

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



December 3, 1999

ALL COUNTY INFORMATION NOTICE NO. I-94-99

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL COUNTY CHILD CARE COORDINATORS
ALL FOOD STAMP PROGRAM COORDINATORS
ALL WELFARE TO WORK COORDINATORS
ALL MEDI-CAL PROGRAM SPECIALISTS/LIASONS
ALL CAL-LEARN COORDINATORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: NA BACK 9, YOUR HEARING RIGHTS

This notice transmits a copy of the new NA BACK 9, Your Hearing Rights. The development of the NA BACK 9 was initiated to combine the NA BACK 8, used by the CalWORKs, Food Stamp, and Medi-Cal Programs, with the EP 5, used by the CalWORKs Employment and Work Support Services Programs. Other changes were made at the request of the State Hearings Division, Medi-Cal Managed Care Program and the Child Care Program. Additionally, narrative from the previous BACK has been streamlined and updated.

The NA BACK 9 is a universal back to be used on all Notices of Action (NOAs) for CalWORKs, Food Stamps, and/or Medi-Cal. Additionally, this BACK will be used on NOAs involving CalWORKs Welfare to Work Exempt/Non-Exempt Status, Welfare to Work Activities, Welfare to Work Supportive Services, including child care, transportation and ancillary services, and Cal-Learn.

Implementation

Counties should begin using the NA BACK 9 as soon as administratively feasible. Any remaining stock of the NA BACK 8 and the EP 5 forms should then be destroyed.

Camera-Ready Copies

For camera-ready copies of the English and Spanish versions of the NA BACK 9, counties should call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET 437-1907. If your office has Internet access, you may obtain various forms and Notice of Form Change (GEN 127) from the CDSS web page at: <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, a camera-ready copy will be made available by contacting FMU.

Translations

Translations will be available in approximately 30 days. For Chinese, Cambodian, Vietnamese, and Russian versions of the forms, call Language Translation Services (LTS) at (916) 654-1282 or CALNET 464-1282. If you need several forms, please fax your request to (916) 657-3429 or

e-mail your request to lsu@dss.ca.gov. If your county is on the LTS mailing list, your Forms Coordinator will receive all translations as soon as they become available. Once you have established an e-mail address, please contact FMU by telephone or e-mail at fmu@dss.ca.gov. FMU will then place you on their e-mail list.

Counties shall provide bilingual/interpretive services and written translations to non-English speaking populations as required by Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

Stock

State produced stock for the NA BACK 9 will be available 30 to 45 days after the release of this letter. Stock of the English and Spanish language versions of each form may be ordered from the CDSS Warehouse upon receipt of the Notice of Change Form (GEN 127).

Contacts

If you have any questions or need further information regarding the forms-related issues in this letter, please contact the following staff regarding the specific program areas:

- Letter and attachments: Jackie Shelley, CalWORKs Eligibility, (916) 654-1061 or CALNET 464-1061;
- Food Stamp Program: Cindy MacDonald at (916) 654-1898 or CALNET 464-1898;
- Medi-Cal Program: Barbara Rahm at (916) 657-0727 or CALNET 467-0727;
- Welfare to Work Supportive Services: (916) Karen Kennedy at 657-3400;
- Cal Learn: Call main number for county analyst at (916) 654-1424 or CALNET 464-1424;
- Child Care Programs: Jenene Acosta at (916) 653-1556 or CALNET 463-1556;
- Asian/Spanish translations: Juana Rodriguez at (916) 653-7865 or CALNET 463-7865.

Sincerely,

Original signed by
Charr Lee Metsker
on 12/03/99

CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachment

c: CWDA
CSAC

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

NAME OF PERSON COMPLETING THIS FORM _____ PHONE NUMBER _____

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____