

F KENNETH E. MARTONI
Clerk of the Superior Court

JUL 19 1991

By: P. BEHNSTEIN, Deputy

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SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO

WELFARE RIGHTS ORGANIZATION OF SAN DIEGO, INC., LORRAINE JACKSON, and PAUL JACKSON by LORRAINE JACKSON, his guardian ad litem, individually and on on behalf of all others similarly situated,)	CASE NO. 531015
)	AMENDED JUDGMENT
Plaintiffs-Petitioners,)	
v.)	
LINDA S. McMAHON, Director of State Department of Social Services; and STATE DEPARTMENT OF SOCIAL SERVICES,)	
Defendants-Respondents.)	

The parties' Joint Motion To Approve Action Amended
Judgments was heard on July 19, 1991. Charles Wolfinger appeared
as counsel for plaintiffs/petitioners ("petitioners"). John H.
Sanders, Deputy Attorney General of the State of California,
appeared as counsel for defendants/respondents ("respondents").

The court has considered the pleadings and papers on file
herein and the arguments of counsel, and being fully advised in the
premises, now therefore,

HEREBY ORDERS, ADJUDGES AND DECREES:

1 I. THE PARTIES - This judgment binds the following parties:
2 A. Petitioners And The Class - Petitioners Welfare Rights
3 Organization of San Diego, Inc. and Lorraine and Paul Jackson, and
4 the class defined as "all spousal applicants for or recipients of
5 In Home Supportive Services and their spousal providers, who have
6 been since July 1, 1983 or will be denied medical transportation or
7 protective supervision services solely because the State Department
8 of Social Services and its Director failed to comply with the 1983
9 spouse provider legislation (Stats.1983, ch. 323, § 116.7 (amending
10 Welfare and Institutions Code § 12301) requiring compensation
11 beginning July 1, 1983 (§ 151.37)."

12 B. Respondents - Respondents State Department of Social
13 Services ("Department") and its Director, Linda S. McMahon, her
14 successors in office, officers, employees, agents, representatives,
15 and all other persons acting in her behalf or subject to her
16 control or supervision, including her statutory agents, the board
17 of supervisors of each county of California and the directors of
18 each county welfare department.

19
20 II. DECLARATORY JUDGMENT - This court makes the following
21 declaration of the parties' rights pursuant to Code of Civil
22 Procedure ("C.C.P.") § 1060:

23 A. Duty To Implement Spouse

24 Provider Legislation Retroactively

25 1. The respondents Department and its Director have at all
26 times relevant herein had a mandatory duty to implement the 1983
27 amendment to Welfare and Institutions Code § 12301 (Stats.1983, ch.
28 323, § 116.7) ("1983 spouse provider legislation") retroactively to

1 July 1, 1983 through the 58 county welfare departments, as defined
2 in Welfare and Institutions Code § 10058.

3 2. It is unnecessary to make a declaration on any
4 constitutional law claims since the declaration on the state
5 statutory claims is sufficient to provide the relief.

6 B. Entitlement To Retroactive Benefits - The individually
7 named petitioners Lorraine and Paul Jackson and the class are
8 entitled to restoration of all IHSS compensation for services
9 authorized by the 1983 spouse provider legislation and provided by
10 the IHSS spouse from July 1, 1983 to September 10, 1984.

11 C. Entitlement To Underpayments - Class members are entitled
12 to underpayments from October 1, 1994 through September 30, 1985
13 forward for county errors in failing to correctly pay for
14 protective supervision and/or medical transportation.

15 Underpayments shall be issued in accordance with Departmental
16 regulations found at MPP Section 30-768.4.

17 D. Entitlement To Prejudgment Interest - Those named
18 petitioners and the class members determined eligible for
19 retroactive benefits are entitled to prejudgment interest at the
20 statutory rate on the amount of such benefits. The period of
21 entitlement begins on the date when the payment was originally owed
22 if the 1983 spouse provider legislation had been implemented
23 retroactively to July 1, 1983, and ends on the last date of the
24 month following the month in which payment is authorized.

25 E. The Need For Immediate Implementation Of The Judgment - Any
26 delay in implementing the terms of this Judgment will:

27 1. deprive IHSS applicants and recipients of spouse
28 providers;

1 2. increase the risk of institutionalization of persons
2 otherwise able to remain in their homes with a spouse provider
3 compensated under the IHSS program; and

4 3. impose substantial economic hardship on spouse
5 providers who have provided and continue to provide uncompensated
6 services to eligible applicants and recipients.

7
8 III. WRIT OF MANDATE FOR PROSPECTIVE ENFORCEMENT

9 Let the writ of mandate issue pursuant to C.C.P. § 1085 on
10 behalf of petitioners and the class commanding respondents to:

11 A. Enforce The 1983 Spouse Provider Legislation - Enforce the
12 1983 spouse provider legislation to compensate all such providers
13 retroactively from July 1, 1983 to September 30, 1984, and to
14 reimburse providers for any underpayments that may have occurred
15 subsequent to September 30, 1984 as a result of the failure to
16 implement it on a timely basis.

17 B. Provide Claim Information - For a period of eight (8)
18 months following the effective date of the beginning of the claim
19 period as contained in the regulations described in paragraph V,
20 supply any person who inquires about the eligibility for benefits
21 under this judgment, however described, a Claim Form, Supplemental
22 Claim Form and Explanatory Flyer.

23
24 IV. WRIT OF MANDATE FOR IDENTIFYING AND NOTIFYING

25 CLASS MEMBERS OF THEIR RIGHTS TO RETROACTIVE RELIEF

26 Let the writ of mandate issue pursuant to C.C.P. § 1085 on
27 behalf of the named petitioners and the class commanding
28 respondents to:

1 A. Identify All Individual Provider Class Members - Use the
2 IHSS Payrolling System (CMIPS Contractor) from July 1, 1983 to
3 November 30, 1988 to identify all individual providers, who at any
4 time lived at the same address with their spouse IHSS recipient.

5 B. Notify All Class Members Of
6 Their Right To Retroactive Relief

7 1. For each class member identified under subparagraph
8 IV.A:

9 a. determine the current mailing address by using
10 services provided by the Franchise Tax Board; and

11 b. by no later than the effective date of the
12 beginning of the claim period as contained in the regulations
13 promulgated to implement this decree, send to the current address
14 by first class mail a copy of the Explanatory Flyer and Claim Form
15 form set forth in subparagraphs IV.C.4 and 6 below.

16 2. Public Notices - Issue the Standard Claim Forms,
17 Explanatory Flyers, and posters in English and Spanish in the size
18 of 17" x 22" modeled after the Explanatory Flyer, in sufficient
19 numbers to each of the following:

20 a. Each county welfare department with instructions to
21 display the posters in prominent locations in every office having
22 contact with the public for the eight (8) month period beginning
23 with the effective date of the beginning of the claim period as
24 contained in the regulations described in paragraph V.

25 b. All interested organizations and groups listed in
26 Appendix A with a request to display posters in a prominent
27 location and to distribute the Explanatory Flyer and Standard Claim
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1 Form on request for the eight (8) month period beginning with the
2 effective date of the regulations described in paragraph V.

3 c. Posters only will be sent to Federal Social
4 Security Administration offices with a request to display them in a
5 prominent location for the eight (8) month period beginning with
6 the effective date of the beginning of the claim period as
7 contained in the regulations described in paragraph V.

8 3. Standard Claim Form - The Standard Claim Form shall be
9 written in plain English and substantially conform to Attachment 1
10 hereto, except as amended in section V.E.2 below. A supply of
11 forms translated into Spanish shall be kept on hand and disbursed
12 upon request.

13 4. Supplemental Claim Form - The Supplemental Claim Form
14 shall be written in plain English and substantially conform to
15 Attachment 2 hereto and include proof of age, blindness or
16 disability and marriage. The Supplemental Claim Form shall be used
17 for claimants where the person requiring protective supervision
18 and/or medical transportation was not previously authorized IHSS
19 benefits. A supply of forms translated into Spanish shall be kept
20 on hand and disbursed upon request.

21 5. Explanatory Flyer - The Explanatory Flyer shall be
22 written in plain English and Spanish in substantial conformity to
23 Attachment 3 hereto.

24 C. Remailing Returned Notices - DSS will re-mail notices
25 returned as undelivered from the initial mailing in WRO as follows:

26 1. Seek to obtain approval of the plan from appropriate
27 State agencies (Department of Finance, Department of General
28 Services, Franchise Tax Board (FTB), Health and Welfare Agency, and

1 others as required), discuss any problems with plaintiffs' counsel
2 and supply all documentation and contracts with him before
3 execution.

4 2. By CMIPS Contractor, make a list with provider name,
5 sequential CMIPS number, address and Social Security Account Number
6 (SSAN).

7 3. By FTB, update CMIPS Contractor list from C.2.

8 4. By FTB, code each updated address by FTB or IRS source.

9 5. By FTB, sort returned mail by CMIPS Contractor, FTB or
10 IRS Code returned as undeliverable within the first three months
11 following the completion of mailing.

12 6. By FTB, develop a list of returned mail with name and
13 CMIPS number and either the FTB updated or CMIPS Contractor updated
14 address (none for IRS updated address), and send weekly to CMIPS
15 Contractor.

16 7. By DSS or other organization to be determined, develop
17 a list with name, address and SSAN, and send weekly to contracted
18 private credit reporting agency.

19 8. DSS will arrange to remail all updated addresses from
20 private credit reporting agency and give a minimum of two months
21 from the date of the last remailings for persons to file claims.

22 9. Take no further action to update or mail all returned
23 notices from second mailing, which will be destroyed.

24 V. WRIT OF MANDATE FOR PROCESSING

25 CLAIMS FOR RETROACTIVE BENEFITS

26 Let the writ of mandate issue pursuant to C.C.P. § 1085 on
27 behalf of the named petitioners and the class commanding

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1 respondents to promulgate and implement regulations about the
2 following:

3 A. Claiming Period

4 1. Claims for retroactive benefits shall be accepted at
5 all county welfare department ("CWD") offices for a period of eight
6 (8) months beginning with the effective date of the beginning of
7 the claim period contain in the regulations described in paragraph
8 V.

9 2. The date of filing for retroactive benefits claims
10 shall be determined as follows:

11 a. If the claim is mailed to the CWD, the date of
12 filing shall be the date postmarked on the envelope.

13 b. If the claim is filed in person at the CWD, the
14 date of filing shall be the date stamped on the claim.

15 c. If the date cannot be determined by subparagraph
16 V.A.2.a or b above, the date of filing shall be the date the claim
17 was signed.

18 B. Eligibility Conditions For Retroactive Benefits - The
19 eligibility conditions for receipt of retroactive benefits are:

20 1. The IHSS recipient or applicant met (a) the general
21 IHSS eligibility conditions, and (b) the specific conditions for
22 having a need for protective supervision and/or medical
23 transportation, in effect during each month for which retroactive
24 benefits are claimed. "Medical transportation" means "medical
25 travel accompaniment."

26 2. The provider was a spouse who left or was prevented from
27 obtaining full time employment because there was no other suitable
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1 provider available to care for the IHSS spouse and whose care might
2 have prevented an inappropriate placement or inadequate care.

3 3. The recipient or applicant received less than the
4 applicable statutory grant maximum during the month claimed,
5 including any share of costs.

6 4. Claimants whose claim forms establish that they do not
7 meet the eligibility conditions in subparagraphs V.B.1-3 shall be
8 denied retroactive benefits.

9 C. Retroactive Claims Processing Procedures - The procedures
10 for processing claims for retroactive benefits will substantially
11 conform to the following steps:

12 1. Standard Claim Form

13 a. All initial claims for retroactive benefits must be
14 filed on the claim form described in subparagraph IV.B.3 above. A
15 class member who files a claim form shall be referred to as a
16 claimant in this judgment.

17 b. The claim form must be filled out, signed and dated
18 by the claimant and a witness under penalty of perjury.

19 c. If the claim form has not been completely filled
20 out, or if the claimant or a witness has not signed and dated the
21 claim form, the claim shall be denied for insufficient information.
22 The claimant shall be sent a notice of action denying the claim
23 with an explanation of the information needed to complete the claim
24 form. The claimant shall be allowed forty-five (45) days from the
25 date of the notice to submit the additional information. If the
26 information is not received within forty-five (45) days from the
27 date of the notice, the denial will stand.

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1 2. Place of filing claims - Claims for retroactive
2 benefits shall be filed with the welfare department in the county
3 in which the claimant currently resides. If the covered services
4 were provided or received in a different county, the local CWD
5 shall forward the claim to the county where the service occurred.

6 3. Retroactive payment period - Retroactive benefits shall
7 be paid to claimants who paid for or who provided the covered
8 services within the period specified in subparagraph II.B, but were
9 not compensated under the IHSS program solely because the
10 respondents failed to ensure that the 1983 spouse provider
11 legislation was implemented retroactively to July 1, 1983.

12 4. General proof requirements - Information and
13 verification supplied by or on behalf of the claimant shall be
14 limited to that required by the Standard Claim Form or the
15 Supplemental Claim Form.

16 5. Recipient status and income eligibility - The existing
17 case files and information supplied according to subparagraph V.C.4
18 above, will be used to establish all eligibility conditions to the
19 maximum extent without further proof by the claimant.

20 6. Recipient's need for protective supervision and/or
21 medical transportation ("covered services")

22 a. An applicant or a recipient is presumed to have
23 needed the covered services:

24 (1) if a need was assessed at any time (in which
25 case the need shall be from that time forward) or;

26 (2) if an applicant's or recipient's need is
27 established by a sworn statement from the claimant and verified by
28 a witness.

1 b. The CWD shall review the case file and may obtain
2 other information to support or to rebut the eligibility
3 determination made in subparagraphs V.C. but must advise the
4 claimant of any adverse contradictory information regarding the
5 recipient's need for the covered services, and give an opportunity
6 to submit further information supporting the claim. The claim
7 shall be denied if the claimant is found to be ineligible.

8 7. Covered services provided

9 a. If a claimant shows that the covered services were
10 rendered, the CWD must presume that the provider did not render
11 them voluntarily.

12 b. The provision of services may be established by the
13 claimant's sworn statement verified by a witness concerning the
14 approximate number of hours per day, and by any other readily
15 available information in the claimant's possession, taking into
16 account the abilities of the claimant.

17 c. The CWD may obtain additional information to verify
18 the claimant's statement, but must advise the claimant of any
19 adverse contradictory information and give forty-five (45) days
20 from the date of the notice to submit further information
21 supporting the claim.

22 8. Computation of the amount of retroactive benefits -

23 The CWD shall determine the amount of retroactive benefits due for
24 each month based upon the following:

25 a. For claimants who were authorized IHSS, the amount
26 of retroactive benefits due for each month claimed shall be the
27 lesser of either (1) the difference between the applicable IHSS
28 statutory maximum for each month for which benefits are claimed and

1 the amount of IHSS benefits the recipient was authorized to
2 receive, or (2) the amount of covered services claimed. The amount
3 of benefits due shall not exceed the statutory maximum for the
4 months claimed.

5 b. For claimants who were not authorized IHSS, the
6 amount of retroactive benefits due shall be the number of hours of
7 covered services provided and claimed, multiplied by the county's
8 applicable individual provider hourly wage during each month for
9 which benefits are claimed. The statutory benefits shall not
10 exceed the statutory maximum for the periods claimed.

11 c. Any recipient share of cost shall not be considered
12 when computing the amount of retroactive benefits due to the
13 claimant in subparagraph V.C.8.b.

14 d. The amount of prejudgment interest shall be
15 calculated thereon from the date originally due through the last
16 day of the month following the month in which payment is
17 authorized.

18 9. CMIPS Contractor reporting - The CWD shall submit all
19 necessary documents to the CMIPS Contractor so that payment of
20 retroactive benefits may be issued within thirty (30) days from the
21 date the Notice of Action is mailed. DSS shall mail out the
22 payments on or before the 10th of the month, and otherwise shall
23 hold the payments for issuance until on or before the 10th of the
24 following month.

25 10. Standard Eligibility Determination Worksheet - DSS
26 shall design a Standard Eligibility Determination Worksheet for use
27 by CWDs to facilitate the eligibility determinations required to
28 process a claim for retroactive benefits.

1. 11. Notice of Action - CWDs shall issue and mail a Notice
2 of Action on each claim within sixty (60) days from the date of
3 receipt of the claim form containing the following information:

4 a. For every month for which retroactive benefits are
5 claimed:

6 (1) the computation for the amount due, with and
7 without prejudgment interest, or

8 (2) the reasons and facts explaining why no amount
9 is due, or why less than the amount claimed is due, including a
10 statement of what additional information is needed (if the reason
11 is insufficient information) and that the claimant must provide it
12 within forty-five (45) days from the date of the notice;

13 b. The total amount of retroactive benefits determined
14 due each year and the amount of prejudgment interest thereon;

15 c. The allocation of any amount due the provider
16 and/or the recipient;

17 d. A statement regarding withholding taxes; and

18 e. Advice about the right to a state hearing and the
19 procedures for obtaining one.

20 12. State hearing - Grant each claimant or authorized
21 representative a state hearing which conforms to the procedures set
22 forth in Welfare and Institutions Code § 10950 and
23 MPP § 22-000 et seq. to contest any adverse action regarding the
24 retroactive benefits.

25 D. Regulations

26 1. DSS shall provide petitioners' counsel with the text of
27 the proposed regulations thirty (30) days before filing them with
28 the Office of Administrative Law.

1 2. Respondents shall use their best efforts to issue
2 emergency regulations to implement this judgment.

3 E. Underpayment Claim Processing - DSS will take the following
4 steps to process underpayment claims WRO:

5 1. Set the WRO underpayment period from October, 1984
6 through September, 1985.

7 2. Revise the claim forms to specify underpayments for the
8 periods in subparagraph V.E.1 and to allow for claiming by month
9 for hours of each service.

10 3. Revise county worksheet to include documentation for
11 underpayment claims and calculations.

12 4. Issue Notice of Actions for underpayment claims
13 decisions.

14 5. Include all underpayment forms used in case file.

15 6. Develop a monthly reporting system for county and state
16 totals for underpayment applications, pending, approved, and
17 denied, and total underpayments.

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19 VI. WRIT OF MANDATE FOR INDIVIDUAL PETITIONERS

20 Issue a peremptory writ of mandate pursuant to C.C.P. § 1085 on
21 behalf of Lorraine and Paul Jackson commanding respondent McMahon
22 and her successors in office to:

23 A. Take the necessary steps to obtain and process a claim for
24 retroactive benefits according to the procedures set forth in the
25 judgment. The CWD shall take steps to secure the relevant
26 information to process their claim, including contacting them.

27 B. Make a return to this writ within sixty (60) days from the
28 date the CWD has rendered a final decision on their claim.

1 VII. WRIT OF MANDATE FOR MONITORING COMPLIANCE WITH THE JUDGMENT

2 Let the writ of mandate issue pursuant to C.C.P. § 1085 on
3 behalf of the named petitioners and the class commanding
4 respondents to:

5 A. County Statistical Reports - Beginning with the third month
6 following the beginning of the claim period as contained in the
7 retroactive regulations and continuing for one (1) year, DSS shall
8 produce monthly statistical reports. These reports shall contain
9 the following information:

- 10 1. Number of claims received;
- 11 2. Number of claims denied;
- 12 3. Number of claims approved;
- 13 4. Number of claims pending;
- 14 5. Amount of benefits approved.

15 B. CMIPS Contractor Reports.

16 Respondents shall obtain from CMIPS Contractor a final report
17 by county that includes:

- 18 1. Number of claimants paid;
- 19 2. Total amount of retroactive benefits paid;
- 20 3. Number of underpayments paid;
- 21 4. Total amount of underpayments paid.

22 C. Case Reviews

23 1. Respondents shall provide petitioners' counsel with a
24 copy of the monitoring plan for case reviews at least 60 days
25 before it is implemented. The plan shall include:

- 26 a. The 15 counties to be reviewed. Based on the
27 monthly reports described above, the 15 counties shall be those

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1 having the largest number of claims over the six month claiming
2 period;

3 b. The number of cases to be reviewed in each county
4 and the method used to select them;

5 c. The personnel who shall conduct the case reviews
6 and the training they shall receive;

7 d. The format for the results.

8 2. Respondents shall provide petitioners' counsel with
9 copies of all monitoring documents and all findings and make
10 available all documents generated as a result of any monitoring
11 activity.

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13 VIII. RETENTION OF JURISDICTION

14 This court retains jurisdiction over this case for the
15 following:

16 A. Ensure Compliance

17 1. Ensure compliance with the judgment and make such
18 further orders as may be necessary therefor until DSS demonstrates
19 that it has complied with the judgment.

20 2. Require DSS to send class counsel a bimonthly status
21 report about all actions taken on the Judgment and include any
22 basic implementation records. The first report is due thirty (30)
23 days from the date of this Judgment.

24 3. Require DSS to include in contracts with other agencies
25 an accurate account of all transactions.

26 B. Attorney's Fees And Costs - Rule on any motion for
27 attorney's fees and any request for costs filed by petitioners or
28 their counsel for work after November 23, 1988. This Judgment

1 modifies any and all statutory or other time limits, including
2 C.C.P. § 1033.5 and California Rules of Court, Rule 870, for making
3 a claim for costs and/or attorney's fees.

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Dated: JUL 19 1991

MICHAEL I. GREER

JUDGE OF THE SUPERIOR COURT

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WELFARE RIGHTS ORGANIZATION V. McMAHON CLAIM FORM

INSTRUCTIONS: Please print. Fill in as much information as you can. If you need help, call or go in to your county welfare department. Sign your name in Section ___ and have someone who knows you provided the services sign in Section ___.

REMEMBER: YOU MUST GET THIS CLAIM FORM TO THE COUNTY WELFARE DEPARTMENT BY _____ TO GET ANY MONEY.

1. Your name _____ Soc. Sec. No. _____ Telephone number _____

Current Address: (Number, Street) _____ Apt/Space No. _____

City _____ County _____ State _____ ZIP Code _____

2. Answer these questions by checking the box. These questions cover anytime from July 1, 1983 through September 10, 1984:

	Yes	No	Unknown
(a) Was your spouse 65 or older, blind or disabled and did he/she live in California?	_____	_____	_____
(b) Did you go with your spouse to medical appointments ("medical transportation")? Or did you have to watch out that your mentally ill or confused spouse was not injured or harmed doing the normal daily activities ("protective supervision")?	_____	_____	_____
(c) If you had not provided the services, might your spouse have received inadequate services or have been inappropriately placed somewhere other than his/her own home?	_____	_____	_____
(d) Did you have to give up a job or could not get one because there was no other suitable person to provide the services?	_____	_____	_____
(e) Did your spouse apply for or receive In Home Supportive Services (IHSS)?	_____	_____	_____

If you answered yes to questions (a) through (d), and either "yes" or "unknown" to question (e), complete the rest of this form.

Address at time you provided protective supervision or medical transportation if different from your current address:

Number, Street: _____ Apt. or Space Number _____

City: _____ County: _____ State: _____ ZIP Code: _____

INSTRUCTIONS:

Complete columns for the period July 1983 through September 1984.
 Fill in the information in the columns as follows:

Column 1 - Write the number of hours, if any, that you went with your spouse to his/her medical appointments (medical transportation), and were not paid.

Column 2 - Write the number of hours, if any, that you watched your spouse to prevent harm or injury (protective supervision), and were not paid?

Remember for protective supervision in column 2: The number of hours each month is the length of time you were home and your spouse, who was mentally ill or confused, and aged, blind or disabled, needing your care could be doing something that might get him/her hurt if left alone.

Year/Month	(Col. 1) Number of hours each month you provided and were not paid for <u>medical transportation</u>	(Col. 2) Number of hours each month you provided and were not paid for <u>protective supervision</u>
<u>1983</u>		
July		
August		
Sept.		
Oct.		
Nov.		
Dec.		
<u>1984</u>		
Jan.		
Feb.		
Mar.		
Apr.		
May		
June		
July		
Aug.		
Sept. 1-10		

READ THIS NOTICE: WE MAY OWE YOU MONEY FOR BACK WAGES
FROM JULY 1, 1983 THROUGH SEPTEMBER 10, 1984

WHY ARE YOU GETTING THIS NOTICE?

We did not pay all spouses for providing medical transportation or protective supervision to their aged, blind or disabled spouses from July 1, 1983 through September 10, 1984: In a lawsuit called Welfare Rights Organization v. McMahon, the court has told us to pay back wages for those services.

ARE YOU ELIGIBLE FOR BACK WAGES?

You may be eligible for back wages if you answer "yes" to these questions for anytime from July 1, 1983 through September 10, 1984:

1. Was your spouse 65 or older, blind or disabled and did he/she live in California?
2. Did you go with your spouse to medical appointments ("medical transportation")? Or did you have to watch out that your mentally ill or confused spouse was not injured or harmed doing the normal daily activities ("protective supervision")?
3. If you had not provided the services, might your spouse have received inadequate services or have been inappropriately placed somewhere other than his/her own home?
4. Did you have to give up a job or could not get one because there was no other suitable person to provide the services?

WHAT SHOULD YOU DO?

DO YOU THINK WE OWE YOU MONEY? Fill out the enclosed Welfare Rights Organization v. McMahon Claim Form as best you can. Take or mail the form to your local county welfare department office by _____.

ARE YOU UNSURE WHETHER WE OWE YOU MONEY? Fill out the claim form anyway. The county welfare department will help you with it.

DO YOU WANT MORE HELP OR HAVE ANY QUESTIONS? Call your local county welfare department or legal aid office. Ask about the WRO v. McMahon case.

YOU MAY HAVE ALREADY FILED A CLAIM IN MILLER V. WOODS. YOU MUST ALSO FILE THE WRO V. MCMAHON CLAIM FORM TO GET ANY MONEY FOR THE PERIOD FROM JULY 1, 1983 THROUGH SEPTEMBER 1, 1984.

REMEMBER: YOU MUST GET YOUR CLAIM FORM TO THE COUNTY WELFARE DEPARTMENT BY _____

ARE YOU IN A NURSING OR BOARD AND CARE HOME
BECAUSE YOU MIGHT GET HURT OR INJURED IF LEFT ALONE?

We did not pay all spouses for providing medical transportation or protective supervision to their aged, blind or disabled spouses from July 1, 1983 through September 10, 1984. You may have moved to a nursing or board and care home because you did not get these services.

In a lawsuit called Welfare Rights Organization v. McMahon, the court has told us to pay back wages to any spouse who provided these services.

IS YOUR SPOUSE ELIGIBLE TO BE PAID?

Your spouse may be eligible to be paid for providing you medical transportation or protective supervision if you answer "yes" to these questions for anytime from July 1, 1983 through September 10, 1984:

1. Were you 65 or older, blind or disabled, and did you live in California?
2. Did your spouse go with you to your medical appointments ("medical transportation")? Or did your spouse have to watch out that you did not injure or hurt yourself doing the normal daily activities because you were mentally ill or confused ("protective supervision")?
3. If your spouse had not provided the services, might you have received inadequate services or have been inappropriately placed somewhere other than your own home?
4. Did your spouse have to give up a job or could not get one because there was no other suitable person to provide you the services?

WHAT SHOULD YOU DO?

Call your local county welfare department or Legal Aid Office. Ask for more information about protective supervision and medical transportation under the IHSS program and the Welfare Rights Organization v. McMahon lawsuit.

If your spouse provided medical transportation or protective supervision between July 1, 1983 and November 10, 1984, ask the spouse to get the Welfare Rights Organization v. McMahon Claim Form from the county welfare department.

Will you be leaving the nursing or board and care home soon, or would you be able to do so if your spouse could provide medical transportation or protective supervision? Call your county welfare department.

REMEMBER: YOUR SPOUSE MUST GET THE CLAIM FORM TO THE COUNTY WELFARE DEPARTMENT BY _____

INDEPENDENT LIVING CENTERS

Adult Independence Development
Center of Santa Clara County, Inc.
1190 Benton Street
Santa Clara, CA 95050
Santa Clara County
(408) 985-1243
Cheryl Cairns, Executive Director

C.A.P.H. ILC
1617 East Saginaw Way, Suite 109
Fresno, CA 93704
Fresno County
(209) 222-2274 (Voice)
(209) 222-2396 (TDD)
~~Angie Brown~~, Executive Director

Center for Independence of the
Disabled, Inc.
875 O'Neill Avenue
Belmont, CA 94002
San Mateo County
(415) 595-0783
Lucy Muir, Executive Director

Center for Independent Living
2539 Telegraph Avenue
Berkeley, CA 94704
Alameda County
(415) 841-4776
Michael Winter, Executive Director

Center for Independent Living
San Gabriel/Pomona Valley
2231 East Garvey Avenue
West Covina, CA 91790
Los Angeles County
(818) 339-1278
Denny Meehan, Executive Director

Community Rehabilitation Services
4716 Brooklyn Ave., Bldg. B, Rm. 75
Los Angeles, CA 90022
Los Angeles County
(213) 266-0453
Elsa Quezada, Executive Director

Community Resources for
Independence
915 Piner Road, Suite 5
Santa Rosa, CA 95401
Sonoma County
(707) 528-2745
Randy Kitch, Executive Director

Community Resources for Independent
Living, Inc.
26633 Jane Avenue
Hayward, CA 94544
Alameda County
(415) 881-5743
Ms. Johnnie Lacy, Executive Director

Community Service Center for the
Disabled
1295 University Avenue
San Diego, CA 92103
San Diego County
Bill Tainter, Executive Director
(619) 293-3500

Darrell McDaniel Independent Living
Center
14354 Haynes
Van Nuys, CA 91401
Los Angeles County
(818) 988-9525
Norma Vescovo, Executive Director

Dayle McIntosh Center for the
Disabled
2100 Garden Grove Blvd.
Garden Grove, CA 92544
Orange County
(714) 898-9571
(714) 532-1646 (Orange Office)
Brenda Premo, Executive Director

Disabled Resources Center, Inc.
1045 Pine Avenue
Long Beach, CA 90813
Los Angeles County
(213) 437-3543
Helene Pizzini, Executive Director

8/30/85

APPENDIX A-2

INDEPENDENT LIVING CENTERS

Disabilities Unlimited, Inc.
12458 Rives Avenue, Room 202
Downey, CA 90242
Los Angeles County
(213) 862-6531
Barbara Morrione, Executive Director

Good Shepherd Center for
Independent Living
4323 Leimert Blvd.
Los Angeles, CA 90008
Los Angeles County
(213) 295-8366
Gilbert Fernandez, Executive Director

Humboldt Access Project
712 Fourth Street
Eureka, CA 95501
Humboldt County
(707) 445-8404
Donna Janke, Interim Exec. Director

Independent Living Resource
Center
423 W. Victoria
Santa Barbara, CA 93101
Santa Barbara County
(805) 963-1359
Annette Rubino, Executive Director

Marin Center for Independent
Living
710 Fourth Street
San Rafael, CA 94901
Marin County
(415) 459-4011 (6245) X 320
Barbara Benson, Executive Director

Northern California Independent
Living Center
555 Pio Lindo Ave., Ste. B
Chico, CA 95925
Butte County
(916) 893-8527
Jorganne Cook, Int. Exec. Director

Resources for Independent Living
1230 H Street
Sacramento, CA 95814
Sacramento County
(916) 446-3074
Frances Gracechild, Executive Director

Rolling Start, Inc.
443 West Fourth Street
San Bernardino, CA 92401
San Bernardino County
(714) 884-2129
Don Vigil, Executive Director

Independent Living Resource Center-
San Francisco
4429 Cabrillo Street
San Francisco, CA 94121
San Francisco County
(415) 751-8765
Katherine Uhl, Executive Director

Westside Center for Independent
Living
12901 Venice Blvd.
Los Angeles, CA 90066
Los Angeles County
(213) 390-3611 Voice
(213) 398-9204 TDD
June Kailes, Executive Director

APPENDIX A-3

8/30/85

MULTIPURPOSE SENIOR SERVICES PROGRAM
SITE LOCATIONS

Multipurpose Senior Services Program
City of Oakland
659 14th Street
Oakland, CA 94612
(415) 273-3762

Multipurpose Senior Services Program
County of Santa Cruz
1777-A Capitola Road
Santa Cruz, CA 95062
(408) 425-2540

Multipurpose Senior Services Program
Altamed
512 South Indiana Street
Los Angeles, CA 90063
(213) 253-2114

Multipurpose Senior Services Program
Jewish Family Service
320 North Fairfax Avenue
Los Angeles, CA 90036
(213) 937-5930

Multipurpose Senior Services Program
S.C.A.N. (Senior Care Action Network)
521 East Fourth Street
Long Beach, CA 90802-2502
(213) 437-6547 or (213) 436-0424

Multipurpose Senior Services Program
Mount Zion Pavilion
2156 Sutter Pavilion, 2nd Floor
San Francisco, CA 94115
(415) 885-7590

Multipurpose Senior Services Program
County of San Diego Area Agency on Aging
4165 Marlborough Avenue
San Diego, CA 92105
(619) 236-4930

Multipurpose Senior Services Program
Community Care Management Corporation
487 North State Street
Ukiah, CA 95482
(707) 468-9347

Multipurpose Senior Services Program
Humoldt Senior Citizens Council
1910 California Street
Eureka, CA 95501
(707) 443-9747

Multipurpose Senior Services Program
Area Agency on Aging
2nd and Normal Streets
California State University
Chico, CA 95929
(916) 895-5082

Multipurpose Senior Services Program
(Sonoma County Area Agency on Aging)
940 Hopper Lane
Santa Rosa, CA 95401
(707) 527-1147

Multipurpose Senior Services Program
(University of California, Davis)
1700 Alhambra Boulevard, Suite 203
Sacramento, CA 95816
(916) 453-5432

Multipurpose Senior Services Program
(County of San Mateo Department of
Health Services)
1860 El Camino Real, Suite 222
Burlingame, CA 94010
(415) 692-4500

Multipurpose Senior Services Program
Stanislaus County Department of Social Services
2125 Wylie Drive, Suite 1
Modesto, CA 95353
(209) 571-5792

Multipurpose Senior Services Program
(County of Santa Barbara)
505 West Morrison
Santa Maria, CA 93454
(805) 925-0990

Multipurpose Senior Services Program
Senior Care Network
Huntington Memorial Hospital
837 South Fair Oaks Avenue
Pasadena, CA 91105
(818) 356-3110

Multipurpose Senior Services Program
Senior Home and Health Care
County of San Bernardino
626 East Mill Street
San Bernardino, CA 92415
(714) 387-2434

Multipurpose Senior Services Program
County of Orange Community Services Agency
1300 South Grand, Building B
Santa Ana, CA 92705
(714) 834-8845

Multipurpose Senior Services Program
Watts Health Foundation, Inc.
2520 Industry Way, Suite D
Lynwood, CA 90262
(213) 632-0834

Multipurpose Senior Services Program
Council on Aging, Santa Clara County, Inc.
2131 The Alameda
San Jose, CA 95129
(408) 296-8290

Multipurpose Senior Services Program
Fresno County Department of Health
1221 Fulton Mall
Fresno, CA 93775
(209) 445-3339

Multipurpose Senior Services Program
San Joaquin County
511 East Magnolia, 3rd Floor
Stockton, CA 95202
(209) 468-3780

* Note: Site names enclosed in parenthesis () are not a part of the site's mailing address.

APPENDIX A-5

JUNE, 1987

CALIFORNIA DEPARTMENT OF AGING
1600 K Street
Sacramento, CA 95814

(916) 323-6621

DIRECTORY OF CALIFORNIA LAW PROJECTS FOR THE ELDERLY

PSA 1 - HUMBOLDT AND DEL NORTE COUNTIES

ROY SCHOENBERG
Senior Citizens Legal Services
1910 California Street
Eureka, CA 95501
(707) 443-9747

PSA 2 - SHASTA, TRINITY, MODOC, LASSEN
AND SISKIYOU COUNTIES

THOMAS M. WELSH
Senior Legal Center
P. O. Box 506
3015 South Market Street
Redding, CA 96099
(916) 243-3209

PSA 3 - BUTTE, PLUMAS, TEHAMA, GLENN
AND COLUSA COUNTIES

BARRIE ROBERTS
Legal Services of Northern California
P. O. Box 3728
Chico, CA 95927
(916) 345-9491

PSA 4 - PLACER COUNTY

RON ROGERS
Legal Services of No. California, Inc.
Motherlode Branch
190 Reamer
Auburn, CA 95603
(916) 823-7560 - (800) 822-6107

PSA 4 - SACRAMENTO COUNTY

JONATHAN ELLISON
Legal Center for the Elderly and Disabled
530 Bercut Drive, Suite G
Sacramento, CA 95814
(916) 446-4851

PSA 4 - YOLO COUNTY

CAROL GROSSMAN
Legal Center for the Elderly
933 Court Street
Woodland, CA 95695
(916) 662-1065

PSA 4 - YUBA AND SUTTER COUNTIES

SUSAN TOWNSEND
Yuba-Sutter Legal Center
725 "D" Street
Marysville, CA 95901
(916) 742-8289

PSA 5 - MARIN COUNTY

Senior Citizens Legal Project
710 "C" Street
San Rafael, CA 94901
(415) 454-0808

PSA 6 - SAN FRANCISCO COUNTY

ORAH YOUNG
Legal Assistance to the Elderly,
Inc.
333 Valencia Street
San Francisco, CA 94103
(415) 861-4444

WILLIAM TAMAYO
Asian Law Caucus
36 Waverly Place, Suite 2
San Francisco, CA 94108
(415) 391-1655

Mailing Address:
WILLIAM TAMAYO
Asian Law Caucus
1322 Webster, Suite 210
Oakland, CA 94612
(415) 835-1474

ILENE GUSFIELD
Mission Community Legal Defense
2940 - 16th Street, Suite 3011
San Francisco, CA 94103
(415) 552-7208

PSA 7 - CONTRA COSTA COUNTY

MARCELINO VASQUEZ
United Council of Spanish Speaking
Organizations, Inc.
516 Main Street
Martinez, CA 94553
(415) 229-2210

PSA 8 - SAN MATEO COUNTY

STEVE ZIEFF
Senior Advocates
298 Fuller Street
Redwood City, CA 94063
(415) 365-8411

PSA 9 - ALAMEDA COUNTY

DUNCAN FALLS
Legal Assistance for Seniors
1440 Broadway, Suite 206
Oakland, CA 94612
(415) 832-3040

PSA 10 - SANTA CLARA COUNTY

GEORGIA BACIL
Senior Adults Legal Assistance
160 E. Virginia Street, #260
San Jose, CA 95112
(408) 295-5991

PSA 11 - SAN JOAQUIN COUNTY

JOSE RAMIREZ
Paralegal Services
c/o Council for the Spanish Speaking
142 South Aurora Street
Stockton, CA 95202
(209) 464-4576

PSA 12 - AMADOR COUNTY

JANETH HAGEN
Senior Services, Inc.
229 New York Ranch Road
Jackson, CA 95642
(209) 223-0442

PSA 12 - CALAVERAS COUNTY

FRANK MEYER
California Human Development Corporation
Box 1180
San Andreas, CA 95249
(209) 754-3987

PSA 13 - SANTA CRUZ COUNTY

TERRY HANCOCK
Senior Citizens Legal Services
343 Church Street
Santa Cruz, CA 95060
(408) 425-8824

PSA 14 - FRESNO COUNTY

MICHAEL J. KANZ
Legal Aid for Seniors
906 N Street
Fresno, CA 93721
(209) 441-1611

PSA 15 - TULARE AND KINGS COUNTIES

RANDALL LYONS
Tulare-Kings Counties Legal
Services
900 W. Oak Street
Visalia, CA 93277
(209) 733-8770

PSA 16 - INYO AND MONO COUNTIES

LARRY STIDHAM
Senior Citizens Legal Program
See Vee Lane, P. O. Box 993
Bishop, CA 93514
(619) 873-3581

PSA 17 - SAN LUIS OBISPO COUNTY

JOEL DIRINGER
JEANNIE BARRETT
California Rural Legal Assistance
1160 Marsh Street, Suite 204
San Luis Obispo, CA 93401
(805) 544-7994

PSA 17 - SANTA BARBARA COUNTY

DON KUHN
Senior Citizens Law Center
1032 Santa Barbara Street
Santa Barbara, CA 93101
(805) 966-4892

PSA 18 - VENTURA COUNTY

MICHAEL WILLIAMS
Grey Law
40 N. Fir Street
Ventura, CA 93001
(805) 653-0694

