

DEPARTMENT OF HEALTH SERVICES

744 P STREET
SACRAMENTO, CA 95814
(916) 445-1912



September 29, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 88-77

SUBJECT: REVISED REESE v. KIZER CONTACT LIST AND COURT ORDER

Attached is a copy of the court order and a revised Reese v. Kizer County Coordinator list. Please discard the list sent to you in ACWD Letter No. 88-61 and replace it with the attached.

If you have any questions please contact Toni Bailey at (916) 324-4967.

Sincerely

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Program Consultants
Medi-Cal Liaisons
Reese Coordinators

Expiration Date: September 25, 1989

County Contact Reese v. Kizer List

01 Alameda Co.
Alameda County Welfare Department
ATTN: Dorin Tull
401 Broadway
Oakland, CA 94607
(415) 268-2231

02 Alpine Co.
Department of Social Services
ATTN: Jennifer Langford
P.O. Box 277
Markleeville, CA 96120
(916) 694-2235

03 Amador Co.
Department of Social Services
Mother Lode Academy, Ridge Road
Sutter Creek, Ca.
ATTN: Emily Daniel
MAIL: 108 Court Street
Jackson, CA 95642-2379
(209) 223-6550

04 Butte Co.
Department of Social Services
ATTN: Marie Brackett
P.O. Box 1649
Oroville, CA 95965
(916) 538-7907

05 Calaveras Co.
Department of Social Welfare
ATTN. Connie McLain
Government Center
San Andreas, CA 95249
(209) 754-6444

06 Colusa Co.
Department of Social Welfare
ATTN: Janice Mackaben
P.O. Box 370
Colusa, CA 95932
(916) 458-4985

07 Contra Costa Co.
Department of Social Services
ATTN: Arlyce Siino
Special Project Unit
P.O. Box 5488
Concord, CA 94524
(415) 646-5153

08 Del Norte Co.
Department of Social Welfare
ATTN: Sally Rump
981 H. Street
Crescent City CA 95531
(707) 464-3191

09 El Dorado County
El Dorado County Welfare Department
ATTN: David Knooppi, Eligibility Supervisor
P.O. Box 1637
Placerville, CA 95667
(916) 621-638

10 Fresno County
Department of Social Services
ATTN: Johnie Belford (209) 453-6286
4455 E. Kings Canyon Rd.,
Fresno, CA 93702

11 Glenn County
Department of Social Services
ATTN: Pattie Blakeman
141 S. Lassen Street
Willows, CA 95988
(916) 934-7714

12 Humboldt County
Department of Public Welfare
ATTN: Joan Ormond
929 Koster Street
Eureka, CA 95501
(707) 445-6026

13 Imperial County
Department of Social Welfare
ATTN: Caroline Benton
P.O. Box 930
El Centro, CA 92244
(619) 353-1400 ext. 103

14 Inyo County
Department of Social Services
ATTN: Darlene Landis, Deputy Director
162-A Grove St.
Bishop, CA 93514
(619) 872-1394

15 Kern County
Department of Human Services
ATTN: Vickie Sarceda
P.O. Box 511
Bakersfield, CA 93302
(805) 321-3250

16 Kings County
Department of Social Services
ATTN: Betty Womack, Eligibility Supervisor
1200 South Drive
Hanford, CA 93230
(209) 582-3241, ext. 2317

17 Lake County
Department of Social Services
ATTN: Elizebeth Burritt
P.O. Box 190
Lakeport, CA 95453
(707) 263-9311

18 Lassen County
Health and Human Services Department
ATTN: Peggy Crosby
P.O. Box 1359
Susanville, CA 96130
(916) 257-8311 ext. 153

19 Los Angeles County
Department of Public Social Services
ATTN: Pamela Stringer
Medi-Cal Program Section
3401 Rio Hondo Ave.
El Monte, CA 91731
(818) 572-5661

20 Madera County
Department of Public Welfare
ATTN: Nancy Brice
P.O. 569
Madera, CA 93639
(209) 675-7855

21 Marin County
Health and Human Services
ATTN: Steve Davis (415) 499-6949
Medi-Cal Unit
P.O. Box 4160
Civic Center Branch
San Rafael, CA 94913

22 Mariposa County
Department of Social Welfare
ATTN: Lee Hanna
P.O. Box 7
Mariposa, CA 95338
(209) 966-3609

23 Mendocino County
Department of Social Services
ATTN: Nancy Naumann
P.O. Box 1060
Ukiah, CA 95482
(707) 462-2437

24 Merced County
Human Services Agency
ATTN: Carol Llamas
P.O. Box 112
2115 W. Wardrobe Ave.
Merced CA 95341
(209) 385-3000 ext. 5488

25 Modoc County
Department of Social Services
ATTN: Sue McChesnet
Court House Annex Bld.
Alturas CA 96101
(916) 233-3939

26 Mono County
Department of Social Welfare
ATTN: Chuck Spresser
HCR 79 BOX 223
Mammoth Lakes, CA 93546
(619) 934-3411

27 Monterey County
Department of Social Services
ATTN: Nancy Wilson-Jones
1000 S. Main Street, Suite 208,
Salinas, CA 93901
(408) 755-4414

28 Napa County
Human Services Delivery System
ATTN: Char Maeda,
Eligibility Division Chief
P.O. Box 329
Napa, CA 94559
(707) 253-4641

29 Nevada County
Department of Social Services
ATTN: Linda Anglin
P.O. Box 1210
Nevada, CA 95959
(916) 265-1340 ext. 618

30 Orange County
Social Services Agency
ATTN: Barbara Baranski
1055 N. Main Street, Suite 635
Santa Ana, CA 92701
(714) 541-7736

31 Placer County
Department of Social Welfare
ATTN: Diane Brandenberger
100 Stonehouse CT. Suite A
Roseville, CA 95678
(916) 783-0401

32 Plumas County
Department of Social Services
ATTN: Carol Roberts, Eligibility Supervisor
P.O. Box 360
Quincy, CA 95971
(916) 283-2250

33 Riverside County
Administrative Office
ATTN: Liz Shaviz
1111 Spruce Street,
Riverside, CA 92507
(714) 369-0920 ext. 250

34 Sacramento County
Department of Health Services
ATTN: Tom Hisamoto, Supervisor
7220 24th Street
Sacramento, CA 95822
(916) 395-4575

35 San Benito County
Department of Social Welfare
ATTN: Alma Villasna
419 Fourth Street
Hollister, CA 95023
(408) 637-5542

36 San Bernardino County
Department of Public Social Services
ATTN: Stevie Leppard
468 W. 5th Street, 2nd Fl.
San Bernardino, CA 92401
(714) 387-4741

37 San Diego County
Department of Social Services
ATTN: Sunny Barrett
Program Support Division (W401)
7949 Mission Center Court
San Diego, CA 92108
(619) 531-4746

38 San Francisco County
Department of Social Services
ATTN: Michael Fitzpatrick
P.O. Box 7988
San Francisco, CA 94120
(415) 557-5840

39 San Joaquin County
Human Services Agency
ATTN: Rex Park
P.O. Box 201056
Stockton, CA 95201-3006
(209) 944-2917

40 San Luis Obispo County
Department of Social Services
ATTN: Dorothy Beath
P.O. Box 8119
San Luis Obispo, CA 93403
(805) 549-4255

41 San Mateo County
Department of Social Services
ATTN: Robert Fucilla
400 Harbor Blvd.
Belmont, CA 94002
(415) 595-7570

42 Santa Barbara County
Department of Social Services
ATTN: Marc A. Levine
117 East Carrillo Street
Santa Barbara, CA 93101
(805) 568-3324

43 Santa Clara County
Department of Social Services
ATTN: Floretta Jones
Court Review Unit
55 West Younger Avenue
San Jose, CA 95110
(408) 299-2611

44 Santa Cruz County
Human Resources Agency
ATTN: John Sprague
1020 Emeline Street - P.O. Box 1320
Santa Cruz, CA 95062
(408) 425-2521

45 Shasta County
Department of Social Services
ATTN: Karen Boyer
P.O. Box 6005
Redding, CA 96099
(916) 225-5794

46 Sierra County
Department of Social Welfare
ATTN: Mary L. Thompson
P.O. Box 1019
Loyalton, CA 96118
(916) 993-120

47 Siskiyou County
Department of Welfare Services
ATTN: Nadine Della Bitta
Room 4-Court House
Yreka, CA 96097
(916) 842-4471

48 Solano County
Department of Welfare Services
ATTN: Pauline Crews
355 Tuolumne St.
Vallejo, CA 94590
(707) 553-5304

49 Sonoma County
Department of Social Services
ATTN: Nancy Crowe
P.O. Box 1539
Santa Rosa, CA 95402-1539
(707) 527-2269

50 Stanislaus County
Department of Social Services
ATTN: Faye Moore
P.O. Box 42
Modesto, CA 95353
(209) 525-4731

51 Sutter County
Department of Welfare and
Social Services
ATTN: Carol Stoner, Eligibility Supervisor
P.O. Box 1535
Yuba City, CA 95992
(916) 741-7230

52 Tehama County
Department of Social Welfare
Attn: Bonnie Davis
P.O. Box 1515
Red Bluff, CA 96080
(916) 527-1911

53 Trinity County
Department of Welfare
ATTN: Chris Talkington
P.O. Box 218
Weaverville, CA 96093
(916) 623-1266

54 Tulare County
Department of Social Service
ATTN: Fern Haller
P.O. Box 671
Visalia, CA 93279
(209) 733-6000

55 Tuolumne County
Department of Welfare
ATTN: S. Minor
20075 Cedar Road North
Sonora, CA 95370
(209) 533-5711

56 Ventura County
Public Social Services Agency
ATTN: Ruth Kenworthy
505 Poli Street
Ventura, CA 93001
(805) 652-7637

57 Yolo County
Department of Social Services
ATTN. Holly Feather, WMB5
120 W. Main Street
Woodland, CA 95695
(916) 661-2750

58 Yuba County
Yuba County Welfare Department
ATTN: Ed Pratt
935 14th Street
Marysville, CA 95901
(916) 741-6321

1 EVELYN R. FRANK
FRANK A. LALLE
2 LEGAL AID SOCIETY OF ALAMEDA COUNTY
2357 San Pablo Avenue
3 Oakland, California 94612
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4 DICK ROTHSCHILD
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3535 West Sixth Street
6 Los Angeles, California 90020
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Oakland, California 94612
9 Telephone: (415) 763-5611

10 Attorneys for Plaintiffs
11
12

13 SUPERIOR COURT OF CALIFORNIA

14 COUNTY OF ALAMEDA

15 DUDLEY REESE, WADIE M. REESE,)
MARJORIE CHESTERMAN, MINNIE V.)
16 CROMARTIE,)

17 Plaintiffs,)

18 vs.)

19 KENNETH KIZER, M.D., Director,)
California Department of Health)
20 Services; DEPARTMENT OF HEALTH)
SERVICES; JESSE R. HUFF, Director,)
21 California Department of Finance;)
DEPARTMENT OF FINANCE,)

22 Defendants.)
23

No. H 104037-3

JUDGMENT PURSUANT
TO STIPULATION

24 The parties having stipulated to entry of judgment, and good
25 cause appearing,

26 IT IS ADJUDGED, ORDERED, AND DECREED that judgment be
27 entered in favor of plaintiffs on the terms and for the reasons
28

ENDORSED

AUG 20 1986

RENE G. DANFORTH, County Clerk
By Frances L. Casula, Deputy

1 set forth in the court's Order Granting Summary Judgment, filed
2 herein on May 1, 1986 and incorporated herein by reference;

3 IT IS FURTHER ORDERED that defendants shall provide
4 retroactive benefits to plaintiffs and to the members of the
5 class in accordance with the plan attached as Exhibit A to the
6 stipulation of the parties filed herein.

7 SO ORDERED.

8
9 DATED: AUG 20 1986

MARK L EATON
JUDGE OF THE SUPERIOR COURT

1 EVELYN R. FRANK
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10 Attorneys for Plaintiffs

11
12
13 SUPERIOR COURT OF CALIFORNIA
14 COUNTY OF ALAMEDA

15 DUDLEY REESE, WADIE M. REESE,)
16 MARJORIE CHESTERMAN, MINNIE V.)
CROMARTIE,)
17 Plaintiffs,)
18 vs.)
19 KENNETH KIZER, M.D., Director,)
20 California Department of Health)
Services; DEPARTMENT OF HEALTH)
21 SERVICES; JESSE R. HUFF, Director,)
California Department of Finance;)
22 DEPARTMENT OF FINANCE,)
Defendants.)

No. H 104037-3

STIPULATION FOR ENTRY
OF JUDGMENT


24 IT IS HEREBY STIPULATED by and between the parties hereto
25 that judgment may be entered on the basis of this court's Order
26 Granting Summary Judgment, filed May 1, 1986. It is further
27 stipulated that defendants shall provide retroactive benefits in
28

1 accordance with the plan attached hereto as Exhibit A.

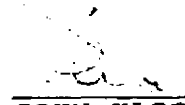
2 Defendants do not, by this stipulation, waive any grounds
3 which they may have to appeal the judgment herein.

4 SO STIPULATED.

5
6 DATED: August 11, 1984


EVELYN R. FRANK
Attorney for Plaintiffs

8
9 DATED: August 1, 1986


JOHN KLEE
Deputy Attorney General

1. Case Identification

- A. DHS will provide counties with a list of LTC medically needy persons on the program for at least one month during the period of January, 1984 through December, 1985 with a share of cost of \$459 or higher.
- B. Counties will be instructed to identify those persons on the list who at any time during January, 1984 through December, 1985 had a spouse who was not institutionalized. Counties will be instructed to complete the identification within 60 days for open cases and 90 days for closed cases.
- C. DHS will notify the counties of persons in L.A. who received Medi-Cal from more than one county during January, 1984 through December, 1985.

2. Determination of Amount of Reimbursement

A. Open Cases

The county in which the beneficiary* currently receives Medi-Cal will make all reimbursement determinations as follows:

- (1) The county shall calculate the beneficiary's share of cost in accordance with All County Welfare Director's Letter 85-53 (July 15, 1985) for all relevant periods from January 1, 1984 until Section 14005.16(a), Welfare and Institutions Code, was first applied to the beneficiary's case. The counties shall use the MFBU composition rules which became effective in December, 1985.
- (2) If the county needs additional information which is not in the case file, it shall send a written request for the information to the beneficiary or to the beneficiary's responsible party or authorized representative. The county shall allow the beneficiary (or his representative) thirty (30) days in which to respond to the request for information. If the beneficiary does not respond, the county shall make one (1) attempt within the next two (2) weeks to personally contact the beneficiary or responsible party/authorized representative, following the method set forth in All County

* For purposes of this plan, 'beneficiary' means a medically needy Medi-Cal recipient in LTC or someone acting on his behalf, such as a spouse, relative, friend, or conservator, unless otherwise indicated.

Letter 84-57 (December 31, 1984), at p. 2. If the beneficiary has not provided the necessary information after one such attempt, the county shall make its determination on the evidence in the case file.

- (3) If the county determines, either from the case file or from the information provided by DHS that the beneficiary received Medi-Cal while in long term care in another county after January 1, 1984, the county shall request a copy of all forms MC176M and MC176W, and such other documents as may be necessary, from the case file in each such previous county of residence. The previous county shall supply the information to the requesting county within 30 days of receipt of the request. The county shall use all such information in making its determination.
- (4) If the county determines that the LTC beneficiary's spouse was receiving Medi-Cal as either a public assistance recipient or a Medi-Cal only beneficiary during any of the period for which the LTC beneficiary's share of cost is being calculated pursuant to paragraph 2A(1) above, the county shall request a Claims Detail Report for the spouse from DHS.
- (5) DHS shall provide the Claims Detail Report to the county no later than 15 days from the date of request.
- (6) After having received or attempted to receive all available information from the beneficiary, his authorized representative, or from another county welfare department, the county shall determine the amount of reimbursement due to the beneficiary. For beneficiaries whose spouses were not also receiving Medi-Cal, the amount of reimbursement shall be the total of the differences between the shares of cost calculated pursuant to paragraph 2A(1) above, and the shares of cost actually charged. For beneficiaries whose spouses were also receiving Medi-Cal, the amount of reimbursement shall be determined as follows:
 - a. For each relevant month the county shall determine the difference between the share of cost calculated pursuant to paragraph 2A(1) above and the share of cost actually charged.

- b. For each relevant month in which the Claims Detail Report for the spouse indicates that Medi-Cal payments were made on behalf of the spouse, the county shall recalculate the spouse's share of cost using the income that would have been available to the spouse had the provisions of Section 14005.16(a) been applied at the time. From the amount determined in a. the county shall deduct the lesser of the amount of claims paid on behalf of the spouse for the month or the difference between the recalculated share of cost and the share of cost actually charged.
 - c. The reimbursement due shall be the total of the amounts determined in a., for those months in which the Claims Detail Report for the spouse indicates that no Medi-Cal payments were made, and the amounts determined in b. for those months in which Medi-Cal payments were made.
- (7) The county shall make the determination in (6) within ninety (90) days after one of the following events, whichever is appropriate: receipt of necessary information from the beneficiary; its attempt to make a personal contact with the beneficiary; receipt of necessary information from another county; receipt of the Claims Detail Report from DHS; or identification of the case.

B. Closed Cases

- (1) The county will immediately upon identification send Notice #1, together with a self-addressed stamped envelope, to the last known address of each beneficiary, identified pursuant to paragraph (1)a., whose case is closed. The county shall also send the notice to the beneficiary's responsible party or authorized representative, if any.
- (2) If the beneficiary or his authorized representative, responsible party, next of kin, or administrator indicates a desire for reimbursement orally or in writing to the county within sixty (60) days after receipt of Notice #1, the county shall determine the amount of reimbursement due and owing, in accordance with paragraph 2A, above.

3. Method of Reimbursement

A. Deceased Beneficiaries

In the case of deceased beneficiaries, the county shall forward the claim form, together with its determination as to the amount of reimbursement due and owing, to DHS for payment. The county shall simultaneously send a notice of action (Exh. 2, but without paragraph 4) explaining its determination to the spouse, other next of kin, or executor.

B. Living Beneficiaries

- (1) If the beneficiary is currently receiving Medi-Cal with a share of cost, the county will send the notice attached hereto as Exhibit 3 to the beneficiary, together with a self-addressed stamped return envelope. The county will allow the recipient thirty (30) days from the date of mailing in which to respond to the form, orally or in writing.
- (2) If the beneficiary does not respond, the county will make a forward adjustment in the beneficiary's share of cost, in accordance with 22 CAC, Section 50653.3(c), in order to reimburse the claimant.
- (3) If the beneficiary indicates, orally or in writing, that (s)he wishes to have cash reimbursement or if the beneficiary is not receiving Medi-Cal currently, the county shall forward its determination as to the amount of reimbursement due and owing to DHS for payment.

C. Hearings

If a beneficiary requests a hearing to challenge the amount of reimbursement, the county shall nevertheless provide for reimbursement in accordance with its determination. In the event of a favorable hearing decision, the county shall cause additional reimbursement to be issued, as required.

D. Time for Reimbursement

The county shall take all action necessary to provide reimbursement through future month share-of-cost adjustment or to notify DHS of reimbursement amounts due within two hundred ten (210) days from the commencement

of the identification period (paragraph 1.A., above). The 210 day period set forth in this paragraph may be extended for good cause. If the county fails without good cause, to complete its activities within 210 days, the beneficiary shall receive a cash payment, in addition to any other amount due and owing, of \$100.00. Good cause shall not include lack of staff or problems attributable to county administration of this plan.

E. Payment

- (1) DHS shall issue payments within sixty (60) days of receiving a claim from the county. If it fails to do so, the beneficiary shall receive interest from May 1, 1986 forward on the amount of his claim, at the legal rate.
- (2) For purposes of determining Medi-Cal eligibility, retroactive payments made pursuant to this plan shall not be considered as income or resources for a period of six months from the date of receipt. Transfers of such payments shall not be subject to the transfer of assets regulations, if made within six months of the date that the payment is received. A statement advising the beneficiary of the terms of this paragraph shall be sent by DHS with the payment.

4. Forms and Notices

- DHS will furnish to plaintiffs' counsel all forms, instructions, and other written materials to be used in order to implement this plan for providing retroactive benefits, no later than three weeks prior to the time that the forms are to be sent to the printer. No form or notice shall be sent to the printer before plaintiffs' counsel has reviewed and approved it.

5. Monitoring

A. DHS Responsibility

DHS shall be responsible for monitoring county compliance, and for ensuring that this plan is implemented in accordance with its terms.

B. Logs

DHS shall require the counties to maintain a log, or other documentation in the case file, for each case

identified pursuant to paragraph 1A. The log or other documentation shall reflect, at a minimum:

- (1) The date of each personal contact, whether initiated by the beneficiary or by the county, and a brief description of the communication;
- (2) The date of each request for information (or a copy of the request for information sent, indicating the date);
- (3) The date on which the requested information was received (or a copy of the document transmitting the information with the date of receipt indicated on it);
- (4) the dates that records were requested and received from another county (if applicable);
- (5) if Notice #1 was sent, the date on which it was sent (or a copy of the notice, indicating the date);
- (6) if Notice #1 was returned, the date on which it was received (or a copy of the notice with the receipt date indicated on it);
- (7) the date that the reimbursement determination was completed;
- (8) the date on which Notice # 2 or NOA was sent (or a copy of the notice indicating the date);
- (9) the date on which Notice # 2 or NOA was returned (or a copy of the notice indicating the date of return);
- (10) the date that the county made a share of cost adjustment (if applicable);
- (11) the date that the county forwarded the claim to DHS, if applicable.

C. County Liaison

Each county will be required to designate a person who will be in charge of providing assistance to claimants, and of processing claims. This person, or others subject to his/her supervision, will be responsible for:

- (1) providing information to interested persons; (2)

ensuring that reimbursement determinations are made correctly and in a timely manner; (3) assisting in obtaining necessary information and verification.

D. Training

DHS shall be responsible for providing training as necessary to ensure that the counties will implement this plan correctly, and in a timely manner.

6. Reporting

A. Within one hundred fifty (150) days after providing lists to the counties, DHS shall provide plaintiffs' counsel a report (Report #1), stating on a county by county basis:

- (1) the number of cases identified by each county (paragraph 1A) in accordance with paragraph 1;
- (2) the number of such open cases;
- (3) the number of such closed cases;

C. Five months after providing Report #1, DHS shall provide Report #2, stating:

- (1) the number of cases determined to be eligible for reimbursement;
- (2) the number of claimants who elected a forward adjustment in their share of cost;
- (3) the number of claimants who requested cash reimbursement;
- (4) the number of claims, by county, which were not processed within the time limits set by paragraph 3D;
- (5) the number of \$100 payments made in accordance with paragraph 3D, by county;
- (6) the number of claims which were not paid in accordance with paragraph 3.E.(1).

D. In addition to the reports described above, DHS shall provide plaintiffs' counsel with a monthly status

report, commencing at the end of the identification period.

- E. If it appears that any county is not processing all cases correctly or in a timely manner, or if it appears that DHS is unable to make payments in a timely manner, DHS shall promptly inform plaintiffs' counsel of the nature of the problem, and the remedies, if any, which it proposes.
- F. For a period of two years from the date that judgment is entered in Reese v. Kizer, DHS shall provide to plaintiffs' counsel all fair hearing decisions arising under this plan. DHS shall ensure that such decisions will be provided within two weeks of the date on which they were issued. Identifying information may be deleted from said decisions.

7. Effect of Appeal

- A. In the event that defendants appeal from the judgment in this matter, implementation of this plan will be stayed, except as set forth in this paragraph 7.
- B. Within 45 days after filing their notice of appeal from the Superior Courts' order to implement this plan defendants shall send a notice (Exhibit 3) to persons identified by the defendants pursuant to paragraph 1.A.
- C. The defendants shall provide each county with a list of persons residing in the county to whom a notice was sent. The defendants shall instruct the counties to document and maintain any changes in addresses reported by persons appearing on the list providing the person had a spouse during any of the period of January, 1984 through December, 1985.

Exhibit 1

IMPORTANT NOTICE: THE STATE MAY OWE YOU MONEY

_____ was in a nursing home and was receiving Medi-Cal in this county. The state may owe money to this beneficiary, or to his/her spouse, estate or next of kin.

The state may owe money under a court decision (Reese v. Kizer). That case enforced a statute which required that the spouse living at home in the community have at least one-half of the couple's total income to live on. The court required the state to reimburse Medi-Cal beneficiaries if they were in a nursing home, and their spouse at home got less than one-half of the couple's total income in any month after January 1, 1984.

IF YOU WANT TO CLAIM THIS MONEY, YOU MUST RETURN THIS FORM. PLEASE SEND IT BACK RIGHT AWAY, BUT NO LATER THAN THIRTY DAYS AFTER YOU RECEIVED IT.

1. Your name, address, and telephone number:

Name: _____

Address: _____

Telephone number: _____

2. Your relationship to the beneficiary whose name is at the top of this notice:

3. Is the beneficiary deceased?

If so, answer these questions:

- (a) Who is the next of kin?

Name: _____

Address: _____

- (b) Is there an executor? If so:

Name: _____

Address: _____

Exhibit 2, Page 1

NOTICE: REESE V. KIZER REIMBURSEMENT

1. _____ County has determined that you (your spouse) (your next of kin) is entitled to reimbursement under the court order in Reese v. Kizer. That case enforced a statute which requires that, when one spouse is in a nursing home, the spouse living at home in the community must have at least one-half of the couple's total income to live on.

2. You are entitled to \$ _____. This was calculated as follows:

Spouse in nursing home: _____

Share of cost charged from _____ to _____:

<u>Month</u>	<u>Amount</u>
_____	_____
_____	_____

Share of cost which should have been charged: _____

<u>Month</u>	<u>Amount</u>
_____	_____
_____	_____

3. Because the spouse living at home was on Medi-Cal and was charged a lower share of cost than should have been charged we have deducted the following amounts paid by Medi-Cal on his/her behalf.

<u>Month</u>	<u>Amount</u>
_____	_____
_____	_____

4. YOU HAVE A CHOICE OF HOW TO RECEIVE THIS MONEY:

You can have the money paid in cash or the money can be applied toward the share of cost of the spouse in the nursing home. His/her share of cost will be \$0 until the reimbursement is used up.

NOTE: If the person in the nursing home dies before the reimbursement is used up, his/her spouse or next of kin will NOT receive the remainder in cash.

Exhibit 2, Page 2

TO RECEIVE CASH, YOU MUST COMPLETE THIS FORM, AND RETURN IT TO THE WORKER LISTED AT THE TOP OF THIS FORM. An envelope is enclosed for you to use.

RETURN THIS FORM WITHIN THIRTY (30) DAYS.

Your Name: _____

Your spouse's name: _____

Check one:

I WANT TO RECEIVE CASH _____

I WANT THE MONEY TO BE USED TO PAY THE SHARE
OF COST FOR THE NURSING HOME _____

Signed: _____

HEARING RIGHTS:

If you think that the amount of reimbursement is incorrect, you can request a hearing. Follow the instructions on the back of this form.

RETURN THIS FORM EVEN IF YOU REQUEST A HEARING.

Exhibit 3

IMPORTANT NOTICE: THE STATE MAY OWE YOU MONEY

If you or your spouse have been in a nursing home at any time from January 1, 1984 through December 1985, the state may owe you money because of a court decision (Reese v. Kizer). That case enforced a statute which requires that the spouse living at home in the community have at least one-half of the couple's total income to live on. The state may owe you money if, in your case, the spouse at home got less than one-half of the couple's total income in any month after January 1, 1984.

NOTE: The state has appealed the judgment in Reese v. Kizer. You will not receive any payment until the appeal is over. There is nothing that you have to do now. Just keep your eligibility worker notified if you should move. If you do not have an eligibility worker or do not know who your worker is, write to or call and ask for the Reese v. Kizer person at the county welfare department if you move. Once the appeal is over you will receive another notice telling you what to do.

PROOF OF SERVICE BY MAIL

I, the undersigned, state that I am a citizen of the United States and a resident of Alameda County, over 18 years of age, and not a party to the within action. My business address is
2357 San Pablo Avenue, Oakland, California 94612

On March 11, 1989 I served the foregoing document(s):
Motion to Advance Oral Argument.

by placing a copy in an envelope address as follows:

John Klee
Deputy Attorney General
350 McAllister Street
Room 6000
San Francisco, CA 94102

Said envelope was then sealed and postage fully prepaid thereon and deposited in the United States mail at Oakland, Alameda County, California. There is regular delivery of the United States mail between said places of deposit and address.

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed on
March 11, 1989 in Oakland, Alameda County,
California.

Alene Dupin