

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(916) 445-1912



January 8, 1987

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 87-2

SUBJECT: BALL V. SWOAP PENALTY PAYMENTSBackground

This is to inform you that on June 23, 1986, a stipulation and order was issued in the Ball v. Swoap lawsuit. This court order imposes specified penalties where Medi-Cal final hearing decisions are not issued within 90 days from the date of request for a hearing. Beneficiaries whose state appeals are granted, wholly or in part, and whose decisions are not timely, shall be entitled to penalty payments of \$100 for each month of delay. Penalties will commence October 1, 1986. The payments made pursuant to this court order shall not be considered income or property by any public social service program. To make sure that Ball payments are exempt for Medi-Cal purposes, beneficiaries will be instructed to list them on the Medi-Cal Status Report form (MC 176S) as income in the month received; eligibility workers should disregard the payments as income or, after the month of receipt, as property.

Notices

1. DHS will send an "Important Notice" (attachment 1) to the last known address of all class members informing them of their forthcoming check.
2. DHS will send another notice (attachment 2) with each check, reiterating the purpose of the payment.

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If you have any questions, please contact RaNae Dunne at ATSS
8-454-4955 or (916) 324-4955.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: January 1, 1988

THIS IS TO INFORM YOU THAT UNDER THE TERMS OF THE BALL V. SWOAP
COURT ORDER, YOU WILL RECEIVE A CASH PAYMENT BECAUSE YOUR STATE
HEARING DECISION WAS NOT ISSUED ON TIME.

THIS PAYMENT WILL NOT BE COUNTED AS EITHER INCOME OR PROPERTY FOR MEDI-CAL PROGRAM PURPOSES. HOWEVER, PLEASE REMEMBER THAT THE AMOUNT OF THE PAYMENT MUST BE REPORTED ON YOUR MEDI-CAL STATUS REPORT FORM (MC 176S). PLEASE REMEMBER TO WRITE ON THE MC 176S THAT THE PAYMENT IS A "BALL" PAYMENT, OR YOUR MEDI-CAL ELIGIBILITY OR SHARE OF COST, IF ANY, MAY BE AFFECTED ADVERSELY.

EXAMPLE

ART B. ELIGIBILITY STATUS INFORMATION

If "Yes", list all income and who received it. Income includes EARNINGS (salary, wages, tips, commissions and bonuses); UNEMPLOYMENT INSURANCE/DISABILITY INSURANCE, worker's compensation, strike benefits, training incentive (CETA); SOCIAL SECURITY/RAILROAD RETIREMENT, supplemental security income (SSI), pensions, business, farm, rental; CHILD SUPPORT, contributions (step-father, others), free housing/utilities/food/clothing; MILITARY BENEFITS, settlements, loans and grant gifts, and any other money you receive.

ATTACH A COPY OF YOUR PAY STUBS SO THAT YOU ARE ALLOWED ALL APPROPRIATE WORK DEDUCTIONS.

[illegible]

REMITTANCE ADVICE

CLAIMANT NAME: _____
CLAIMANT CASE #: _____

ATTACHED IS A CASH PAYMENT MADE TO YOU UNDER THE PROVISIONS OF THE BALL V. SWOAP COURT ORDER. THE DEPARTMENT OF HEALTH SERVICES RECENTLY SENT YOU AN IMPORTANT NOTICE INFORMING YOU OF THIS PAYMENT. IF YOU HAVE ANY QUESTIONS, PLEASE REFER TO THAT NOTICE.

THIS PAYMENT WILL NOT BE COUNTED AS EITHER INCOME OR PROPERTY FOR MEDI-CAL PROGRAM PURPOSES. HOWEVER, PLEASE REMEMBER THAT THE AMOUNT OF THE PAYMENT MUST BE REPORTED ON YOUR MEDI-CAL STATUS REPORT FORM (MC 176S) AS A "BALL PAYMENT".
