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### WELFARE AND INSTITUTIONS CODE - WIC

**DIVISION 9. PUBLIC SOCIAL SERVICES [10000 - 18999.98]** ( *Division 9 added by Stats. 1965, Ch. 1784.* )

**PART 2. ADMINISTRATION [10500 - 10985]** ( *Part 2 added by Stats. 1965, Ch. 1784.* )

### CHAPTER 7. Hearings [10950 - 10967]

 ( *Chapter 7 added by Stats. 1965, Ch. 1784.* )

**10950.** (a) If any applicant for or recipient of public social services is dissatisfied with any action of the county department relating to his or her application for or receipt of public social services, if his or her application is not acted upon with reasonable promptness, or if any person who desires to apply for public social services is refused the opportunity to submit a signed application therefor, and is dissatisfied with that refusal, he or she shall, in person or through an authorized representative, without the necessity of filing a claim with the board of supervisors, upon filing a request with the State Department of Social Services or the State Department of Health Care Services, whichever department administers the public social service, be accorded an opportunity for a state hearing.

(b) (1) The requirements of Sections 100506.2 and 100506.4 of the Government Code apply to state hearings regarding eligibility for or enrollment in an insurance affordability program administered by the State Department of Health Care Services to the extent that those sections conflict with the state hearing requirements under this chapter.

(2) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific this subdivision by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. The department shall adopt regulations by July 1, 2017, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Notwithstanding Section 10231.5 of the Government Code, beginning July 1, 2015, the department shall provide a semiannual status report to the Legislature, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

(3) This subdivision shall be implemented only to the extent it does not conflict with federal law.

(c) Priority in setting and deciding cases shall be given in those cases in which aid is not being provided pending the outcome of the hearing. This priority shall not be construed to permit or excuse the failure to render decisions within the time allowed under federal and state law.

(d) Notwithstanding any other provision of this code, there is no right to a state hearing when either (1) state or federal law requires automatic grant adjustments for classes of recipients unless the reason for an individual request is incorrect grant computation, or (2) the sole issue is a federal or state law requiring an automatic change in services or medical assistance which adversely affects some or all recipients.

(e) For the purposes of administering health care services and medical assistance, the Director of Health Care Services shall have those powers and duties conferred on the Director of Social Services by this chapter to conduct state hearings in order to secure approval of a state plan under applicable federal law.

(f) The Director of Health Care Services may contract with the State Department of Social Services for the provisions of state hearings in accordance with this chapter.

(g) For purposes of this chapter, the following terms have the following meanings:

(1) "Adverse benefit determination" means, in the case of a Medi-Cal managed care plan, any of the following:

(A) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.

(B) The reduction, suspension, or termination of a previously authorized service.

(C) The denial, in whole or in part, of payment for a service.

(D) The failure to provide services in a timely manner, as described in Section 14197.

(E) The failure of a Medi-Cal managed care plan to act within the timeframes provided in Section 438.408(b)(1) and Section 438.408(b)(2) of Title 42 of the Code of Federal Regulations regarding the standard resolution of grievances and appeals.

(F) For a resident of a rural area with only one Medi-Cal managed care plan, excluding a Medi-Cal managed care plan defined in subparagraphs (H) and (I) of paragraph (2), the denial of an enrollee's request to exercise his or her right under Section 438.52(b)(2)(ii) of Title 42 of the Code of Federal Regulations to obtain services outside the network.

(G) The denial of an enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

(2) "Medi-Cal managed care plan" means any individual, organization, or entity that enters into a contract with the department to provide services to enrolled Medi-Cal beneficiaries pursuant to any of the following:

(A) Article 2.7 (commencing with Section 14087.3) of Chapter 7 of Part 3, including dental managed care programs developed pursuant to Section 14087.46.

(B) Article 2.8 (commencing with Section 14087.5) of Chapter 7 of Part 3.

(C) Article 2.81 (commencing with Section 14087.96) of Chapter 7 of Part 3.

(D) Article 2.82 (commencing with Section 14087.98) of Chapter 7 of Part 3.

(E) Article 2.9 (commencing with Section 14088) of Chapter 7 of Part 3.

(F) Article 2.91 (commencing with Section 14089) of Chapter 7 of Part 3.

(G) Chapter 8 (commencing with Section 14200) of Part 3, including dental managed care plans.

(H) Chapter 8.9 (commencing with Section 14700) of Part 3.

(I) A county Drug Medi-Cal organized delivery system authorized under the California Medi-Cal 2020 Demonstration, Number 11-W-00193/9, as approved by the federal Centers for Medicare and Medicaid Services and described in the Special Terms and Conditions. For purposes of this subdivision, "Special Terms and Conditions" shall have the same meaning as set forth in subdivision (o) of Section 14184.10.

(3) "Recipient" means an applicant for or recipient of public social services except aid exclusively financed by county funds or aid under Article 1 (commencing with Section 12000) to Article 6 (commencing with Section 12250), inclusive, of Chapter 3 of Part 3, and under Article 8 (commencing with Section 12350) of Chapter 3 of Part 3, or those activities conducted under Chapter 6 (commencing with Section 18350) of Part 6, and shall include any individual who is an approved adoptive parent, as described in paragraph (3) of subdivision (a) of Section 8708 of the Family Code, and who alleges that he or she has been denied or has experienced delay in the placement of a child for adoption solely because he or she lives outside the jurisdiction of the department.

*(Amended by Stats. 2017, Ch. 738, Sec. 2. (AB 205) Effective January 1, 2018.)*

**10951.** (a) (1) A person is not entitled to a hearing pursuant to this chapter unless he or she files his or her request for the same within 90 days after the order or action complained of.

(2) Notwithstanding paragraph (1), a person shall be entitled to a hearing pursuant to this chapter if he or she files the request more than 90 days after the order or action complained of and there is good cause for filing the request beyond the 90-day period. The director may determine whether good cause exists. The department shall not grant a request for a hearing for good cause if the request is filed more than 180 days after the order or action complained of.

(b) (1) Notwithstanding subdivision (a), a person who is enrolled in a Medi-Cal managed care plan and who has received an adverse benefit determination from the Medi-Cal managed care plan shall, to the extent required by federal law or regulation, appeal the adverse benefit determination to the Medi-Cal managed care plan before requesting a state fair hearing pursuant to this chapter. After appealing to the Medi-Cal managed care plan, the enrollee may request a hearing pursuant to this chapter involving a Medi-Cal managed care plan within 120 calendar days after either of the following:

(A) The enrollee receives notice from the Medi-Cal managed care plan that the adverse benefit determination is upheld.

(B) The enrollee's appeal is deemed exhausted because the Medi-Cal managed care plan failed to comply with state or federal requirements for notice and timeliness related to the disputed action or the appeal, including when a Medi-Cal managed care plan fails to respond to an appeal within 30 days as required pursuant to subdivision (b) of Section 14197.3.

(2) Notwithstanding paragraph (1), a person shall be entitled to a hearing pursuant to this chapter if he or she files the request more than 120 calendar days after receiving notice from the Medi-Cal managed care plan that the adverse benefit determination is upheld and there is good cause for filing the request beyond the 120-calendar day period. The director may determine whether good cause exists. The department shall not grant a request for a hearing for good cause if the request is filed more than 180 days after receipt of the notice from the Medi-Cal managed care plan that the adverse benefit determination is upheld.

(c) For purposes of this section, "good cause" means a substantial and compelling reason beyond the party's control, considering the length of the delay, the diligence of the party making the request, and the potential prejudice to the other party. The inability of a person to understand an adequate and language-compliant notice, in and of itself, shall not constitute good cause.

(d) This section shall not preclude the application of the principles of equity jurisdiction as otherwise provided by law.

(e) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department, until January 1, 2019, may implement this section through an all-county information letter or similar instruction. The department may also provide further instructions through training notes.

(f) Notwithstanding subdivision (e), the department, by January 1, 2019, shall implement the amendments made to this section by the act that added this subdivision by adopting any necessary rules and regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

*(Amended by Stats. 2017, Ch. 738, Sec. 3. (AB 205) Effective January 1, 2018.)*

**10951.5.** (a) For a beneficiary of a Medi-Cal managed care plan who meets the criteria for an expedited resolution of an appeal as set forth in subdivision (c) of Section 14197.3 or Section 438.410 of Title 42 of the Code of Federal Regulations, the department shall take final administrative action as expeditiously as the individual's health condition requires, but no later than three working days after the department receives, from the Medi-Cal managed care plan, the case file and information for any appeal of an adverse benefit determination that, as indicated by the Medi-Cal managed care plan or determined by the administrative law judge, meets either of the following criteria:

(1) Meets the criteria for expedited resolution as set forth in Section 438.410(a) of Title 42 of the Code of Federal Regulations, but was not resolved within the timeframe for expedited resolution.

(2) Was resolved within the timeframe for expedited resolution, but reached a decision wholly or partially adverse to the beneficiary.

(b) Upon notice from the department that a Medi-Cal managed care plan's beneficiary has requested a state fair hearing, the Medi-Cal managed care plan shall provide to the department a copy of the following information within three business days of the Medi-Cal managed care plan's receipt of the department's notice of a request by a beneficiary for a state fair hearing:

(1) The case file.

(2) Information for any appeal of an adverse benefit determination that, as indicated by the Medi-Cal managed care plan, meets either of the criteria described in paragraph (1) or (2) of subdivision (a).

(c) (1) The department shall take final administrative action on a fair hearing request within the time limits set forth in this section except under either of the following unusual circumstances:

(A) The department cannot reach a decision because the beneficiary requests a delay or fails to take a required action.

(B) There is an administrative or other emergency beyond the department's control.

(2) The department shall document the reasons for any delay in the beneficiary's record.

*(Amended by Stats. 2018, Ch. 92, Sec. 230. (SB 1289) Effective January 1, 2019.)*

**10952.** (a) The department shall set the hearing to commence within 30 working days after the request is filed, and, at least 10 days prior to the hearing, shall give all parties concerned written notice of the time and place of the hearing.

(b) The 30 working day and 10-day requirements described in subdivision (a) shall not apply to a request filed by a beneficiary of a Medi-Cal managed care plan who meets the criteria for an expedited resolution of an appeal as described in subdivision (a) of Section 10951.5.

(c) If regulations require a public or private agency to allow the applicant for, or recipient of, public social services to examine the case record or other relevant nonprivileged information, and the agency has been made aware of the issues in the appeal, the records and information shall be available for inspection by the applicant or recipient no later than five working days prior to the hearing. If the applicant requests the records and information to be delivered through electronic means, the records and information shall be delivered through secure electronic means if required by state or federal privacy laws.

*(Amended by Stats. 2022, Ch. 613, Sec. 2. (SB 1071) Effective January 1, 2023.)*

**10952.5.** (a) If regulations require a public or private agency to write a position statement concerning the issues in question in a fair hearing, or if the public or private agency chooses to develop that statement, not less than two business days before the date of a hearing provided for pursuant to this chapter, the public or private agency shall make available to the applicant for, or recipient of, public social services requesting a fair hearing, a copy of the public or private agency's position statement on the forthcoming hearing. The public or private agency shall make the copy available to the applicant or recipient at the county welfare department or via United States mail, or, upon request, through electronic means. Except as provided in subdivision (c), if the applicant or recipient requests a position statement to be delivered through electronic means, the position statement shall be delivered through secure electronic means if required by state or federal privacy laws. A public or private agency shall be required to comply with this section only if the public or private agency has received a 10-day prior notice of the date and time of the scheduled hearing.

(b) (1) For a hearing to review the agency's action or inaction regarding aid under the Aid to Families with Dependent Children-Foster Care program, the Approved Relative Caregiver Funding Program, the Emergency Caregiver Funding Program, the Kinship Guardianship Assistance Payment Program, and the Adoption Assistance Program, or for a hearing to review the agency's denial of an application to be approved as a resource family, the agency shall include as attachments to the position statement copies of the portions of the juvenile case file that it used in making its decision to take the action that is being appealed. The attached portions of the juvenile case file shall remain confidential for purposes of the hearing, shall be available only to the judge or hearing officer and to the parties to the case, and shall not subsequently be released except in accordance with Section 827.

(2) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department, until January 1, 2024, may implement this subdivision through an all-county letter or similar instruction. The instruction shall classify the sections of the juvenile case file that will or may be pertinent to an administrative proceeding, and shall provide a process for the fair and prompt exchange of documents between the agency and attorney representatives receiving documents pursuant to subparagraph (S) of paragraph (1) of subdivision (a) of Section 827. The department may provide further instructions through training notes.

(3) Notwithstanding paragraph (2), the department, by January 1, 2024, shall implement this subdivision by adopting any necessary rules and regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(c) If the public or private agency does not make the position statement or documentary evidence available not less than two business days before the hearing or if the public or private agency decides to modify the position

statement, the hearing shall be postponed upon the request of the applicant or recipient, if an applicant or recipient agrees to waive the right to obtain a decision on the hearing within the deadline that would otherwise be applicable under regulations. A postponement for reason of the public or private agency not making the position statement available within not less than two business days shall be deemed a postponement for good cause for purposes of determining eligibility to any applicable benefits pending disposition of the hearing.

(d) (1) A public or private agency shall not be required to make a copy of its position statement available to an applicant or recipient through electronic means if the agency submits a report by December 31 of each year to the State Department of Social Services that includes both of the following:

(A) The barriers the agency has identified that substantially impede or prohibit the electronic provision of hearing documents.

(B) The steps the agency is taking to address these barriers.

(2) This subdivision shall become inoperative on the date that the statewide electronic case management system administered by the State Department of Social Services becomes operational and has the capacity to provide position statements to claimants through secure electronic means.

*(Amended by Stats. 2022, Ch. 613, Sec. 3. (SB 1071) Effective January 1, 2023.)*

**10953.** A hearing under this chapter shall be conducted by administrative law judges employed by the department, unless the director orders that it shall be conducted by himself or herself. However, the director may contract with the Office of Administrative Hearings to conduct hearings.

Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code shall not apply to any hearing conducted under this chapter.

*(Amended by Stats. 1986, Ch. 415, Sec. 3. Effective July 17, 1986.)*

**10953.5.** (a) The director has authority to appoint the department's administrative law judges as provided in Section 10555.

(b) Each administrative law judge shall have been admitted to practice law in this state and shall possess any other qualifications prescribed by the State Personnel Board. All persons in the office of the chief referee employed as hearing officers by the department prior to the effective date of this section shall be deemed to be administrative law judges.

*(Added by Stats. 1986, Ch. 415, Sec. 4. Effective July 17, 1986.)*

**10954.** The director or administrative law judge conducting the hearing, shall have all of the powers and authority conferred upon the head of a department in Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code.

*(Amended by Stats. 1986, Ch. 415, Sec. 5. Effective July 17, 1986.)*

**10955.** The hearing shall be conducted in an impartial and informal manner in order to encourage free and open discussion by participants. All testimony shall be submitted under oath or affirmation. The person conducting the hearing shall not be bound by rules of procedure or evidence applicable in judicial proceedings. At the hearing the applicant or recipient may appear in person with counsel of his own choosing, or in person and without such counsel.

*(Added by Stats. 1965, Ch. 1784.)*

**10956.** The proceedings at the hearing shall be reported by a phonographic reporter or otherwise perpetuated by mechanical, electronic, or other means capable of reproduction or transcription.

*(Added by Stats. 1965, Ch. 1784.)*

**10957.** The person conducting the hearing, upon good cause shown, may continue the hearing for a period of not to exceed 30 days. When the refusal of a county to accept a signed application for aid or services is an issue, the director may require the county to accept the application, and may continue the case until the results of the investigation have been reported to him or her. In any such case in which aid is awarded by the director or his or her designee, the payments shall commence at the time indicated by the director or his or her designee.

*(Amended by Stats. 1986, Ch. 415, Sec. 6. Effective July 17, 1986.)*

**10958.** If the hearing is conducted by an administrative law judge, he or she shall prepare a fair, impartial, and independent proposed decision, in writing and in such format that it may be adopted as the director's decision and, after approval of the decision by the chief administrative law judge of the department, the chief administrative law judge shall file a copy of the proposed decision, within 75 days after the conclusion of the hearing, with the director. *(Amended by Stats. 1986, Ch. 415, Sec. 7. Effective July 17, 1986.)*

**10958.1.** The issues at the hearing shall be limited to those issues which are reasonably related to the request for hearing or other issues identified by either party which they have mutually agreed, prior to or at the hearing, to discuss. All of those issues shall be addressed in the hearing decisions. *(Added by Stats. 1986, Ch. 415, Sec. 7.5. Effective July 17, 1986.)*

**10959.** (a) After an administrative law judge has held a hearing and issued a proposed decision, within 30 days after the department has received a copy of the administrative law judge's proposed decision, or within the three business days for an expedited resolution of an appeal of an adverse benefit determination described in Section 10951.5 after any extensions that may apply under subdivision (c) of Section 10951.5, the director may take any of the following actions:

- (1) Adopt the decision in its entirety.
- (2) Decide the matter themselves on the record after reviewing the transcript or recording of the hearing without taking additional evidence.
- (3) Order a further hearing to be conducted by the director or another administrative law judge on their behalf that affords the parties the opportunity to present and respond to additional evidence.

(b) A proposed decision shall be deemed affirmed and adopted if the director fails to adopt the proposed decision, decide the matter on the record after reviewing the transcript or recording of the hearing without taking additional evidence, or order a further hearing within the 30 days or within the three business days for an expedited resolution of an appeal of an adverse benefit determination described in Section 10951.5 after any extensions that may apply under subdivision (c) of Section 10951.5. If the director decides the matter, a copy of the director's alternated decision shall be served on the applicant or recipient and on the affected county, and, if the director's decision differs materially from the proposed decision of the administrative law judge, a copy of that proposed decision shall also be served on the applicant or recipient and on the affected county. The director's alternated decision shall contain a statement of the facts and evidence, including references to the applicable sections of law and regulations, and the analysis that supports the director's decision. If a further hearing is ordered, it shall be conducted in the same manner and within the same time limits specified for the original hearing.

*(Amended by Stats. 2022, Ch. 944, Sec. 1. (AB 1355) Effective January 1, 2023.)*

**10960.** (a) Within 30 days after receiving the decision of the director, which is the proposed decision of an administrative law judge adopted by the director as final, a final decision rendered by an administrative law judge, or a decision issued by the director himself or herself, the affected county or applicant or recipient may file a request with the director for a rehearing. The director shall immediately serve a copy of the request on the other party to the hearing and that other party may within five days of the service file with the director a written statement supporting or objecting to the request. The director shall grant or deny the request no later than the 35th working day after the request is made to ensure the prompt and efficient administration of the hearing process. If the director grants the request, the rehearing shall be conducted in the same manner and subject to the same time limits as the original hearing.

(b) The grounds for requesting a rehearing are as follows:

- (1) The adopted decision is inconsistent with the law.
- (2) The adopted decision is not supported by the evidence in the record.
- (3) The adopted decision is not supported by the findings.
- (4) The adopted decision does not address all of the claims or issues raised by the parties.
- (5) The adopted decision does not address all of the claims or issues supported by the record or evidence.

(6) The adopted decision does not set forth sufficient information to determine the basis for its legal conclusion.

(7) Newly discovered evidence, that was not in custody or available to the party requesting rehearing at the time of the hearing, is now available and the new evidence, had it been introduced, could have changed the hearing decision.

(8) For any other reason necessary to prevent the abuse of discretion or an error of law, or for any other reason consistent with Section 1094.5 of the Code of Civil Procedure.

(c) The notice granting or denying the rehearing request shall explain the reasons and legal basis for granting or denying the request for rehearing.

(d) The decision of the director, which is the proposed decision of an administrative law judge adopted by the director as final, a final decision rendered by an administrative law judge, or a decision issued by the director himself or herself, remains final pending a request for a rehearing. Only after a rehearing is granted is the decision no longer the final decision in the case.

(e) Notwithstanding any other provision of law, a rehearing request or decision shall not be a prerequisite to filing an action under Section 10962.

(f) (1) Notwithstanding subdivision (a), an applicant or recipient otherwise may be entitled to a rehearing pursuant to this chapter if he or she files a request more than 30 days after the decision of the director is issued, or if he or she did not receive a copy of the decision of the director, or if there is good cause for filing beyond the 30-day period. The director may determine whether good cause exists.

(2) For purposes of this subdivision, "good cause" means a substantial and compelling reason beyond the party's control, considering the length of the delay, the diligence of the party making the request, and the potential prejudice to the other party. The inability of a person to understand an adequate and language-compliant notice, in and of itself, shall not constitute good cause. The department shall not grant a request for a rehearing for good cause if the request is filed more than 180 days after the order or action complained of.

(3) This section shall not preclude the application of the principles of equity jurisdiction as otherwise provided by law.

(g) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department shall implement this section through an all-county information notice no later than January 1, 2008. The department may also provide further instructions through training notes.

*(Amended by Stats. 2014, Ch. 869, Sec. 9. (AB 617) Effective January 1, 2015.)*

**10961.** The decision of the director need not specify the amount of the award to be paid unless the amount of the award is an issue. If the decision is in favor of the applicant or recipient, the county department shall pay to the applicant or recipient, without the necessity of establishing his or her present need, the amount of aid the director finds he or she is entitled to receive pursuant to the director's decision, payment to commence as of the date the person was first entitled thereto, or grant to him or her the services to which he or she is entitled.

The award shall be determined no later than 30 days following the date that the hearing decision is received by the county, or 30 days from the date the additional information needed for compliance with the decision is provided to the county. After the award is made, the county and the claimant shall be notified by the department of its determination regarding the county's compliance with the decision.

*(Amended by Stats. 1986, Ch. 415, Sec. 9.5. Effective July 17, 1986.)*

**10962.** The applicant, recipient, respondent, or the affected county, within one year after receiving notice of the department's final decision, may file a petition with the superior court, under the provisions of Section 1094.5 of the Code of Civil Procedure, praying for a review of the entire proceedings in the matter, upon questions of law involved in the case. Such review, if granted, shall be the exclusive remedy available to the applicant, recipient, or respondent, or county for review of the department's decision. The director shall be the sole respondent in such proceedings. Immediately upon being served, the director shall serve a copy of the petition on the other party entitled to judicial review and such party shall have the right to intervene in the proceedings.

No filing fee shall be required for the filing of a petition pursuant to this section. Any such petition to the superior court shall be entitled to a preference in setting a date for hearing on the petition. No bond shall be required in the case of any petition for review, nor in any appeal therefrom. The applicant or recipient shall be entitled to reasonable attorney's fees and costs, if he obtains a decision in his favor.

*(Amended by Stats. 2017, Ch. 732, Sec. 58. (AB 404) Effective January 1, 2018.)*

**10963.** The county director shall comply with and execute every decision of the director rendered pursuant to this chapter.

*(Added by Stats. 1965, Ch. 1784.)*

**10964.** The department shall compile and distribute to each county department a current digest of decisions, properly indexed, rendered under this chapter, and each such digest shall be open to public inspection, subject, however, to the confidentiality requirements set forth in federal and state laws and regulations.

*(Added by Stats. 1965, Ch. 1784.)*

**10965.** Nothing in this chapter shall prevent the filing of the request for a hearing by the legal representative, or, if there is no authorized legal representative, by an heir of a deceased applicant or recipient, in behalf of the decedent's estate, to the end that rights not determined at the time of death shall accrue to the estate of the applicant or recipient.

*(Added by Stats. 1965, Ch. 1784.)*

**10966.** (a) In addition to any other delegation powers granted to the director under law, the director may delegate his or her powers to adopt final decisions under this chapter to all administrative law judges within specified ranges in the department, in the types of cases deemed appropriate by the director. The authority to adopt final decisions shall not be contingent upon the outcome of the judge's resolution of the case or issue, nor upon the identity of a particular administrative law judge. The defined areas of delegation shall be published by the department after interested groups such as the Coalition of California Welfare Rights Organizations, legal aid societies, and the County Welfare Directors Association have had a reasonable amount of time to review and comment.

(b) Notwithstanding any other provisions of this chapter, decisions rendered by the administrative law judges under the authority of this section shall be treated, for all purposes, as the decision of the director. The affected county, recipient, or applicant has the right to request a rehearing pursuant to Section 10960, and the right to petition for judicial review pursuant to Section 10962.

(c) If the director chooses to exercise the authority to delegate his or her powers to adopt final decisions to administrative law judges, the delegation shall be in writing. Any such delegation instrument shall be a public record available at all times, including the time of hearing, from each administrative law judge to whom that authority has been delegated. The written delegation instrument shall include paragraphs (1) and (2) of the following, and may include paragraph (3) of the following:

(1) It shall specify the administrative law judges that are authorized to render final decisions on his or her behalf, including the effective date of the authorization.

(2) It shall specify the types of cases or issues that are subject to his or her delegation of final authority.

(3) It may include any other implementation instructions which he or she determines are necessary for the effective implementation of this section.

(d) Decisions rendered by administrative law judges pursuant to the provisions of this section shall be fair, impartial, independent, in writing, and in the format prescribed by the Chief Administrative Law Judge.

*(Added by Stats. 1986, Ch. 415, Sec. 10. Effective July 17, 1986.)*

**10967.** At the time of the hearing the recipient has a right to raise the adequacy of the county's notice of action as an issue. If the administrative law judge determines that adequate notice was provided, the recipient shall agree to discuss the substantive issue or issues or the case shall be dismissed. If the administrative law judge determines that adequate notice was not provided, the case will be postponed unless the recipient waives the adequate notice requirement and agrees to discuss the substantive issue or issues at the hearing. If the notice was not adequate and involved termination or reduction of aid, retroactive action shall be taken by the county to reinstate aid pending.

*(Added by Stats. 1986, Ch. 415, Sec. 10.5. Effective July 17, 1986.)*