
The answers to some of the questions in this ACIN are as follows:

Although MPP §63-504.151 provides that the county shall not shorten the household's certification period, MPP §63-504.123 still permits the county to align a food stamp certification period when a food stamp household subsequently applies for public assistance benefits within the current certification period.

Per MPP §63-300.4, if the household completes the recertification process by mail as permitted under this regulation, the household must still complete a telephone interview even if it has provided all necessary verification.

A household consists of an SSI/SSP mom, a dad and their children in common. The Social Security Administration deems a portion of dad's earnings to the SSI/SSP mom that reduces mom's SSI/SSP grant. Since there is no applicable exclusion in MPP §63-502.2, all dad's income, including that deemed to the mom is counted as earned income in computing the food stamp allotment.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - April 12, 2002*

Item 02-04-01A

Updated Paraphrased Regulations

This is the April 2002 update of the Paraphrased Regulations (ParaRegs). The last update was November 2001. The last new hardcopy of the ParaRegs was distributed in July 2001 to all ALJs and to two counties (Kern and San Mateo) and two authorized representative groups (Legal Services of Northern California [the Sacramento office] and Western Center on Law and Poverty [the Los Angeles office]). Interested parties may request a hardcopy from the appropriate contact.

The Plan is that there will be an update in September 2002. That will be my final work on the ParaRegs. The approximate date of the following update will be provided in September.

Beginning with the February 2001 issue, the hardcopy is updated in the manner of a manual, i.e., as Barclay's does in Title 22. Instructions for manual filing follow: Please

replace the entire Charts, Issue Codes, Cross References and Index with the new material,
and

Replace:	With:
17-18	17-18.2
20.1-20.2	20.1-20.2
69-72	69-72
83-86	83-86
91-92	91-92.2
115-116	115-116
119-124	119-124.12
134.1-134.2	134.1-134.4
137-138	137-138.2
141-142	141-142.2
167-168	167-168.2
181-182	181-182.2
253-254.2	253-254.4
279-280	279-280
287-288	287-288
323-328	323-328
331-332	331-332
335-338	335-338
353-354.2	353-354.4
359-360	359-360

363-364	363-364.2
369-370.6	369-370.8
377-378	377-378
393-394	393-394
397-400	397-400
401-402	401-402
417-422.2	417-422.2
433-444	433-444
447-450	447-450.2
455-458	455-458
461-464	461-464
467-468	467-468.2
471-472	471-472
483-484	483-484
507-516	507-516
519-520	519-520
523-530	523-530
539-542	539-542
551-554	551-554
557-558	557-558
587-590	587-590
601-602	601-602.10
621-624	621-624

631-632	631-632
655-656	655-656.2
665-666	665-666
701-702	701-702

As always, please remember that the ParaRegs do not necessarily set forth CDSS or CDHS policy. For example, if a federal and state regulation are both cited, and they are inconsistent, or a state regulation is inconsistent with a state interpretation, the ParaRegs cannot be setting forth CDSS or CDHS policy because one or the other citation is not departmental policy. The ParaRegs 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 do not contain policy determinations which may have been communicated orally to the writer, but which have not been put in written form. The ParaRegs do not contain program answers which have been put in written form, but only in relation to answers to questions posed by individual counties, or contained in material not distributed to a general audience.

Additionally, while the ParaRegs are as current as possible, there may be recent changes which have not been incorporated. This could be because the material was received too late to be included (e.g., an update to the Orthopedic Listings in Disability decisions was just received), or because it was prepared by the writer in one month, but not distributed until several months later.

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 or very specific 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.

In this update and in most recent updates to the ParaRegs, there are many specific language quotations. In the past year, there have been a number of ACLs, ACWDLs, or emergency regulations which are quoted because they appear to the writer to be different from, or inconsistent with, the underlying law, federal or other state regulations, or court cases.

Peter Hemenway, Administrative Law Judge Specialist

Issue Codes New

555 County Medical Services Program (CMSP)

570 Waiver Programs

571 DDS Home and Community-Based Waiver

572 Model Nursing Facility Waiver

573 Nursing Facilities Service Waiver

574 AIDS Waiver

576 MSSP

593 *Deparini*

Issue Code Changes

570 to 555 County Medical Services Program (CMSP)

940 to 576 MSSP

-

Deletions

076-4

ParaRegs Renumbered

570-1 = 555-1

570-2 = 555-2

570-3 = 555-3

940-1 = 576-1

940-2 = 576-2

Revised

014-7

County duty to put its discretionary standards in writing (21-115; Handbook 11-501.3; ACL 00-08, 02-03)

076-1B

Temporary absence only occurs after one full calendar month, which month must be at least 30 calendar days; one full calendar month defined (82-812.51; Handbook 82-812.52)

083-3

Old Rule: Treatment of noncourt-ordered trusts (ACL 86-115; ACIN I-92-01)

100-3

County duty to put its discretionary standards in writing (21-115; Handbook 11-501.3; ACL 00-08, 02-03)

124-4A

CDSS policy to allow counties not to issue replacement warrants contradicts statutory language and legislative policy (*Beverly v. Anderson*; Gov. C. 29853.5(a), (b))

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, I-91-01)

236-2

Eligibility for CFAP for those who entered U.S. after 8/22/96 and special programs existing from 10/1/99 and continuing (63-403.12; ACL 99-78; W&IC 18930(b)(4); ACIN I-01-00; I-80-00, I-67-01; AB 429)

261-4

HHs with elderly or disabled members not subject to gross income test, but to net income maximums (63-409.111, .112; ACL 01-56)

266-1

Exclusion of in-kind income; including non-cash incentive payments and most gift certificates (63-502.2(a); ACIN I-82-01)

270-9

Circumstances under which recipient is entitled to SUA; Amount of SUA (63-502.353, revised to 63-502.363; ACLs 99-71, 00-63, 01-17, 01-56)

270-15

Standard shelter allowance, homeless HHs (63-502.351-.4; 63-500.363(a)(1)(A); Handbook 63-1101.27; ACL 94-73, 95-64; 96-56; FS Coordinators Letter 8/14/97, ACL 99-71, 01-56)

272-1

Net monthly income of HH with elderly or disabled member (63-503.312)

296-14

Household cannot be held liable for FS overissuance due to county failure to include Social Security COLA but can receive benefits if underissuance occurs (63-504.462(b)(1)(A); ACIN I-105-00, I-91-01)

417-3

Four-month continuing Medi-Cal benefits for AFDC families terminated because of increased child/spousal support (50243; ACWDL 90-32, 90-33, 90-66)

417-5

TMC replaces 9-month continuing eligibility, but regulations not changed; TMC eligibility criteria (50243, 50244; ACWDL 90-32, 90-66, 92-59; MEPM 5B-3)

430-2

Eligibility to 200% program, pregnant women and infants (50262(a); ACWDL 94-91, 95-28, 95-52)

430-13

"Work" undefined in 250% program, but examples of "work" are given (ACWDL 00-51; MEPM 5R-2)

431-1

MCCA, general instructions (ACWDL 90-01, 90-03)

431-3

Transfers, CSRA (42 USC 1396r-5(f); ACWDL 98-49, 99-59, 00-58, 01-63)

431-8

State proposed regulations governing MCCA income, including exceptional circumstance rules and allocation to other family members (ACWDL 90-03, 99-59, 00-39, 00-58, 01-44)

434-2

TB program net income determinations; income limits, deduction amounts as of 1/1/01 and on (MEPM, 5N; ACWDL 01-03, 01-66, 02-01)

437-2

Medicare Part B premium is \$45.50 in 1999 and 2000 and \$54 in 2002 (ACWDL 99-66, 01-66)

444-8B

Partial list of personal property exemptions in 1931(b) (ACWDL 99-02E)

445-5

Presumptive disability criteria (MEPM 22C-3.6, revised 2/5/99)

447-1

Persons entitled to zero SOC based discontinuance from SSI/SSP due to OASDI income (Pickle Handbook; 50564; *Lynch v. Rank*)

486-1

Income received and deposited in an account during a month is not property in that month (50453(a)(1); ACWDL 91-28)

486-2

Exclusion of certain business property (50485, ACWDL 91-28)

486-5A

Modification to availability of checking and savings accounts (ACWDL 90-01, 91-28; 50453)

487-1

Transfers of property more than two years prior to initial application presumed nondisqualifying; applies only to certain institutionalized persons (50408, 50409; 42 USC 1396p(c), W&IC 14002, 14006; ACWDL 90-01)

487-2

Transfer of exempt property does not result in ineligibility; applies only to certain institutionalized persons (42 USC 1396p(c), W&IC 14002, 14006; 50408(a); ACWDL 90-01)

487-3

No disqualifying transfer if adequate consideration received; definition of adequate consideration; applies only to certain institutionalized persons (42 USC 1396p(c), W&IC 14002, 14006, 50408(a)(3), (a)(6); ACWDL 90-01)

487-4

Transfer of property not disqualifying when adequate consideration is received, or when no intent to establish eligibility or reduce SOC; applies only to certain institutionalized persons (42 USC 1396p(c), W&IC 14002, 14006, 50409(b); *Beltran v. Myers*; ACWDL 90-01)

487-5

Period of ineligibility after transfer of property to qualify for aid; how computed applies only to certain individuals (50411; ACWDL 90-01; 42 USC 1396p(c))

492-3A

Modifications to utilization requirements (ACWDL 91-28, 90-01; 50416)

495-2

Exclusion of certain business property (50485, ACWDL 91-28)

496-1

Transfers of property more than two years prior to initial application presumed nondisqualifying; applies only to certain institutionalized persons (50408, 50409; 42 USC 1396p(c), W&IC 14002, 14006; ACWDL 90-01)

496-2

Transfer of exempt property does not result in ineligibility; applies only to certain institutionalized persons (42 USC 1396p(c), W&IC 14002, 14006; 50408(a); ACWDL 90-01)

496-3

No disqualifying transfer if adequate consideration received; definition of adequate consideration; applies only to certain institutionalized persons (42 USC 1396p(c), W&IC 14002, 14006, 50408(a)(3), (a)(6); ACWDL 90-01)

496-4

Transfer of property not disqualifying when adequate consideration is received, or when no intent to establish eligibility or reduce SOC; applies only to certain institutionalized persons (42 USC 1396p(c), W&IC 14002, 14006, 50409(b); *Beltran v. Myers*; ACWDL 90-01)

496-5

Period of ineligibility after transfer of property to qualify for aid; how computed applies only to certain individuals (50411; ACWDL 90-01; 42 USC 1396p(c))

523-3

General rule is limit on prescribed drugs to six per month unless there is prior authorization (W&IC 14133.22)

535-1

General rule is limit on prescribed drugs to six per month unless there is prior authorization (W&IC 14133.22)

555-1

CMSP coverage excludes mental health, alcohol, and drug abuse services (W&IC 16801)

555-2

CMSP limited to certain named or contracting counties (W&IC 16809)

555-3

CMSD Denti-Cal coverage 2/4/93-6/30/93 (Denti-Cal Bulletin Vol. 9, No. 3 (2/93))

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; 51181, 51183, 51350; MPP Handbook 30-780)

576-1

Purpose of MSSP is to serve elderly, frail individuals who are certifiable for placement in nursing facility (W&IC 9560(a); 42 USC 1396n(c))

576-2

Services provided under MSSP (W&IC 9561)

576-3

MSSP waiver allows MSSP to grant hours above statutory IHSS maxima if maxima has been reached, and to exclude MSSP as an alternative resource when maxima IHSS not authorized (W&IC 9562(b); ACL 00-34)

612-5

MSSP waiver allows MSSP to grant hours above statutory IHSS maxima if maxima has been reached, and to exclude MSSP as an alternative resource when maxima IHSS not authorized (W&IC 9562(b); ACL 00-34)

620-13B

MSSP waiver allows MSSP to grant hours above statutory IHSS maxima if maxima has been reached, and to exclude MSSP as an alternative resource when maxima IHSS not authorized (W&IC 9562(b); ACL 00-34)

825-8G

PMV of ISM (ACIN I-86-99, I-98-01)

825-8H

Sponsor's allocation in alien deeming situations; allowance for ineligible children in deeming situations (ACIN I-86-99, ACWDL 01-66)

1210-1

State minimum wage amounts (Labor C. 11040; ACIN I-114-01)

1311-5

Dollar amounts that equal SGA increased to \$700, 1/99, to \$740 as of 1/01 and to \$780 as of 1/02 (20 CFR 416.974(b); ACWDL 01-34; MEPM 22C-2.1)

1311-5A

No dollar limit for Title XVI blind individuals for SGA purposes, only for Title II people (POMS DI 24001.025.B.3.)

1332-3

2.02 Impairment of central visual acuity

1332-10

2.09 Organic loss of speech

1342-14

RFC in mental impairment cases (20 CFR 416.920a(c)(3); POMS DI 25020.010)

New

010-13

Record retention requirements in PA cases (ACL 00-38; 23-353)

073-6A

Needy caretaker relative of Kin-GAP minor is not penalized if the minor hasn't met immunization or school attendance requirements (ACL 01-64; 40-105.5(d) and 40-105.4(g))

073-6B

Kin-GAP child 16 or over who fails to attend school remains aided as a ZBG case (ACL 01-64; 40-105.5)

083-3A

CalWORKs applicants and recipients are not required to petition for release of trust funds as a condition of eligibility (ACIN I-92-01; 63-501.3, 40-115, 40-157)

100-16

Definition of "learning disabilities" (ACL 01-70)

100-17

Definition of "screening" (ACL 01-70)

101-6

CDSS has identified post-assessment WTW county policies which are contrary to state requirements because they are based on generalized policies, rather than individualized assessments (ACL 02-03)

101-7

Post-assessment WTW assignments must consider the individual's educational level, employment experience, relevant employment skills, available program resources and local labor market opportunities (ACL 02-03; W&IC 11325.22(b))

101-8

Requirement to advise WTW participants of right to a third party assessment, and county duty to refer if the participant indicates dissatisfaction with the assessment (ACL 02-03; 42-711.522(c)(5), 42-711.556)

102-13

Most learning disability persons can participate in WTW but some may be exempt if verification by health care professional is provided (ACL 01-70; 42-712.44, 42-701.2(d))

103-6

Civil rights laws require changes to treatment of persons with learning disabilities in WTW; seven significant changes outlined (ACL 01-70)

103-6A

Definition of "learning disabilities" (ACL 01-70)

103-6B

Definition of "screening" (ACL 01-70)

103-6C

Definition of "reasonable accommodations"; judgments must be specific to individual's needs, and free of cost (ACL 01-70)

103-7

County responsibilities when person is identified with a learning disability (ACL 01-70)

103-8

Responsibility to screen new and current WTW persons for learning disabilities; participants with LEP are treated (ACL 01-70)

103-9

No sanction if person declines learning disabilities screening or evaluation, but county must inform person of consequences (ACL 01-70)

103-10

Referral process for evaluation of persons with suspected learning disabilities (ACL 01-70; 42-711.58)

103-11

County duties when it receives learning disabilities evaluation (ACL 01-70)

103-12

Person with learning disabilities' right to appeal, file discrimination (ACL 01-70; 42-711.582, 21-203)

103-13

Determining whether job search should be the first WTW activity (ACL 01-70; 42-711.53)

103-14

Retrospective adjustment of time clock for persons with learning disabilities who have been improperly evaluated (ACL 01-70)

103-15

Most learning disability persons can participate in WTW but some may be exempt if verification by health care professional is provided (ACL 01-70; 42-712.44, 42-701.2(d))

107-6

Counties must provide notice to teens erroneously not enrolled in Cal-Learning and issue aid for the bonuses which the teen would have received if enrollment had occurred, and also modify 18- to 24-month time clock (ACIN I-10-02)

108-8

Person with learning disabilities' right to appeal, file discrimination (ACL 01-70; 42-711.582, 21-203)

109-4A

Pregnant or parenting teen who should have been enrolled in Cal-Learn, but was erroneously placed in WTW, shall have 18- to 24-month time clock revised to reflect the Cal-Learn exemption (42-710.62; ACIN I-10-02)

109-8

Retrospective adjustment of time clock for persons with learning disabilities who have been improperly evaluated (ACL 01-70)

124-4B

Reissuance of public assistance warrant, or electronic fund transfer, is required under terms of Gov. Code 29850-29854 when regulatory requirements as to loss, theft, failure to complete transfer, etc., are met (25-302.1 and .3)

124-5

Electronic fund transfer defined (25-302.131)

124-6

Any PA recipient may authorize an electronic fund transfer to his/her account (25-301.14)

124-7

PA payments cannot include enclosures except those relating to the PA program which issues the payment (25-330.9)

133-8

Record retention in child support (ACL 00-38)

210-5

Record retention requirements in FS (ACL 00-38; 23-350)

264-8

Room rental is self-employment income (ACIN I-03-02; 63-502.132(b))

264-8A

Self-employment income when rooms in FS applicant's home are rented (ACIN I-03-02)

293-2B

County, in most circumstances, can collect overissuance only if county has documented the amount and reason for the overissuance, and issued a demand letter, within three years of the overissuance (63-801.112, 63-801.311(b); ACIN I-03-02)

293-2C

CDSS policy is to allow counties to collect overissuances for an unlimited time, as long as the last month is within three years of the month the overissuance is established (ACIN I-03-02; 63-801.112, 63-801.311(b))

303-2B

Determination as to what constitutes an unreasonable distance for FSET deferral (ACIN I-04-02; 63-407.811(c))

307-3A

Increase of state minimum wage to \$6.75 effective 1/1/02 reduces hours of required participation in FSET program (ACIN I-13-02, I-34-99; 63-407.85)

321-2A

ABAWD exemption exists if there is an ineligible child under 18 in the FS household (ACIN I-04-02; 63-410.323)

410-2D

Medi-Cal form 210 available in English and 10 other languages (ACWDL 01-68)

413-4

Medi-Cal form 210 available in English and 10 other languages (ACWDL 01-68)

417-16

"Bridging" program provides one month zero SOC to children losing full-scope, no-cost Medi-Cal and who are apparently eligible for Healthy Families (ACWDL 01-57)

430-11A

Program description of the 250% WD program (MEPM 5R-1)

430-12A

Persons who do not pay premiums for two consecutive months will be discontinued from the 250% WD program for six months (MEPM 5R-1)

430-14

Allocations in the QMB, SLMB, QI, and 250% working disabled programs in 2002 (ACWDL 01-66)

430-15

MFBU composition in 250% WD program (MEPM 5R-1, 2)

430-16

Determination of net nonexempt income in 250% WD program (MEPM 5R-2, 3)

430-16A

Net income limits, 250% WD program (MEPM 5R-3)

430-17

Net nonexempt property limits, 250% WD program (MEPM 5R-3)

430-18

Restricted service Medi-Cal recipients not eligible for 250% WD program (MEPM 5R-3, 4)

430-19

Premium payments for 250% WD program (MEPM 5R-5)

432-6

Allocations in the QMB, SLMB, QI, and 250% working disabled programs in 2002 (ACWDL 01-66)

433-6

Allocations in the QMB, SLMB, QI, and 250% working disabled programs in 2002 (ACWDL 01-66)

437-6

Allocations in the QMB, SLMB, QI, and 250% working disabled programs in 2002 (ACWDL 01-66)

444-1D

Counties must certify they have completed a 1931(b) review by 5/1/01 (ACWDL 01-29)

444-6B

Motor vehicles with equity value of \$1500 or less are exempt in 1931(b) (ACWDL 01-62, eff. 6/1/01)

531-11E

Description of covered and non-covered orthodontic benefits in the Denti-Cal program (Denti-Cal Provider Manual 5-100)

531-11F

Orthodontic services under the CCS program (Denti-Cal Provider Manual 5-87)

531-11G

Information to be included in EPSDT dental TAR; guidelines as to which claims will be approved (Denti-Cal Provider Manual 5-88, 5-89)

531-12

Dental coverage under the CHDP program (Denti-Cal Provider Manual 5-90)

555-4

CMSP excludes sealants and orthodontics, but includes other services provided primarily to children (Denti-Cal Provider Manual 5-95)

570-1

Overview of the Medi-Cal waiver process (MEPM 19D-2, 3)

570-2

Six types of Medi-Cal waivers (MEPM 19D-3)

570-3

NOA required for applicants (MEPM 19D-10)

570-4

Effective date of Medi-Cal coverage when waiver has special eligibility rules (MEPM 19D-10)

570-5

Waiver persons may request IHSS, or PCSP (MEPM 19D-11)

570-6

MFBU rules for waiver persons (MEPM 19D-11)

571-1

Description of the DSS Home and Community-Based Services Waiver (MEPM 19D-4)

571-2

Eligibility requirements for DDS Home and Community-Based Services Waiver (MEPM 19D-4)

572-1

Description of the Model NF waiver (MEPM 19D-5, 6)

572-2

IHO is referring agency in Model NF waiver (MEPM 19D-6)

572-3

Eligibility requirements for Model NF waiver (MEPM 19D-6, 7, 8)

573-1

Description, eligibility for Nursing Facility Level of Care waiver (MEPM 19D-8, 9)

574-1

Description, eligibility for AIDS waiver (MEPM 19D-9)

575-1

Description, referring agency, eligibility for IHMC waiver (MEPM 19D-8)

576-4

Description of MSSP waiver (MEPM 19D-9)

576-5

Eligibility, aid codes for MSSP (MEPM 19D-10)

576-6

California Dept. of Aging has inter-agency agreement with CDHS to review and monitor MSSP (MEPM 19D-10)

603-6

Record retention requirements in Social Services (ACL 00-38; 10-119.2)

810-9

Duty to assist applicants in applying for SCP (W&IC 10500; ACIN I-81-01; *Thornton v. Carlson*)

810-10

Changes to SCP, and increases in maximum allowances, for IHSS, CAPI, and SSI/SSP individuals (ACL 01-60; W&IC 12502, 12550, 12552)

1302-4

Dismissal of hearing if request filed more than 90 days after adequate notice is sent (MPP 22-009.1, 22-001(c)(5), 22-021.1, 22-054.32)

1304-12

Only issues before the federal ALJ are those not previously resolved in the applicant's favor, or when the ALJ notifies the applicant that he/she has rejected the favorable finding (20 CFR 416.1446(a))

1308-1A

Approaching advanced age is 50-54 (POMS CI 25001.001B.1)

1308-1B

Advanced age is 55 or over (POMS DI 25001.001B.1)

1308-1C

Approaching retirement age is 60-64 (POMS DI 25001.001B.1)

1308-1D

Younger individual is under 50 (POMS DI 25001.001B.1)

1308-1E

Arduous work defined (POMS DI 25001.001B.2)

1308-1G

Illiteracy, inability to communicate in English as part of education (POMS DI 25001.001B.7)

1308-1H

Limited education as part of education (POMS DI 25001.001B.7)

1308-1I

Marginal education as part of education (POMS DI 25001.001B.7)

1308-1J

Environmental conditions, limitations and how they erode occupational base (POMS DI 25001.001B.8, 9; 25015.020B.7; SSR 96-9p)

1308-1K

Feeling and fingering and how they erode occupational base (POMS DI 25001.001B.14, 15; 25020.005; 25015.020B.7; SSR 96-9p)

1308-1L

Full range of work defined (POMS DI 25001.001B.18)

1308-1M

Heavy work defined (POMS DI 25001.001B.20)

1308-1N

Light work defined (POMS DI 25001.001B.23)

1308-1O

Medium work defined (POMS DI 25001.001B.26)

1308-1P

Relevant work period defined (POMS DI 25001.001B.37)

1308-1Q

Sedentary work defined (POMS DI 25001.001B.39)

1308-1R

Semiskilled work defined (POMS DI 25001.001B.40)

1308-4A

How use of cane affects range of possible work (POMS DI 25020.005, 25015.020B.7; SSR 96-9p)

1308-4B

The effect of climbing and balancing on work (POMS DI 25020.005, 25001.000B.3)

1308-4C

The effect of loss of use of an upper extremity (POMS DI 25020.005)

1310-2

Only issues before the federal ALJ are those not previously resolved in the applicant's favor, or when the ALJ notifies the applicant that he/she has rejected the favorable finding (20 CFR 416.1446(a))

1314-10

How use of cane affects range of possible work (POMS DI 25020.005, 25015.020B.7; SSR 96-9p)

1314-11

The effect of climbing and balancing on work (POMS DI 25020.005, 25001.000B.3)

1314-12

Environmental conditions, limitations and how they erode occupational base (POMS DI 25001.001B.8, 9; 25015.020B.7; SSR 96-9p)

1314-13

Feeling and fingering and how they erode occupational base (POMS DI 25001.001B.14, 15; 25020.005; 25015.020B.7; SSR 96-9p)

1315-3A

Approaching advanced age is 50-54 (POMS CI 25001.001B.1)

1315-3B

Advanced age is 55 or over (POMS DI 25001.001B.1)

1315-3C

Approaching retirement age is 60-64 (POMS DI 25001.001B.1)

1315-3D

Younger individual is under 50 (POMS DI 25001.001B.1)

1315-4A

Illiteracy, inability to communicate in English as part of education (POMS DI 25001.001B.7)

1315-4B

Limited education as part of education (POMS DI 25001.001B.7)

1315-4C

Marginal education as part of education (POMS DI 25001.001B.7)

1318-4A

Visual limitations and impairments and their effect on work (POMS DI 25015.020B.7, 25020.005; SSR 96-9p)

1320-8

Acceptable medical and other sources (20 CFR 416.913(a), (e))

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - March 28, 2002*

Item 02-03-01H

ACL 02-18 February 14, 2002 (Synopsis): County Conversion of Income Eligible IHSS Recipients to the PCSP Program from April 1, 1999 through December 31, 2000

Subject: County Conversion of Income Eligible IHSS Recipients to the PCSP Program from April 1, 1999 through December 31, 2000

This ACL provides instructions for counties to convert eligible IHSS recipients to PCSP. In converting these cases, counties need to apply the lower of the recipient's IHSS and Medi-Cal share of cost.

Recipients with a Medi-Cal share of cost that is lower than the IHSS share of cost are "reimbursement" recipients. These recipients who paid the higher IHSS share of cost are entitled to retroactive reimbursement for the difference between the higher IHSS share of cost and the lower Medi-Cal share of cost. A lump sum "reimbursement" will be issued to those recipients. The recipient must spend this "reimbursement" or it is counted as property/resources.

These recipients will receive a notice of action advising them of the "reimbursement."

Three-Month Retroactive Medi-Cal Eligibility

A newly eligible PCSP recipient may receive retroactive PCSP for the three months prior to the application if such recipient actually received services for the retroactive period and if the recipient can prove he/she paid for those services out-of-pocket.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - March 28, 2002*