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**Item 02-03-01F****ACL 02-11 January 25, 2002 (Synopsis): January 2002 Social Security Title II and Title XVI Cost of Living Adjustments and Related Issues****Subject: January 2002 Social Security Title II and Title XVI Cost of Living Adjustments and Related Issues**

This ACL states that the Retirement and Survivors Disability Insurance (RSDI) COLA is 2.6 percent effective January 2002.

The 2002 Medicare Part B premium is \$54 monthly.

Effective January 1, 2002, all SSI/SSP levels in combined total benefits will increase by 5.31 percent.

A chart of SSI/SSP payment standards is included as attachment A.

The SSI/SSP payment standard for an individual residing in his/her own household is \$750 monthly consisting of a Federal Benefit Rate of \$545 and an SSP payment of \$205.

*California Department of Social Services - State Hearings Division  
Notes from the Training Bureau - January 12, 2001*

**Item 01-01-01A****Updated Paraphrased Regulations**

This is the January 2001 update of the Paraphrased Regulations (ParaRegs). The last update was December 2000. The last new hardcopy of the ParaRegs was distributed in December 2000 to all ALJs and to two counties (San Diego and San Mateo) and two authorized representative groups (Legal Services of Northern California and Western Center on Law and Poverty). Interested parties may request a hardcopy from the appropriate contact.

The Plan is that there will be updates every two months, except during my vacation in the summer. The next projected updates are in February, April, June, and October 2001.

Beginning with the December 2000 issue, the hardcopy will be updated in the manner of a manual, i.e., as Barclay's does in Title 22.

A list of the ParaRegs which have been deleted, renumbered, revised, or added will be included with each update.

As always, please remember that the ParaRegs do not necessarily set forth CDSS or CDHS policy. They are the writer's best effort to select, shorten, synopsise, and simplify those court cases, laws, regulations, and written policy memoranda which deal with those areas of the law that seem to be most relevant to the State hearing process. The ParaRegs

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do not contain policy determinations which may have been communicated orally to the writer, but which have not been put in written form.

It should be noted that certain of the ParaRegs quote specific language from the source. A ParaReg quotes the source only when:

1. The information is technical and cannot be paraphrased.
2. It is important that the exact words used by the CDSS or CDHS be emphasized.
3. The writer of these ParaRegs cannot understand what the writers of the source material meant to say when they wrote the ACL, ACIN, ACWDL, regulation, or law.

Peter Hemenway, Administrative Law Judge Specialist

#### New Issue Code

438 Aged and Disabled (A&D) FPL

#### Revised

024-1 Fleeing felons defined, and excluded from the AU (W&IC 11486.5(a); ACL 97-65; 82-832.1(i), (j))

024-4 Drug felons defined, and excluded from the AU (W&IC 11251.3; ACL 97-65; 82-832.1(k), 832.20)

073-7 Fleeing felons defined, and excluded from the AU (W&IC 11486.5(a); ACL 97-65; 82-832.1(i), (j))

073-8 Drug felons defined, and excluded from the AU (W&IC 11251.3; ACL 97-65; 82-832.1(k), 832.20)

073-11A State law provides that MFG does not apply when conception occurred when either parent was a nonneedy caretaker relative (W&IC 11450.04(d)(2))

073-13 Revisions to MFG NOA, requirements to notify applicants and recipients of MFG rules, eligibility of certain teen parents (*Nickols v. Saenz*; ACIN I-82-00; ACL 00-78)

106-2 Reimbursement for supportive service travel costs (W&IC 11323.2(a)(2); ACL 97-72, 00-54; 42-750.112)

185-1B Old rule: CDSS policy on collecting FC overpayments, and definition of fraud for purposes of collecting these overpayments (ACL 97-55; *Bass v. Anderson*; W&IC 11466.24)

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232-4A Meaning of "quarter" and method of determining if legal alien met 40-quarter exemption (ACL 96-68; Handbook 63-405.112(e)(2)(A), revised to Handbook 63-405.43; ACIN I-105-00)

243-6 Drug felons defined and excluded from HH (63-402.229)

243-7 Fleeing felons, persons in violation of their probation or parole, excluded from HH (63-402.224)

243-7A Fleeing felon defined, existence of warrant creates rebuttable presumption of flight (63-102f.(4))

245-1 Definition of a PA recipient and a PA HH (63-102p.(12))

248-1 Fleeing felons, persons in violation of their probation or parole, excluded from HH (63-402.224)

248-2 Fleeing felon defined, existence of warrant creates rebuttable presumption of flight (63-102f.(4))

261-5 Definition of "prospective eligibility" as estimating expected eligibility in issuance month (63-102p.(11))

281-8 Definition of "prospective eligibility" as estimating expected eligibility in issuance month (63-102p.(11))

281-11 Definition of "retrospective budgeting" (63-102r.(9))

281-14 Definition of "prospective budgeting" (63-102p.(10))

296-9 Notice must advise HH that SSI/SSA payments don't have to be used to repay overissuance until 11/17/00, when SSA language was deleted (Louis v. McMahon; ACIN I-27-90; ACIN I-109-00)

561-1 Individuals eligible to receive PCSP (51350, 51181, 51183; MPP Handbook 30-780.4; ACL 93-67, 99-13, 99-25; AB 2779; W&IC 14132.95(k)(1))

561-1A Receipt of categorical aid payment (including SSI/SSP, AFDC/CalWORKs, Pickle) is no longer requirement for PCSP (ACWDL 99-13, ACL 94-47, 99-25; AB 2779; W&IC 14132.95; 51350, 51181, 51183; MPP Handbook 30-780)

721-1 12-month eligibility limitation for RCA, reduced to 8 months on 10/1/91; asylee's eligibility runs from date asylum granted as of 6/15/00 (69-206.211; ACIN I-100-00)

1100-11 Hearsay exception: adoptive admission (Ev. C. 1221)

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## New

185-3 State law provides that FC overpayments are limited to those made to foster family homes, approved homes of relatives, or approved homes of nonrelated legal guardians when FC child was not cared for in the home; limitations on collecting the overpayment (W&IC 11466.24)

185-3A Under state regulations, APP FC overpayments are collectible (45-304.122)

185-3B No collection of PA funds unless there is statutory authority for such collection (*Ogdon v. Workmen's Comp. Appeals Bd.*; *Webb v. Swoap*)

185-3C State law limits collection of FC overpayments; state regulations limit only "demand" of collection (W&IC 11466.24(a); 45-304.121)

185-3D State law requires documentation of costs of collecting overpayment and likelihood of collection, while state regulations do not (W&IC 11466.24(a)(1); 45-304.121(e)(1))

185-4 State regulations limit collection of FC overpayments; process of establishing amount and collectability of overpayment (45-304.2)

185-4A State law prohibits overpayment recovery from FC provider when child cared for in home, while state regulations do not (W&IC 11466.24(a); 45-304.2)

185-5 FC overpayments collected only from the provider; if child for whom overpayment assessed is not in the home, no grant offset or adjustment is permitted (45-304.3)

185-6 State law sets forth one year statute of limitations from county determination of FC overpayment (W&IC 11466.24(f))

185-6A DSS policy is to allow collection of FC overpayments even if initial determination of overpayment is more than one year after overpayment (Handbook 45-304.421; W&IC 11466.24(f))

185-7 Methods of collecting FC overpayments (44-305.1, .2; W&IC 11466.24(e))

185-8 State law requires repayment of wrongly collected FC overpayments, plus simple interest (W&IC 11466.24(d))

243-7B Persons in violation of their probation or parole defined (63-102p.(2))

256-7 Ownership of property under California law (Civ. C. 654, 679)

256-8 Transfer of property without consideration is usually a gift; "consideration" defined (Civ. C. 1146, 1605)

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296-13 Administrative error claims where NOA is sent to be effective 3/1/00 or after are limited to collection at the greater of 5% of allotment level or \$10, and for a total of 36 months (*Lomeli v. Saenz*; ACL 00-59)

296-14 Household cannot be held liable for FS overissuance due to county failure to include Social Security COLA (63-504.462(b)(1)(A); ACIN I-105-00)

438-1 General provisions governing the A&D FPL program (ACWDL 00-57)

536-3A Prior authorization defined in Mental Health (51003(a); 9 CCR 1810.234)

536-4A Mental health services defined (9 CCR 1810.227)

536-4B Specialty mental health services defined (9 CCR 1810.247)

536-5 Mental health providers not responsible for providing certain services, which may be covered by a managed care plan, a larger service package, or Medi-Cal (9 CCR 1810.355(a), (b))

536-6 Duty of MHP to refer beneficiary for appropriate treatment when MHP does not provide coverage (9 CCR 1810.415(d))

536-7 Patients with diagnosis of mental retardation may receive psychotherapy services from mental health as part of Medi-Cal (CDSS Memo to Regional Directors, 9/13/99)

538-4 Definition of adult day health care; definition of elderly person (54013; H&S 1570.7(c))

538-5 Persons potentially eligible for adult day health services (54201)

538-6 Requirements for participation in adult day health care include a physician's written request, a multidisciplinary team assessment, and the participant's agreement (54203)

538-7 Requirements for a written request for adult day health services from the physician (54205)

538-8 Requirements for prior authorization in the adult day health services program (54209)

584-2 Duty to mail an enrollment form to eligible GMC beneficiaries; if beneficiary does not enroll within 30 days, the beneficiary may be assigned to a GMC plan (53921(c), (d))

584-3 Duty to provide information to GMC beneficiary of, e.g., processing time, alternative to GMC, restrictions on disenrollment from 2nd to 6th month of enrollment (53926.5(a))

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584-4 Duty to provide information to GMC beneficiary of, e.g., available services, address and phone number of primary care provider, appropriate disenrollment form (53926.5(b))

584-5 GMC beneficiary must enroll in dental and PHP or PCCM plan (53921(e))

584-6 Assignment of GMC beneficiary to plan when person does not choose a plan within 30 days, or disenrolls and does not select a new plan (53921.5(a))

584-7 Primary health care services are to be within 10 miles of GMC beneficiary's residence (53922.5(a))

584-8 Disenrollment of beneficiary from GMC when person is an Indian, or has a complex medical condition (53923.5)

584-9 Duty to assign a primary care provider, criteria to be used to assign, and opportunity for beneficiary to change (53925)

585-2A Duty of mail information to beneficiary; beneficiary is assigned a plan if no exemption form is submitted within 30 days (53882(c), (d))

585-2B Assignment of beneficiary to plan when no choice is made (53883(a), (b))

825-13A Limitations on CAPI overpayment collections when the recipient was not at fault (ACL 00-73; 20 CFR 416.550)

1001-7 Ownership of property under California law (Civ. C. 654, 679)

1001-8 Transfer of property without consideration is usually a gift; "consideration" defined (Civ. C. 1146, 1605)

1102-2 Contract defined; determination of validity of contract (Civ. C. 1549, 1550)

1103-5 Words in statute have same meaning as in everyday speech unless the word has an established legal meaning (*Savnik v. Hall*; *Arnett v. Dal Cielo*)

*California Department of Social Services - State Hearings Division*  
*Notes from the Training Bureau - October 9, 2001*

**Item 01-10-01N**

ACIN I-69-01 August 17, 2001 (Synopsis): Statewide Fingerprint Imaging System (SFIS) in CalWORKs and Food Stamps