ inches by 3½ inches. An initial supply of the notices will be provided under separate cover for use with forms and publications on hand in the county.

Though the state will print new forms and publications with the correct time period, some orders temporarily will continue to be filled from presently existing inventories which state "one year". Counties that choose to make the correction to "90 days" by using the TEMP 1388 should order and stock a sufficient number of these notices to correct the "one year" items received from the state. The state has large stocks of some of the affected items. It can be anticipated that the state will continue to ship some of the old items for at least a year and possibly longer.

Additional TEMP 1388 notices may be ordered on the GEN 727B county forms order. When ordering, consider the fact that the number of TEMP notices required each month will gradually diminish as current inventories are used up and new forms and publications are issued with the correct time period shown.

State forms and publications needing correction are shown on Attachment B.

When you use Notices of Intended Action stating "one year", the best way to avoid future controversy in state hearings over whether notice of the 90-day limit was actually provided by the county is to select an alternative that physically alters the form itself. These alternatives include altering each form and recipient duplicate copy by hand, by using a rubber stamp or nonpeelable labels, and by printing or typing on each form.

If you have any questions related to this letter, you may contact your DSS Program Management Consultant, Medi-Cal Field Representative or other program contact.

Sincerely,

Original signed by

Kyle S. McKinsey, Deputy Director
Welfare Program Operations
Department of Social Services

Original signed by

Doris Z. Soderberg, Chief
Eligibility Branch
Medical Care Standards Division
Department of Health Care Services

Attachments

cc: CWD/A

State of California - Health and Welfare Agency

Department of Social Services

Changes in State Hearing Request Procedures

The time allowed for requesting a state hearing has been reduced from "one year" to 90 days from the mailing date of the Notice of Intended Action.

The hearing request no longer has to be in writing, but a written request is still the best way to ask for a hearing. You may, if you choose, call (800) 952-5253 to request a hearing. Teletypewriter (TTY) only, call (800) 952-5434. These are toll free numbers.

Cambios en los Procedimientos de Pedir una Audiencia con el Estado

El plazo permitido para pedir una audiencia con el estado ha sido reducido de "un año" a 90 días de la fecha en la que se envió la Notificación de Acción Propuesta.

La petición para una audiencia ya no tiene que ser escrita, aunque una petición escrita todavía es la mejor manera de pedir una audiencia. Si lo desea, puede llamar al (800) 952-5253 para pedir una audiencia. Los que tengan Teletypewriter (teléfono para sordos) pueden llamar al (800) 952-5434. Estos son números gratuitos.

Form 1386 Change Notice (11/79) *Recommended Form*

Size is approximately 8½" x 3-2/3"

Attachment B

Forms and Publications Supplied by the State Containing a Statement that the Recipient Has One Year to Request a State (or Fair) Hearing

The statement appears on the backs of Notice of Intended Action forms. These include the following series of forms:

- ABCD 239 Series
- MC 239 Series
- SOC 239 Series
- DFA 377 Series
- SSP Series
- Special Circumstances Series

The statement appears on application forms including:

- CA 1 Application for Public Assistance--back
- CA 2 FS Supplement--back (attachment to the TEMP
DFA 285-A Application for Food Stamps, Part I)
- DFA 285 Application for Food Stamps, Part II--page 5
- SOC 295 Application for Social Services--back
- MC 216 Rights of Persons Requesting Medi-Cal

The statement also appears in the following publications:

Pamphlet--"Your Rights Under California Welfare Programs" located in Section C under Complaints About Other County Actions, dated December 1978.

Pamphlet--"For the Family in Need, AFDC in California" located in the middle of the last page, dated December 1977.

AFDC Handbook--"Aid to Families with Dependent Children in California" located on page 12, dated February 1978.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
CRAMENTO, CA 95814
.916) 445-1912



November 27, 1979

To: County Welfare Directors

Counties with Prepaid Health Plans: Alameda, Contra Costa, Los Angeles, Orange,
Riverside, San Bernardino, San Diego and Santa Clara

PHP/FFS DUPLICATE COVERAGE REPORTMay and June Reports

Attached are the PHP/FFS Duplicate Coverage Reports for May and June 1979 months of service. The monthly reports are generated by the Department of Health Services and will be sent to each PHP county on a regular basis for use in monitoring corrective action taken by the county to help eliminate duplicate fee-for-service Medi-Cal coverage for PHP enrollees due to erroneous card issuance. For reference, a detailed explanation of the duplicate coverage problem and a description of the report was sent to each PHP county in a county welfare director letter dated August 8, 1979.

Since the April PHP/FFS Duplicate Coverage Report, used by counties to identify any internal county problems and set up corrective action measures, was distributed to counties in August, the May and June reports cannot be used to analyze the effect of any corrective action measures taken by the county in the months of August or September. Instead, the attached reports are provided in case the information on them indicates a problem source not revealed by analysis of the April report.

Erroneous Report Data

County feedback on the April report has identified data records that should not be appearing on the report. As a result, each subsequent report is being manually corrected to eliminate those records that are erroneously appearing. This manual correction process, and research into the cause of the errors, has caused a production delay for the May through September reports. Since the July and August reports will not be helpful in evaluating county corrective action, we will not be sending them to each PHP county as originally planned, unless specifically requested to by the county.

Lined Out Report Data

The erroneous report data is being lined out as part of the report production process, just as PHP enrollees who were disenrolled from a PHP in mid-month are lined out. The erroneous entries represent share-of-cost Medi-Cal recipients who are not eligible for PHP enrollment. In addition to the line-out of data, the total county fee-for-service dollar amounts have been adjusted. The adjusted amounts represent the total fee-for-service dollars expended in a month for PHP enrollees, minus the fee-for-service charges listed for the lined-out records.

County Welfare Directors

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November 27, 1979

Systems staff in the Department are currently researching the erroneous report data problem. It is anticipated that this problem will be corrected by the January, 1980 report. With that report, counties will begin to receive monthly reports that will be useful for gauging the effectiveness of county corrective action.

The Department greatly appreciates the county feedback that brought our attention to the problem areas in the PHP/FFS Duplicate Coverage Report. We encourage each county's continued active participation in identification and resolution of the duplicate coverage problem.

If you have any questions concerning the reports, or wish to receive the July and August reports, please contact your field representative.

Sincerely,



Doris Z. Soderberg, Chief
Eligibility Branch

Attachment

cc: Medi-Cal Liaisons without computer printout
Medi-Cal Field Representatives without computer printout