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- Counties must reimburse a WTW participant for mileage for using a private vehicle if there is no public transportation available, or round-trip travel time using public transportation exceeds two hours. The two-hour round trip excludes transporting children to school or child care. The county must pay mileage at the rate used in the county.
 - If a participant is commuting across county lines to participate in a county approved activity the county must reimburse the participant for mileage, even if the reimbursement amount seems excessive. Capping, or imposing a limit on supportive services is prohibited under MPP §42-750.112 and ACL 00-12.
 - To avoid excessive transportation costs a county could establish a rate that decreases after a set number of miles. The decrease would have to be based on the fact that the regional market rate is partly intended to reimburse the participant for fixed costs. If the county implements a new change to an existing transportation reimbursement rate, it would have to do so in writing and submit the proposed changes to the State for review and certification.
 - A county must reimburse a participant for mileage if the participant is using the vehicle to participate in an approved WTW activity even if the participant is not the registered owner of the vehicle.
 - If there are participants in the county who speak a language other than English, the county must provide these participants with forms in their primary language if the CDSS translates the forms in the participant's language. Bilingual/translation services must be provided to all non-English and limited-English speaking participants regardless of whether the state has translated forms.
 - Per MPP §42-750.411, notices of action must be issued to CalWORKs participants: when supportive services are approved (including the level and method of payment), when a request for supportive services is denied, when changes are made to existing supportive services including termination of such services, when the county seeks to collect a supportive service overpayment and when the amount of transportation made is less than the amount requested.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 12, 2003*

Item 03-08-03A

ACL 03-10 February 27, 2003 (Synopsis): Child Care Retroactive Payment

Reference: Assembly Bill 444, Chapter 1022, Statutes of 2002, Welfare and Institutions Code (W&IC) §11323.3

AB 444 that was signed into law on September 28, 2002 added W&IC §11323.3. That section provides that child care payments in stage one child care will be limited to no more than 30 calendar days prior to the applicant/recipient's request for subsidized child

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