

# Article 12 Section 02 County Administrative Hearings

---

## Table of Contents

| TITLE                                         | PG CITE                   |
|-----------------------------------------------|---------------------------|
| General                                       | <a href="#">12.02.01A</a> |
| Informing the Applicant/Beneficiary           | <a href="#">12.02.01B</a> |
| Appeals Clerk Responsibilities                | <a href="#">12.02.01C</a> |
| CMS Supervisor/Worker Case Record Review      | <a href="#">12.02.01D</a> |
| Appeals Pre-Hearing Case Review               | <a href="#">12.02.01E</a> |
| Conducting the Hearing                        | <a href="#">12.02.01F</a> |
| Hearing Decisions                             | <a href="#">12.02.01G</a> |
| Authorized Representative (AR) at the Hearing | <a href="#">12.02.01H</a> |
| Interpreters at the Hearing                   | <a href="#">12.02.01I</a> |
| Aid Paid Pending (APP)                        | <a href="#">12.02.01J</a> |

CMSPG Letter 33 (10/14)

---

## 12.02.01 County Administrative Hearings

---

**12.02.01A General** CMS hearings are conducted by the County Hearing Officer in the Appeals Section of HHSA.

---

**12.02.01B Informing the Applicant/Beneficiary** All NOAs inform the applicant/beneficiary that a County Administrative Hearing may be requested in writing or by phone, and contain the telephone number and address of the GR/CMS Calendar Clerk. The deadline for filing the request is described in [12.04](#).

Where the applicant/beneficiary either does not speak English or is unable to effectively communicate in English because it is not his/her native language and his/her native language is a threshold language, the Notice of Hearing Date is provided in the applicant's/beneficiary's native language. (Refer to [01.05](#) for definition of threshold language.)

MPG LTR 722 (05/11)

---

**12.02.01C Appeals Clerk** Recording the Request

Responsibilities The CMS Calendar Clerk schedules the hearing date. With the implementation of the CMS IT System, case records are no longer requested and tracked by the CMS Calendar Clerk. The County Hearing Officer is able to view the case electronically.

Reporting the Request

The CMS Calendar Clerk will:

- Notify the CMS eligibility location via email within 1 work day of the appeal request.
- Provide the CMS eligibility location with the applicant’s/beneficiary’s:
  - Name
  - SSN or member ID number
  - Address
  - Telephone number
  - CMS application date and
  - Scheduled hearing date.
- Notify the CMS Supervisor of the appeal request within 1 work day from the date the request was reported by the GR/CMS Calendar Clerk.

CMSPG LTR 14 (07/13)

**12.02.01D**  
 CMS Supervisor/  
 Worker Case  
 Record Review

The table below shows the actions that must be taken when conducting a review of a case record:

| Step            | Who                                                                                                | Action                                                                                                                                                  |                                                                                                                                                 |
|-----------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1               | CMS Supervisor                                                                                     | Conducts a review of the case record within 3 work days of the CMS Calendar Clerk notification to ensure the worker followed proper program procedures. |                                                                                                                                                 |
|                 |                                                                                                    | <b>If it is determined there is...</b>                                                                                                                  | <b>Then the Supervisor narrates in case comments the results of the review and...</b>                                                           |
|                 |                                                                                                    | No County error,                                                                                                                                        | <ul style="list-style-type: none"> <li>• Case proceeds to a County Administrative Hearing.</li> <li>• No further action is required.</li> </ul> |
| A County error, | Returns the case to the last worker to resolve the issue before the County Administrative Hearing. |                                                                                                                                                         |                                                                                                                                                 |

|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                           |
| 2                                                                                                                                                                         | CMS Worker                                                                                                                                                                                                                                                                                                                                | <b>Subject</b>      | <b>Action</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                           | Denial              | <table border="1"> <tr> <td data-bbox="997 289 1073 495" style="text-align: center;">1</td> <td data-bbox="1073 289 1412 495">Rescinds the previous denial. This will put the case into a PENDING status.</td> </tr> </table>                                                                                                                                                                                                                                                                   | 1                                                                           | Rescinds the previous denial. This will put the case into a PENDING status.                                                                                                                                                                                                                                                               |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                           |                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rescinds the previous denial. This will put the case into a PENDING status. |                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                           |                     | <table border="1"> <tr> <td data-bbox="997 495 1073 1125" style="text-align: center;">2</td> <td data-bbox="1073 495 1412 1125"> Sends the CMS-110R to inform the applicant of the following: <ul style="list-style-type: none"> <li>• Previous denial NOA has been rescinded</li> <li>• A new NOA will be sent regarding the new eligibility determination</li> <li>• To contact Appeals if they choose to cancel their request for an Administrative Hearing.</li> </ul> </td> </tr> </table> | 2                                                                           | Sends the CMS-110R to inform the applicant of the following: <ul style="list-style-type: none"> <li>• Previous denial NOA has been rescinded</li> <li>• A new NOA will be sent regarding the new eligibility determination</li> <li>• To contact Appeals if they choose to cancel their request for an Administrative Hearing.</li> </ul> |
| 2                                                                                                                                                                         | Sends the CMS-110R to inform the applicant of the following: <ul style="list-style-type: none"> <li>• Previous denial NOA has been rescinded</li> <li>• A new NOA will be sent regarding the new eligibility determination</li> <li>• To contact Appeals if they choose to cancel their request for an Administrative Hearing.</li> </ul> |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                           |
| <table border="1"> <tr> <td data-bbox="997 1125 1073 1182" style="text-align: center;">3</td> <td data-bbox="1073 1125 1412 1182">Proceeds to Step 3.</td> </tr> </table> | 3                                                                                                                                                                                                                                                                                                                                         | Proceeds to Step 3. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                           |
| 3                                                                                                                                                                         | Proceeds to Step 3.                                                                                                                                                                                                                                                                                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                           |

|                                                           |                                                                                                                                                                                                                                                                                                                                               | Discontinuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1"> <tr> <td data-bbox="997 216 1073 436">1</td> <td data-bbox="1073 216 1395 436">Rescinds the previous discontinuance. This will put the case into a PENDING status.</td> </tr> <tr> <td data-bbox="997 436 1073 1066">2</td> <td data-bbox="1073 436 1395 1066">Sends the CMS-110R to inform the beneficiary of the following: <ul style="list-style-type: none"> <li>• Discontinuance action has been rescinded</li> <li>• A new NOA will be sent regarding the new eligibility determination</li> <li>• To contact Appeals if they choose to cancel their request for an Administrative Hearing.</li> </ul> </td> </tr> <tr> <td data-bbox="997 1066 1073 1108">3</td> <td data-bbox="1073 1066 1395 1108">Proceeds to Step 3.</td> </tr> </table> | 1       | Rescinds the previous discontinuance. This will put the case into a PENDING status. | 2                  | Sends the CMS-110R to inform the beneficiary of the following: <ul style="list-style-type: none"> <li>• Discontinuance action has been rescinded</li> <li>• A new NOA will be sent regarding the new eligibility determination</li> <li>• To contact Appeals if they choose to cancel their request for an Administrative Hearing.</li> </ul> | 3                  | Proceeds to Step 3.                                |                    |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------|--------------------|
| 1                                                         | Rescinds the previous discontinuance. This will put the case into a PENDING status.                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                               |                    |                                                    |                    |
| 2                                                         | Sends the CMS-110R to inform the beneficiary of the following: <ul style="list-style-type: none"> <li>• Discontinuance action has been rescinded</li> <li>• A new NOA will be sent regarding the new eligibility determination</li> <li>• To contact Appeals if they choose to cancel their request for an Administrative Hearing.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                               |                    |                                                    |                    |
| 3                                                         | Proceeds to Step 3.                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                               |                    |                                                    |                    |
| 3                                                         |                                                                                                                                                                                                                                                                                                                                               | Contacts the applicant/beneficiary to correct the error and/or request in writing any additional required verification(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                               |                    |                                                    |                    |
| 4                                                         |                                                                                                                                                                                                                                                                                                                                               | Re-evaluates CMS eligibility: <table border="1"> <thead> <tr> <th data-bbox="732 1331 1089 1373">If...</th> <th data-bbox="1089 1331 1399 1373">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="732 1373 1089 1520">approving the previously denied/discontinued application,</td> <td data-bbox="1089 1373 1399 1520">Issue CMS-39A NOA.</td> </tr> <tr> <td data-bbox="732 1520 1089 1598">re-denying the previous application,</td> <td data-bbox="1089 1520 1399 1598">Issue CMS-39D NOA.</td> </tr> <tr> <td data-bbox="732 1598 1089 1709">discontinuing a previous discontinued application,</td> <td data-bbox="1089 1598 1399 1709">Issue CMS-131 NOA.</td> </tr> </tbody> </table> | If...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Then... | approving the previously denied/discontinued application,                           | Issue CMS-39A NOA. | re-denying the previous application,                                                                                                                                                                                                                                                                                                          | Issue CMS-39D NOA. | discontinuing a previous discontinued application, | Issue CMS-131 NOA. |
| If...                                                     | Then...                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                               |                    |                                                    |                    |
| approving the previously denied/discontinued application, | Issue CMS-39A NOA.                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                               |                    |                                                    |                    |
| re-denying the previous application,                      | Issue CMS-39D NOA.                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                               |                    |                                                    |                    |
| discontinuing a previous discontinued application,        | Issue CMS-131 NOA.                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                               |                    |                                                    |                    |

**12.02.01E  
Appeals  
Pre-Hearing  
Case Review**

**A. Appeals Section**

Appeals Representative

The case is assigned to an Appeals Representative (who is not the County Hearing Officer) within 1 work day of the date of receipt of the hearing request.

| <b>If the case action is...</b> | <b>And the Appeals Representative</b>                                                                           | <b>Then the...</b>                                                                                                                                                                                                                                            |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Incorrect,                      | Receives approval from the applicant/beneficiary or AR for a Conditional Withdrawal (CWD),                      | Appeals Representative: <ul style="list-style-type: none"> <li>• Prepares the Out of Hearing Resolution (OHR) form;</li> <li>• Forwards the OHR form to the CMS eligibility location for processing; and</li> <li>• Cancels the scheduled hearing.</li> </ul> |
|                                 | Is unable to reach the applicant/beneficiary or AR, or the applicant/beneficiary or AR does not agree to a CWD, | <ul style="list-style-type: none"> <li>• Hearing remains scheduled;</li> <li>• Potential County witnesses are notified of the date and time of the scheduled hearing; and</li> <li>• County witnesses are noted in the Appeals case file.</li> </ul>          |
| Determined to be correct,       | N/A                                                                                                             |                                                                                                                                                                                                                                                               |

The OHR form is used to communicate instructions to the worker. The form explains why the case action(s) is being modified, the action(s) required and the regulations and/or policies involved.

**B. CMS Eligibility Location**

Compliance

Compliance with the OHR must be completed within 30 work days from the signed CWD. The worker notifies Appeals when the OHR is complete. When the worker is unable to comply by the due date indicated on the OHR, the worker must:

- Contact the Appeals Representative prior to the OHR due date to request an extension; and
- Document in case comments all efforts made to comply and reasons why extension is requested.

Disagreement with OHR Resolution

The table below shows the actions required when there is a disagreement in the action directed in the OHR, as well as who is responsible for that action.

| Step                   | Who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Action                                                                                                                                                                                                                         |                        |              |               |                                                                      |           |                                                                                                                                                                                                                                                  |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|---------------|----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                      | Worker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resolve the disagreement within 5 work days. Day one of the 5 work days begins on the work day following the receipt of the OHR notice. These 5 work days are included in the 30 days that the worker has to complete the OHR. |                        |              |               |                                                                      |           |                                                                                                                                                                                                                                                  |
| 2                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Review the case with the supervisor to ensure consensus.                                                                                                                                                                       |                        |              |               |                                                                      |           |                                                                                                                                                                                                                                                  |
| 3                      | CMS Eligibility Location Appeals Liaison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contact the Appeals Representative to discuss and resolve when the worker has new information or believes the OHR is incorrect.                                                                                                |                        |              |               |                                                                      |           |                                                                                                                                                                                                                                                  |
| 4                      | CMS Eligibility Location Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contact the Appeals Manager within the first 5 work days to request a formal review of the Appeals action by the Appeals Manager or their designee if the issue is not resolved.                                               |                        |              |               |                                                                      |           |                                                                                                                                                                                                                                                  |
| 5                      | <table border="1"> <thead> <tr> <th>If the decision is ...</th> <th>Then the ...</th> </tr> </thead> <tbody> <tr> <td>Not reversed,</td> <td>Worker must comply with the OHR within the original 30-day timeline.</td> </tr> <tr> <td>Reversed,</td> <td>Appeals Representative must send a new adequate NOA to the applicant/beneficiary or AR explaining that the County has reversed the CWD/OHR and cite the appropriate regulations and the underlying basis again with the appropriate regulations.</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                | If the decision is ... | Then the ... | Not reversed, | Worker must comply with the OHR within the original 30-day timeline. | Reversed, | Appeals Representative must send a new adequate NOA to the applicant/beneficiary or AR explaining that the County has reversed the CWD/OHR and cite the appropriate regulations and the underlying basis again with the appropriate regulations. |
| If the decision is ... | Then the ...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |                        |              |               |                                                                      |           |                                                                                                                                                                                                                                                  |
| Not reversed,          | Worker must comply with the OHR within the original 30-day timeline.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                        |              |               |                                                                      |           |                                                                                                                                                                                                                                                  |
| Reversed,              | Appeals Representative must send a new adequate NOA to the applicant/beneficiary or AR explaining that the County has reversed the CWD/OHR and cite the appropriate regulations and the underlying basis again with the appropriate regulations.                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |                        |              |               |                                                                      |           |                                                                                                                                                                                                                                                  |

CMSPG Letter 33 (10/14)

**12.02.01F  
Conducting  
the Hearing**

If the Hearing Officer determines that additional information is needed from an individual and the individual is not available during the Hearing, the Hearing Officer will request the information in writing and

copy the applicant/beneficiary or AR on the request and response.

There will be no phone calls or other gathering of information outside of the Hearing. The applicant/beneficiary or the AR will be allowed the opportunity to respond to or refute the additional information that was obtained. If needed, a continued Hearing could be scheduled.

The Hearing Officer will review the case file and admit items into evidence during the Hearing. Items shall be documented to detail what those items are. A copy of this information may be provided to the applicant/beneficiary or to their AR (with exception of the items that by rule are not to be provided).

CMSPG LTR 10 (03/12)

---

**12.02.01G  
Hearing  
Decisions**

The County Hearing Officer:

- Conducts the hearing
- Renders a written decision within 15 work days from the date the record closes
- Notifies the applicant/beneficiary of the decision
- Emails the Manager for the CMS eligibility location and CMS Program Manager a copy of the decision.

CMSPG LTR 14 (07/13)

---

**12.02.01H  
Authorized  
Representative  
(AR) at the  
Hearing**

Applicants/beneficiaries may designate an AR for hearing purposes. Such designation must be made in writing. The designation must be signed and dated by the applicant/beneficiary on or after the date of the action or inaction with which the applicant/beneficiary is dissatisfied.

| <b>If the applicant/beneficiary...</b>                                                                                           | <b>Then the applicant/beneficiary and AR must sign and date the...</b>                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| wants to designate an AR to accompany and assist with all aspects of the hearing process,                                        | <ul style="list-style-type: none"><li>• Appointment of Representative form MC 306; or</li><li>• Any other written statement to that effect at any time during the application process.</li></ul>                            |
| is or is not present at the hearing and wants to designate an AR to act on their behalf with all aspects of the hearing process, | <ul style="list-style-type: none"><li>• Authorized Representative form DPA 19; or</li><li>• Any other written statement to that effect on or after the date of the action or inaction with which the applicant is</li></ul> |

|  |                                                                                                                                                                       |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>dissatisfied.</p> <p><b>Note:</b> The DPA 19 or any other written statement to that affect will <b>only</b> be recognized through the hearing/appeals process.</p> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

MPG LTR 722 (05/11)

---

**12.02.011  
Interpreters at  
the Hearing**

A Hearing Officer will not proceed without an interpreter in cases in which the applicant/beneficiary cannot effectively communicate in English because it is not his/her native language and his/her native language is a threshold language.

(Castillo Settlement  
03-03)

Where the Hearing Officer determines that an interpreter is necessary and cannot be obtained, the hearing will be postponed. In order to assist the applicant/beneficiary during the hearing, the County will provide either a bilingual interpreter who:

- Has passed the technical portion of the County’s bilingual proficiency evaluation; or
- Is certified by the state, federal government or by the California Department of Social Services.

In cases where the County provides a bilingual employee to serve as an interpreter or an uncertified interpreter, the Hearing Officer will:

| Step | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | Examine the qualifications and competency of the interpreter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2    | Disqualify any interpreter determined by the Hearing Officer not to be competent for interpretation purposes.                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3    | Assure objective interpretation by, at his/her discretion, disqualifying interpreters who are: <ul style="list-style-type: none"> <li>• The applicant’s/beneficiary’s relatives, friends, or an authorized representative;</li> <li>• County staff who participated in making the decision complained of;</li> <li>• The County Hearing Officer; or</li> <li>• Any other individual determined by the Hearing Officer to be detrimental to the hearing process or having a bias or the appearance of being biased.</li> </ul> |
| 4    | Administer the following oath to the interpreter:<br><br><i>“Do you solemnly swear to interpret from [identify language] to English and English to [identify language]</i>                                                                                                                                                                                                                                                                                                                                                    |



|  |                                                                                                                                                              |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <i>without adding to or detracting from the testimony given and further swear to respect the confidentiality of matters presented in these proceedings?”</i> |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the interpreter’s foreign language qualifications have not been previously examined, the Hearing Officer will qualify the interpreter in the manner prescribed below:

|   |                                                                                                                                                                                                                                                                                                                                                           |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | In what language (and/or dialect, if applicable) do you claim to be qualified to serve as interpreter?                                                                                                                                                                                                                                                    |
| 2 | Can you read and write in both that language and in English?                                                                                                                                                                                                                                                                                              |
| 3 | How did you acquire your proficiency in:<br>a) _____ English<br>b) _____ (language and dialect)?                                                                                                                                                                                                                                                          |
| 4 | Have you had any experience interpreting for people in formal or informal proceedings?                                                                                                                                                                                                                                                                    |
| 5 | Have you previously acted as a(n) _____ (language) interpreter for state hearings with the Department of Social Services, hearings with the County, state or federal government, other administrative hearings, or in court proceedings? If so, how many proceedings and in what kind? Did the Hearing Officer or judge ever disqualify you from serving? |
| 6 | Do you have any interest in the outcome of this hearing?                                                                                                                                                                                                                                                                                                  |
| 7 | Do you understand that it is your responsibility to interpret literally, adding or subtracting nothing? Do you understand that you must inform the Hearing Officer if you are unable to understand the words used, or keep up with the speed at which the individuals are speaking?                                                                       |

MPG LTR 722 (05/11)

**12.02.01J  
Aid Paid  
Pending  
(APP)**

A beneficiary’s benefits will be continued (APP) (Refer to [15.01.01](#) for instructions on how to continue benefits) if the:

- negative action was a discontinuance;
- beneficiary timely files an appeal (within 10-calendar days of the date of the Discontinuance NOA) or if the beneficiary untimely files an appeal, where good cause has been determined;
- certification period covered by the original authorization has not expired; and
- beneficiary requests their benefits to be extended before the effective date of the Discontinuance NOA.

APP benefits will continue:

- Until the CMS Hearing decision is rendered;
- For the duration of the original certification period; or
- Until the enrollee withdraws the hearing request, whichever is earlier.

APP will **not** be given when the:

- Issue is an application denial; or
- Request for hearing occurs after the 10-calendar day timeframe described above, unless good cause has been determined.

CMSPG LTR 14 (07/13)

---