

ELIGIBILITY REGULATIONS

As part of its effort to improve the management of Federal-State welfare programs, HEW's Social and Rehabilitation Service (SRS) today issued final regulations concerning eligibility determination, fair hearings for recipients and recoupment of overpayments.

Secretary Weinberger said the "changes are aimed at improving eligibility procedures so that the present far too high level of overpayments, and other errors can be sharply reduced as soon as possible." He added "the purpose of these regulations is to make sure welfare funds get to those in need, and to help restore the public's faith in our welfare system. The longer large overpayments, and payments to ineligible recipients continues, the more people in real need are deprived of funds intended for them."

The regulations are responsive to requests of the States to remove unnecessary barriers to effective administration. Many changes were made at the request of the National Council of State Public Welfare Administrators, and other State groups.

SRS has earlier issued the regulations as proposals and asked for comments. The proposed regulations were designed to help States eliminate errors and cut unnecessary program costs. A number of changes were made in the regulations following review of the comments received.

Some of the major changes included:

--The requirement for an applicant to submit a written, signed application was amended so that a responsible person can apply in behalf of an incapacitated or incompetent person.

--An added provision limiting to one year prior to date of discovery of the recoupment of overpayments-not resulting from willful withholding of information.

--Where an underpayment has occurred to a current recipient, the States can make a retroactive corrective payment, but such payments are limited to one year prior to the date of discovery of the underpayment.

--The addition of four instances whereby the agency can discontinue or reduce assistance without advance notice: (1) When the recipient is placed in long-term hospital or nursing care and the State pays for such care; (2) when a child in the aid to families with dependent children program (AFDC) is removed from the home by judicial determination, or is voluntarily placed in foster care by his guardian; (3) when a change in level of medical care is prescribed by a recipient patient's physician; and (4) when a special allowance granted for a specific period is terminated. The recipient must have been informed in writing that the allowance would terminate automatically, and also be informed of the date of termination.

In related action, SRS has proposed a regulation allowing States to take immediate steps in case of suspected fraud.

The final regulations, which were published in the FEDERAL REGISTER today, become effective in 60 days, unless a State wishes to implement them sooner.

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Don't Let Glaucoma Rob Your Sight

Have you got 10 minutes to make sure your windows to the world stay open? That's about how long it takes to have your eyes tested for glaucoma. If you're over 40, it's a good investment.

Ruth F. had kidded herself about her arms not being long enough to read the phone book. Finally she gave in and visited an eye doctor to see about getting reading glasses. After he tested her eyes thoroughly, he agreed she does need the glasses. But he added the shocking news that she also has glaucoma in the early stages.

Shocking, indeed, for doesn't glaucoma lead to total blindness? Her doctor explained that she was fortunate to have discovered the condition now. While there is no "cure" for glaucoma, he can show her how to keep it from destroying her vision with simple medication.

Thousands of people are living normal lives with full use of their eyes despite glaucoma. Yet HEW health specialists say at least another million Americans are gradually losing their eyesight simply because they don't know they have it and are not receiving the sight-saving medication.

Ruth found she has glaucoma almost by accident. Fortunately for her most eye doctors now do the testing routinely for their patients. Many health departments test for glaucoma as part of a screening program as do some companies for their employees. The federal government does it through the HEW Federal Health Programs Service.

Despite the fact that glaucoma can be treated so effectively if discovered in time, the grim fact is that it is the second leading cause of blindness in the United States. It occurs mainly in those over 40.

Whatever route you choose, the simple painless test is one you should seek out if you are over 40. If there is a history of glaucoma in your family, don't wait for your fortieth birthday.

The damage from glaucoma comes from fluid pressure that builds up inside the eyeball, interfering with the blood vessels and nerve fibers. The fluid is normal, constantly forming and draining off. The increased pressure comes when something happens to impede the draining process.

There are some symptoms, some of them vague, but each can be a danger signal: rainbow-colored rings around lights, narrowing field of vision, difficulty adjusting eyes in a darkened room, blurred vision which clears up only to blur again, vague headaches or eye aches especially after watching TV or movies in a darkened room, no satisfaction from changing glasses.

Since the pressure build-up is usually a gradual process, most people who have glaucoma don't recognize the symptoms until it is too late. That's why an annual check can be your insurance to lasting eyesight.

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All Near-Drowning Victims Should Be Hospitalized

The risk of death from drowning does not end once the victim has been revived, warns Martin J. Nemiroff, MD, of University Hospital, Ann Arbor, Mich. All near-drowning victims who require artificial respiration should be hospitalized for 24 hours following the accident.

Lung damage can occur even if water is not breathed into the lungs, Dr. Nemiroff explains. The brief period of suffocation and lack of oxygen during submersion can cause pulmonary edema, an accumulation of fluid in the lungs, and damage to the lungs themselves. Untreated, pulmonary edema can cause death.

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