

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



July 28, 1994

ALL-COUNTY LETTER NO. 94-63

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: CHANGES TO THE NOTICE OF ACTION (NOA) SYSTEM AND THE NA BACKS

REFERENCE: MPP SECTION 22-021.5 - ADEQUATE NOTICE
RDB #0594-10 - NOTIFICATION OF PROPOSED REGULATIONS

HANDBOOK: THIS LETTER CONTAINS INFORMATION UPDATING THE AFDC NOTICE OF ACTION HANDBOOK

The changes described in this letter apply both to the California Department of Social Services (CDSS) and the Department of Health Services (DHS). The purpose of this letter is:

- o To provide advance implementation instructions for changing the minimum number of copies of Notices of Action (NOAs) counties issue to clients from two to one, as enabled by a proposed revision to Manual of Policies and Procedures (MPP) section 22-021.5 (Attachment 1) and
- o To provide a reproducible copy of, and implementation instructions for a revised Notice of Action (NOA) back, NA BACK 7 (Attachment 2).

The implementation of the NA BACK 7 does NOT depend on the adoption of the regulation revision and is immediately effective for all NOAs that presently use the NA BACK 6 or the NA SCC/CAAP BACK.

The proposed revision to MPP 22-021.5 was recently submitted to the Office of Administrative Law but is not yet filed with the Secretary of State. The estimated filing and effective date is July 25, 1994. We are providing the enclosed information on the regulation change in advance of the effective date to provide preparation time for implementation as soon as is feasible after the regulation becomes effective. If the proposed revision is not adopted, we will notify you immediately.

ISSUING NOAS WITHOUT THE DUPLICATE COPY

Counties are encouraged to exercise the option to issue NOAs without a duplicate copy as soon as practicable after the effective date of the revised regulation.

The revised regulation requires counties to provide to clients on request, a copy of any NOA on which the client has submitted a request for a state hearing. Clients must be informed of the availability of this copy as a part of the implementation of the revised regulation. The NA BACK 7, discussed later in this letter, is designed to provide this information.

Counties must continue to issue NOAs in duplicate for all NOAs using any back in current use. Only NOAs issued to clients on forms with the NA BACK 7 can be issued without a duplicate copy (from the effective date of the revised regulation).

Counties may determine when this transition is phased in for individual NOA forms based on a timetable that each county considers to be most appropriate, taking into account the nature and extent of each county's current inventory of NOA forms.

ATTACHMENT 2

Attachment 2 contains a reproducible copy of the NA BACK 7 and information on specific changes that have been made to it.

IMPLEMENTING THE REVISED NA BACK 7

The NA BACK 7 is effective immediately, subject to availability of stock. Counties may continue to use existing supplies of NOAs with the NA BACK 6 or the NA SCC/CAAP BACK until their supplies are exhausted.

When filling orders for NOA forms, the CDSS and DHS Warehouses will ship NOAs with the BACK 7 (in sets of 2) as soon as CDSS supplies of NOAs (in sets of 3) with the BACK 6 or the NA SCC/CAAP BACK are exhausted.

CAMERA-READY COPIES

For a camera-ready copy of the NA BACK 7, please call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907. Camera-ready copies in English, Spanish, Cambodian, Lao, Chinese and Vietnamese will be forwarded to the County Forms Coordinator by the Language Services Bureau when available.

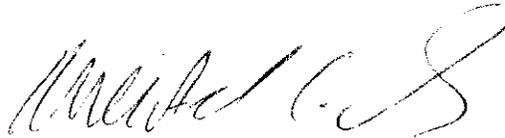
CONTACTS

If you have program specific questions, please contact the appropriate program staff in the DHS or the CDSS.

If you have questions about the content of the NA BACK 7, please contact Ann Fajen of the AFDC Policy Implementation Bureau at (916) 654-1797, CALNET 464-1797.

If your question is about the state hearing process, please contact Tom Wilcock of the Administrative Adjudications Division at (415) 557-0526, CALNET 597-0526.

Sincerely,



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division



FRANK S. MARTUCCI
Chief
Medi-Cal Eligibility Branch

Enclosures

c: CWDA

Renumber Section 22-021 to 22-071 and amend to read:

22-071 ADEQUATE NOTICE

22-071

.1 Except as provided in Section 22-071.2, the county shall give the claimant adequate notice as defined in Section 22-001a.(1) in the following instances:
(Continued)

.17 When the county takes action regarding compliance related issues resulting from state hearing decisions (see Sections 22-001c.(3) and 22-0718).

.2 (Continued)

.3 (Continued)

.4 (Continued)

.5 ~~The notice shall~~ If a claimant submits a request for a state hearing on the back of the notice, a duplicate copy of the notice shall be mailed or given provided to the claimant in duplicate on request.

.6 (Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10613, 11209, and 11511(a), Welfare and Institutions Code; and 45 CFR 255.4(j)(1) and 256.4(b).

NA BACK 7

The backs currently numbered as "NA BACK 6" and as "NA SCC/CAAP BACK" are being replaced by the attached "NA BACK 7."

FOR HOLDERS OF THE AFDC NOTICE OF ACTION HANDBOOK

File the NA BACK 7 in Section 5 of your AFDC NOA Handbook. Remove the earlier version.

REVISIONS

The main revisions to the back are as follows:

Left Column:

- o "To Keep Your Same Benefits While You Wait For a Hearing" - Under this heading a new paragraph has been added for the Department's child care programs.
- o "To Get Help:"
 - o Moved the paragraph about bringing a representative to the hearing to the second column and revised to clarify.
- o "Other Information" - Under this heading, the paragraph currently headed "Child Support" has been revised to read, "Child and/or Medical Support" to inform clients that the District Attorney's office will help collect medical as well as child support.

Right Column

- o "HOW TO ASK FOR A STATE HEARING" - Under this heading, a sentence is added that advises the client, who uses the back to ask for a hearing, to make a copy of the front and back of the page for his/her records. Another sentence is added to tell the client that the worker will provide a copy of the page on request. These sentences have been added in anticipation of the adoption of the revised regulation allowing counties to stop issuing NOAs in duplicate.
- o "HEARING REQUEST" - Under this heading several changes have been made:
 - o A check box has been added for use when requesting a hearing about a child care action.
 - o Just under the "Here's why" section, a sentence has been added indicating to the client who needs more space for the explanation that it's OK to continue on another page.
 - o Near the bottom of the column, a space has been provided for the client to enter the case number.

In addition to the above changes several minor editorial revisions have been made to improve the format of the page and to clarify or simplify language used.

HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They 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 Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK . JR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal Child Care

Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____