
care. Counties must provide applicants and recipients with written notice that advises them of the availability of subsidized child care. Notice must be provided at application and when an original or amended Welfare to Work plan is signed.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 8, 2003*

Item 03-08-02C -- Denti-Cal Crowns

Senate Bill 26-1X made changes to the Denti-Cal program amending Welfare and Institutions Code (W&IC) §14132.88. Effective July 1, 2003, posterior laboratory processed crowns (procedures 650, 651, 652, 653, 660 and 653) will no longer be a benefit for adults 21 and older except when a posterior tooth is used as an abutment for any fixed or removable prosthesis with cast clasps and rests, and meets current criteria. Providers will be required to submit a radiograph or photograph to document an existing prosthesis.

For laboratory processed crowns that were previously authorized, the provider must cement the crowns prior to July 1, 2003 in order to get paid.

These changes are noted in Denti-Cal Bulletin Volume 17, Number 19 dated June 2003 found in section 7 of the Denti-Cal Procedures Manual.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 8, 2003*

Item 03-08-02B -- PROPOSED DECISIONS

The DHS has requested that two categories of cases be added to those decisions that must be written as proposed decisions. Cases involving stairway lifts must be written as proposed decisions.

In *Blue v. Bonta*, (2002) 99 Cal Application. 4th 980, the California Court of Appeals concluded that the DHS wrongly excluded stairway chairlifts from the scope of Medi-Cal coverage. Pursuant to *Blue*, the DHS repealed a new regulation at 22 California Code of regulations (CCR) 51160(e) that stated that stairway chairlifts are not a Medi-Cal covered benefit.

Stairway chairlifts may be authorized when they are medically necessary. The court added: "The Department retains the discretion to restrict stair lift coverage to those Medi-Cal patients for whom it is actually medically necessary and may subject this coverage to cost utilization controls, if other economical means exist to remedy the problem."

Cases involving claims for direct reimbursement of medical bills paid are also to be written as proposed decisions. In *Conlan v. Bonta*, (2002) 102 Cal. App. 4th 745, 751 California Court of Appeals, First Appellate District, the petitioners asked the Court to