



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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GOVERNOR

January 21, 2010

ALL COUNTY INFORMATION NOTICE: I-03-10

TO: ALL-COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
IHSS PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: CONLAN II REIMBURSEMENT PROCESS

REFERENCE: ALL COUNTY LETTER NO. 07-11 AND 07-46

The purpose of this All-County Information Notice (ACIN) is to provide counties with clarification regarding the Conlan II reimbursement process for In-Home Supportive Services (IHSS).

Background:

The California Court of Appeals concluded litigation in two cases; Conlan v. Bonta (Conlan I) and Conlan v. Shewry (Conlan II); directing the Department of Health Care Services (DHCS) to ensure Medi-Cal recipients entitled to reimbursement for covered services receive notification and are promptly reimbursed.

Specifically, DHCS is required to provide recipients reimbursement for medically necessary services received and paid for during the following time periods: 1) the retroactive period which is up to three months prior to the time of application for Medi-Cal, 2) the evaluation period which includes the time between the dates that an application for Medi-Cal eligibility was submitted and approved; and 3) the post approval period which is after the recipient was approved for Medi-Cal and addresses the excess share of cost expenses.

Reimbursement Process:

The California Department of Social Services (CDSS), Adult Programs Division, Conlan II Unit has the primary responsibility for adjudicating Conlan II claims for IHSS. In order to be considered for reimbursement, the recipient must have experienced an actual out-of-pocket expense for the excess SOC amount. IHSS recipients who paid their provider an excess share of cost can file a Conlan II claim to request reimbursement.

The recipient will be requested to submit proof of payment with the claim, such as receipts or cancelled checks. Only IHSS recipients are entitled to reimbursement under the Conlan II court order. IHSS providers should not be instructed to contact the BSC to request reimbursement for providing IHSS.

In order to be reimbursed, the recipient must:

1. Contact the DHCS Beneficiary Services Center (BSC), at (916) 403-2007 to request a Conlan II claim packet for IHSS.
2. Complete the claim packet and return it directly to the BSC at the address provided on the claim packet.

Once the BSC determines the claim packet is complete, it will be forwarded to the CDSS Conlan II Unit for adjudication. A recipient requesting the status of their claim, should be directed to call the toll free number at (877) 508-1327. If the claim is denied by CDSS, the recipient will be notified in writing the reason for the denial that will include a notice of the recipient's rights and instructions for requesting a State Hearing.

All questions regarding this ACIN should be directed to Brian Koepp, Chief, in the Adult Programs Branch, Litigation and Appeals Bureau, at (916) 229-4583.

Sincerely,

Original Document Signed By:

EVA L. LOPEZ
Deputy Director
Adult Programs Division