

Notice of Action

If you have questions or want more information about this action, please contact your adoption worker.

Case Name:
Case Number:
Adoption/Post Adoption Worker:
Phone:
Email:
Date:

Description of the Action. Effective _____, the following action will be taken regarding your child's Adoption Assistance Program (AAP) benefits: _____ DATE

- A. Monthly negotiated rate of \$ _____ is approved.
- B. Your child's Medi-Cal/Medicaid benefit is approved.
- C. Your child does not meet AAP eligibility criteria to receive AAP benefits. (refer to comments section)
- D. Your child is not eligible to receive the requested benefits. (refer to comments section)
- Monthly negotiated rate is increased to \$ _____.
 - A. You have signed an amended AAP Agreement
 - B. Due to the California Necessities Index (CNI) Increase Fiscal Year _____.
- Monthly negotiated rate is decreased to \$ _____.
 - A. You have signed an amended AAP agreement.
 - B. You have requested Medi-Cal/Medicaid only benefits.
 - C. The rate is greater than what your child would be eligible to receive had they not been placed for adoption.
 - D. Your child's out of home placement has ended.
 - E. Your child's Wraparound services have ended.
- You have signed a deferred AAP agreement. If your child requires AAP benefits in the future, contact Post Adoptions Services at _____.
- Your child's AAP benefits, including Medi-Cal coverage will be terminated:
 - A. Your child will be age 18.

Your child may be eligible for the extension of AAP benefits to age 21. Contact Post Adoption Services at _____ to request the extension of benefits prior to your child's 18th birthday if: _____ TELEPHONE

 - They have a mental or physical disability.
 - OR
 - The initial AAP agreement was signed on or after your child's 16th birthday and one of the five participation criteria are met:
 1. Completing high school or an equivalency program.
 2. Enrolling in post-secondary or vocational school.
 3. Participating in a program or activity that promotes or removes barriers to employment.
 4. Employed at least 80 hours per month.
 5. Is incapable of participating in 1 through 4 above, due to a documented physical or mental condition.
- B. Your child will be age 21
- C. You are no longer legally responsible for your child.
 - a. Your child has married.
 - b. Your child has enlisted and is on active duty in the military.
 - c. Your parental rights have been terminated.
- D. You are no longer supporting your child.

An overpayment of \$ _____ had occurred for the period of _____ to _____ :

MONTH/DATE OF PAYMENT	AMOUNT RECEIVED	AMOUNT SHOULD HAVE RECEIVED

MONTH/DATE OF PAYMENT	AMOUNT RECEIVED	AMOUNT SHOULD HAVE RECEIVED

- You were overpaid because you failed to report:
 - A. You were no longer supporting your child
 - B. You were no longer legally responsible for your child
 - a. Your child has married
 - b. Your child has enlisted and is on active duty in the military
 - c. Your parental rights have been terminated
- You may have committed fraud in your application for or reassessment of the AAP benefits, and as a result have received checks/deposits to which your child was not entitled to receive.

Description of the alleged fraud:

The county shall not demand overpayment collection when the overpayment was due to county error.

Comments:

Regulations: *This action is required by the following state regulations which are available for review at the Adoption Agency: California Code of Regulations Title 22, Division 2, Chapter 3, Subchapter 7, Articles 1-10, Sections 35325-35352.2*

State Hearing: *If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.*

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh
 Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but 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 Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

- Cash Aid CalFresh Medi-Cal
 Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE