STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

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

August 15, 1989

ALL COUNTY LETTER NO. 89-75

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: RUTAN V. McMAHON - EXTENSION OF THE CLAIMS PROCESSING PERIOD

REFERENCES: ALL COUNTY LETTER NO. 86-45, 86-55, 86-84, 86-90, 86-117, 86-129, 88-33, 88-76, AND ALL COUNTY WELFARE DIRECTOR MEDS TRANSMITTAL OF JUNE 10,1986

The purpose of this letter is to inform the Counties that the State Department of Social Services (SDSS) has become aware of certain irregularities in the notification of potential Rutan class members. As a result, some Counties have been instructed to renotify their entire AFDC caseload on August 15, 1989. Those Counties are Butte, Calavaras, Colusa, Glenn, Imperial, Inyo, Kings, Lake, Lassen, Los Angeles, Mariposa, San Benito, Sierra, Tuolumne, and Yolo.

This renotification process will necessitate the extension of the claim processing period to April 17, 1990. All Counties which receive Intent to Claim forms arising out of the August 15, 1989 mailing shall process those claims and complete the attached statistical report. Updated interest tables are also attached to enable the Counties to pay claims during this extended period.

If you have any questions about the Rutan court case, please call Mr. Vincent Toolan at (916) 324-2007.

for ROBERT A. HOREL
Deputy Director

Attachments

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

STATISTICAL REPORT

SEND ONE COPY TO: Department of Social Services
Statistical Services Section
744 P Street, M. S. 19-84
Sacramento, California 95814
(916) 924-2838

Rutan v. McMahon H

NAME OF COUNTY SUBMITTING REPORT

(FACE-TO-FACE CWD)

THIS REPORT IS DUE ON OR BEFORE: May 10, 1990

THIS REPORT IS

☐ ORIGINAL SUBMISSION ☐ SUBSEQUENT REPORT ☐ REVISION NO. _____

NO. _____

REPORTING PERIOD

FROM: February 7, 1990 TO: April 17, 1990

Rutan H

1. Total number of Intent to Claim forms provided to claimants .....
2. Total number of Claim forms provided to claimants .....
3. Total number of claims received (Should be equal to Items 4 & 5) .....
4. Total number of claims denied (A claim should only be counted once) (A claim paid in part shall not be considered a denial) .....
   a. Untimely .....
   b. Incomplete .....
   c. Claimant not a member of the class .....
   d. Claimant not substantively eligible for retroactive benefits .....
5. Total number of claims granted in whole or part .....

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE

GEN 1172 (7/88) COURT CASE: RUTAN v. MCMAHON

1983

RETROACTIVE BENEFIT MONTH

PAYMENT AUTHORIZATION MONTH	06/83	07/83	08/83	09/83	10/83	11/83	12/83
12/89	.6592	.6510	.6425	.6340	.6258	.6173	.6090
01/90	.6677	.6595	.6510	.6425	.6343	.6258	.6175
02/90	.6753	.6671	.6586	.6501	.6420	.6334	.6252
03/90	.6838	.6756	.6671	.6586	.6504	.6419	.6337
04/90	.6921	.6838	.6753	.6669	.6586	.6501	.6419

1984

RETROACTIVE BENEFIT MONTH

PAYMENT AUTHORIZATION MONTH	01/84	02/84	03/84	04/84	05/84	06/84	07/84
12/89	.6006	.5921	.5841	.5756	.5674	.5589	.5507
01/90	.6090	.6006	.5926	.5841	.5789	.5674	.5592
02/90	.6167	.6082	.6003	.5918	.5836	.5751	.5669
03/90	.6252	.6167	.6088	.6003	.5921	.5836	.5753
04/90	.6334	.6249	.6170	.6085	.6003	.5918	.5836

	08/84	09/84	10/84	11/84	12/84
12/89	.5422	.5337	.5255	.5170	.5088
01/90	.5507	.5422	.5340	.5255	.5173
02/90	.5584	.5499	.5416	.5332	.5249
03/90	.5669	.5584	.5501	.5416	.5334
04/90	.5751	.5666	.5584	.5499	.5416

1985

RETROACTIVE BENEFIT MONTH

PAYMENT AUTHORIZATION MONTH	01/85	02/85	03/85	04/85	05/85	06/85	07/85	08/85
12/89	.4756	.4674	.4589	.4507	.4422	.4337	.4255	.4170
01/90	.4841	.4759	.4674	.4592	.4507	.4422	.4340	.4255
02/90	.4918	.4836	.4751	.4669	.4584	.4499	.4416	.4332
03/90	.5003	.4921	.4836	.4753	.4669	.4584	.4501	.4416
04/90	.5085	.5003	.4918	.4836	.4751	.4666	.4584	.4499

	09/85	10/85	11/85	12/85
12/89	.4088	.5003	.4918	.4841
01/90	.4173	.5088	.5003	.4923
02/90	.4249	.5164	.5079	.5003
03/90	.4334	.5249	.5164	.5088
04/90	.4416	.5332	.5247	.5170

1986

RETROACTIVE BENFIT MONTH

PAYMENT AUTHORIZATION MONTH	01/86	02/86	03/86	04/86	05/86	06/86	07/86	08/86
12/89	.4003	.3918	.3841	.3756	.3674	.3589	.3507	.3422
01/90	.4088	.4003	.3926	.3841	.3759	.3674	.3592	.3507
02/90	.4164	.4080	.4003	.3918	.3836	.3751	.3669	.3584
03/90	.4249	.4164	.4088	.4003	.3921	.3836	.3753	.3669
04/90	.4332	.4247	.4170	.4085	.4003	.3918	.3836	.3751