

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 12, 2007

COUNTY FISCAL LETTER (CFL) No. 06/07-34

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: COUNTY EXPENSE CLAIM (CEC) INSTRUCTIONS REGARDING
CONLAN VS. BONTÁ AND CONLAN VS. SHEWRY

REFERENCE: ALL-COUNTY LETTER (ACL) NO. 07-11, DATED FEBRUARY 20, 2007

This letter provides information and claiming instructions for implementation of the Conlan vs. Bontá (102 Cal.App.4th 745 (2002)) and Conlan vs. Shewry (131 Cal.App.4th 1354 (2005)) court orders which may impact recipients of the Personal Care Services Program (PCSP) and In-Home Supportive Services (IHSS) Plus Waiver (IPW) Programs. Under these court orders, the Department of Health Services (DHS) is required to ensure that Medi-Cal beneficiaries are reimbursed for any out-of-pocket costs they incurred for covered services during the following:

- The retroactive period which is up to three months prior to the time of application for Medi-Cal.
- The evaluation period which includes the time between the dates that an application for Medi-Cal eligibility was submitted and approved.
- The post-approval period, which is the time period after the recipient, was approved for Medi-Cal.

DHS is directing Medi-Cal beneficiaries to contact the DHS Beneficiary Service Center for information and assistance with Conlan vs. Bontá claims. This includes interpreting notices, obtaining claim packets and assistance with completing claim forms. Beneficiaries are to submit completed claims directly to the DHS Beneficiary Service Center. DHS will forward any IHSS and PCSP related claims to the California Department of Social Services Adult Programs Division who will have primary responsibility for processing those claims. Please refer to ACL No. 07-11, dated February 20, 2007, for additional information.

CEC INSTRUCTIONS:

Social Services

Time Study Instructions:

County Welfare Department responsibilities include:

- Referring clients, as needed, to the DHS Beneficiary Service Center for assistance with questions or obtaining/completing Conlan claim forms;
- Providing copies of the Notice of Action forms (NA-690) that demonstrate medical necessity and/or SOC 828 County Verification Forms; and
- Responding to questions and/or providing documentation for State Hearings upon request from State staff.

To capture these activities, the following Program Code (PC), Time Study Code (TSC), and Direct-to-Program Code have been established effective with the January – March 2007 quarter.

Code	Description	Title
272	PC	IHSS - Conlan vs. Bonta PCSP
2721	TSC	IHSS - Conlan vs. Bonta PCSP
A-64	Direct-to-Program Code	IHSS - Conlan vs. Bonta PCSP

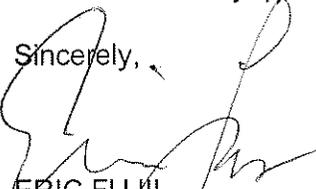
Claiming Instructions:

Effective with the January – March 2007 quarter, counties with a Letter of Intent on file may claim support operating costs to Program Identifier Numbers 272088 - 272091. All other counties must allocate the costs.

The sharing ratio for PC 272 is 00/35/50/15 (federal/state/health/county).

Please e-mail any questions regarding CEC instructions to fiscal.systems@dss.ca.gov.

Sincerely,



ERIC FUJII
Deputy Director
Administration Division

c: CWDA