
knows or should know is material; or makes a statement with knowing disregard for the truth, is subject to a period of ineligibility for CAPI.

This period of ineligibility applies for both applications and for ongoing benefits. The penalty is six months for a first instance; 12 months for a second instance and 24 months for a third instance.

The Social Security Administration has six months to develop regulations to prescribe the process for making a determination that the individual is subject to a penalty for a false or misleading statement.

The provisions regarding transfers of property and trusts apply to IHSS as well as CAPI. The provisions for penalties for false or misleading statements applies only to CAPI.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 29, 2000*

Item 00-08-02G

Tentative Schedule for 2001 ALJ Conference

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The 2001 ALJ conference is tentatively scheduled for Monday April 2 through Thursday April 4, 2001 at the Hyatt in Monterey.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 29, 2000*

Item 00-08-02F

Dual Decisions in PCSP Cases

Dual Decisions in PCSP Cases

The DHS has again requested that PCSP cases be written for that department. The CDSS has always requested that all IHSS and PCSP cases be written for CDSS. Judges should thus write any case that involves a PCSP issue for both CDHS and CDSS. Cases that have only IHSS issues should be written for CDSS only.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 29, 2000*

Item 00-08-02E

Proposed Decisions in Medi-Cal Cases

Proposed Decisions in Medi-Cal Cases

Effective immediately, ALJs are required to write the following decisions as proposed decisions:

- Cases involving erectile dysfunction, including cases where Viagra is at issue.
- Cases involving transplant services, including solid organs or bone marrow.
- Cases involving Immunocal, a dietary supplement.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 29, 2000*

Item 00-08-02D

Changes in Definition of Durable Medical Equipment and Period of Validity for Authorization of Medi-Cal Benefits

Changes in Definition of Durable Medical Equipment and Period of Validity for Authorization of Medi-Cal Benefits

Effective June 5, 2000, the California Department of Health Services made emergency amendments regarding Durable Medical Equipment (DME) and the Manual of Criteria for Medi-Cal Authorization. These amendments are found at Register 2000 Number 23 dated June 9, 2000.

Former Title 22 California Code of Regulations (CCR) §51160 defined DME as "equipment prescribed by a licensed practitioner to meet the medical needs of the patient". The revised definition of DME in §51160 is "Equipment that must be able to withstand repeated use, must be used to serve a medical purpose, must be appropriate for use in the patient's home, and must not be useful to an individual in the absence of an illness, injury or congenital anomaly".

The amendments also extend the period of validity for authorization of Medi-Cal benefits from 120 to 180 days. This amendment is reflected in Title 22 CCR §51003(e). When writing a decision granting a claim in a Medi-Cal scope of benefits case such as in a Dental scope case, judges should be sure that the boilerplate portion of the order allows for a 180-authorization period instead of 120 days.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 29, 2000*

Item 00-08-02C

Increasing the CSRA Without Considering the Income of the Institutionalized Spouse

Increasing the CSRA Without Considering the Income of the Institutionalized Spouse