

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



December 24, 1984

ALL-COUNTY LETTER NO., 84-131

TO: ALL COUNTY WELFARE DEPARTMENTS

SUBJECT: PROCEDURES FOR THE CONVERSION OF ALL COUNTIES TO INTAKE COUNTIES FOR RECEIPT OF WRITTEN STATE HEARING REQUESTS AND PROVISIONS FOR COUNTIES RECEIVING ORAL HEARING REQUESTS

The purpose of this letter is to provide you with additional information regarding the conversion of all counties to intake counties effective January 1, 1985. This process is described further in emergency regulations that are now in the process of being implemented. Please refer to ALL-COUNTY LETTERS NO. 84-97, dated September 6, 1984, and NO. 84-116, dated November 21, 1984, for additional information.

All counties, except case data counties, should be preparing to handle intake of appeals directly beginning January 1, 1985. Case data counties will have until February 1, 1985 to begin this process.

Following are the procedures that all January 1, 1985 implementing counties must follow for written appeals that are received by those counties as a result of notices sent January 2, 1985 or after (these same procedures must be followed by case data counties after February 1, 1985):

1. County staff will date stamp each hearing request immediately upon receipt.
2. County staff will photocopy both sides of each hearing request.
3. County staff will prepare transmittal sheet (see attached).
4. County staff will attach the original hearing request, including the envelope, to the transmittal list. Do not remove the postage stamp or otherwise damage the envelope.
5. County staff will send original hearing request, envelope (stapled to each request) and prepared transmittal sheet each working day to:

Department of Social Services
State Hearing Support Section
744 P Street, M.S. 6-100
Sacramento, CA 95814

Attention: Saldivar Unit

6. County will immediately determine timeliness of the appeal and initiate payment of aid pending, if appropriate.
7. Regular procedures will continue at this point.

Following are the procedures for oral appeals that are received by the State as a result of notices sent January 2, 1985 or after:

1. State staff will pick up copies of oral requests received by Public Inquiry and Response twice each day: 9 a.m. and 1 p.m.
2. State staff will call the county of responsibility within 24 hours of receipt of the oral request.
3. State staff will communicate the following information to the counties:

Case Name
Address
Filing date
SHSS case number
Aid program
Social Security number
State number (county)
County notice of action date, if available

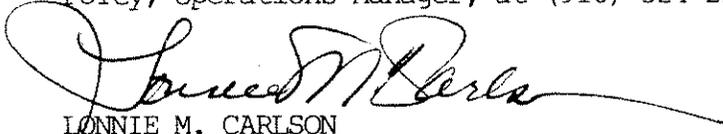
4. County staff will receive oral hearing request information via telephone and shall immediately determine timeliness of the appeal and initiate aid pending, if appropriate.
5. Regular procedures will be continued at this point.

We expect that for the first few weeks, at least, there will be some misdirected appeals. Following are the procedures for all misdirected hearing requests:

1. In the event that a written appeal is misdirected to the State system, State staff will transmit a copy of it to the appropriate county within 24 hours of identification.
2. If written appeal received by a county is not at first correctly identified as such, the county, upon discovery, shall forward it to the state within 24 hours following the procedures set forth above.
3. If the claimant sends the written request to the wrong county, the receiving county shall immediately forward the request to the state and the state shall call the correct county of responsibility following the procedures set forth.

Each county has provided the name(s) of a contact person(s) for Saldivar. If there are any changes to this information, please contact Ann Viernes in State Hearing Support as soon as possible. She can be reached at (916) 322-7139.

If you have any questions on the Saldivar process, please contact Jane Foley, Operations Manager, at (916) 324-2255.



LONNIE M. CARLSON
Chief Referee

APPEALS TRANSMITTAL LIST

Date:

To: State Hearing Support Section
744 P Street, Mail Station 6-100
Sacramento, CA 95814

FROM: County Welfare Department

NAME:	ADDRESS:	CITY:	ZIP:
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CASE NAME AND ADDRESS	REMARKS	CASE NAME AND ADDRESS	REMARKS